



# Making Safeguarding Personal Report 2022-23

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**healthwatch**  
Kingston upon Thames

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# 1. Introduction

Making Safeguarding Personal (MSP) puts the person who is the focus of a 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 Kingston Making Safeguarding Personal Project aims to use experiences of the safeguarding process to improve provision, in the hope that this will in turn improve personal safeguarding outcomes.

Building upon the work of the Healthwatch Kingston Adult Safeguarding Community Reference Group, the Royal Borough of Kingston upon Thames (RBK) Adult Social Care (ASC) Adult Safeguarding asked Healthwatch Kingston independently to collect feedback from people who have been through the 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 experience of the Kingston adult safeguarding process.

The Making Safeguarding Personal Project in Kingston focuses on developing personal outcomes that support people to improve or resolve their circumstances. 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. Methodology

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

The aim of the Making Safeguarding Personal survey was to find out if people:

- Felt involved during their safeguarding journey.
- Believed they were being listened to during the safeguarding process.
- Were happy with their outcomes.

The survey then asked what would help people feel more listened to, involved and happier with their outcomes.

The survey was made available online as well as provided as 'Easy Read' paper copies to support people with learning disabilities and autism, or others who found technology difficult to access.

The survey was given to people that had been through the Kingston adult safeguarding process and who consented to take part in the engagement. Some people chose to complete it themselves online, and others were supported to complete the survey questions with a member of Healthwatch Kingston staff over the telephone.

Social workers in Kingston Adult Social Care also encouraged their clients to feedback about their experience of adult safeguarding services to Healthwatch Kingston at the end of their safeguarding process.

The anonymised survey responses were shared with the Kingston Adult Safeguarding Team quarterly and Healthwatch Kingston also provide feedback to the Kingston Adult Safeguarding Board to support the Board's aims to improve adult safeguarding processes and inform future policy and practice developments.

### 3. Limitations

46 people responded to the Making Safeguarding Personal survey between 1 April 2022 to 31 March 2023. Ten respondents did not provide sufficient information and we have removed these incomplete responses from our final analysis. During the same period, 946 safeguarding adult concerns were received by RBK. Out of which, 362 were closed at the concern stage and 584 progressed to a [section 42](#) enquiry which establishes whether any action needs to be taken by the Council to prevent or stop abuse or neglect, and if so, what action and by whom (see Section 42, [Duty of Care Act 2014](#)).

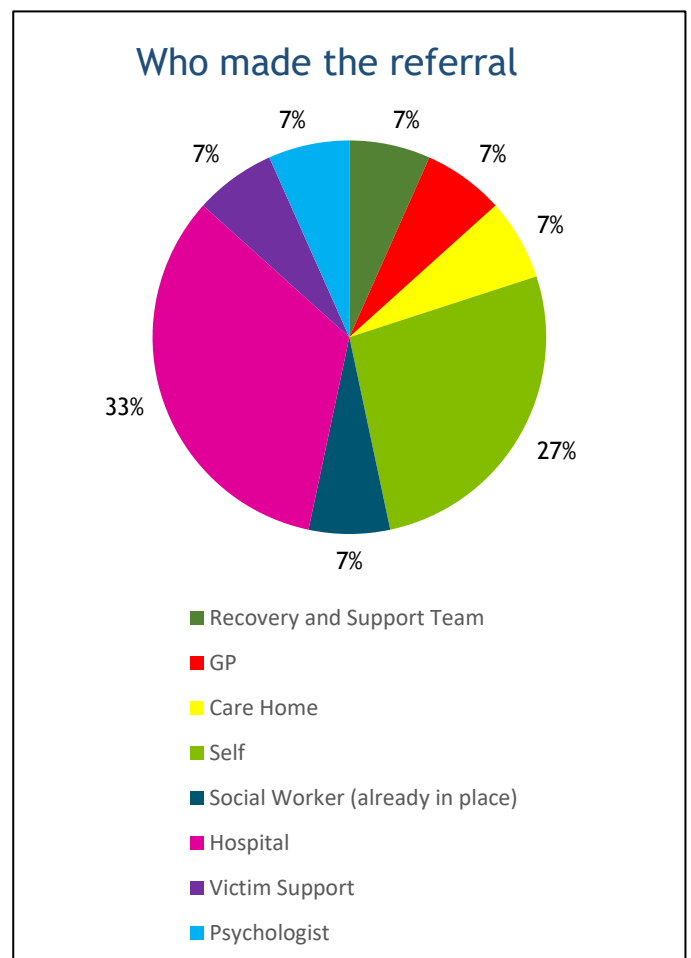
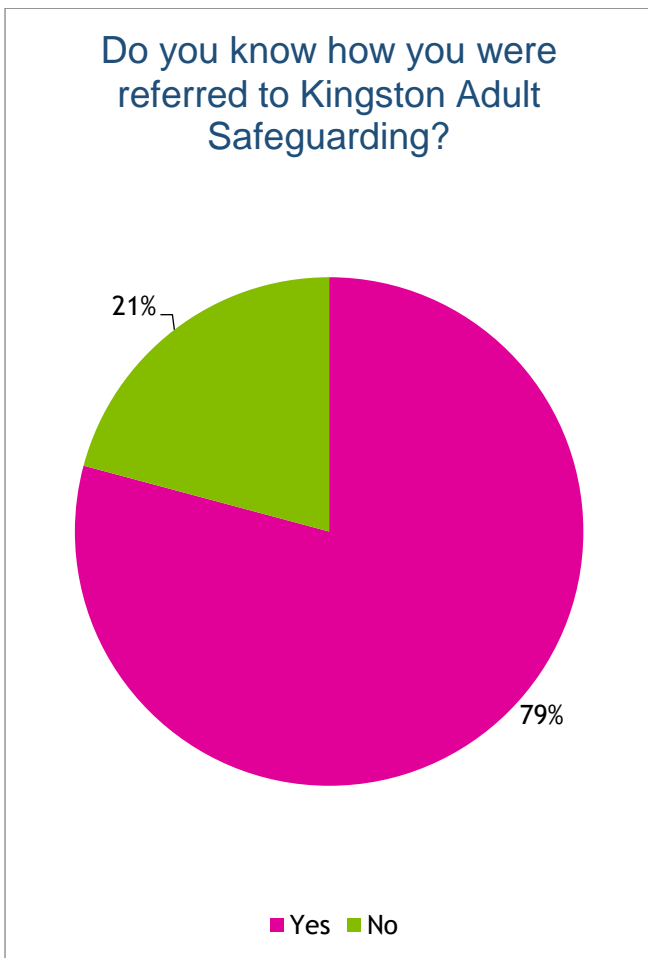
Healthwatch Kingston notes that completion of the Making Safeguarding Personal survey was voluntary, and some respondents were supported by others to complete their survey, such as family members / relatives / representatives.

## 4. Key findings

Feedback from 36 respondents has informed the following key findings.

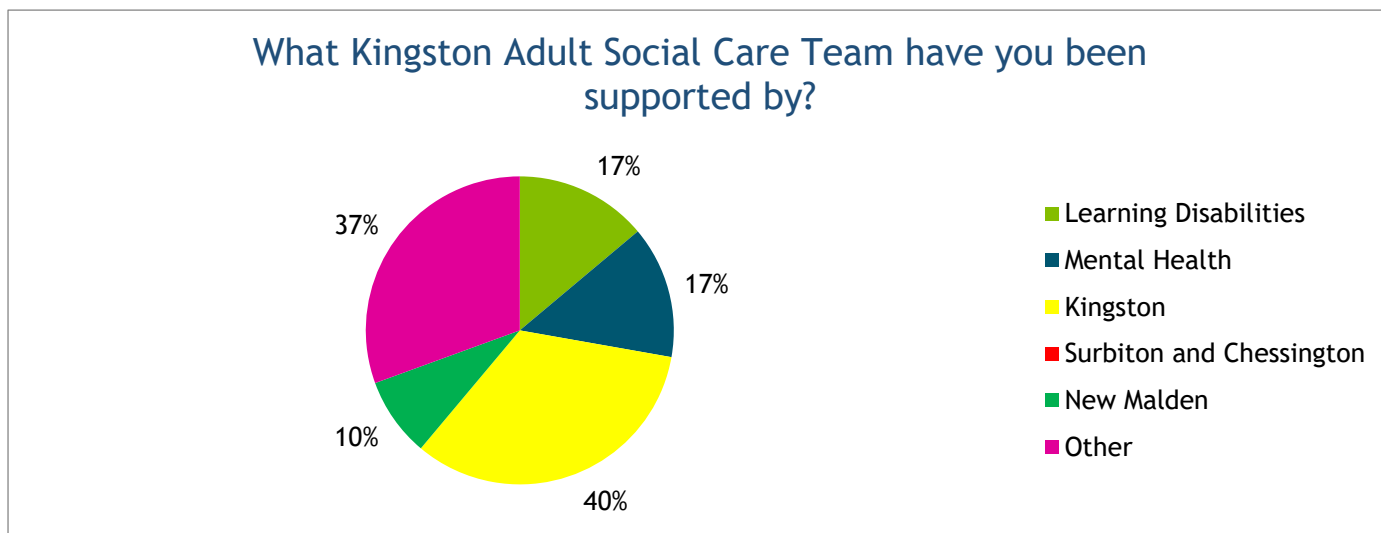
### 4.1 Referrals to Kingston Adult Safeguarding

The data shows the majority of respondents (79%) knew where their referral to Kingston Adult Safeguarding originated, however 21% were unclear about their referral. This is not necessarily surprising as there are occasions where a safeguarding referral can be made anonymously. People that did know where their safeguarding referral came from, shared their knowledge of a variety of referral pathways, with the most frequent referrals coming from hospital (33%), and interestingly self-referrals (27%). Other referral pathways included the mental health recovery and support team, care homes, GPs, social workers, victim support and psychologists.



Respondents also shared that they had been supported by a number of social work teams within the Kingston Adult Social Care Service. Data suggested that Healthwatch Kingston had not received feedback from the Surbiton and Chessington locality team, but after drilling down into

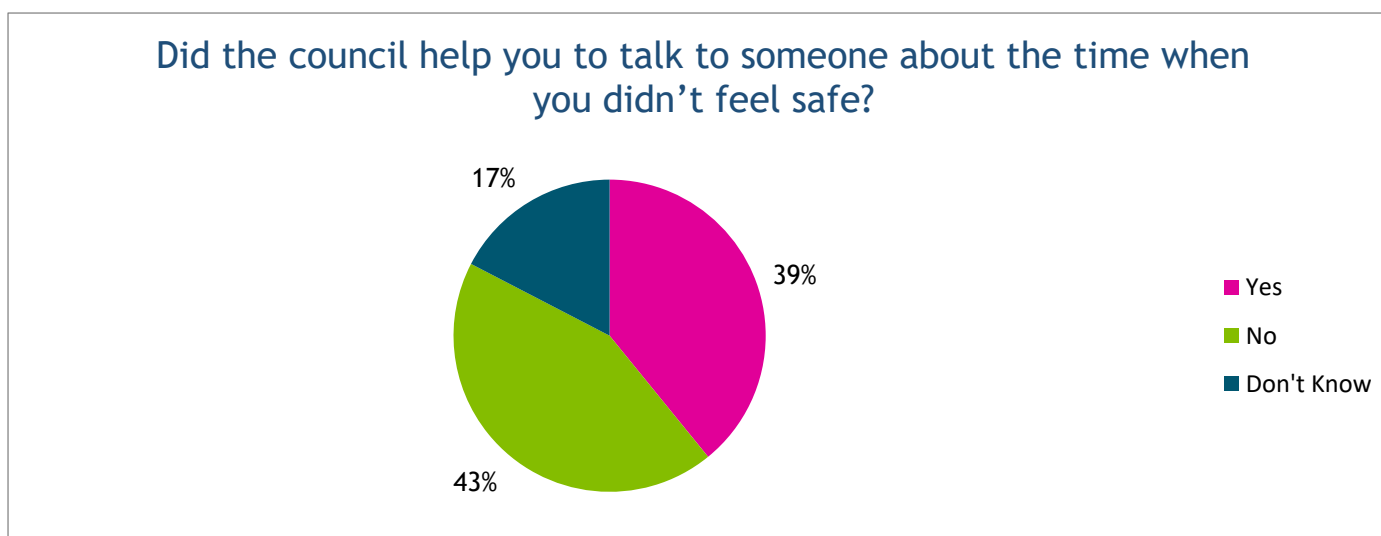
the data it showed that one potential respondent, who was supported by the Surbiton and Chessington locality team declined to complete our survey and another completed our survey but noted the Kingston locality team in their response.



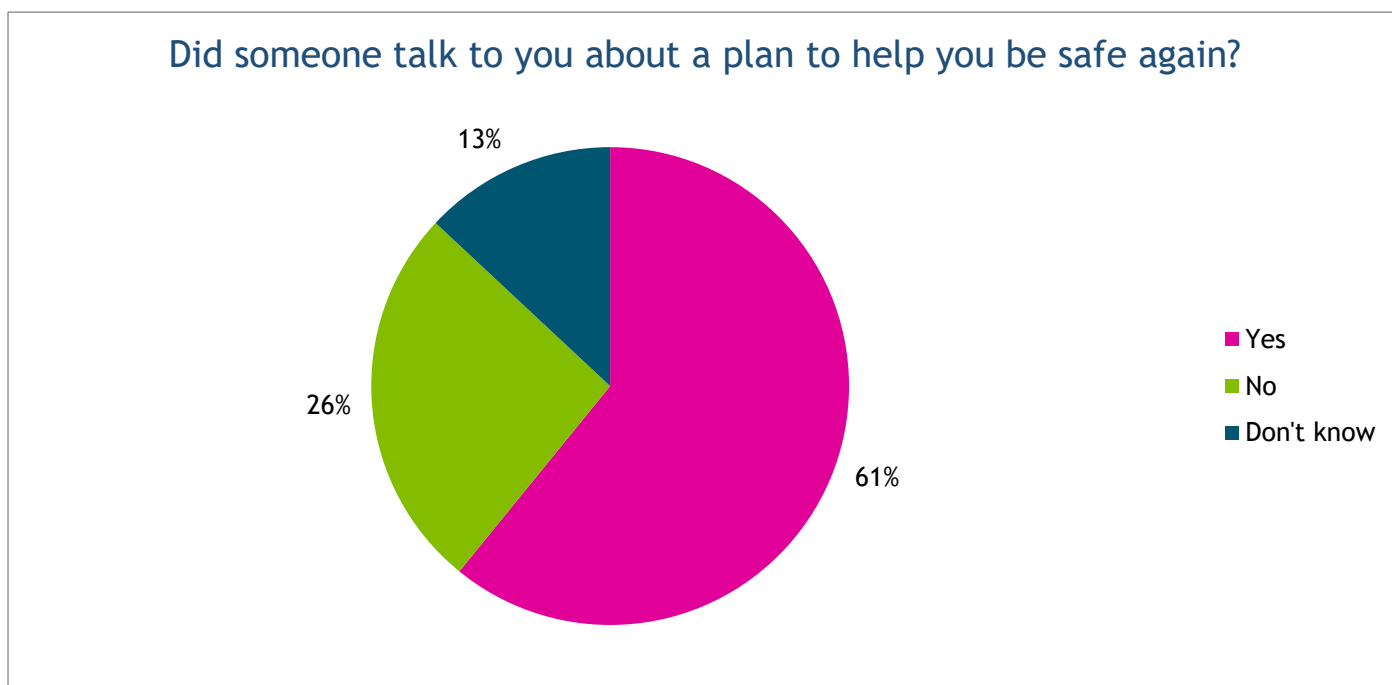
#### 4.2 Making a safeguarding plan

Making Safeguarding Personal is focused on the involvement of the individual in the decision-making process.

When we asked respondents about their engagement with the Kingston Adult Social Care team, and particularly if Kingston Council had helped them to talk about the time when they didn't feel safe, 39% said they had had this conversation with Kingston Adult Social Care, 43% said they had not, and 17% were unsure if they had.



The chart below shows that 61% of respondents said someone had spoken to them about a plan to help them be safe again. 26% said they did not have a conversation about a plan and 13% were unsure if they had spoken about the plan or not.



Of the respondents that said they had not had a conversation about their plan or were unsure if they had spoken about the plan with Kingston Adult Social Care, 71% said yes, their plan made sense but 29% said no, it did not. In contrast, and unsurprisingly, 100% of respondents that said they had had a conversation about their safeguarding plan said that their plan made sense.

We also asked respondents if they understood why Kingston Adult Social Care did what they did to keep them safe. 81% said yes, 9.5% replied no and another 9.5% said it made a bit of sense.

Survey findings indicated that respondents who were engaged in their safeguarding plan from the beginning of the process, felt more involved, had a better understanding of the safeguarding process and were happier with their personal safeguarding outcomes.

### 4.3 Advocacy and being heard

Being offered an advocate or someone to help respondents speak up enabled someone who was feeling less confident to have their voice heard. Survey responses indicated that respondents benefitted from the support of an advocate when it was offered by Kingston Adult Social Care.



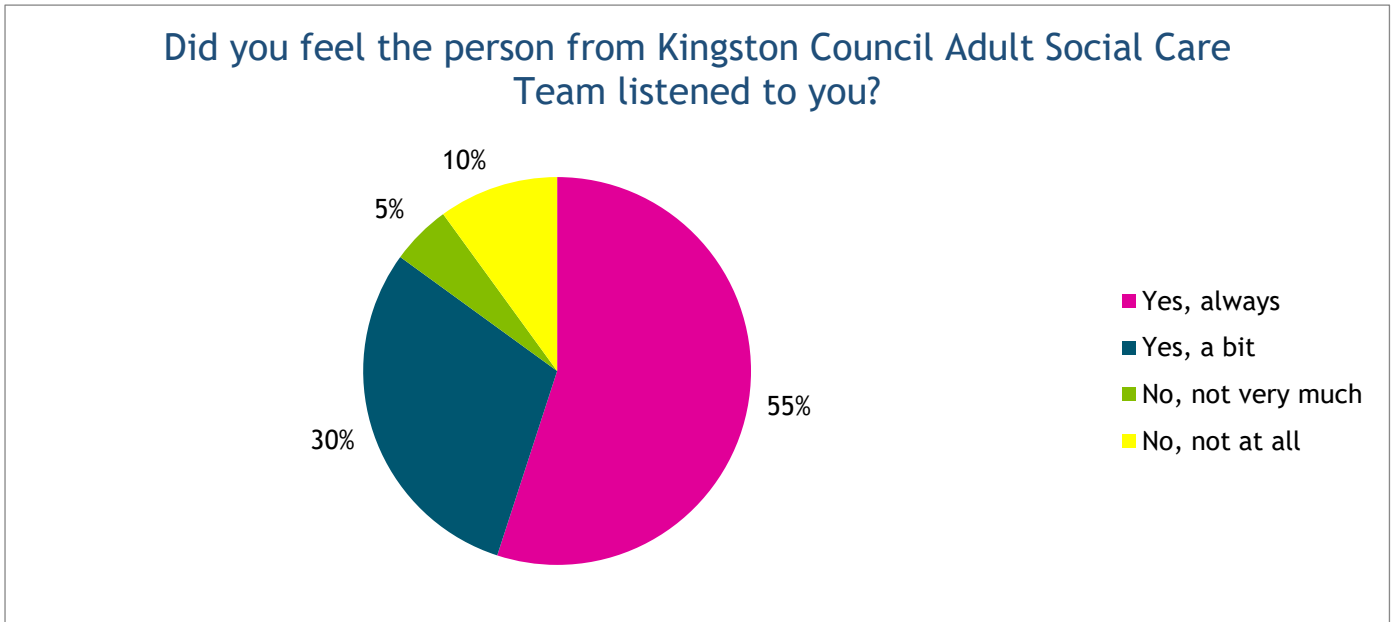
Survey responses, however, suggest that an offer of advocacy support wasn't always made to all during their safeguarding journey. Only 61% of survey participants told us that they were offered an advocate, with 39% saying that they had not been offered access to advocacy support.



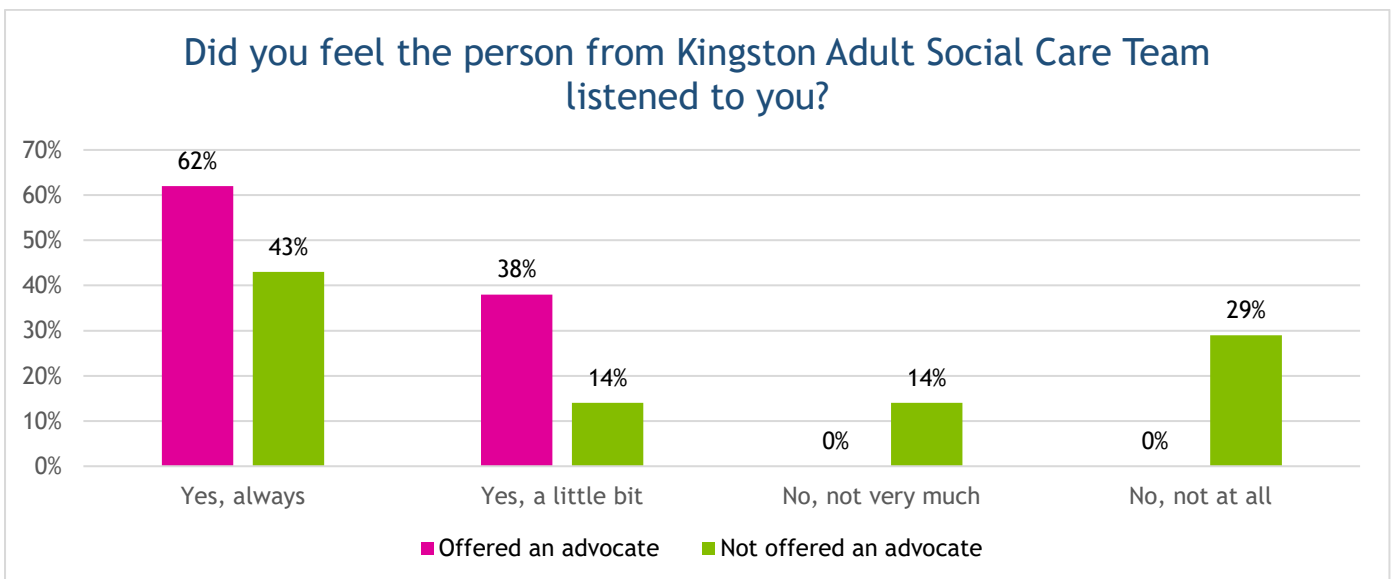
This suggestion was further supported by responses to another question that asked if process participants had had someone to help them speak up about the safeguarding process. 73% said yes and 27% no.




When we asked respondents if they felt the person from the Kingston Adult Social Care Team listened to them, the majority of respondents (85%) felt listened to either, always (55%), or a bit (30%) but 15% did not feel listened to (5% not very much and 10% not at all).



The data presented in the chart below compares how people felt about the safeguarding process when they were or when they were not offered an advocate. Findings indicate that a number of people who did not have an advocate did not feel listened to by the Adult Social Care Team.

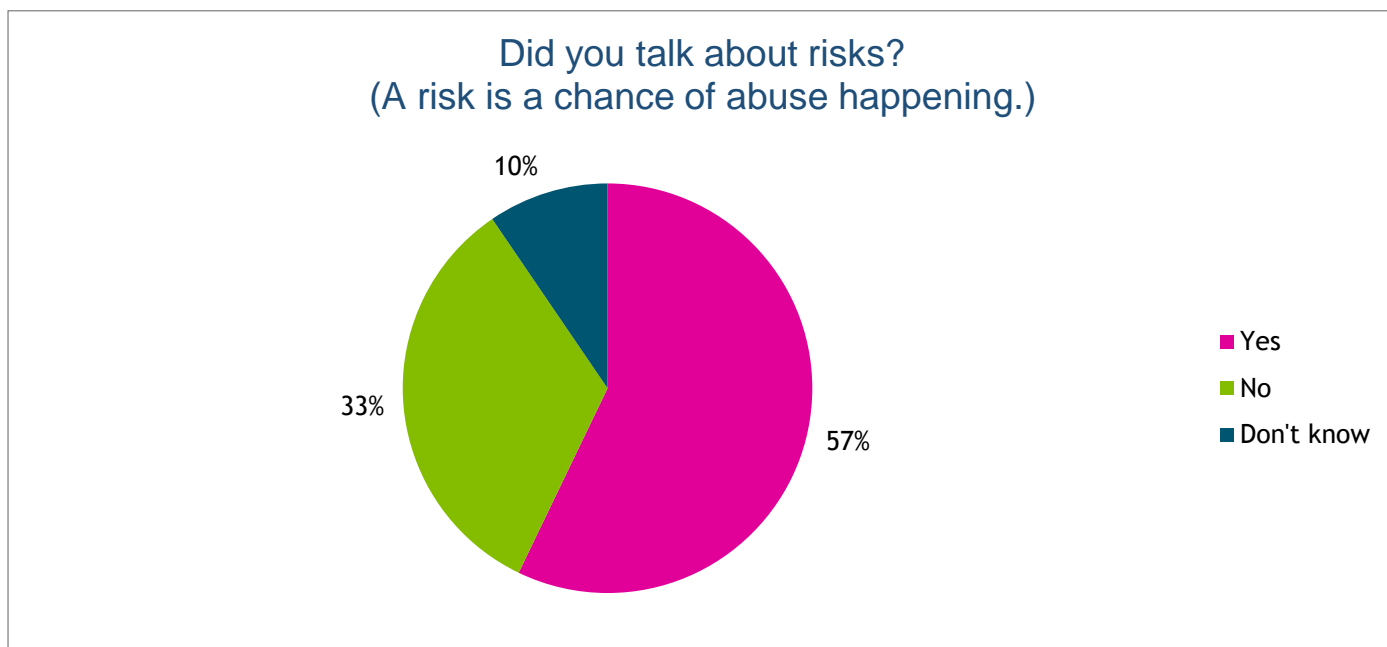


One respondent shared that a lack of listening during their safeguarding journey had added unnecessary pressure to their experience of the service:

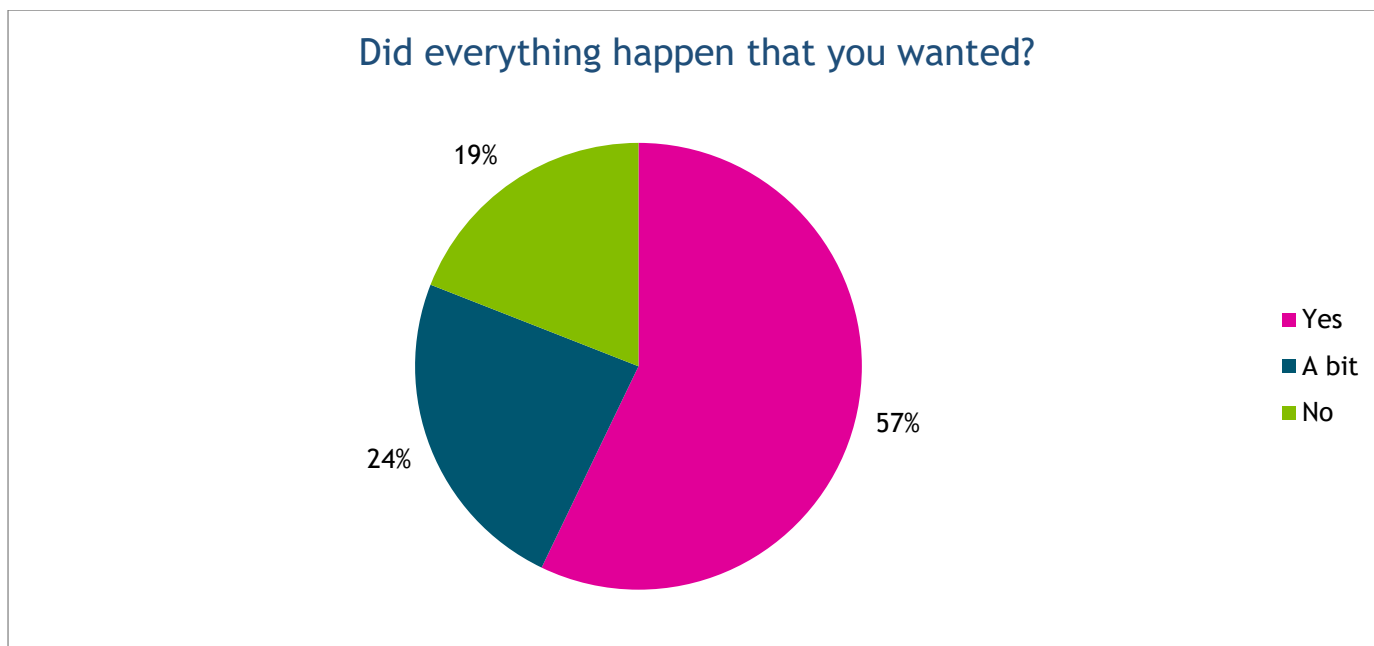
 *I felt I wasn't always listened to. They kept asking if I wanted family therapy and I kept saying that would not apply to me, but they kept asking. I felt a bit of pressure to do this.”*

#### 4.4 Managing risks and being safe

We asked if respondents were involved in conversations about the safeguarding risks and that what happened before may happen again. 57% of respondents felt they did talk about risk during their safeguarding process, however, one third (33%) shared they had not had a conversation about potential future risks. 10% were unsure if they had discussed this with the Kingston Adult Social Care Team.

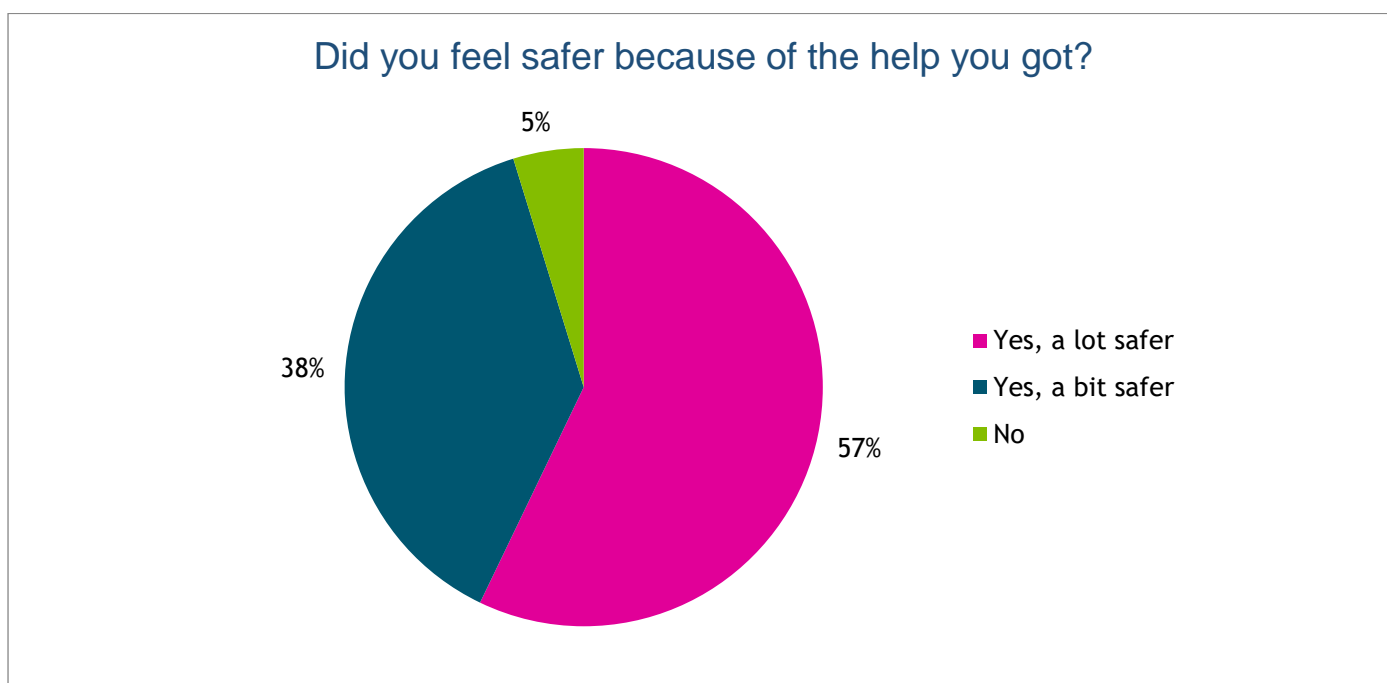


When asked if their expectations had been met, 57% of respondents agreed that everything they wanted to happen did happen during their safeguarding journey. 24% said a bit of what they wanted happened and 19% answered no.



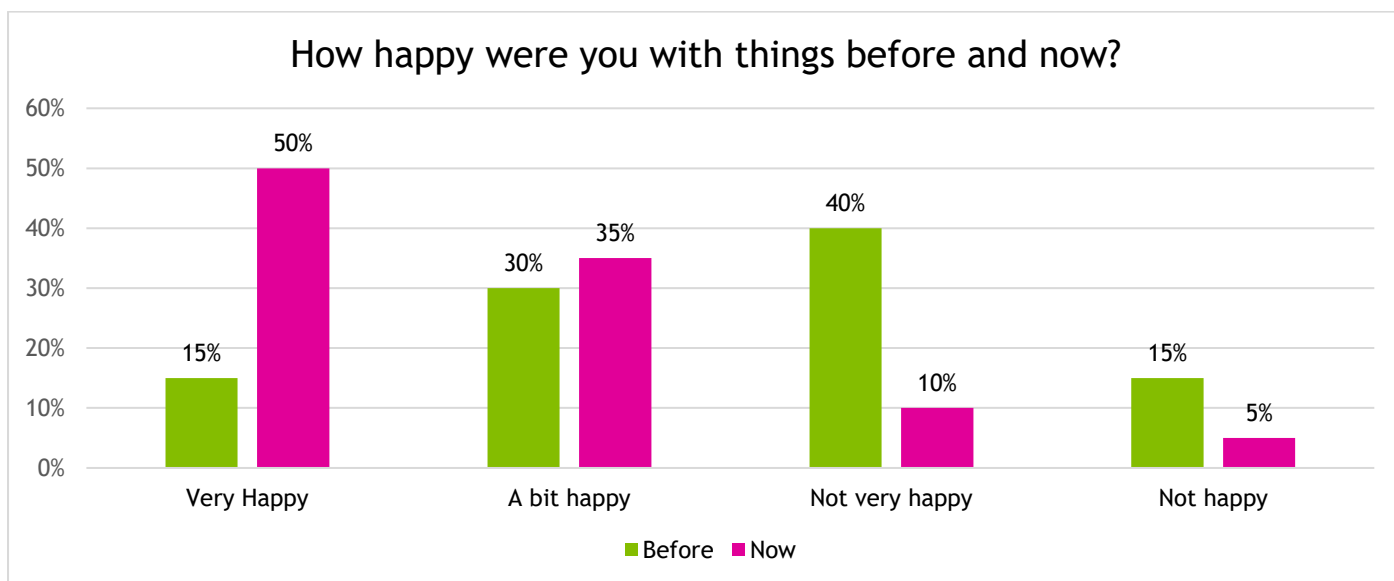
## 4.5 Outcomes

We wanted to understand if respondents felt safer because of the help they had received from the safeguarding process provided by the Kingston Adult Social Care Teams. The majority of respondents (95%) agreed that they now felt safer ('a lot safer' 57% or 'a bit' 38%). Only 5% of respondents said that they did not feel safer.



Participants were asked how happy they were before and after receiving support through the Kingston Adult Safeguarding process. The table below shows improvement across all categories.

Separately, 82% of respondents told us they felt that the work (help from a social worker) made things better for them. Unfortunately, 18% did not feel the work had helped them.



Our data analysis (see table below) indicates that being offered an advocate improved people feeling listened to and improved safeguarding outcomes. It also improved people feeling safer, having everything they wanted happen and also increased people talking about risks.

		Did you talk about risks?			Did you feel safer because of the help you got?			Did everything happen you wanted?		
		Yes	No	Don't know	Yes	A bit	No	Yes	A bit	No
All responses		57%	33%	10%	81%	10%	10%	57%	24%	19%
Offered an advocate	Yes	77%	23%	0%	92%	8%	0%	61%	31%	8%
	No	25%	50%	25%	67%	11%	22%	50%	12.5%	37.5%

## 4.6 The service user voice

Throughout the Making Safeguarding Personal survey we provided opportunities for people to share qualitative feedback. The following range of experiences are from people that have been through the safeguarding process or from advocates of those that have. We have grouped this service user feedback into the following categories:

- Outcomes from the safeguarding process
- Time taken to make things happen
- Feedback from ‘other professionals’
- Care homes and staffing levels
- Hospital and NHS involvement
- Communication.

## Outcomes from the safeguarding process

*“Mum is now in residential care this wasn't the outcome we had hoped for but realistically it is the safest option for mum now as her conditions deteriorate.”*

*“I now feel safer and well supported.”*

*“At last I have a care plan in place to stay living at home, a mix of professional carers and friends to help me with shopping, gardening, etc.”*

*“Was given advice about social media. They are off Instagram and are only accepting people they know on Facebook.”*

*“To do lists help, I know what to do in an emergency. I have phone numbers to call and a crisis plan if needed.”*

*“Now receiving more support in the care home. Which is better for me than living at home with less support.”*

*“I have peace of mind he is in the system and people know of the issues he has and has a care worker going in every day for half hour to check on him. Nice to know someone going in to know he is OK in the morning.”*

*“I spoke to my social worker and it helped me as I had a conversation.”*

*“My mother has now become a permanent resident in the care home where the fall took place. I was so impressed with the care home manager and their level of communication and transparency, working with the borough that my mother and myself felt that she wanted to return as a permanent resident.”*

## Time taken to make things happen

Some respondents shared that they felt the safeguarding process is slow and changes take too long to happen.

*“The process took too long to make changes and it didn't help my mother.”*

*“It took a long time to get support. To get mum where she needed to be.”*

*“Investigation needs to happen quicker. More information needs to be shared...I can't comment on the outcome as I do not know what was said at the beginning.”*

## Feedback from other professionals

We received a number of responses from people who have been through safeguarding that reference 'other professional', How our respondents feel about the safeguarding process can be largely impacted by external professionals and organisation outside of the Kingston Adult Social Care Team. Some feedback suggested that there may be a lack of understanding from some service users regarding who is responsible for the various elements of care they receive and more could be done to help the service user understand the safeguarding process.

## Care homes and staffing levels

*“They [the care home] need to get more staff but they won't so it's a waste of time all this talking.”*

*“Not changed due to lack of staff, but carers are trying to manage the very best they can in the current situation.”*

*“Speak up to the Government that care homes are running on a shoestring always under-staffed and they need to make sure all care homes have plenty of staff - it's just not adequate! It's our old folk who suffer.”*

## Hospital and NHS involvement

*“We needed more information from hospital. They moved from one ward to another with no notes on him.”*

*“Didn’t feel I needed support from adult social care. I was fine on my own with support from the hospice. All parts of NHS were brilliant.”*

*“I have always been an advocate of the NHS at the moment I am not. Due to pressures and burdens it’s not fit for purpose and elderly people slip through the net.”*

*“Once Mum was in hospital she wasn't looked after. I should have listened to family more and listened to Mum more. Doctors not doing home visits was wrong, left mum without support. I needed to call emergency nurses who were disgusted by this.”*


*“I felt there was a lack of communication while in hospital. I was informed as she was sent to a care home with no clothes. My sister had to rush clothes to her in her new home. Had to argue for getting a permanent place in care home rather than being sent to home with only three visits a day. Would not have got the same services at home if she fell as no wardens and only three visits a day.”*


*“I needed more information from Kingston hospital. There was no information about what was going on and contradictory responses from doctors. He was moved to different wards without explanation. I’m still unsure if he is suffering with dementia.”*





## Communication


Communication was a recurring issue raised throughout respondent feedback. For some, this was the key issue that concerned them. We received comments about the manner and way people were spoken to, the lack of information given and the untimely manner of communication.

 *Brokerage spoke to me poorly and feel they could have had some extra training. I don't need to be screamed at down the phone.”*

 *I needed more communication. Access to an advocate. More information on long term plan to help me plan and understand what was happening. Social worker promised to call and didn't. It all adds to my anxiety.”*

 *There was a delay in responding to phone calls. I sometimes found them asking questions that were not necessary and I felt my answers were not always listened to.”*

 *I became a paraplegic and now I'm in a nursing home. I feel safer in the home, but do not receive enough information about what happens next. I'm only staying here temporarily.”*

 *They were limited by what they could do. A visit from a social worker would have been better, rather than a phone call. The service has been very good, excellent in all other respects.”*

## 5. Royal Borough of Kingston Adult Social Care Teams

The safeguarding service for the Royal Borough of Kingston upon Thames Adult Social Care is provided through five adult social work teams:

- Kingston Locality Team
- Surbiton & Chessington Locality Team
- New Malden Locality Team
- Mental Health Social Care Team
- Learning Disability Team.

### 5.1 Learning Disability Team

Respondents that were supported by the learning disability team were very happy with the support they received and felt involved:

- 100% were asked about what they wanted to happen.
- 100% said someone helped them speak up and they were offered an advocate.
- 100% said they felt safer, either a lot or a bit safer
- 100% are happy 50% either very or a bit happy.

### 5.2 Mental Health Social Care Team

Survey feedback from participants that were supported by the mental health team provided less positive outcomes:

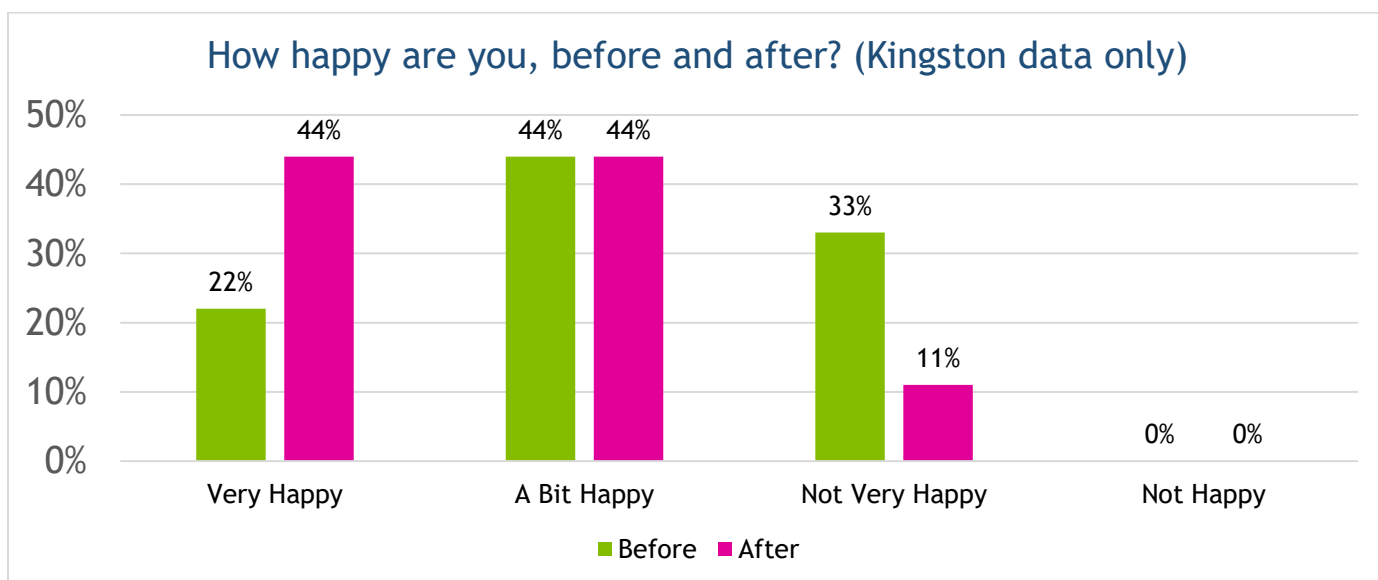
- 50% said they were asked about what they wanted to happen and 25% were not (25% were unsure)
- 25% had someone help them to speak up and 75% did not
- 25% were offered an advocate and 75% were not
- 50% said they were involved in making a plan to be safe, 25% said they were not (25% were unsure)
- 25% felt a lot safer and 75% felt a bit safer
- 50% felt a bit happy now and 50% not very happy.

### 5.3 Kingston, Surbiton & Chessington, and the New Malden Social Work Locality Teams

We did not have any responses from people supported by the Surbiton & Chessington Team and only three respondents accessing the service via the New Malden team (with only two of the three from New Malden regularly responding throughout the survey). Due to a lack of, or low rate of responses in these two team areas we have focused our reporting from those supported by the Kingston team (even though only 9 respondents).

When asked ‘what they would like to happen’, 78% of the people that were supported through the safeguarding process via the Kingston Social Work Locality Team said they spoke about a plan to be safe. Of this 78% of respondents (9 people), 100% said the plan made sense.

To summarise, our overall data analysis indicated that outcomes are improved for people who feel more involved at the beginning of the safeguarding process, and also for those that were offered an advocate. This is also evident in the responses from people supported by the Kingston team where 56% of respondents said they were offered an advocate, where 100% then felt safer (60% a lot safer and 40% a bit safer).



The above Kingston team only data chart shows a range of positive outcomes for the majority (88%) of participants being very happy or a bit happy after support and this same group (78%) saying the support provided by the Kingston team was the reason things are better, (see page 13 for the full data comparison on how people felt before and after the safeguarding process).

## 6. Conclusion

Overall feedback shows people feel happy and safer after intervention through the Kingston Adult Safeguarding process, however there are still improvements to be made in respect of including people early in the process to help improve understanding and outcomes. Also, that conversations around future risk should be a priority, to avoid the potential of reoccurring issues.

Evidence suggests that having an advocate or someone to speak up improves involvement and outcomes. It should be made clear to those going through the process that having someone to help them speak up can be beneficial.

There are some issues around external services that can impact negatively upon how a person feels about the safeguarding process, such as short staff in care homes and lack of communication from hospitals. This could potentially put additional pressure on social workers, as the point of contact for loved ones who want to know what is happening regarding the service users' care. Better communication from all the professionals and services to family members and friends involved in a person's care should be encouraged.

## 7. Recommendations

### Recommendations for RBK Adult Social Care:

1. Healthwatch Kingston recommends social workers formally offer everyone (particularly the elderly, people with disabilities and men of all ages) going through the adult safeguarding process, access to an advocate (professional or personal) and that the potential benefits of having someone speak up on your behalf is explained to all at the beginning of their safeguarding experience.
2. Healthwatch Kingston recommends extra attention is paid to involving service users from the beginning of the process. Asking more about their situation and asking what outcomes the service user would like.
3. Healthwatch Kingston recommends the Learning Disability Team share their safeguarding practice experiences with other RBK adult social care teams to support department-wide safeguarding practice development.
4. Healthwatch Kingston recommends more focus on conversations about future risk (safety plan and potential for recurrent future risk) to ensure service users understand that what happened may happen again or continue to happen without continuing with their plan.
5. Healthwatch Kingston recommends continued involvement from social workers to discuss and encourage service users to share feedback through the MSP project, to support future insight gathering.

### Recommendations for RBK Adult Social Care and Commissioning:

6. Healthwatch Kingston recommends RBK Adult Social Care and Commissioning ensure care providers inform family members or friends involved in a person's care about safeguarding incidents.

### Recommendations for the Kingston Safeguarding Adults Board:

7. Healthwatch Kingston recommends improved understanding of safeguarding processes across all partners of the Kingston safeguarding system (for example, but not limited to, safeguarding between hospital and care home providers) to ensure all partners provide a seamless and positive safeguarding experience.

## 8. Thank you and next steps

Healthwatch Kingston would like to thank all participants, their families and advocates for taking time to complete this Making Safeguarding Personal survey or for helping someone to complete it. We would also like to thank Kingston Council staff for their support establishing and continuing to support the Making Safeguarding Project.

Healthwatch Kingston will share this report and recommendations with members of the Kingston Adult Safeguarding/Adult Social Care teams, the Kingston Safeguarding Adults Board and 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, 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](mailto:info@healthwatchkingston.org.uk)

If you have any questions about this report, please contact:

Stephen Bitti, Chief Executive Officer:

[stephen@healthwatchkingston.org.uk](mailto:stephen@healthwatchkingston.org.uk)

## 9. 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 health and care nationally.



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

### Healthwatch Kingston upon Thames

Suite 3, 2nd Floor, Siddeley House

50, Canbury Park Road

Kingston upon Thames

KT2 6LX

[www.healthwatchkingston.org.uk](http://www.healthwatchkingston.org.uk)

020 3326 1255

[info@healthwatchkingston.org.uk](mailto:info@healthwatchkingston.org.uk)

Twitter [@HWKingston](#)

Facebook [/HWKingston](#)

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