

The Experience of Safeguarding in Surrey



Prepared for Surrey Safeguarding Board



November 2019

Project Purpose

Background

Surrey Safeguarding Adults Board (SSAB) reports that nearly 2,500 Safeguarding enquiries were started in 2017/18. This figure is likely to grow in the coming years, driven by the increasing numbers of elderly residents and improvements in awareness and access to Safeguarding.

SSAB have a driving vision to 'make Safeguarding personal' - use the least intrusive appropriate response to deliver person-led outcomes. Current feedback from people who have been subject to Safeguarding is slight: it does not allow for deep understanding of their experience and lacks a truly independent perspective.

SSAB wish to develop a monitoring system that is independent and provides meaningful feedback on Safeguarding's success in meeting people's individual objectives. To design this monitoring system SSAB first needs to understand the experience of 'being safeguarded' and what a 'successful' Safeguarding enquiry looks like to the person at the centre of the enquiry.

SSAB commissioned Healthwatch Surrey to:

- gain rich insight into people's experience of Safeguarding
- identify best practice and challenges - what works for people, what doesn't, what success looks like

What we did

- face to face interviews with people at the heart of a recently-concluded Section 42 enquiry¹ (S42)
- interviews lasted 30-90 minutes, led by the participants
- semi-structured interviews exploring each stage of the enquiry
- 14 interviews in total encompassing
 - Elderly frail, parents of those with SEN, physical disabilities
 - Primary subjects of the enquiry, or their carers/next of kin
 - Cases relating to care homes, domiciliary care, community services and family members
 - All interviewees introduced to Healthwatch Surrey by Safeguarding Locality teams
 - Thematic analysis of interviews

¹ The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry

should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

Executive Summary

1. Most of the people we spoke to had found their Safeguarding experience to be positive or neutral

- Most felt the S42 had been worthwhile, helping to achieve a safer future for themselves or for people like them
- Many locality team members were praised for their tenacity and professionalism, for involving people every step of the way, and for their empathy and support
- Almost nobody felt they had been excluded from their investigations or kept in the dark

2. People's minimal awareness and engagement with Safeguarding can lead to delayed enquiries and increased harm

- Most have heard the word 'Safeguarding' and know it is a "thing", but have no idea what, where, who or how
- It is seen as a 'them', professional, behind-the-scenes arrangement
- As a result, people do not think to raise Safeguarding concerns for themselves or those they care for. In some of our cases, if people had reported to Safeguarding for themselves less harm would have been done

3. Ignorance of the Safeguarding Enquiry process makes it difficult for people to assess or engage with their enquiry

- People have no understanding of what to expect from a Safeguarding enquiry - who leads it, the stages and processes, what the outcome will be
- Some people were given excellent, comprehensive information, but mostly verbal rather than written. Some had been given no information at all
- As a result most people cannot judge their own enquiry - are they being included or excluded? Are the right people being called to task? Is it running smoothly or slowly? Have I received all the information I should have? are the findings and recommendations appropriate?

4. People differ in how much involvement they want in their enquiry

- Not everyone wants to be involved: many of the people we spoke to were happy to have had minimal inclusion. Others had found value in being involved at every step
- Desired involvement may also be impacted by practical or emotional availability
- Key drivers of interest and inclusion that we observed were:
 - How significant was the event?
 - How much of a mystery is the event?
 - Will the findings make a difference?
 - Previous experience of and trust in social services

5. People don't start an enquiry with 'desired outcomes', but there are results that make the experience worthwhile for them

- People don't initiate Safeguarding enquiries, so don't start the journey with any objectives
- As the enquiry progresses 'outcomes' do emerge, and we found considerable consistency in the outcomes people valued:
 - Did the enquiry get to the bottom of things, reveal the truth?
 - Has someone accepted responsibility, ideally apologised?
 - Has the enquiry made a difference - is what happened less likely to happen again in the future?

Recommendations

Continue to raise awareness, relevance and accessibility of Safeguarding

- Target next of kin/loved ones of those at risk
- Provide information at key social and healthcare milestones - start of domiciliary care, community healthcare, residential care
- Emphasise and demonstrate that anyone can trigger a Safeguarding alert - for example use case histories to communicate ability/value/ease of making a referral as a lay person or carer

Provide written information at the start and end of an enquiry

- Ensure this reaches the person, NOK, POA as appropriate
- Initial communication to include:
 - The event triggering the referral
 - The expected process
 - The enquiry's objectives
 - The value of the enquiry and powers of enforcement
 - Named contacts, their job titles and their department name
- End-of-enquiry communication to include final report and outcomes

Assess desired level of involvement early in the process, and respect this during the enquiry

- Use 5 key metrics as a basis for a conversation: Significance, Mystery, Difference, Relationship and Availability
- Be aware this may change if circumstances change during the process

Use key metrics to assess the value of an enquiry to people

- Was the truth revealed?
- Was responsibility meaningfully acknowledged?
- Will the enquiry make a difference?
- Do I feel I was offered the right amount of information and inclusion during the enquiry?

What we learned

Our interviewees' journey fell into four key stages, and this report follows their journey

→ before the enquiry

→ initiation of the enquiry

→ during the enquiry

→ the end result

Before the enquiry

Awareness and understanding of Safeguarding are minimal

Most interviewees had heard of Safeguarding, but not all; there is a vague understanding that it is a 'thing' - but what?

- It's something to do with keeping people safe - but this can be inferred from the name
- People have little or no understanding of who does it, what it is, how it works, what happens, where it is...
- Disengaged and disembodied - a 'them' thing not a 'me' thing, something done by and for professionals in care or healthcare

Does this lack of understanding pre-enquiry really matter?

- Most people will never need to engage with Safeguarding
- The enquiry is led by the Safeguarding team: they can guide people through the process
- Not everyone is very interested in their own Safeguarding enquiry: they are happy for the process to run without their involvement

However, there are circumstances where it is a problem:

- Safeguarding alerts are not being raised until professionals become aware of risks: 'lay people' people don't raise alerts. In some of the cases we covered an earlier referral by the individuals involved could have reduced or prevented harm
- People don't have informed expectations of their enquiry: what will happen next, how long it will take, who will be involved
- People can't judge whether or not to get involved: are they expected to be involved? Allowed to be involved? Are they being excluded?
- People can't judge the progress or outcomes of their enquiry: is it running to a sensible schedule? Are the outcomes and actions good quality, actionable, reasonable?

Enquiry initiation

Safeguarding enquiries are often initiated at a difficult time

Emotions may be running high:

- Grief following a death, serious or terminal illness
- Distress at the harm caused to a vulnerable loved one
- Anger that trust has been betrayed, either by agencies charged with someone's care or by other loved ones
- Guilt or regret that people allowed their loved one to be harmed or put at risk - this was a recurring theme for many of the loved ones we spoke to
- Worry that they themselves are under investigation or may be held responsible for not reporting sooner

There may be new, unfamiliar practical demands on loved ones

- Arrangements after a death: funerals, probate, property clearance
- Need to find professional help (paid carers, new residential home)
- Loss of independence, increasing practical care needs, increased mental load

At this stage people may struggle to respond or engage rationally, may lack the time or freedom to engage, and may not care about your objectives unless they match their own priorities

This situation may change over time; people's feelings about engaging with safeguarding may change as they have time to reflect or come to terms with their emotions

The quality and quantity of information received at the beginning of the enquiry varied across our cases

- Some of our sample had received excellent verbal briefings at the start of their enquiry
- Some had been informed there was an enquiry, but not voluntarily informed beyond this
- Two of our sample were wholly unaware that there had been a Safeguarding enquiry at all
- Nobody remembered being given any written information at the start about how an enquiry runs, who runs it and so forth, although they may have had contact details from emails or phone calls

During the enquiry

People vary in how involved they want to be in the enquiry

People can be heavily emotionally invested in the findings of their S42 but not want to attend meetings, or only become interested when the report is available.

There are four aspects to an enquiry that have major impacts on a person's emotional involvement:

- How significant was the event or problem being assessed? Did it result in death, serious harm, or significant emotional impact? Or was it a relatively insignificant, even predictable, individual event? Does it pale into insignificance compared to other problems in the person's life? The greater the significance the greater the engagement.
- How much mystery surrounds the event? Is it clear what happened? Is it obvious who should be taking responsibility? The greater the mystery the greater the engagement.
- Will the enquiry's recommendations make a difference? Is the problem solvable? Is there opportunity for system change to prevent future recurrence? Do those engaged in the referral have power to enforce change? A benefit to other vulnerable people can be highly motivating. The greater the potential for improvement the greater the engagement.

- Do the people involved trust Social Services and Safeguarding to deliver the outcome? Do they have previous good experience with social services? Do they trust the people they have met. People we spoke to who had previous good experience of Social Services or who trusted their Safeguarding team were happy to disengage from the process.

Engagement may also be impacted by personal circumstances

Challenges such as caring duties, mobility, understanding and communication skills can all act to reduce people's desire or ability to engage with an enquiry. For several of our interviewees the events triggering the Safeguarding enquiry had resulted in upheaval or increased caring duties; some lived outside Surrey, some were vulnerable themselves.

The extent to which people had been included by their Safeguarding team varied considerably

For some this was driven by the people involved either wanting full involvement and receiving it, or being offered full involvement but being happy to leave the enquiry to the locality team. However, in other cases it appeared that little involvement had been offered.

Given people's lack of base understanding some of the people we spoke to had no idea how they could have been included, or whether it would have been of value to them or to the enquiry to have contributed more.

The end result

However, only two of our interviewees were disappointed in their levels of inclusion in their case.

The two people who were unaware they (or their loved one) had been safeguarded were relatively happy nonetheless: neither event was especially significant, there was no mystery involved, impact was personal and individual and what steps could be taken to reduce further risk had been taken.

For the most part, the experience of Safeguarding is either positive or neutral

Where there was low involvement there was also low impact or awareness of the enquiry. The people who had been more involved did have some difficult experiences, but these were triggered by the event (death, serious harm) rather than by the enquiry.

The majority of people who were sufficiently engaged to pass judgement felt their Safeguarding team had done a good job. In particular the team's tenacity and the pressure brought to bear on those perpetrating harm was admired and praised. It has been a pleasure to pass on some personal praise to specific team members as part of this project.

At the start of an enquiry people do not have any 'desired outcomes'.

- 'outcomes' is not their language, at any stage
- they did not initiate the enquiry; they don't know what the objectives of an enquiry are
- initially it feels as if it's too late - the harm has been done, the situation is unique. Preventing repetition will not help them personally

However, as the enquiry progresses and reaches a conclusion there are three things that can make an enquiry worthwhile:

- **did the enquiry get to the bottom of things** - did it discover or explain what happened, what went wrong. Did it reveal the truth about roles and responsibilities?
- **have those responsible for the harm accepted their responsibility?** Has there been an apology? None of the people we spoke to wanted anything more than this
- **will this do some good?** Has the enquiry made people safer in the future? Did we make a difference? Not just for me but for other people in the same position as me?

Thanks and acknowledgements

We would like to thank:

- The members of the locality teams who recruited interviewees for this project. It was a difficult task and we know the teams are under pressure, but without their input the project would not have been possible.
- The people who shared their experiences of Safeguarding with us. Many of these experiences were difficult and emotionally challenging, but we were struck by people's willingness to help improve the system for those who will come after them.

Appendix 1 - Consent Information for Interviewees. *This information was shared with potential interviewees before the interviews, and consent to progress to interview was recorded. At the interview consent to record the interview was confirmed, and interviewees were reminded that they could stop the interview at any stage or not discuss any particular aspects of their enquiry.*

About Healthwatch Surrey

Healthwatch Surrey is an independent champion that gives the people of Surrey a voice to improve, shape and get the best from health and social care services by empowering local people and communities. We are working with Surrey Safeguarding Adults Board and local Safeguarding teams on this project.

About this research

This research is being carried out to understand what it is like to be the person at the heart of a Safeguarding investigation. We want to hear your perspective - what you knew, what you thought, what you experienced and how you felt.

What we hear will be taken to the people who design and deliver Safeguarding in Surrey, including Surrey Safeguarding Adult Board and the local teams who carry our Safeguarding investigations. Understanding what matters to you will help to spread good practice and make changes or improvements where they are needed.

Your Personal Data

The research is conducted by Tessa Weaver, Research Officer at Healthwatch Surrey. The Data Protection Officer is Helen Anjomshoaa at Surrey Independent Living Council.

Healthwatch Surrey will collect and retain the names, preferred phone number, and preferred interview location of all respondents. The data will be stored in a locked filing cabinet in our offices, and in an encrypted file in our secure computer system.

Personal data will be destroyed on completion of the project. For more information about the way that we store personal data please visit our Privacy Policy (available on request or from our website).

The personal data will be used only for this research.

- The Research Officer will have access to and receive information on all interviewees.
- Other staff directly involved with the project will have access to necessary data.
- Interviewers will receive information about their individual respondents only.

Confidentiality and Interview Notes

All responses will be treated confidentially. Results will be aggregated into a single report. Where verbatim quotes are used in the report the person quoted will not be identified.

We will record what you say either in written notes taken at the interview, or by audio tape. Project notes, audio data and research data not including personal data will be destroyed after 12 months.

Thank-you payments

For every interview there will be a thank-you payment of £20. This will be paid in cash on completion of the interview. We will require a signature to acknowledge receipt of the thank-you.

If you wish to make a complaint, please contact Lisa Sian at Healthwatch Surrey lisa.sian@healthwatchesurrey.co.uk or 01483 572790

If you have any questions please call - my mobile number is my direct line 07949 829011 and the best way to reach me but my email address is Tessa.weaver@healthwatchesurrey.co.uk.

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