healthwatch Lambeth

MID TERM REVIEW OF HIDDEN VOICES PROJECT

OCTOBER 2013

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1. INTRODUCTION

The **purpose of this report** is to reflect on the progress made by Hidden Voices, the service user experience project, during its first year. With 2 years of funding from Guys & St Thomas Charitable Trust, Lambeth Council on behalf of the Lambeth Safeguarding Adults Partnership Board commissioned firstly LINK, then Healthwatch Lambeth to set up Hidden Voices and gather information about what the experience of safeguarding is like from the perspective of the service user, and work with service users so that the safeguarding process is a positive one for them.

Some of the information was gathered in a structured way, but significant amounts of it can be regarded as "soft intelligence" which colours and complements data and statistics and is of great value in providing a more holistic picture of what is going on with abuse and mistreatment.

During the year, using information from our research and working with an Advisory Group of mixed service users, Hidden Voices explored which aspects of safeguarding needed to improve, the opportunities for making a change and the culture and practices which are important to develop in the future.

This **report contains** the methods we used for gathering experiences from service users and frontline staff, the themes and key issues which emerged from those experiences, particular successes and barriers, and how learning moves us forward into year 2. There is also consideration of the need for community based preventative structures and plans for a possible Year 3.
The focus of Hidden Voices enquiries was:
What kind of response should address abuse in this particular setting?
What was the experience of being protected like?
If the safeguarding process needs to improve, in what ways should that be?

The **report will be of interest** firstly, to funders and commissioners of the project – Guys & St Thomas Charitable Trust and Lambeth Borough Council, and the other agencies who are part of the Safeguarding Adults Partnership Board, including hospitals, care providers, police, health services. Teams responsible for quality assurance and citizen / service user engagement will also find it relevant as well as voluntary sector organisations who represent service users and vulnerable adults.
I hope that the report will also be read by individual service users who have participated in Hidden Voices and contributed to our findings

Thanks in particular to those individuals who have used services and shared their experiences, to the members of the Advisory Group who have helped Hidden Voices become established and given up so

much time, to the individuals who have attended our events and workshops, the staff who have shared their thoughts about improving services to vulnerable people, and to Healthwatch Lambeth members and staff who have provided a strong framework within which Hidden Voices can operate.

2. BACKGROUND

Why the Hidden Voices project was needed

Adult protection is a relatively new concept and learning continues about how best to keep vulnerable adults safe, where taking action should begin, the limits of that action, along with all the resource implications.

How can a system of statutory services best keep vulnerable people with opinions, attitudes and preferences safe - within their families, communities and over time?

It's an issue faced by Safeguarding Adults Partnership Boards up and down the country. In adult safeguarding perhaps even more than other services, it's vital to understand the client's needs and wishes for how they want to live. The emotional and psychological issues around any abuse add an extra dimension to decisions about when and how services get involved, and even more so, when the person at risk lacks mental capacity.

Thus Hidden Voices explores the needs and experiences of those people who are harmed by the abusive behaviour of people they trusted. The project found out how vulnerable people's needs are manifested, in what way and to what degree they want services involved in their lives, and ensuring that services actually help and don't amplify the problem.

It must also be pointed out that Hidden Voices looked at safeguarding as a *formal response* to abuse, where someone is to blame, and found out how service users experienced that process. This is in contrast to the view of safeguarding as protecting people from harm, and prevention of abuse.

Of the moment

The commissioning of a project to engage with service users across public sector services in the arena of mistreatment of vulnerable adults is a timely step by Lambeth. Safeguarding Adults is in a state of development and transition, public awareness fuelled by media attention is growing and there is certainly strong local interest in improving the quality of health and social care services.

In turn, Hidden Voices benefits from being part of Healthwatch, a membership organisation with access to a large number of citizens interested in health and care issues, and relevant experiences. Healthwatch has access to influential groups who can impact on safeguarding such as the Clinical

Commissioning Group, Hospital Boards, national Healthwatch, Lambeth Safeguarding Adults Board. Hidden Voices can also access the expertise of the staff team and the support and expertise of its Board.

3. PROJECT BRIEF

The Brief had 3 key objectives for a 2 year project:

1) to ensure that adult safeguarding systems work well and meet the needs of service users
2) to enable service users and carers to get involved in shaping safeguarding services
3) to make sure the needs of vulnerable people are included in the local community safety agenda

This was to be delivered by one worker who would

* establish a panel of service users and carers from all client groups, to be "experts by experience" on a range of issues, as well as safeguarding.

"The Panel will work with the Safeguarding Adults Board to develop and **embed permanent mechanisms** to ensure that service user feedback informed changes to the partnership's safeguarding procedures and practice. The project will ensure that **procedures and systems are co produced** with a focus on meeting the needs of those people who receive support from services".

And * recruit volunteers to represent the safeguarding agenda on safer neighbourhood panels

The Volunteers are to "help raise the profile of safeguarding, and ensure that those people in the community are most vulnerable are protected when subject to violence and abuse".

Hidden Voices was tasked to talk to particular groups of service users: older people, learning disabled people, physically disabled, people with mental health problems and those with sensory impairments. The list could be longer – possibly including homeless people, and those suffering drug and alcohol addictions, frequently a companion to mental health problems. Even so, the expectation was that we would talk to a wide range of people using services.

The **design** of the Brief brought both benefits and challenges:

- Bringing together service users who shared an interest in adult safeguarding, prevention of abuse and concern for vulnerable people was useful in many respects. They are a point of reference for

the project, a gauge of community feeling, a space for active debate around common concerns, and a way to make the project accountable. Members of the group formed relationships and bonded with each other.

- The Panel was intended to involve a mix of people with different needs. However, situations which led to safeguarding varied between particular user groups, and needed time devoted to each.
- Members of the group were often **"locked" into their personal experiences** and returned constantly to their own story, making the progress of meetings difficult.
- The personal needs of the participants meant that meetings could become "combative"
- The mixed user group created a situation where the loudest voice dominated and those with less confidence, such as older people or learning disabled people were not being heard.

As a result, within the first year it was necessary to establish a **separate learning disabled group** which could give space and time to their concerns, and the project started to develop "satellite" reference groups who could feed in where the issue was relevant to them. This also happened with family carers and older people.

The Safeguarding Service User Experience Project was **named Hidden Voices** early in 2013 to better be able to engage with the community

A FRAMEWORK FOR OBJECTIVES, OUTPUTS & OUTCOMES

Project Aims

To ensure adult safeguarding systems work well and meet the needs of service users
To enable service users and carers to get involved in shaping safeguarding services, policy & practice
To ensure the needs of vulnerable people are included in the local community safety agenda

OBJECTIVES	ACHIEVED BY OUTPUTS (products or services)	TARGET	OUTCOME (impact)
Gather the experiences of service users about safeguarding, including hard to reach individuals	Service user group meetings		A. Better understanding of issues affecting the quality of safeguarding services B. Common issues are identified across a wide range of clients and providers C. Service user voices are amplified and heard
	Workshops		
	Community group meetings		
	One to one interviews		
	Presentations		
	Events		
	Social worker interviews with clients		
Gather experiences of frontline workers and	Workshops		
	Presentations to wide range of teams		

frontline care providers about their experiences	One to one interviews		
Fully involve service users in Hidden Voices	Service user forum meetings and learning disabled sub group, and Objective 1 outputs above		C. See above D. Service users influence providers and effect change
Increase awareness and understanding of safeguarding	Good practice recommendations for social work teams Training for police by learning disabled sub group Community presentation and outreach CQC information session Safeguarding training for members Healthwatch Lambeth activities Leaflet produced Public or professional events Fridge magnet		E. Social workers have increased sensitivity and victim centred practice F. Police officers are better informed about the needs of learning disabled people and deliver a better service G. Service users, family carers and supporters are more aware about safeguarding and how to get help about concerns H. Increased public awareness about adult protection
Recruit volunteers through safer neighbourhood panels	Volunteer training and support		I Community members are a resource for information about safeguarding
Co - production of change in Lambeth safeguarding practice including embed feedback	Practitioner / service user forums Contribute to sub group of Safeguarding Partnership Board		J. Feasible and workable changes to adult protection practices of partners
Share project findings with Safeguarding Adults Partnership Board	Reports and presentations to practitioners group and SAPB sub group		K. Changes in safeguarding practice take place so systems are more sensitive to service user needs

4. PROJECT PROGRESS

How Hidden Voices delivered this project in Year 1

This project opens up a difficult subject with people who may have suffered a great deal. Painful experiences are not easily discussed and are more often avoided, especially with a stranger. The first task for me was therefore to ensure **people felt comfortable to talk openly** and share personal information. Relating the concepts of abuse and neglect to situational case studies helped. It was really important to understand the problems that the audience faced in their daily life.

The second task was to demonstrate the session was **not wasting their time**. It is all too easy as a paid worker to assume the cooperation of the community. But their time is precious so people quickly grow

impatient unless they hear useful information and see their perspective has been taken on board. Introducing Hidden Voices had to be a two way process which benefited everyone – not only asking for views and experiences but also *providing information*.

Health and care services can appear complex and utterly confusing for the public, so explaining how they work is worthwhile. People really want to know who is out there to protect them and their loved ones, and they don't know about adult protection, or CQC inspections or the NHS Constitution.

So for Hidden Voices, safeguarding could not be discussed in a vacuum, but in the context of care and health services within which the vast majority of adult abuses occur

Service users wanted to know – "what will you do with the information you take from us?" I explained this information will influence the way adult protection is carried out. People have shared their concerns and personal experiences because they hope it will make a difference.

James Turnbull of **Toynbee Hall** has researched the best way of exploring abuse with **older people**. Because of taboos he found the issue is best approached obliquely – starting with wider based discussion around how older people regard their family, their money, future lifestyles and through questioning, moving towards the sensitive issue of abuse. Using the training from Toynbee Hall, my presentations and workshops with community groups were set in a wider context of situations.

Participants in the Vida Walsh workshop about safeguarding in family situations

Research into the safeguarding process

The early months spent researching experiences of safeguarding and where problems lie was time well spent. It involved direct interviews of not only clients but also support workers and professionals

who help people through a safeguarding process. They understood the users experience as well as some of the dilemmas around policy and practice.
People valued being asked to give feedback (workers in particular) and a number of “points of strain” in the safeguarding process emerged where change should occur or gaps could be addressed.

The project learned that particular safeguarding issues arise within specific client groups:

- Problems with police responses or mate crime are experienced by those with learning disabilities
- Exploitation of people with mental health problems out in the community or in hospital
- Family members taking financial advantage common to older people
- Problems with paid carers & their agencies experienced by carers and older people
- The physical and emotional frustrations that trip into abuse more frequent when caring for someone with dementia.
- The vulnerability and isolation of older people who have lost partners being key factors in determining exploitation or abuse.

Understanding that different kinds of abuse affects service users helped Hidden Voices to tailor enquiries, and offer meaningful contact.

The Service User Panel and their achievements

The Panel was set up in February 2013 and became called the **Hidden Voices Advisory Group**. It includes someone with physical disabilities, 3 older people, one person with mental health problems, 3 carers / relatives of someone with a disability, one person with a learning disability.
The group met monthly between February and September 2013. Typically, meetings included the provision of information, discussion about member experiences, presentation of my research findings or other work, and more recently planning of a community presentation. Discussions in the group have also led to the invitation of speakers (Kings Hospital Discharge Coordinator and CQC) or follow up of concerns by Healthwatch.

No specific criteria was put in place to select people for the panel due to the need to get the group up and running. Although the primary goal was to identify people with safeguarding experience, the timeframe of the project gave little time to work through the 5 client groups, and attract those with the right experience to the group. Efforts to attract referrals from social services also did not result in further gains.

Thus, of 9 people who attend regularly, only 2 have safeguarding experience, as carers rather than as a direct victim. In the end we welcomed members with safeguarding experience from outside Lambeth, those with experiences which were many years old, and with experience as “perpetrator”

rather than “victim”, and a number of other people took part because they felt *concern* about these issues.

But the lack of direct, current safeguarding experience and knowledge of how safeguarding is carried out has meant that working in a meaningful way and keeping people engaged has been difficult. Nonetheless, the Advisory Group has done well in a short time.

Their achievements include:

Regular meetings of an increasingly informed group of people with different perspectives
Sharing of individual experiences
Compiled “good practice” recommendations for social worker to use when carrying out safeguarding
Preparation of a presentation to take round to groups including a series of short plays prepared to illustrate care problems
Production of a fridge magnet to raise awareness, for those getting care in their own homes.
Composition of letter for social workers to use when introducing safeguarding to clients

One of the challenges has been to sustain this commitment and a clear sense of purpose for the group. Since the summer there has been increasing frustration among members that we have not been able to begin co production, or directly engage with influential members of the Adult Safeguarding Board. This led to the temporary suspension of meetings in September, while this matter was resolved.

During the year, the Advisory Group identified the priorities which *they* wanted to see acted upon. These included hospital discharge, challenging social workers and their decisions, improving the Council reporting phone line, challenging private care home agencies, getting better service on hospital wards, and raising awareness of these issues in the community. These were not necessarily the same as the priorities from the broader Hidden Voices project research, or that the project was tasked to examine.

So the question arose: *How does the self determination of this group marry with the idea of a “reference group” to the Board*?

The idea of a reference group which delivers a two way exchange of issues and views between the community based project and the strategic Safeguarding Board is problematic. Simple chronology works against this idea: the Board meets quarterly whilst the group meets monthly. Meeting monthly is important so that a short term two year project can make progress. Waiting for the Board to meet

would mean recommendations and issues raised by the group would not be addressed for several months. Apart from the Councillor attending the LSAPB sub group, gaining access to Board reps between their meetings has not been possible. Also the group has ambitions to go beyond “improving publicity” (an early suggestion for their input) to scrutinising the practice of safeguarding services and educating the public.

In our second year, I need to clarify the role of the Advisory Group and the contribution it can make, agree terms of reference and establish a framework for members’ input. A **recent update** means that in 2014 we will be moving towards an open service user forum style of engagement so people can come to the meetings if the issues are relevant to them, and not be tied to a regular “closed” group.

Safer Neighbourhood Panels

Safer Neighbourhood Panels bring together residents, agencies and police to identify community safety actions at a local level and respond to resident concerns and priorities. They form a network across the borough and are a place to build relationships with active residents likely to be interested in the welfare of vulnerable people.

A **number of factors affected the planned work** with Safer Neighbourhood Panels:
A profound change in the policing framework for London during 2012 meant that for many months the SNP’s were “on pause”. Police officers were being moved around. Panels were destabilised by the proposed policing changes and threatened closure of police stations, and their members were unreceptive to other issues.
The community safety team reported that the performance and calibre of the SNP’s was so varied that whilst some fulfilled a positive function, others did not - and would be inappropriate places to bring issues about vulnerable people.

As well as delaying work with Safer Neighbourhood Panels, these changes prompted the inclusion of Neighbourhood Watch and resident groups as alternative sources of volunteers.

To date, the following have received presentations about Hidden Voices:

Clapham Park Project, North Lambeth Area Housing Forum, Norwood Area Housing Forum St Leonards SNP, Stockwell and Vassall Housing Forum, Gypsy Hill SNP, Streatham Wells SNP, Tulse Hill SNP, Brixton Neighbourhood Watch.

The style of SNP meetings varied but often they were a panel and audience arrangement which meant I gave a short speech and then made myself available for questions. The best responses came from

the Neighbourhood Watch group and the occasional meeting where people would ask for information or talk to me afterwards.

The possibilities for Hidden Voices to identify volunteers by tapping into a network of active community groups is real, and the community safety agenda – in particular, neighbourly concern for vulnerable people is something to take forward actively in the second year. As the Safer Neighbourhood Panels and Neighbourhood Watch structures settle again, there is scope to revisit these groups and build more links and building on the growing links we have with police teams through our specific work about safeguarding of learning disabled people.

However, the legal framework of safeguarding and its position rooted in systems and specific services continues to make it difficult to explain, and the responses in open public forums are likely to be limited as anyone putting forward a point or their experience is very exposed.

Development of this strand in year 2 may involve providing information about the needs of vulnerable groups in various neighbourhood settings, to police teams and through community based training. Perhaps Hidden Voices could develop an anonymous online reporting system to give their stories as part of the Healthwatch website

Accountability to the Safeguarding Adults Partnership Board

The arrangements for reporting progress have altered over the year as the project was originally based in the Lambeth LINK (within Age UK) but since April 2013 we have been a part of Healthwatch Lambeth.

It was always intended that the project would influence the Safeguarding Adults Partnership Board and be a source of reference for service user views on how the safeguarding process could improve. The mechanism set up to pass on the views of the group to the Board was through the Partnership Board sub group (otherwise known as Community Reference Group)

The role of the sub group was initially to support two related projects, Action on Elder Abuse and Hidden Voices to link their work into the Partnership Board, and to coordinate them effectively.

This regular meeting structure with a range of external partners has been a helpful reporting space for Hidden Voices. Working relationships have developed – the meeting is chaired by Councillor Jane Pickard and supported by Jane Gregory of the Safeguarding Unit, two knowledgeable supporters of Hidden Voices work. Regular attendees include Action on Elder Abuse, TOPAZ (a social work enterprise offering advice and information to vulnerable people not eligible for Council funded

services), Council's community safety team, Safeguarding Unit and South Thames Crossroads Carers.

Members of the Community Reference Group have heard some of the issues brought by Hidden Voices. It has not been that clear how the information has been used by the Board, but the value of the service user voice has been emphasized and strengthened in the past year through the Council's administrative and data collection systems.

For Hidden Voices, in working out where service users can impact on statutory services, there is also a need for greater debate, not just reporting. Some safeguarding issues would be usefully explored in CRG meeting. For example: analysing and comparing data, personalisation of care, co – production in safeguarding, self funders vs public funded, how to raise public awareness, national research around triggers of abuse, and quality standards in care homes, from agencies, in hospitals.

In this way, **issues facing services users could be embedded in the sub group (CRG)** and acknowledged, and resolutions sought. The sub group can become an *active space* where service users reps, voluntary sector and Board attendees, as well as community facing organisations can meaningfully discuss workeable solutions.

At present, for members of the Hidden Voices Advisory Group, the Community Reference Group is perceived as a layer which makes communication - and therefore influence - with the Board more remote. More work must be done to bring these structures closer together.

Recent developments mean that the Hidden Voices Group may be able forge a more direct relationship with the Board, not just reporting but a working relationship in the spirit of co – production. One current opportunity is for a few of the members to present directly at a future Board meeting.

For year 2, it might be worth considering:

- Issues arising around safeguarding are discussed as themes in the sub group and key messages agreed and passed to the Board
- Citizen members of Hidden Voices attend the sub group, supported by the project worker
- Meetings take place monthly to cover more and respond more quickly to service user concerns
- Another possible alternative would be for implementation/ action style meetings to take place. This would convene social work, the safeguarding unit as well as Advisory Group reps and sub group reps, and would look specifically at how to implement changes to the policy and practice of safeguarding. The outcome of these meetings would then feed into discussions of the Partnership Board Sub Group (Community Reference Group)

Support from the Safeguarding Unit

This Council team has been actively involved in the work of Hidden Voices. In particular, explaining details of policy, or enabling introductions to key members of staff. They have guided and supported the project worker, facilitated access to Heads of Service, provided information and the benefit of their expertise throughout the year.

In September 2013, Jane Gregory (policy officer) worked with Hidden Voices to provide safeguarding training to members of the Advisory Group and other project contacts in the community.

In October, she came and talked to members of the group to answer their questions, and following issues raised at that meet around how to challenge service providers, she convened a small working group to look at the development of a rights pack for people organising their own care.

Feedback to, and contact between the Hidden Voices Advisory Group and the Safeguarding Unit could develop further in Year 2. The group have carried out specific tasks for the Unit but heard little of the outcome. Forging a strong "co – production" relationship with service user representatives, having regular contact with them and keeping them up to date with important information from the Unit could have a very positive impact on the project.

It is hoped that Head of Safeguarding will start to attend the sub group (Community Reference Group) and when relevant, the service user open forum.

5. METHODOLOGY

Service user involvement and feedback

Getting service users involved is not a linear process, but more a mixture of chance and design. There was no referral system to access existing clients of safeguarding (due to data protection) so opportunities for meeting service users were limited. Talking to staff was often the key which unlocked access to vulnerable people. Thus there were layers of people to talk to and a somewhat ad hoc approach to finding service users.

Report 47 from Social Care Institute of Excellence recommends a few ways of involving service users in safeguarding, many of which we have now used, or soon hope to use in Hidden Voices:

- Awareness raising and sharing information

- Using a range of methods to involve people
- Training of staff by service users (currently planned between LD people and police)
- A rights based approach to involvement

Report 47 also looked closely at **family led resolution processes** for adult safeguarding, and the improved outcomes for the service user. From our research with older people this is something worth exploring.

Workshops, presentations and interviews

Methods I used to explore safeguarding include

- Meeting with individuals following presentations, in home, community, workplaces
- Group discussions
- Formal workshops with client groups and staff
- Presentations to wide range of staff groups, community groups
- Participation in public events

During the year I gave **presentations** to

Statutory sector staff teams – at least 8 including housing participation officers, district nurses, a number of social work teams, community safety, St Thomas Hospital social workers, PALS at Guys

Voluntary and community sector – Physical disability forum, a wide range of older people's groups, Neighbourhood Watch, and carers groups (carers advisory group, Alzheimers Carers and Lingham Court carers, and carers of those with mental health problems).
In addition a wide range of residents / **community safety related** groups

Experiences of safeguarding were also explored through specific workshops:

The first of these was with **older people** in 8th February 2013
Then followed two workshops with different groups of **learning disabled people** on 20th February and 27th February 2013
Third workshop with **social work staff** on 12th March 2013
Two further workshops with **Vida Walsh older people's group** on July 10th and 23rd October 2013

Talking to people one to one was also vital to get in depth information: During the year, I spoke to:

Individual **service users** – 14 people, mostly interviewed in person but occasionally by phone

Individual members of **staff** – more than 56 people from voluntary sector organisations, local authority departments, police, hospitals and private sector, as well as safeguarding staff working with service users from Croydon and Kensington.

In particular, holding **discussions with existing groups**, where people are at ease amongst their peers. By presenting the information as a series of *dilemmas,* where the answers lie within the group, but simply need to be extracted. This gets people thinking. It's interesting for people to be asked "how do we solve this dilemma?"

Older people fall silent when in Advisory Group meetings with competing interests, but when engaged with their peers in their own (often large) community groups can be vocal and articulate in their views. So work with older people developed around workshops or discussions in existing group settings, focusing largely on the issue of how to address family based abuse, a subject of great importance to this section of the community.

Two workshops were held with learning disabled people – with varying levels of disability. For more disabled people, mate crime issues were illustrated through role play, and life priorities through pictures and voting – showing that feeling safe, nice food, family and friends were top priorities. I tried to explore how people would like to be treated by a protection process but the service users involved were easily led in terms of their responses. Through research with staff who support learning disabled people, I became aware of the issues for learning disabled people around being allowed to take risks, live and make decisions independently as well as getting their safeguarding crimes dealt with.

The second older people workshop was held with the **Vida Walsh Centre** and specifically looked at family based abusive behaviour and how social services should respond. It had become clear that solutions to family abuse needed to be very different. Older people and certain professional respondents wanted to see reconciliation not punishment, counselling not blame. With this in mind, I held a further workshop with the Vida Walsh group, to "dig deeper" and really explore how they thought family based abuse should be addressed.

Carers voices have come through a series of smaller meetings with carers groups, individual interviews and those organisations who support carers. Carers need particularly sensitive handling of discussions due to their dual perspective on abusive behaviour – as both potential perpetrators, or victims of it. I've visited the Alzheimers Carers group twice, and met with the carers group linked to Lingham Court dementia unit.

In December 2013, I spoke to carers of people with mental health problems at South Thames Crossroads. They talked about difficulties for mentally ill people managing money and living independently, and how in hospital, staff aren't attentive to their needs.

In March 2013 Hidden Voices organised a workshop for staff from social services.
16 members of staff attended and discussed problems with the safeguarding process and how it could improve. A number of recommendations were drafted following that workshop with the onus on senior managers to move many of them forward.

Other important methods I used for extracting people's experiences included building relationships with staff in the voluntary sector, and frontline services like housing. Housing participation officers know lots of people in informal ways, and glean a lot of incidental information. I could go further – to the local postmen, housing estate caretakers, bin men and others who traverse the neighbourhoods daily. They are the true frontline who need to be asked about what they have seen, and given more information to respond.

6. WHAT WE LEARNED

Most of the information gathered by Hidden Voices can be seen as "soft intelligence". It ensures the human impact and subjective aspects of people's experiences are captured and acknowledged. Institutions often have good systems in place for filtering out the subjective and retaining only the hard statistical facts, but this can eliminate the drama and magnitude of the incident.

A common response to our enquiries was that **people didn't recognise the term safeguarding** and didn't know about the adult protection process. The information I collected was rarely about the actual safeguarding process. More often it was about those situations which *led* to the harm and abuse taking place, and the *factors* which contributed to the need for safeguarding.

So inevitably there was a plethora of contextual information about how the big themes of safeguarding arise, whether abuse, neglect, mistreatment, harm.

Even where they had concerns, service users and carers seemed to be just muddling through, without clear information.

Findings from Hidden Voices workshops

Older people talked about their ambivalence in involving social services and police into their lives. We already knew those fears existed, so by acknowledging them we elicited more detail about their origin.

Older people described a lack of confidence and trust in the Authorities to fulfil the role that's needed, combined with the loss of control over their personal affairs.

"What are your greatest fears about involving the Authorities?"

Situation will get worse

Intrude into privacy, being questioned and irrelevant questions, lack of confidentiality

No control, too much time and stress

Going to court, and no fair hearing

No confidence that the Authorities deal with this properly

No trust of Authorities, poor result, no feedback

Outcome not to your needs and isolation after reporting

Repercussions and retaliation by abuser

Not being listened to

Not being taken seriously

They also talked about the **way they would like to be treated** through the protection process. Comments here described a need for sensitivity and honesty from the Authorities, combined with keeping the focus on the person at the centre and a wish to look at soft options for safeguarding.

"What are your top priorities for how you want to be treated in adult protection?"

Respect from professionals and treated with dignity

Listening – to both sides

Sympathy, social services to help not punish, initial complaint to be believed

Empathy and be sensitive to your feelings

To involve you - log my priorities at the very start

Discuss situation with you

Make you feel comfortable, support through the process, advocacy

Tell me all the options and possible outcomes

Be efficient – the approach not a sudden letter, telephone and written feedback about the investigation

Information to only those who need to know

Authorities to be honest, have a good approach and reasons

Explore soft options and alternatives, not necessarily formal punishment

Confidentiality

The second workshop held with older people at the Vida Walsh Centre focussed on how family based safeguarding should be carried out. Here a strong theme was the role of the trusted intermediary – to hear concerns and support the person before they take it to the Authorities. It became a very engaging discussion and key points included:

"Keep the primacy of the family for resolving their own problems, being supported to hold meetings and agree how to take problems forward. Social services should follow their direction."

"Social services / agencies need to have a soft approach and be very sensitive how certain things are talked about"

"Pre-empt risk situations with guidance, be proactive not reactive"

"Consider a trusted "agent" or in-between party to intervene with family on behalf of Authorities eg church minister, doctors - an "informal solution".

"If a concern is raised – is it social services at this stage? If another agency could do the initial enquiry, its better than bulldozing in. Work in partnership with softer people."

"Use community structures to tackle some of these issues"

Comments and feedback from the learning disabled people workshop and additional individuals:

People know about safeguarding and how important it is to be safe.

They need to be wary of being misled by apparently friendly behaviour.

They trust their support workers and look to them for help. That is an important relationship.

The blurred boundary in relationships, where friendships breakdown and behaviour unravels. People can be enmeshed between victims and perpetrator, making safeguarding investigations difficult. Again, there seems to be a need for alternative framework for safeguarding which is more pragmatic in approach.

Workers feel unable to use their professional judgement at a local level but must just react and respond: either “send the troops in” or nothing happens.

“Safeguarding offering two extremes can make some situations worse”.

Police responses to LD safeguarding were identified as an important issue by **social workers who support learning disabled people**, and reinforced by LD people themselves. They highlighted that:

- When social services call in a safeguarding crime on the 101 reporting line, specific instructions about not turning up in uniform were not followed, thus causing more anxiety to the learning disabled victim and impeding their ability to give a good victim or witness statement

- Phone systems at the social work headquarters in Vauxhall prevent workers calling out to the 101 service, so they are obliged to use their mobile phones to do this

- Pictorial reporting forms designed to assist a learning disabled person to give a good statement were not being used by police officers

- Police lack understanding of the “triggers” that can cause anxiety in learning disabled people, their wider communication and support needs

Through the learning disabled sub group, we are now addressing these issues and making sure learning disabled needs in safeguarding are understood by local police officers and inspectors.

In the past year I’ve spoken to Alzheimers Carers group twice (the second time to get in depth responses about care at home / respite in care homes). Overall, they express frustration and anger around the quality of respite or paid care, and feel isolated trying to tackle any problems. Their comments included

- Lack of support and help for self funders in contrast to those people funded by the Council
- Concerns raised with care home managers not going anywhere / brushed off
- Mistakes with medication in care home
- Poorly trained staff in care homes
- Care at home giving poor quality service & carers refusing all but trusted paid carers
- Negative experiences on wards and of leaving hospital

The issue about the differences in support and protection experienced by those who receive state funding, and those who pay for themselves is an interesting one – if protecting the vulnerable is a principle, is the difference perceived or actual? How is the lack of concern or help experienced by service users?

I also talked to a small group of carers from Lingham Court Healthy Living Club dementia care. I wanted to find out from carers how they dealt with the "tipping point", when caring for someone with dementia becomes overwhelming. They talked about the emotional distress they felt "being cast adrift in an open boat", and also the sense of isolation.

"People muddle along and then there's a crisis. Sadly, a crisis allows people to say they can't cope, and it reveals the true depth of need".

"People are too afraid to ask for help – it's difficult to admit, there is the fear of judgement"

"We don't need judgement, we need understanding. I wouldn't want the Authorities to rush in with abuse claims".

I talked to South Thames Crossroads carers of people with mental health problems. One of the main problems they highlighted is getting the balance for the people they care for between independence and problems managing money:

- Serious problem of vulnerability of people in the community, prey to loan sharks and others aware of when their benefits come
- Difficult balance of risk and independence, especially around money – managing finances is a big problem
- Support in community only limited to giving of medication
- People needing time to make decisions about what to do, need a long time for contemplation
- People are "isolated and insulated" – there is a need for more appropriate social activities

And how they are not looked after properly in hospital

- Benefits and problems of their relatives sent far from Lambeth to get a mental health hospital place
- Staff not attending to client needs in hospital, and finding staff "really cold" at reception
- People being sent home from hospital where the environment they are going into was really unsafe
- Positive benefits of peer supporters seeing people on wards

Social worker feedback about safeguarding

At their workshop in March 2013, social workers participated in a number of exercises:

- *What were "their priorities for safeguarding?", and "what would their client's priorities be?"*
- *Examples of where safeguarding worked well, and where it went wrong for the client*
- *Identifying strengths and weaknesses in the safeguarding process.*
- *Key dilemmas to discuss, and what needs to change to get more positive outcomes for clients*

It was an interesting and engaging session, and participants gave full and open feedback.

Some of their recommendations were:

- Stronger outcome focus and management concern for client voice
- Gentler approach with families involving family and friends and interview person causing harm
- Less intimidating meetings for the client
- Reduction in risk averse practices
- Improve the management of strategy meetings and case conferences
- Delays occurring in safeguarding due to police and GP's not responding promptly

Please see the appendix for full comments.

Subsequent meetings with **St Thomas Hospital Social Work team** also gave useful pointers to where improvements can occur. For example

"There needs to be greater clarity about: What should be a quality alert, what should be a complaint, what should be safeguarding".

"Where a service user has suffered harm – if we ask what do they want, sometimes it's nothing because they are sympathetic to the abuser. In the end, the outcome is what the Authority wishes as we have to continue with the process"

"There is a lot of professional misunderstanding about safeguarding among doctors, nurses and especially bank nurses"

"When abuse has happened to a client in a care home, the person concerned doesn't know how or where to report it. They don't know about social services and their role. They can't raise it with the staff in the care home because they were implicated."

Also the benefits of independent chairs for safeguarding meetings and the need for more Quality Discharge Alerts which were highlighted as routes where safeguarding issues may be captured. This illustrates again how discussion with staff teams is valuable and can highlight important areas for improvement.

Vida Walsh workshop 1

July 2013

7. EMERGING THEMES IN SAFEGUARDING

These themes have been frequently and widely mentioned by respondents – echoes of different voices across clients and staff that coalesce into important areas where safeguarding should improve.

Structural issues in the care / health sector

The “majority of safeguarding alerts come in from care settings” (Safeguarding Unit) and there is a strong co-incidence in the provision of care and health services with abuse. Two big considerations come to light: the **isolated nature of many health and care services,** where day to day activities are “hidden from public view” and the **complexity** in the way health and care services are provided.

Hospital structures are confusing to navigate, and talking to clinical staff can be intimidating. Other bewildering structural features include private care companies and care agencies, personal budgets and direct payments, the concept of GP’s as businesses with NHS England purchasing services from them, council contracts and commissioning and national inspecting bodies like CQC – all proving to be

a minefield for a members of the public who are trying to understand where to take a serious concern about poor treatment or abuse. Even patient and service user representative organisations like our own need to be *found* by members of the public at the right time.

Comments from service users return to the way care and health have been configured – confounding accountability and easily losing their way in a spaghetti of agencies and providers.

Feedback from service users and staff includes:

- As much as 50% of safeguarding reports could be coming in for companies which the Council have purchased contracts with. What punitive measure can realistically occur?

- Self funders say they are not getting the same level of support and services as those receiving council paid services

- Complaints are raised with care home managers but there is little incentive for managers to pass these reports on if they involve safeguarding

- Care homes are often run by large national companies which mean that policies and responses to the individual are not addressed locally. They are regarded as “faceless” and lacking accountability. Is there a clear process for holding large private companies to account?

- People getting paid care at home have little external scrutiny of the quality of their care, and neither the Care Quality Commission or Enter & View has a function to inspect in private homes.

- Individuals (in particular carers and family members) are worn out trying to raise concerns and challenge institutions about day to day issues – it takes huge personal resources.

The **Social Care Institute for Excellence Report 41** describes risk factors which increase the likelihood of abuse for different vulnerable groups, and many of these are present in health and care settings: isolated services, inward organisations which stifle criticism, pressure on beds and staff ratios, intimate personal attention, poorly educated staff with low status and few employment options, frail clients but demanding and complex behaviours from clients, residents and patients.

These risk factors of abuse evoke powerful emotions – fears for our own future, the terror a loved one is being harmed and the “rather not know” state we may cling to.

Communication

This is a theme that runs through Hidden Voices research - from the experience of safeguarding through all health and care services. Wherever professionalization of a need occurs, there is the potential for the person with that need to become disempowered by the language, bureaucracy, management hierarchies, official paperwork and legal barriers of the service provider.

So service users and support staff report that in safeguarding:

- There is poor communication between the social worker and client / family or supporter – not enough updates, and dissatisfaction with the quality of those updates. People wish to be kept informed regularly by a variety of methods including telephone and letter, rather than brief emails.

- Frequent complaints about the person reporting an alert not hearing what happens to it – or long delays in getting a response. A common email response to the alerter is "its being dealt with". But people want to be *fully reassured* that their report is taken forward and *how*. Data Protection is often cited as a barrier, but everything must be done to get consent from the victim so that supporters can be properly kept informed.

- Client's views have not been established early on by the investigating social worker and feedback is not gathered throughout – or also from supporters and family.

- There is dissatisfaction with the Council phone line used for reporting safeguarding. At times it seems to give inaccurate and erratic responses.

- People feel their personal information is being shared too freely, as it is passed between different professional staff leading to the feeling of personal life being invaded.

More can be done to make the service user feel like they are being listened to and *in control* of the process going on to keep them safe.

Our recommendations would include

- Provision of timely information to all relevant parties for safeguarding cases, and making sure that Data Protection is used within a helpful *(can do)* framework that enable the people who support the victim to know what is going on without breaching the law

- Accessible information – an introductory letter with a leaflet to get more information, regular update phone calls or letters which contain detailed information and an open face to face discussion at the end of the process.
- Clarity given to the service user around challenging service providers and knowing how to hold providers (including those delivering safeguarding) to account
- Raising the level of awareness in the community about vulnerable adults, using not just key messages, but also meaningful debate around the dilemmas in the care of vulnerable people.

Mental Health

The information reflects a sector under strain. Lambeth is an area of London with the greatest density of mentally unwell people – and services are struggling to cope.

Massive workloads with increasing pressure on staff, unable to oversee high numbers of severely unwell people lead to vulnerable people left at risk out in the community. Ill equipped to protect themselves from exploitation, the theme is of wide scale abuse taking place almost unnoticed. Or at least to wonder if the threshold for action may be higher compared to other client groups.

> "There are lots of safeguarding issues around finances, people take advantage of people with mental health problems - loan sharks know when their benefits are due. People can be their own worst enemy, and carers play an important role in helping to manage finances"

> "Clients fall into a void – the cared for person is becoming unwell but not unwell enough to get back into mental health services – they don't get involved until something happens and there is a crisis. People fall into a void between GP and the community mental health team."
>
> "A big issue is people being discharged from wards with no information or support in place – without any warning or communication to carers."
>
> "I went to see a client – his house was constantly being deep cleaned. The client was in serious neglect – he had lost weight, he had no furniture, the flat was stinking. He had been given a personal budget but he didn't get a personal assistant with it. There was a brand new fridge freezer which was still in the box"

"If people are in hospital far from home, they are unable to have leave to visit home because of this – they lose contact with their support structures, and family"

"The idea of being supported in the community isn't just about complying with medication and being on someone's books. Mentally ill people are caught up in a system that is just about treating diagnosis"

"The onset of illness is sudden with acute symptoms and a dramatic change in behaviour. Carers don't know how to deal with it - they needs support, advice about medication management, and understanding of the severe symptoms, relapsing and crisis support."

"My daughter was sent to hospital in Lewisham. On that occasion, she walked back to Streatham. The second time, the police had to look for her. She turned up in Greenwich. It was really frightening"

- SLAM and Council use different systems to tackle safeguarding and data is not joined up: "Hospital wards are doing lots of datix reports which should be raised as safeguarding"
- Clients given personal budgets without effective brokerage which means they don't actually access the support they need. "As much as 60% of personal budgets for mental health service users may remain unused"

- Safeguarding alerts are raised for clients by mental health support staff, but there are delays and concerns whether they are dealt with at all

- People presenting at Accident and Emergency "in a terrible state" whilst under the care of mental health teams

- Services not working together and not joined up

- For older people, a massive issue of loneliness and isolation exacerbating the risk of abuse

This kind of feedback suggests an 'amber to red light' situation which other organisations also seem to be picking up on. The recent death of Sean Rigg, someone with severe mental health disorder serves to highlight the potential for neglect, abuse and harm within this client group. CQC is carrying out a

mental health thematic review, Healthwatch Lambeth members have identified mental health as a priority, and SLAM is carrying out a reorganisation which may lead to more people being treated in the community.

So how can service user feedback be embedded for SLAM and mental health service providers?
What areas of mental health safeguarding do service users themselves want to improve?
Do pre -safeguarding alerts need to be taken more seriously and how can the pre -crisis gap be filled?

Of all areas, the severity of issues emerging from the mental health sector is the most worrying. The fine line between danger to self whilst preserving independence, danger to others whilst increasing community understanding, and being easily exploited makes this client group a safeguarding priority.

In Year 2, Hidden Voices must talk to more service users, including the Living Well Collaborative and Mozaic, and this will be prioritised in 2014. A comparison needs to be made of how safeguarding is dealt with by SLAM and the Council so that we can be sure the threshold for action is the same.

Hospital discharge, hospital wards and GP's

This is an area of adult protection identified by members of the Advisory group, along with evidence gathered through Healthwatch and other service users. Some concerns here can be seen as *contributing factors* to safeguarding as well as examples of mistreatment. They include:

"There was a woman in there, a patient. Her bottom was naked out in the open, she had Alzheimers and had a gown on. She was in the bed next to us. I was too busy taking care of my father. The staff said "Margaret, don't put your bottom on show"

This was in a mixed ward of men and women – everyone can have a look. Then what happens? She falls on the floor, hits me and I spilled the coffee on my father.

That shouldn't happen, especially when they aren't right mentally, being put in a mixed ward. They should be properly covered."

"We were called to a meeting with the Head of Cardiology. The social worker was late. He Cardiologist told me we were holding up a bed. It was costing £300 per day. They were speaking to their legal department to take the Council to court."

"I asked the hospital staff about his personal care and hygiene. My husband told me he was not being washed properly, shaved nor getting his teeth brushed. There were times when he soiled his bed sheets and they didn't clean him. He had sores on his bottom because he was left dirty for long periods."

"The most serious incident occurred at a local hospital in 2009. On one of his admissions, my husband told me how he had fallen out of the bed in the hospital. He had no clothes on and was left on the floor all night. The night staff had turned off the light in the ward, put the buzzers away so the patients couldn't reach them and shut the door. All people in the ward were complaining."

- People pressured to leave hospital before they are ready
- People sent home before the right support is in place, or despite arrangements, the care not turning up – not enough quality discharge alerts
- Vulnerable people sent home during the night when they are disorientated
- Alarm buzzers removed from patients in the ward during the night
- Medical /nursing staff not knowing enough about safeguarding and how to respond to it whilst social workers report that ambulance staff seem to have a very active role to play in raising alerts and initiating investigations.
- People left waiting for hours for a hospital transport to take them home once discharged
- People afraid to challenge care in hospitals for fear of comeback from staff
- Patients not tended to promptly and poor attitude of staff to their needs
- Lack of dignity for some older people
- People are confused about the ways to raise concerns: complaints, quality alerts or safeguarding – also the role of Patient Advice and Liaison Service
- A high proportion of safeguarding which is picked up in hospital refers to problems in the community
- GP's can have difficulty attending safeguarding conferences, and can delay providing reports for safeguarding investigations.

Hidden Voices findings about NHS care echo problems highlighted in the **"Care & Compassion: Report of the Health Service Ombudsman on 10 investigations into NHS Care of older people (2011)**" which refers to a "bewildering disregard of the needs and wishes of patients and their families", "poor communication and thoughtless action", including around discharge and a "casual indifference to the dignity and welfare of older patients"

Whilst these are likely to be some of the worst examples, the sense that important information about daily failures in patient care may not be acknowledged or documented means that the true extent of the problems in our local hospital settings may not be coming to light.

Hidden Voices Advisory Group highlighted **hospital discharge** as a particular "risk point", as well as the patient's lack of knowledge about where to take a problem. 3 service users in the Hidden Voices Advisory Group identified this. We invited the Head of Engagement and Patient Experience at Kings College Hospital to the group in April 2013 to talk about hospital discharge and hear their views, but unfortunately, this hasn't been able to take place.

The group also offered to work on a Welcome Pack for patients which would include safeguarding and rights information. We flagged the need for clearer information about how to raise concerns about safety in hospital settings, as well as where they go if not addressed effectively at the first step.

When the public has been asked specifically about their hospital experience, people have been forthright, and often critical. At the Country Show June 2013, Healthwatch fielded 10 comments about hospitals, and of these the majority (8) expressed dissatisfaction with an aspect of their hospital care.

In Year 2, Hidden Voices needs to work with Healthwatch to see how safeguarding is being dealt with in hospital settings. If service user feedback is already in place, what can we learn from patient responses and how do they compare with Hidden Voices / Healthwatch findings?

One consideration that could develop with hospitals is around "Patient & Public Involvement" or "PPI". Service users were invited by Hidden Voices to attend 3 different **events** at Kings and SLAM over the last year:

- **PLACE Assessments**, Kings College Hospital – service users looking at the "care environment" June 2013
- Lambeth Safeguarding Adults Partnership Board **World Elder Abuse Day** June 2013 – a seminar event held at Kings College Hospital
- **SLAM "CoG" event** "to meet with service users, carers, staff and public and discuss their plans for next year". (November 2013)

According to feedback from service users, these were not as worthwhile as expected, and in some cases disappointing. Please see appendix for service user feedback.

The rationale for good patient engagement and *meaningful involvement* is in the depth and complexity of information about the service that service users can provide. *They know* if they have had a good quality and safe experience.

Engaging patients effectively in hospital services is championed in the Berwick Report (Aug 2013). In his letter to Government officials and NHS executives, Don Berwick identified the "inadequate openness to the voices of patients and carers". And he recommended, as 2 of 4 principles:

●● "Engage, **empower**, and hear patients and carers throughout the entire system, and at all times"

●● "Insist upon, and model in your own work, thorough and **unequivocal transparency,** in the service of accountability, trust, and the growth of knowledge"

Local hospitals could work with Healthwatch Lambeth to help them *empower and engage their service users*. This is a command to change a culture, not just tinker with it

- Avoiding a token, tick box approach to involving service users
- Approach people with "we have this dilemma and need your help to solve it" rather than "we know the answer and want you to agree".
- Integrate day to day feedback and wider comments (soft intelligence) about services into continuous quality improvement.

At a recent "marketplace strategy event" for Patient & Public Involvement" at Guys & St Thomas Hospital (December 13), Hidden Voices contributed a presentation about features of good participation, and found many responsive listeners. These one off opportunities need to develop, with the help of Healthwatch, into a sustained programme of collaborative working around better public involvement and user empowerment.

GP's also have a way to go in playing a full part in safeguarding. They have a multifaceted role to pick up signs of abuse, to be a listening ear for vulnerable people and give them support, to play a strategic part in supporting the community as they try to prevent abuse. Work has now begun to strengthen links between Hidden Voices and the local Clinical Commissioning Group through their safeguarding lead.

Personal budgets and paid care at home

In future, care will be more individualised and people will be given budgets to purchase and manage their own care. This gives the client more control over the range of providers and choices about how their allocated budget is spent. But there are weaknesses in this way of managing care which could compromise the safety of vulnerable people.

Evidence is already coming to light about these:

- Personal budgets further isolate the service user from the oversight of contract monitoring, which could increase exposure to abuse
- There are no requirements for people getting personal budgets to undertake checks on the people they employ as carers
- People are unclear about their responsibilities as an employer, the services and support they would be entitled to
- Care Quality Commission which is charged with upholding national standards for health and care services, cannot check on people in their own homes.
- The management of personal budgets often expect vulnerable service users to pull in the help of relatives and friends to be able to cope. "Financial problems and service reviews by social services can sometimes be the only trigger for investigating poor care".

The Council is aware of some of the risks inherent in extending personalisation, and the need for a good framework of support. In recent weeks, Hidden Voices has been invited by Lambeth Social Services to involve service users in the development of an "information and rights pack" to assist service users as they take on responsibility for their own care. As a safeguarding partnership, Lambeth must use their networks to distribute and promote important information relating to personalisation.

Care at home – please see also “Paid care providers and commissioners” pg 39

Comments from service users about care at home includes:

“I got rid of them. They came late – constantly. They kept sending carers regardless of when I said ‘do not send a carer, I’m going to the hospital”. That really annoyed me. They were only meant to come in the evening but they kept coming in the morning”.

“Not all, but some were rude. ‘I’m not walking up there, it’s too far’ – the tone was very rude”.

“When there was supposed to be two care workers coming together, often only one would turn up and the other would say he/she is on their way, but they never turned up. One carer couldn’t actually do the job properly as they couldn’t lift him which they were aware of.”

“There were numerous reviews and chats with social workers about this. They were helpful, came to the house listened to me and made new agreements; but these didn’t follow through in practice.”

Safeguarding in families

The national, formal safeguarding process often doesn’t seem to work for families. At the Hidden Voices safeguarding training in September 2013, 18 participants of different ages and from a range of backgrounds discussed how safeguarding in families could work better. The comments were powerful, and taken together with the comments by older people at the Vida Walsh Centre, drive us forward to examine and remodel the protection process when the lines between “perpetrators” and “supporters” are blurred, and where the victim is inextricably linked by love, history and dependency to the source of harm and distress.

“The key for family situations is the process needs to be educative rather than condemning especially when it can’t be proved”

“Family members should be approached and be able to discuss the issue more generally – having a no blame approach”

“In daily life, it’s hard to step back and reflect. With a whole family discussion, professionals can see individual family members operating together whilst observing an the family is permitted space as a unit to express themselves.”

"What is the incentive for an abuser to attend such a meeting? - they must be aware that it could be escalated to a punitive approach. Also be offered places for support and information. But is the *victim* accepting of this action?"

"How do you get into the family and learn about abuse? Families are often closed. It must be a mutually respected person in the family who would be respected by both parties

They would speak to both people – one then the other individually. Then arrange a mutual meeting. Then the family come around and speak. It must be totally non –threatening"

"In my culture, you do not talk outside the family. The Church is seen as safe, not *so outside*. Use someone from the culture"

"Older people don't want to talk about abuse. It can be introduced to someone on a one to one level – using a peer support idea. They would need training and support to do this."

"There is a stigma associated with abuse – how can we help to remove this? Use public information films. Helping older people know what it is and that it isn't okay."

"Channels need to be open to reach the abusers in families. Offering them support as care givers, and education is a way in"

"It's important that community nurses have time to visit people in their own homes – to carry out simple observations of their situation., Does the elderly person have the basic needs? Talking in a friendly way, they can pick things up, and elicit stuff gently"

The **identification of a problem in a family setting** could trigger a different kind of safeguarding process. We need to move to safeguarding actions that *support the family*. The approach that needs to be taken are summed up in the following words: "facilitative", "mediative", "educative", "problem solving".

It's interesting to compare the way that safeguarding is carried out with adults and the model which exists in Lambeth for **domestic violence**. The tension between love, family links and abusive behaviour is very similar. In fact, the definition of domestic abuse (Home Office 2013) is

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those who are or have been partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: Psychological, physical, sexual, financial, emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour." (Home office 2013)

This definition suggests that family based abuse is also domestic abuse, and that people experiencing it would be eligible for these services, which are victim centred and seem to take a different course of action, especially in terms of the "*time for the victim to contemplate what action they wish to take".* They critically provide "one-to-one confidential, non-judgmental, independent support", although linked effectively into a coordinated and shared response via the "Multi Agency Risk Assessment Conference".

The **response and support for domestic violence is good** – the Gaia Centre offers excellent services including:

- Community Outreach Workers
- Peer support scheme
- Group support sessions
- Sanctuary scheme (to support survivors to stay safe at home and avoid homelessness)

There is a dedicated phone number for domestic violence - unlike adult safeguarding which goes through the same switchboard as all other calls to Lambeth Council and victims can also find a 24 hour national helpline to "talk about what is happening to them, discuss their fears and seek support". This is because the specialist support services for domestic violence are commissioned (purchased) services rather than a core council service which the Council has a responsibility to provide.

The police response in domestic violence situations is particularly victim centred:

"We will deal with you without prejudice and in confidence. We take domestic violence very seriously and will deal positively and promptly with any incident we attend. We aim to contact you within 24 hours of receiving your report and we can help define what the best course of action is for you."

This is perhaps the legacy of many years of multi agency work to get recognition for domestic violence and its seriousness. However, adult abuse has similar moral claims. Hidden Voices would like to trial alternative methods to address family based abuse, particularly of older people, and it has been seen that there is a precedent within the domestic violence unit.

Furthermore, child protection has recognised the need for holistic support and family centred approaches. So is there not a basis for the Adult Safeguarding Partnership Board *to push for* a similarly robust but flexible response for adult safeguarding? What is the learning we can take from the children's model, and transfer to adults and given that both Adult and Children Safeguarding Boards now share the same independent chair, what opportunities arise?

With the imminent appointment of lead safeguarding social workers in social work teams, there is an opportunity for Hidden Voices to work closely with them to see how family centred resolution could improve outcomes.

Appetite for information

Service user feedback demonstrates a shortfall in essential information circulating to the community about adult protection and how to challenge poor care.

A common theme among service users is that when they encounter problems in health, care settings or the community, *they are not sure where to take them*. They approach the nearest professional at hand but if the response is poor, they lack knowledge about how to take it further, and find out "*who is really responsible for this?"*

Health and care systems are confusing in how they address problems– complaints, dignity issues, safety issues, neglect or abuse, incompetence, careless staff attitudes - channelled through different teams and data streams. Individual citizens don't know what their rights are and the standards they should expect. On top of all this, people lack the huge amount of energy and personal resources they must have to challenge professional staff and managers in institutions.

There is also **confusion among frontline workers**, housing workers, hospital staff, cleaning and caretaking staff on estates, civic police staff. They understand the *need* for action in situations

involving the harm of vulnerable people. They have a basic level of training, but when real life problems arise, *where* a problem should be taken, and *who exactly* should be alerted is confusing.

For example, a domestic abuse situation could go to the Council via domestic violence specialist services, as safeguarding adults or to the police. Anti social behaviour against a vulnerable adult can be addressed by Council ASB team in housing, police and Council safeguarding via social services. Concerns about care or neglect can be taken up with sheltered housing management or social services. Although there is strategic joint working between agencies to share information, staff on the ground can be less well informed.

There is an **appetite for information about what gets done about abuse** in the community. Many citizens are caring for older relatives and making difficult decisions about vulnerable people in their own lives. They want more and better information about how to navigate health and social care, and Hidden Voices has found any relevant information is well received.

Key areas of necessary information include: the safeguarding system and rights, dealing with paid care agencies, complaining to care homes, inspecting care premises and CQC, challenging poor services in hospitals.

More work is needed, through Healthwatch and through all the institutions on the Safeguarding Board, to educate people regarding the protection structures, the standards of care they should expect and their rights.

In year two, our engagement programme should hinge around **provision of information** - in depth, and ideally, with a rights focus.

In addition, to perhaps see a more holistic programme of training staff through the Partnership Board. Rather than providing generic standalone safeguarding training, it could include guidance for a *broad range of community based situations*, and the appropriate responses for frontline staff, with relevant contacts.

Paid care providers and Commissioners

Hidden Voices research with staff from care homes suggests there may be contradictions in who is kept informed and involved when it comes to the safeguarding process.

Care staff point out that although they are working with a client on a daily basis, they are not always kept informed about their safeguarding case, and not included in case conferences. They don't feel listened to in terms of safeguarding risk, and have had the occasional disagreement with social workers about whether very poor agency care should lead to safeguarding. Overall, they felt that there was a "different level of professional engagement" for care home staff, they were just seen as "carers rather than essential support".

Communication issues have already been highlighted by service users, but this also affects staff who are seen as "external" by social workers. Some such staff report they don't receive the same professional respect from social workers, and their views taken account of. Certitude also reported "It's the supported housing staff who actually know the client, they should be listened to more. Third parties need to be kept included in safeguarding."

This chimes with a recent presentation by "My Home Life" at a Safeguarding Thresholds Workshop" for Lambeth and Southwark Council teams (Dec 2013). There was an acknowledgement that Councils tend to have a different kind of engagement with care homes, and even to respond disproportionately to concerns in care homes despite the huge and complex pressures they face daily in caring for the most demanding clients. My Home Life indicated the relationship could be more supportive and actively assist the care provider to improve their services.

Nonetheless, there are also many issues raised by service users about poor practice from paid carers in the person's home and care home settings. Many comments by family carers articulate anger and frustration at the poor quality and paucity of paid care.
The sorts of issues they highlight relate to

- Inadequate training, baseline skills and knowledge of staff
- Not addressing complaints
- Lack of dignity and respect and poor quality of life standards
- Mixed attitudes from staff towards residents / clients
- Lack of supervision and support from management and poor leadership
- Punitive measures not carried out once allegations of abuse have been substantiated

The other major dimension to paid care is **that which is provided in the person's own home.** Here criticisms reflect the routinely sub standard service which is given:

- Carelessness of staff
- Unreliable and frequently late, not informing client

> "It took a long time to get a good carer. Carers would leave early saying "I've got to get to another job". It's horrible, there's no continuity. You've got different people coming into your house"

- Frequent incidence of not giving agreed amount of time to care:

> "it was supposed to be 1 hour twice a day, but this would usually be less than 25 minutes per session. There was no time to give proper personal care, brush teeth, wash properly, help with feeding and have a chat, they were always rushing to the next appointment"

- Disrespectful attitudes: "Not all, but some were rude. 'I'm not walking up there, it's too far' – the tone was very rude".
- Laziness and not prepared to follow the care plan

> "They refused to do things which were written on the care plan like going to the laundrette."
>
> "The carer said it was not her duty to pick up or hang washing. The carer refused to go to the pharmacy to pick up my prescription. She also came late, and sometimes didn't come at all – I was the one calling the company."

> "Some of them just sit there. They don't follow the Care Plan. They could be on the phone 3 – 4 hours. If they are caring for someone with dementia, that person won't move, you need to invite them to do to the toilet. Some paid carers just sit there and watch TV"

It has also been pointed out that Hidden Voices should check exactly what levels of services have been agreed by the Council when they contract home care services. This is because the payment may not provide an adequate service from the start. However, this cannot explain the frequent complaints about the disrespectful and lazy attitudes of staff.

There may be the opportunity **in year 2** to develop a workshop with care home staff to understand more about how abuses and problems arise. The hope is to look at staff attitudes and practices from a broad perspective - to explore caring as a profession, life experiences which shape their views, cultural attitudes to the elderly and abuse, and engage in debate about how caring should be. After all, "abuse is just the symptom of an attitude, so we need to address what is the root cause".

Conclusions to Hidden Voices findings overall and gaps

Our research results echo many of the comments provided to the "Consultation on the Review of No Secrets" in 2009. This report highlighted opinions voices by 12,000 people about national issues in the safeguarding process. Some of the views expressed in the Consultation included:

One of the best ways of preventing abuse is by instilling in vulnerable people that they can report their concerns discreetly. At the moment the public have no confidence in public bodies being able to hold onto confidential information.

The vulnerable community want abusers punished by courts or through the workplace… but they often want reconciliation if family members are involved.

What was clear from one group of respondents was that the safeguarding system had failed them…. People said they seemed to get lost in the process and the bureaucracy….outcomes seemed to be in the best interests of the care home, or the hospital, or the local authority….

When are the views of the patient to be heard? Who seeks and records patients' views? Is there an established alleged abuse reporting line within each NHS site? Is the first duty of the NHS system to protect the NHS from adverse publicity?

Anti-Social Behaviour policies could be used as early warnings of abuse…. but instead people are passed from housing to police and back again – there is no empowerment in any of this.

I am not sure I would have the confidence to report my own family for stealing from me…public services tend to have their own agendas.. I would be the one who would want to be in control and decide how far to go…

The experience of being kept 'safe' has left some people unwilling to share their safety concerns in case it compromises their hard won independence.

People continually returned to the importance of 'listening' to the victim – both in terms of the alleged abuse and in terms of what resolution they wanted. People felt it was important to 'truly empower' older people in the community.

It was encouraging to discover that our research findings reinforced these concerns – that the service user experience in Lambeth was shared with others up and down the country, making the need for change even more pressing.

Gaps

The main gaps in Year 1 are:

- hearing more from mental health service users
- access to and comparisons of safeguarding data, using Council safeguarding, Quality Discharge Alerts in hospitals, Patient Liaison Service, SLAM
- hearing more from paid carers and care providers

I would hope to tackle these gaps in Hidden Voices information early in 2014.

8. THINGS WORKING WELL:

Engagement methods

Talking in general terms about "keeping people safe" or "protection" in Lambeth has not been sufficient. Being flexible, explaining detail and varying the approach to engaging with people has worked. Tailoring the information to the audience is particularly important to make this difficult subject area relevant and meaningful. Also asking service users to explore *dilemmas* faced within safeguarding. In the end, safeguarding has meaning within the wider context of care and health services.

Part of Healthwatch Lambeth

In April 2013, Hidden Voices moved from being hosted by Age UK to Healthwatch Lambeth. This offers Hidden Voices the chance to link service user feedback and the improvement of safeguarding into wider developments in health and care. There are areas of positive crossover – involving people in improving services, empowerment through information about hospitals or care homes, the emphasis on the value of the patient voice, calls for greater transparency of institutions, having powers to enter and view and a shared stake in the CQC inspection programme.

The issues emerging through Hidden Voices will be integrated into the strategy strand of Healthwatch Lambeth that will include the "Enter and View" programme and work with the Care Quality Commission, and gives the focus on safeguarding a longer and more sustainable future.

Lambeth Council Adult Social Services

In year one we have built good relationships with social work teams who handle safeguarding dilemmas at the frontline, given several presentations to Heads of Service and team managers, and started a productive dialogue around the issues in safeguarding. At all levels, they have given time and thought to how the process can be improved, supported throughout by the Safeguarding Unit.
I hope that in **the second year**, with the support of senior managers, we can continue to develop this relationship:

- explore family centred practice
- improve communication with and responses to service users so they feel properly heard and included.
- create a clear referral pathway into Hidden Voices to get feedback from safeguarding clients
- explore joint working and discussion between service users and social workers

Collaboration with the police and learning disabled people

Working with learning disabled people in the Hidden Voices LD sub group has focused on the issues important to them. The sub group includes LD people, Voiceability, Mencap and Social Services. Our aim is to **improve the understanding of local police officers in responding to crimes against learning disabled people**, ensuring that statement- taking maximises the witness / victims communication skills, improves the readiness of the police to take criminals to court, and helps the learning disabled person to be a credible witness.

The sensitivity of the police to public scrutiny could be a possible barrier to working with them on the response to abuses. From our research, barriers had been identified around the relationship between police officers and social workers when they share responsibility for dealing with a safeguarding case, leading to delays and poor outcomes for the service user.

But Lambeth police have been open and willing to hear concerns raised by learning disabled service users. They have:

- Accepted they have issues to address
- Enabled us to access inspectors with responsibility for frontline staff and police practice
- Agreed to work with us at a local level to improve understanding
- Given us the means to provide training to officers and civic staff

Their clear staff structure and public interface makes it easier to work with them.

With help from the local police, the **Hidden Voices sub group has made good progress**. We met the Metropolitan police lead for LD and the Chief Inspector of Lambeth Borough Police, compiled a set of "good practice guidelines" and spoke to the Crown Prosecution Service about how they make decisions about charging suspects. We have been invited to take part in the police Communications Group and Independent Advisory Group, set up short presentations with Safer Neighbourhood Teams and identified areas of LD housing which can be "flagged" in the police systems so that they can respond more appropriately.

9. BARRIERS

Barriers to reporting abuse

Fear and, in particular, fear of social workers and the police are huge barriers to enabling people to report evident abuse or concerns about mistreatment. Some groups are more willing to trust these institutions – such as learning disabled people and carers. But among the older people of Lambeth, fear, long memories, hearsay, and politicisation lessen their willingness to trust these institutions. This means that a significant proportion of abuses will never reach the authorities.

Fear of retribution or a negative impact on their own care services also prevents people airing concerns, even to local care managers and hospital staff. Reasons include fear of withdrawal of care, subtle punishments, things happening to their loved one when no one is looking.

And for older people and their families, the need emerges for a trusted "intermediary" to hear concerns of abuse and have time to think and talk through before reports go further. Formal safeguarding systems cannot, at present, offer discreet ways of reporting and tackling those hidden abuses. Older people in particular, will continue to carry their problems until they feel confident that safeguarding is done in the right way. See "family safeguarding" theme later on in this report.

Referrals from social services

Hidden Voices has had to devote worker time and resources trying to find people with safeguarding experience when the contacts are already held by the department. One possibility to consider for

year 2 is how to enable the project to access recent cases, perhaps anonymised, and from these extract the service user's experience.
It has now been agreed with Head of Safeguarding for every safeguarding client to receive a Hidden Voices leaflet and covering letter to encourage people to take that step.

Access to care providers and service users in secluded settings

Given the huge contribution that private care providers, agencies and paid carers make to care of vulnerable people, having a systematic way of contacting them is surprisingly difficult. They are not represented at the Safeguarding Adults Partnership Board, and getting access to a care providers forum has been tricky. Getting debate around safeguarding with care providers may also appear to be a loaded offer. To date, I've not been successful in talking to care providers, and need to do more to move this forward. Access to the staff who deal with the physical and emotional demands of caring would give a new dimension to Hidden Voices work and help target what needs to change in the system. It is also understood that the Council is intending to convene a Providers Group in the future.

Influencing the Safeguarding Adults Partnership Board:

Hidden Voices brief asks us to impact not only on Lambeth Social Services practice, but also partner agencies of the Safeguarding Board such as NHS and Police who share responsibility for adult protection. There is flexibility to gather service user feedback about not only safeguarding but also on wider policy and other related issues.
There is an emphasis on co production in the project brief, but it doesn't define *how* the improvements, once identified, should be implemented, and what input the safeguarding agency has in helping change to take place. In other words, how is the co – production facilitated?

This is the challenge for our second year – **what does co production around safeguarding look like**?
And how do we **influence partners** on the Board around particular issues affecting service users? How does a small project impact on the culture of large institutions?

Hospitals and General Practitioners

Getting a close look at the practice of safeguarding within **hospitals** presents a number of challenges. The size and complexity of staff teams and departments, the sensitivities around sharing information, cultures that avoid transparency and openness, the difficulties of accessing patients and wards, as well as the exclusive nature of the clinical world all serve to prevent easy feedback. It may also need a cultural shift from "doctor knows best" to the "patient knows what good care feels like".

With the Berwick report, hospitals are looking at how they can really listen to patients and service users, and how to prevent poor care on the wards and at discharge. Healthwatch Lambeth and Hidden Voices have expertise to share around involving people. We hope there will be a willingness by hospital staff to develop and improve patient involvement and empowerment - for example to go out to meet service users and speak to them directly, rather than expect them to attend specific events in the hospital.

General Practitioners – our main barrier is getting access to them and influencing their practice around identifying abuse and contributing to safeguarding. Contact has now been made with the safeguarding lead for the Clinical Commissioning Group, and Healthwatch has a non- voting place on this group so there will be opportunities in 2014 to develop this link.

Council Social services

Social work and Council managers are expected to approach decisions around safeguarding with rigorous accountability. Enabling social work managers to have the confidence to try alternative methods for resolving abusive situations, open up their practices to external scrutiny, and to work with Hidden Voices could be perceived to bring extra risk and work. With help from senior managers in 2014, we want to give staff the confidence to be client centred, flexible and responsive in their safeguarding.

Members of Hidden Voices LD sub group 2013

10. YEAR 2 FOR HIDDEN VOICES

The changing context for the Hidden Voices project

Hidden Voices has carried out significant groundwork to achieve the objectives and more. The original project brief was written more than 3 years ago, and the landscape of safeguarding and community safety has changed in that time.

Four important developments now affect the direction of the project:

1) Integration of health and care services which aims to give people a joined up set of services that follows them from GP to hospital and back into the community
2) Personalisation of care services where people are given budgets to manage their own care
3) The Care Bill which is strengthens the legislative basis for protection of adults and increases the priority, and perhaps the flexibility in adult safeguarding work
4) Reduced resources within statutory agencies, voluntary and community sectors and re - structuring of social services in Lambeth

These developments are drivers for Hidden Voices to develop its role in:

- Gathering service user experiences
- Referring these experiences to strategic bodies and recommending possible improvements
- Involving service users in positive change
- Learning what co production can deliver for safeguarding

Co - producing change in safeguarding

Co -production is enshrined in the brief, so **in year 2,** we seek opportunities for the Board, safeguarding partners and the Advisory Group to actively engage in discussion about ideas for change. Members need to *feel* listened to and co production needs to have meaning.

Recent discussions with Head of Safeguarding and Assistant Director of Social Services made plans for responding to the issues raised by service users. We are still understanding what co production for safeguarding might mean: how can issues raised by service users lead to changes in the way agencies carry out safeguarding on the ground? And how is that change monitored and measured?

We have agreed that Year 2 will establish the ***mechanism*** **for influencing the Lambeth Strategic Partnership Group**:

- a bi monthly open forum for service users, each session addressing a single issue identified through the Hidden Voices research. This gives us 6 major issues through the year

- a bi monthly meeting of service user reps and practitioners to discuss in depth the issue of preceding open forum and how feasible changes can take place. This meeting has been suggested by Adult Social Services

- The sub group of the Safeguarding Adults Partnership Board will offer a space for exploring some of the issues coming out of the Hidden Voices project and from service user feedback, and the Head of Safeguarding will participate in part of each of these meetings. Recommendations from these meetings will be passed to the Board.

- There is a commitment that the new safeguarding lead social workers will work closely will Hidden Voices, and fulfil some of the improvements in practice that service users are asking for. In particular, they can look at family centred practice within adult safeguarding.

- Safeguarding clients will be given the Hidden Voices leaflet, and referrals to Hidden Voices will be counted. This should lead to "live" feedback for the project and new participants.

TAKING FORWARD OUR FINDINGS ABOUT SAFEGUARDING

1) Raising awareness, information and a rights based approach for service users

The Advisory Group for Hidden Voices were keen to contribute to raising awareness of the public and members have wanted information about how to challenge poor standards of care. With partners in the Council and the voluntary sector, we are now working on an **"information and rights pack"** which will be useful in a number of care settings. A key issue will be about resources to produce and distribute this on a comprehensive scale.

We have completed work on our **leaflet** and have developed a **fridge magnet**, but some further thought need to be given to how these products are distributed, and how they contribute to the **Communications Strategy** of the Partnership Board. Enabling service users to better navigate the health and care sector needs to be included in this plan.

2) Family based safeguarding

In the second year of the project we hope to test out family centred resolutions for safeguarding. Work has been done in other boroughs, and in child protection, to explore the use of family group conferencing and family mediation in safeguarding. With limited funding, we now look to the new safeguarding lead social workers, as they increase their safeguarding skills and understanding. With them, we hope to reassure older people that with safeguarding they are in safe hands, and hear more positive outcomes.

3) Communication

Changes in the way social workers keep clients informed need to be driven by their managers. Do staff need specific guidance on what is expected around communication? People who report concerns must be told what happens to that concern, and that isn't happening consistently at the moment.

In **Year 2,** we would want to return to social work teams to "track" a few cases, look more closely at their communication, the documents and paperwork, and where the service user voice comes through.

Hidden Voices has developed an introductory letter for safeguarding clients which can be used alongside the distribution of our leaflet. Victims of abuse and their families must be kept involved, even when Data Protection limits the information they can have. Making sure clients are asked for consent to share information at the right time, so that family supporters and other care givers can be included in safeguarding discussions and in future plans for that person's welfare and safety.

4) Learning disabled people and the police

Good work is going forward around learning disabled people's needs. Our sub group has devised a **survey to find out about learning disabled people's experience of the police service** across Lambeth.

In **year 2** we will be focussing on introducing police teams to our "good practice guide" and, through Mencap, offering a training package that includes civic staff who mann the front desks in police stations. We expect to get a number of positive outcomes from this work – evidence from the survey, trained police staff with greater understanding of LD people, strong links between safer neighbourhood teams and social workers, and wide use of the pictorial reporting form.

5) Accessing and extracting experiences from data

There are particular areas of data which may have important information about safeguarding:

For **mental health service users**: how is safeguarding addressed by SLAM? Is the threshold for action the same? What are the priorities for service users?
For **hospitals** – particularly Quality Discharge Alerts and other sources – what do they tell us about safeguarding in hospitals?

6) Prevention, personalisation and community based support

The information gathered during the course of the year illustrates one trend in safeguarding: decreasing resources and ever increasing demand. Community based resources must be explored for the prevention of abuse – so that people at risk of causing harm, or people who seek support at a "pre abuse" stage can be helped by their peers, volunteers and staff.

Our recommendations include finding those resources that exist outside statutory services, arming people with information and giving them the confidence to act appropriately. Support could be based around health centres or doctors surgeries – many vulnerable adults including those with mental health problems and older people are comfortable approaching doctors for help. With the Patient Participation Group network at an early stage, and the development of the "Healthy Living Champion Role" within Healthwatch Lambeth, and working with the Clinical Commissioning Group, we may be able to "hook" preventative services and information resources into GP hubs.

Service users have already identified GP's as important locations for addressing abuse (Vida Walsh):

> "GP's need to be more vigilant – the loss of the family doctor means the elderly have lost that consistent relationship, also with nursing staff"
>
> "GP's and health centres can incorporate an "overall" health check – people can come in for physical but also talk to someone about their situation, mental health and issues arising at home, or with family. Questions can be designed to pick up on hidden abuses."

For most of the year we have understood safeguarding to be a *process* or investigation which takes place once abuse has already happened. **Another interpretation of safeguarding exists: that is, the creation of an environment which truly protects people, and stops the harm from happening in the first place**.

And looking ahead to structural change in care management, are there models of empowered relatives and family carers where people are group purchasing care to directly manage paid carers. Or a model of relatives of people in care homes who act together to monitor quality, challenge or raise concerns. In Year 2, some of these themes can be developed.

For Healthwatch, *good quality public services keep people safe*. So prevention is vital because once abuse has happened, those services have failed.

So in summary a Year 2 action plan could be:

ACTION	WHEN
Embed co production through bi monthly meetings arranged for an open service user forum, together with list of first 6 months topics. Each meeting to address one issue, look at Hidden Voices research relating to it and explore possible improvements	Jan 2014 onwards
Programme of bi monthly discussions of senior and lead practitioners and service user reps to work out how the recommended changes could be implemented / their feasibility.	Feb 2014 onwards
Mechanism through Sub group of Safeguarding Partnership Board and senior reps for HV to engage with Board around safeguarding recommendations	Jan 2014 onwards
Information and rights pack relating to managing your own care, how to deal with problems, challenge and know rights around care and safeguarding. Working group to include practitioners and service users.	December 2013 onwards
Input to communications by service users: role plays, presentations, leaflet, film, fridge magnet and possible input to care home and hospital rights pack. Fridge magnet distributed widely across domiciliary care service users. Local newspaper articles to be written	From next sub group meeting
Possible workshop with Allied care home staff and development of work stand with paid care providers?	March 2014
Widen participation in HV project by distribution of Hidden Voices leaflet and invitation and increase level of service user feedback	Jan 14 onwards
Learning disabled people improving police services – a range of actions as part of the LD sub group, including training of frontline staff.	Throughout 2014
Revisit Safer Neighbourhood Panels and other community based community safety networks to raise awareness and recruit volunteers	Throughout 2014

Develop prevention model around abuse in community / with GP's and look to pilot	March onwards

11. YEAR 3 AND SUSTAINING OUR ACHIEVEMENTS

Discussions have started about developing Hidden Voices' work around safeguarding into a 3rd year. Our research and relationship building is coming to fruition. There could be an opportunity to pilot some new ideas: looking at GP based prevention activity with Health Champions and Patient Participation Groups, using mediation skills and educative approaches in family based safeguarding, and exploring ideas of service user empowerment in care. Designing and delivering any pilots as well as getting results will take time.

Members of Hidden Voices are particularly interested in helping to raise public awareness, and work can continue to develop around workforce development and staff training / workshops to get buy in for better quality services and increase the understanding of frontline workers.

Thus, the Healthwatch Board and Chief Executive have already begun to explore sources of funding for a 3rd year, and beyond.

12. APPENDIX

Overall, the day was informative but too long and quite tiring. The participants were expected to attend 9am and the day ended at 5pm. A few people also left early.

There was little time to have a proper lunch break or take time to talk to fellow participants as teams were not back together at the same time. People were under pressure to get back to the surveys. Also some confusion over the access to lunch room with swipe car / key inside and PLACE team outside.

There was too much work for the number of people involved, there should have been more participants. Should have been 1 ward and 1 area of the hospital per team. At the end, another team was "frantically trying to fill in the forms" before having to leave the room (another booking for the room).

The mixture of staff and patient reps / members of the public was good. They had some say over the areas of the hospital they wanted to check.

Some people already had information that Healthwatch participants hadn't received – were the participants given enough notice of the PLACE assessments taking place?

They tasted meals but was it necessary to taste all of the menu meals? There wasn't time.

The people who organised the day weren't there at the end to thank everyone in a structured way – the day ended in a fairly disorganised way, with teams finishing at different times and being hurried to leave, "being pulled different ways". There was no proper rounding off.

Recommendations: Do the questionnaires over 2 days and not rush it, and involve more people in carrying out the assessments with a limited area to cover.

Further feedback from another participant

There is little to add to the existing feedback which I agree with wholeheartedly. It is my view that because so much was crammed into the day, the integrity of the data collected could be compromised.

Ward staff need to be acknowledged for their helpfulness during the inspections.

Recommendation: That a *separate planning/training day is organised* to ensure everyone is up to speed on the process and has access to all relevant information.

RECOMMENDATIONS COMING OUT OF SOCIAL WORK WORKSHOP TO IMPROVE THE SAFEGUARDING PROCESS – APRIL 2013. These are issues that influence or prevent a positive outcome for clients.

FAMILY SAFEGUARDING

Recommendation	Action to carry this out
Alternative style of police involvement to avoid family relationship breakdown	Discussion with police management
Poor money management by client affairs	Social services management works with client affairs
More effective assessment of capacity	
Involving client better & client ownership of issues	Make meeting less intimidating, easier to challenge, provide information about the process at start. Service users involved in decision making
More positive outcome focus and wider range of options to resolve situations	Client and worker look at options for change together, asked to give ideas for resolving, and outcomes
Regular review and monitoring as alternative to safeguarding	Discussion with Safeguarding Unit, ACS management and Board?
Approaching families differently – seeing situation as whole not tackling one aspect of financial abuse.	Different approaches with families explored, taking a gentler approach, as well as interviewing the person causing the harm. Case conferences to gather information and involved family, friends, neighbours.

INDEPENDENCE vs RISK

Recommendation	Action to carry this out
More effective assessment of capacity	
Restrict potential perpetrators rather than client	Analyse outcomes and get feedback from clients about if was successful for them`

Allowing client to live with risks. Adult first rather than vulnerable first. Right to make choices and unwise decisions esp around money and alcohol	Managers accommodate risk, and more clarity around what is positive risk. What things must definitely be prevented = subject for focus group with clients / workers / mgt. Client involvement in decision making
Poor brokerage and commissioning	SW Managers. Regular reviews of personal budgets and 3rd party payments
Greater worker confidence	Training around risk / manager briefing and support
Promote dignity and respect	How to do this is subject for shared focus group of service users and workers
Improve the management of strategy meetings and case conferences	Further discussion with SW management and workers

INVOLVING CLIENTS EFFECTIVELY

Recommendation	Action to carry this out
Improved client centred practice	Managers build client relationship and feedback into their case meetings / reporting.
Clear procedures around involvement of client including in hospitals	Discussion of Pan London guidelines / supplementary guidelines – clarify WHEN client should be involved and additional resources needed to accommodate client. Client should be more prominent as valued part of pan London processes – and to be formally adopted
Minimise the intimidating atmosphere for clients	Embed requirement for family member, supporter or advocate to be present

GATHERING VIEWS FROM CLIENTS ABOUT THEIR SAFEGUARDING EXPERIENCE

Recommendation	Action to carry this out
At end of safeguarding, replace "form I" with review with client and open review form	Agree change to process with social work managers
Gather client feedback DURING safeguarding process	Should be a requirement of the process and client should be encouraged and required to be at case conference – the onus should be on explaining what they are not involved.
More questions at the referral stage	
Inconsistency in weights given to getting feedback	Guidance from Safeguarding Unit across teams
Avoid assumptions by social workers what client thinks of the outcome – independent person /body to carry out feedback gathering?	
Awareness and understanding of safeguarding to be raised in other frontline services	Police and mental health

References

Report 47 Social Care Institute of Excellence "User Involvement in Adult Safeguarding"

Report 41 SCIE “Prevention in Adult Safeguarding” (2011)
Care & Compassion: Report of the Health Service Ombudsman on 10 investigations into NHS care of older people” (Feb 2011)
Report on the Consultation of the Review of No Secrets (Dept of Health, 2009)
Letter to Senior Government Officials and Senior Executives in the Health Service (D. Berwick 2013)

Primary research data

Full comments from social worker workshop
Comments from Vida Walsh workshops
Comments from Older people’s workshop
Staff interview comments
Feedback from service users around PLACE, Elder Abuse event and SLAM Cog

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Kathe Jacob, December 2013