

Making Safeguarding Personalised

Contents

2: About Healthwatch Thurrock

3: Making Safeguarding Personal: An Introduction

4: Making Safeguarding Personal

5: Methodology

6: Who did we hear from? Resident feedback

9: Feedback from family members/carers and advocates

17: A Final Summary

19: Recommendations

About Healthwatch Thurrock

Healthwatch Thurrock is the independent champion for health and social care services in Thurrock. As part of a national network, we gather and represent the views of local residents, highlighting what is working well and where improvements are needed.

Healthwatch was established in 2013 as part of the Health and Social Care Act 2012 to ensure that people's voices are heard in shaping health and social care services. Healthwatch England oversees and supports local Healthwatch organisations, ensuring that public concerns influence national policy and service improvements.

Alongside consultation work and gathering residents' voices, Healthwatch Thurrock provides information, guidance, and signposting services to help individuals navigate health and social care systems. Residents are encouraged to "speak out" through an online forum, targeted surveys, conversations, and face-to-face engagement within the community.

By amplifying lived experiences, Healthwatch Thurrock presents the voices of local people to identify areas for change, support best practices, and ensure informed decision-making before new services are commissioned. Our recommendations to providers are based on real experiences, ensuring that services truly meet the needs of Thurrock residents.

We believe that services improve when people actively participate in their development. By learning from real experiences and feedback, health and social care providers can adapt and deliver better, more effective services for the community.

Making Safeguarding Personal: An Introduction

In February of 2024, Healthwatch Thurrock were commissioned by TSAB (Thurrock's Safeguarding Adults Board) to work towards the production of an independent report based on whether people felt their involvement with Thurrock's safeguarding team was personalised to their own individual needs and requested outcomes.

TSAB are a strategic partnership group. TSAB collaborate with partner agencies and strategic boards to protect adults with care and support needs by ensuring that local safeguarding arrangements and partner safeguarding activity is robust and joined up.

About Thurrock's Safeguarding Adults Board

Thurrock Safeguarding Adults Board is a multi-agency partnership which makes sure that organisations work well together to protect adults from abuse and neglect. The Care Act 2014 requires every Local Authority to set up a Safeguarding Adults Board.

The board's vision is that people are able to live a life free from harm, where the community has a culture that does not tolerate abuse, works together to prevent abuse and knows what to do when abuse happens. (Source: [Thurrock Safeguarding Adults Board's website](#))

Making Safeguarding Personal

Understanding Safeguarding Adults and the Care Act 2014

The Care Act 2014 establishes the legal foundation for safeguarding adults, prioritising a personalised, individual-led approach over rigid processes. It emphasises the importance of safeguarding being person-centred and outcome-focused, with the individual's feelings, wishes, values, and beliefs placed at the heart of the process. This approach ensures that adults feel empowered, in control, and that their desired outcomes are respected.

Central to this is the concept of Making Safeguarding Personal, a key principle outlined in the Care Act 2014. It guides organisations—including local authorities, health services, police, and partners—to implement safeguarding processes that are both person-led and outcome-driven. The six guiding principles are:

Empowerment

Prevention

Proportionality

Protection

Partnership

Accountability



Care Act 2014

Methodology

Due to the sensitivity of safeguarding work and in compliance with GDPR regulations, Healthwatch Thurrock were unable to contact individuals directly involved in the safeguarding process.

To address this challenge, Healthwatch Thurrock developed information packs containing a cover letter explaining the project, two surveys—one for the individual and one for a family member or unpaid carer—and a freepost envelope for returning completed surveys. Healthwatch Thurrock prepared 200 of these packs for the safeguarding team. The safeguarding team collected them and 160 packs were distributed via post by the safeguarding team, alongside 14 electronic copies, once a safeguarding case was closed. Participation was entirely voluntary, allowing recipients to complete and return the surveys at their discretion.

During the project, the possibility of using social media to increase response rates was explored. This idea was presented to the Thurrock Safeguarding Adults Board (TSAB) and discussed extensively. TSAB raised concerns that social media outreach could cause confusion for individuals who had been sent a pack but had not yet received it. Additionally, it could inadvertently distress individuals who had experienced safeguarding issues in the past but were not prepared to share their experiences.

After considering various engagement approaches, Healthwatch Thurrock and TSAB determined that the original method—direct distribution of packs through the safeguarding team—was the safest and most effective way to collect feedback.

Due to the specific approach required for this work and the limitations on engagement, Healthwatch Thurrock received fewer responses than anticipated.

Who did we hear from?



We had **4** responses from residents who were directly involved in a safeguarding



We had **11** responses from family members/carers and advocates

Responses from residents who were directly involved in a safeguarding:

All 4 responded the same to the following questions...

- All 4 respondents reported feeling safe after receiving safeguarding support
- All 4 felt that people tried to help them in the way they wanted to
- All 4 stated that support was delivered in a way that met their needs and that they felt included in any decisions made about their care
- All 4 agreed that they received the right level of support, highlighting a positive alignment between service provision and individual wishes

In terms of providers working together, we received positive feedback

“The Early Onset Dementia team were great, and gave good information. The scans and medical appointments she has made for me, have made me feel that my condition is real”

We asked respondents what difference has the support you had made

“I am supported in every way I need”

“The care home has helped me look after my brother”

“Support from the early onset dementia team means that I can understand my condition and get help around it. It has also helped my family to feel supported”

The responses gathered from individuals who have directly experienced safeguarding interventions indicate that the safeguarding support in Thurrock is highly personalised and responsive to individual needs.

All respondents consistently reported feeling safe after receiving safeguarding support. Additionally, they confirmed that services were delivered in a way that respected their preferences, ensuring that they felt heard and included in decision-making processes. This demonstrates a strong commitment to person-

centred safeguarding, where individuals are actively involved in shaping their own care and protection.

Positive feedback was received regarding how different providers worked together to deliver safeguarding interventions. This suggests that integrated working between agencies is not only effective in delivering care but also in validating individuals' experiences, reinforcing trust in services.

When asked about the difference safeguarding support had made in their lives, respondents expressed a clear sense of improvement in their overall well-being and independence. This indicates that safeguarding interventions extend beyond immediate safety concerns. They play a crucial role in empowering individuals, enhancing their understanding of their own conditions, and ensuring that families feel reassured and well-supported.

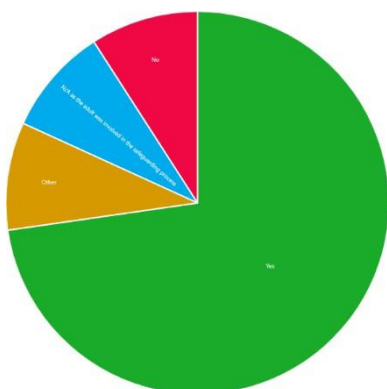
These findings suggest that safeguarding in Thurrock is both personalised and effective in meeting the needs of individuals. The positive feedback around feeling safe, being included in decisions, and receiving the right level of support indicates that safeguarding services are delivered in a way that aligns well with person-centred principles. Furthermore, the collaborative efforts between different service providers contribute to a holistic support system, reinforcing confidence in safeguarding processes. Moving forward, maintaining and building upon these strengths will be essential in ensuring that safeguarding remains responsive, inclusive, and tailored to individual needs.

The below information lays out the responses we had from family members/carers or advocates for those involved in a safeguarding

How safe do you feel the adult you support is?

- 8 people stated that they feel the adult they support is as **safe as they would like to be**
- 1 expressed that generally the adult they support is safe but **not as safe as they would like**
- 2 respondents did not specifically state how safe the adult they support is but went on to explain that:

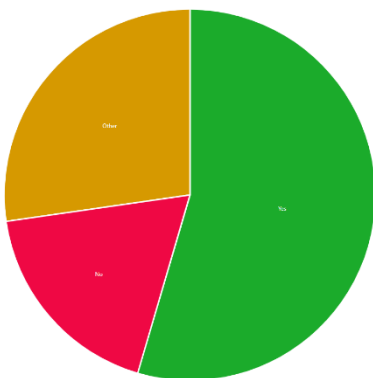
“I feel that my mother is not as safe as she should be, but she herself is oblivious to the dangers around her and therefore feels perfectly safe”



From the chart we can see that **73%** of family members, carers and advocates stated that they felt listened to as part of the process

Were you asked about what you wanted to happen to help the adult you support feel safe?

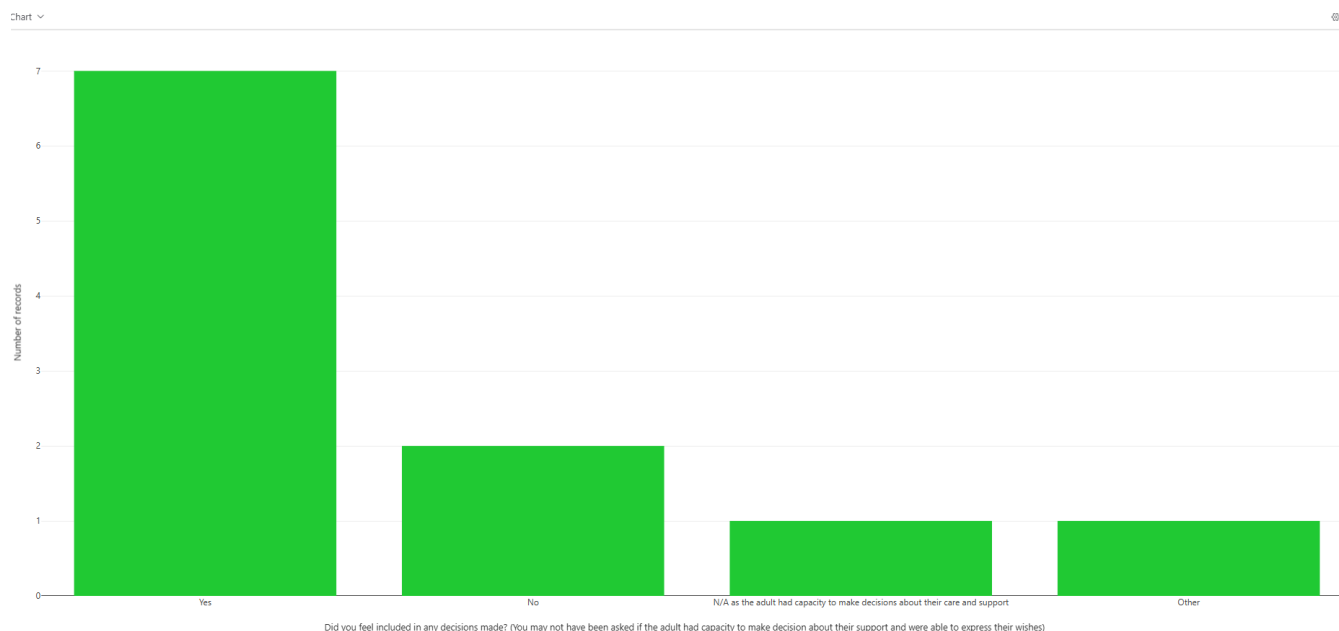
- 3 respondents explained that they were **asked at the beginning of the process** and 3 stated that they were asked what they wanted to happen more than once within the safeguarding process
- 1 respondent expressed that they were not asked what they wanted to happen but the **adult had capacity to make decisions around the support**
- 1 person stated that they were not asked and that the adult they were supporting was **deemed to lack capacity in relation to making decisions about their care**
- 3 selected 'other' but did not offer any further explanation



Just over half of respondents agreed that they as the family member/carer or advocate were happy with the result and outcome of the support received



7 out of the 11 agreed that people tried to help in the way the supported adult wanted. 2 disagreed with this statement, and 2 selected 'other' but did not offer a further explanation.



7 out of 11 agreed that they felt included in any decisions made about the supported adult's care, whilst the rest of respondents disagreed. In one respondent's case this wasn't applicable as the supported adult had capacity to make decisions about their support and express their wishes.

A positive takeaway is that 10/11 family members, carers and advocates said they know how to get help, or were provided with information on how to, if the adult they support is not safe in the future

What difference has the support the adult received made?

“I now have someone to talk to about what is happening with my husband. I am hoping that the changes we’re going through are somewhat managed with the support, but I still need lots of advice”

“The care home have recently implemented protocols and procedures to make sure client is safeguarded from abuse”

“Knowing there is someone there to help”

“He now lives in another care home. I am able to visit any time and I am always made welcome at any time”

“Improved low mood and feeling of self-worth. Regained a level of independence”

“Help 24 hours a day”

“I wouldn’t waste my time reporting a safeguarding issue again. It’s a case of people not wanting the extra work so nothing has been done”



81% of respondents said they felt that the supported adult received the right amount of support. Only one respondent said they felt the support received was too little and one said 'other' with no further explanation.

Was there anything that went particularly well or could've been done better or different?

"The support worker on the phone was extremely calm, reassuring and able to communicate well with my husband. He was very reassuring to me and he understood that my husband could be very difficult to deal with at times, even rude and unpleasant to the extreme"

"No I am totally happy now that my husband is being supported in another care home"

"Communication could've been better, such as acknowledgement of information received"

"Safeguarding team did keep me up to date on the process but there was no referral made to Voiceability to support client throughout the safeguarding enquiry"

"It all could've been handled differently"



5 respondents agreed that when services were received from different providers, they worked well together. Only 1 person said that they did not, and the rest of the respondents provided further insight as shown below.

If different services were provided did they work well together?

“I am expecting communication from Thurrock Inclusions soon. The lady who made the referral was first class in her comms and getting us the support we need”

“Advocate contacted the police and the police did their own investigation. Advocate updated safeguarding team following contact from the police. Safeguarding team gave recommendations to the care home to make sure they follow procedures in raising safeguarding and notifying the appropriate people when incidents of a safeguarding nature occur”

“Yes they all worked well together”

“I am still waiting to hear back from EPUT to confirm whether they are still working with the adult and if they can make an onwards referral to First Response Training”

8 out of 11 respondents agreed that the person supporting the adult had the right knowledge to do so

The majority of respondents felt that the adult they support is as safe as they would like, though a small proportion indicated concerns about safety levels. Some responses highlighted that supported adults with cognitive conditions, such as vascular dementia, may not perceive risks in the same way as their carers. This suggests that while safeguarding measures may be in place, perceptions of safety can vary significantly between the supported adult and their advocates.

Involvement in decision-making was inconsistent, with some respondents being consulted throughout the process while others were not asked for their input. In cases where the supported adult retained decision-making capacity, families generally accepted their exclusion from the process. However, instances where the adult was deemed to lack capacity yet the family was not consulted raise concerns about the consistency of safeguarding protocols and whether family and carer insights are adequately considered.

Satisfaction with the safeguarding outcome was mixed. While just over half of respondents were satisfied, a notable portion felt excluded from decision-making or expressed dissatisfaction with the way support was provided. The alignment between the supported adult's needs and the actions taken varied, and some respondents reported that the support received did not fully reflect the preferences of the adult or their advocates.

A strong positive finding is that most respondents indicated they know how to seek help in the future if needed, showing that information on accessing safeguarding support is being communicated effectively. However, qualitative responses revealed disparities in the timeliness and effectiveness of service provision. Some reported improvements in emotional support, safety protocols, and care home environments, while others highlighted bureaucratic delays and a perceived reluctance from professionals to engage fully with safeguarding responsibilities.

Service integration was generally well received, with most respondents agreeing that different providers worked well together. However, some pointed to gaps in communication, including a lack of follow-up from safeguarding teams and missed referrals to advocacy services. These findings underscore the importance of seamless interagency collaboration to ensure safeguarding measures are implemented effectively and consistently.

A Final Summary

This report highlights the importance of personalisation in safeguarding, ensuring that individuals feel heard, included, and supported throughout the process. The findings indicate that safeguarding services in Thurrock generally align with the principles of Making Safeguarding Personal, with respondents reporting positive experiences regarding their safety, involvement in decisions, and the level of support received.

Residents who were directly involved in safeguarding overwhelmingly felt that services met their needs and that they were included in decision-making. However, responses from family members, carers, and advocates were more varied. While many felt listened to and informed, others expressed concerns about inconsistent communication, limited involvement in key decisions, and perceived gaps in service coordination. Notably, individuals supporting adults with cognitive impairments highlighted a disconnect between perceived and actual safety.

A key strength of the current safeguarding system is the collaboration between providers, with most respondents acknowledging that services worked well together to support those at risk. However, concerns were raised about gaps in follow-up care, missed referrals, and inconsistencies in how professionals applied safeguarding protocols. Addressing these issues will be crucial in ensuring a truly person-centred approach.

Encouragingly, the majority of respondents reported knowing where to seek help in the future. This suggests that safeguarding teams are effectively communicating information about available support services. Moving forward, improvements should focus on strengthening communication with families and carers, enhancing interagency collaboration, and ensuring that all safeguarding interventions are responsive to individual needs. By acting on this feedback, safeguarding in Thurrock can continue to evolve, providing a system that truly listens, adapts, and protects those who need it most.

Recommendations

1. **Strengthen Communication and Family Involvement** – Ensure families and advocates are consistently included in decision-making, especially when the supported adult lacks capacity. Improve communication with regular updates and acknowledgment of concerns.
2. **Enhance Collaboration and Follow-Up** – Address gaps in follow-up care and missed referrals by ensuring safeguarding teams provide ongoing support beyond the initial intervention.
3. **Improve Safeguarding Outcomes** – Review cases where individuals felt the response was inadequate to ensure safeguarding plans align with their needs and preferences, improving consistency in support.
4. **Increase Awareness** – Expand outreach efforts, particularly for individuals with cognitive impairments.



Healthwatch Thurrock
The Beehive Resource Centre
Grays
Thurrock
Essex
RM17 6XP

www.healthwatchthurrock.co.uk
t: 01375 389 883
e: admin@healthwatchthurrock.org
Facebook.com/HealthwatchThurrock