Safeguarding Adults Awareness Survey — Healthwatch North Yorkshire

Final Draft for Review

Healthwatch North Yorkshire is an organisation dedicated to representing patient voice in matters of health and social care across North Yorkshire.

Working with North Yorkshire County Council Safeguarding Adults Board, Healthwatch North Yorkshire created three surveys to address the question of safeguarding awareness. Each survey was intended for a specific audience, as it was felt that a different level of base knowledge could be inferred for each group: the general public, individuals working in the care sector, and managers of care homes.

Data collection was carried out from September through to December of 2017. Survey links were distributed through mailing lists and the Healthwatch Newsletter, along with Healthwatch social media. Surveys were also administered in person at various dates and locations throughout the County (e.g., Whitby, Skipton, Easingwold, etc). Respondents were assured that the process was entirely anonymous. 309 surveys were collected overall.

Numerical responses to the multiple-choice questions are tabulated below. Free response questions were coded thematically and then grouped into categorisations that are discussed in further detail in each section.

GENERAL PUBLIC

It was assumed that awareness of safeguarding policies would be low to moderate in the general public. As such, questions were written in language that would be easy for a layperson to understand. The survey length was also kept short, as this was likely to lead to a greater number of responses and a wider overall reach.

A total of 93 surveys were collected from the general public. There will be situations where the answers do not add up to this number; this is due to invalid answers or questions being left blank.

1. **Would you know what to do if someone you care about was being abused?**


No
11% (10)

Yes
89% (83)
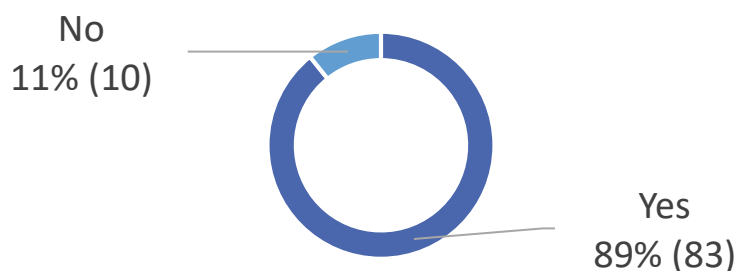
A majority of individuals felt that they would know what to do if someone who they cared about was being abused. However, it is worth noting that the nature of some elements of survey distribution (e.g., Healthwatch newsletter) mean that respondents may be individuals who are disproportionately literate in matters of health and social care.

2. Who would you feel safe to talk to about this?
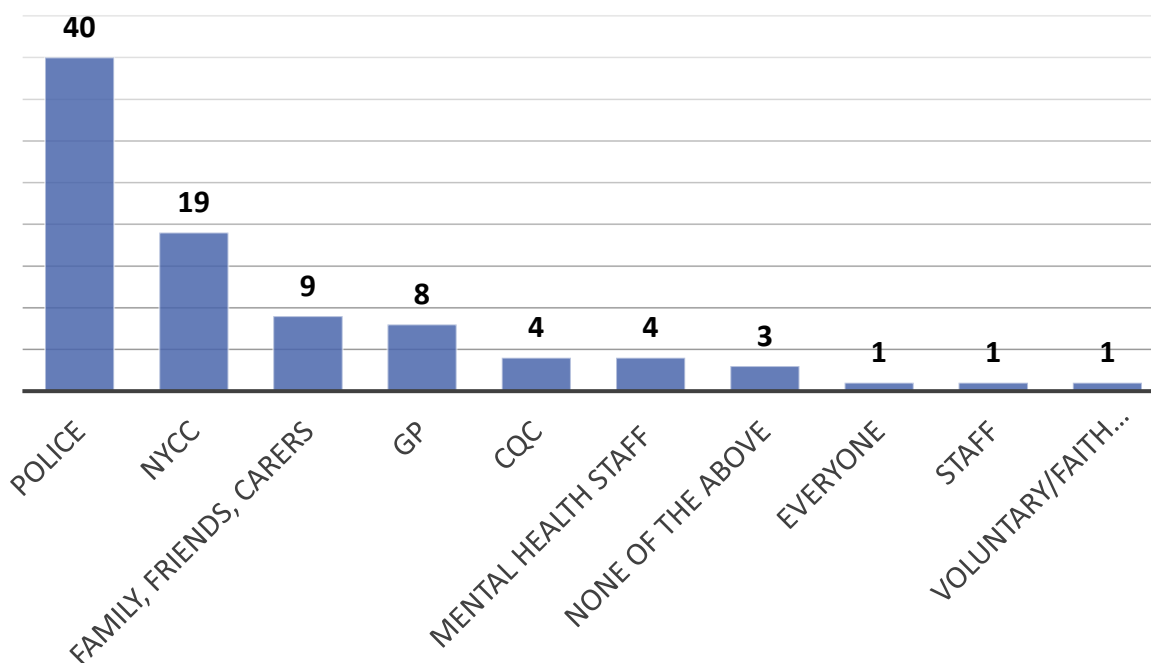
The police were cited as the most likely place where people would discuss their safeguarding concerns, followed by North Yorkshire County Council. It may be worth further investigating public understanding of the relationship between safeguarding concerns and criminal activity.

3. Would you want support to help you through the process?
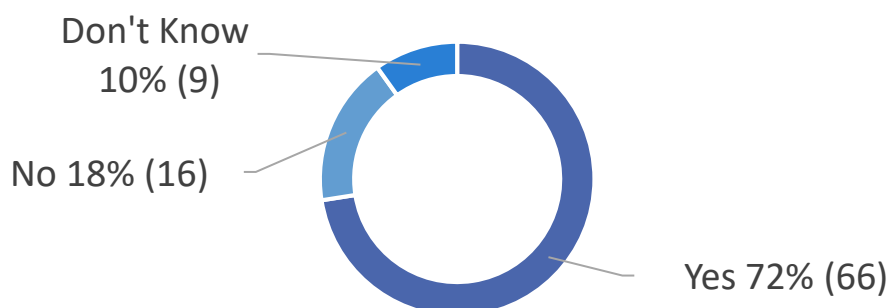
The majority of individuals felt that they would like support. Details about the type of support are indicated below (Q.4).

4. What Support Would You Like?

The long-response answers were analysed qualitatively. Themes below will naturally contain some overlap, as they are very closely related.

ACCESS TO INFORMATION. The most dominant theme to emerge from the comments was the desire for access to information, with 55 comments. There was repeated reference to wanting to understand the entire process and the appropriate way to act throughout. Respondents wanted this information to come from an expert who was informed about the situation and could offer guidance. This was also meant to be a reciprocal process, wherein this expert would listen to concerns in a compassionate and involved manner.

"Support with next steps and who is doing what (statutory services etc)"

"Help with the process - explanations and advice on what was happening. One to one support (not emails etc)"

"Speak to someone who can relay the information in a way I understand. Face-to-face is better. I would need someone I know well in the meeting to make sure that I am being understood and that I understand what is happening."

" Help to get through the process, to be listened to, for concerns to be taken seriously not fobbed off."

There was also a strong emphasis on wanting updates and continuing to be informed as the process went on, meaning that communication and gaining information should not be a one-off event.

"information on how process is proceeding"

"To be kept informed of the processes"

INVESTIGATED INDIVIDUAL'S NEEDS. The needs of the individual at the centre of the complaint were also highlighted (21). The primary concern was that their safety would be ensured, but also that someone would assist the individual in understanding what was happening and accurately conveying their words and experiences when the individual may struggle to do that themselves.

"Neutral place to be able to have a conversation. Place of safety for the person concerned. Feedback of where the process has got to."

"What to expect at the meeting, help to understand what has been said. What will happen next. Someone to make sure I am understood. Someone with me. Support to get to the meeting."

CONFIDENCE IN SYSTEM. Lastly, a small number of respondents (5) indicated that support would be meaningless if they did not have confidence in the overall process of safeguarding.
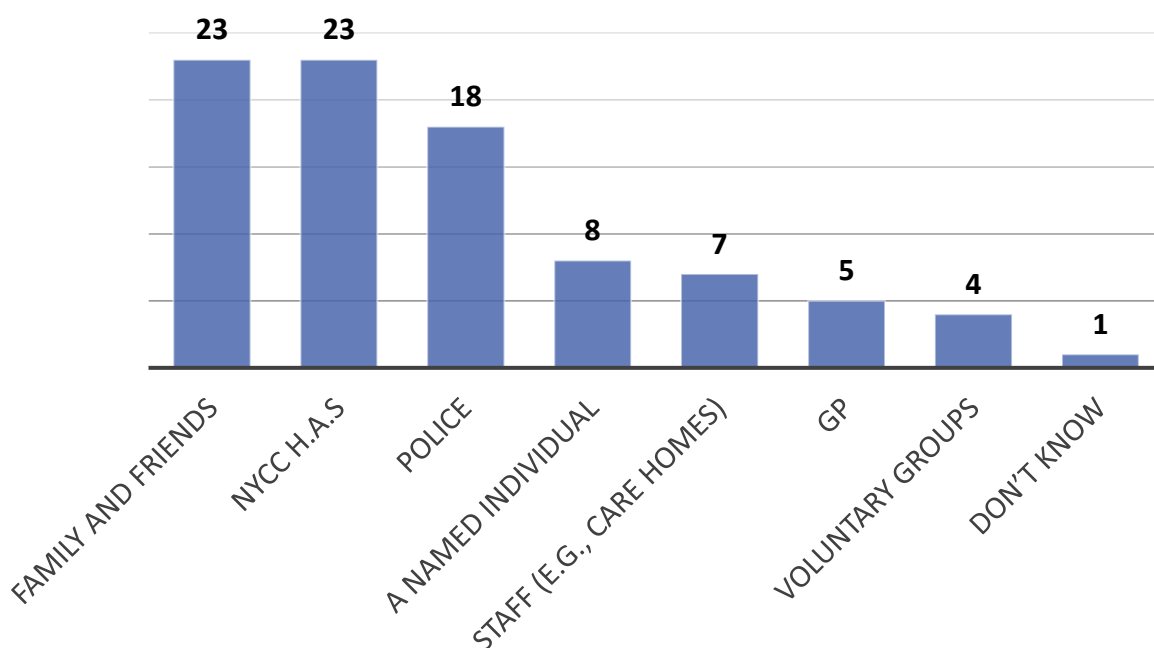

"For them to do a safeguarding as they are not always done especially with learning difficulties"

"For the safeguarding agencies to protect the vulnerable rather than protect their own interests, the whole process is not fit for purpose."


This theme is closely related to Access to Information, as public conceptions of lack of transparency in the process may be exacerbating feelings of mistrust.

5. Who Would You Look to for Support?

Category	Value
FAMILY AND FRIENDS	23
NYCC H.A.S	23
POLICE	18
A NAMED INDIVIDUAL	8
STAFF (E.G., CARE HOMES)	7
GP	5
VOLUNTARY GROUPS	4
DON'T KNOW	1

Although respondents indicated that they would go to the police or NYCC about safeguarding concerns (Q.2), family and friends were also commonly selected as a likely source of support.

6. **Are You Aware That If You Are Worried That Someone is Being Abused, You Can Contact NYCC?**

No 32% (30)

Yes 68% (63)
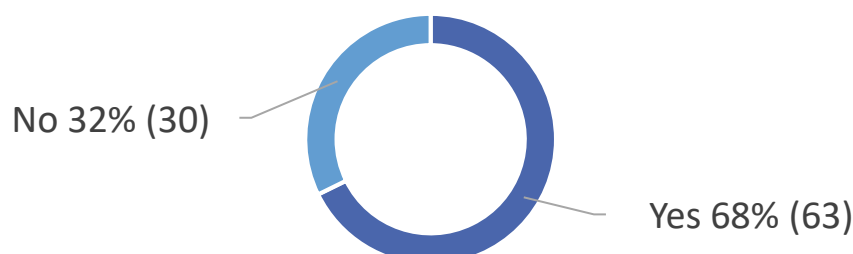
Roughly 2/3 of respondents indicated that they knew they could contact NYCC. This response is interesting when compared against Q1 ("Would you know what to do if someone you care about was being abused?"). As the proportion of people who felt they would know what to do was higher (89%), it indicates that there is a slight gap wherein people felt that they would know what to do but would not contact NYCC.
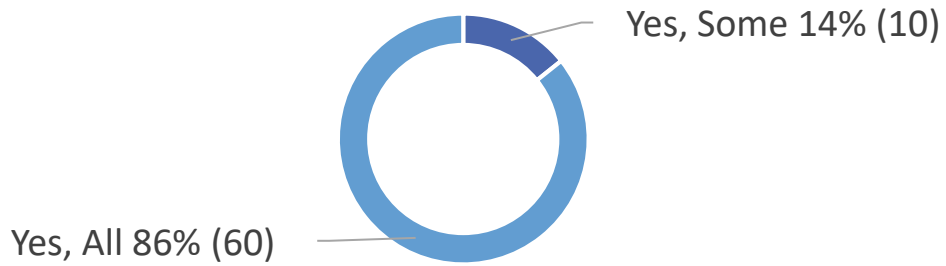
MANAGERS

A survey was also designed to be delivered to managers of care institutions. It was assumed that there would be a high level of knowledge surrounding safeguarding and safeguarding policies. The survey was also slightly longer and contained more complex long-answer questions, as managers of care organisations have a vested interest in safeguarding policy and procedure.

The survey was distributed via an existing mailing list for care home managers. A total of 70 responses were collected. There will be situations where the answers do not add up to this number; this is due to invalid answers or questions being left blank.

1. **Are you confident that staff members know what to do if they have a safeguarding concern?**

All respondents (70) indicated that their staff members would know what to do if they had a safeguarding concern.

2. Have all staff attending safeguarding training?

Yes, Some 14% (10)

Yes, All 86% (60)

Every respondent indicated that at least some of their staff had received safeguarding training.

3. Where did they receive training? (The total will be greater than the number of responses in this case, as some managers offered more than one type of training)

TEWV 4% (3)   Online 10% (7)

NYCC 32% (23)

In House 54% (38)
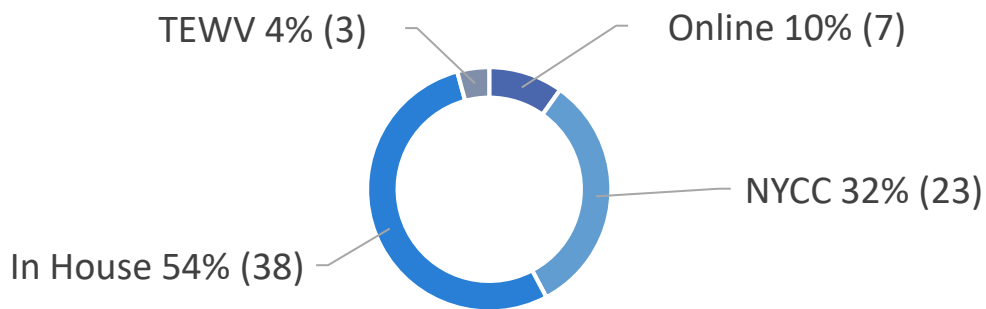
2 additional responses indicated that training provisions were dependent on role. Other locations with single answers also included "Hambleton District Council", "Harrogate", "LA classroom training", and "Classroom in Scarborough".

4. How long did the training take?

| <1 HR	1-3 HOURS	3+ HOURS	HALF DAY	1 DAY	2 DAYS
4	16	5	7	12	1
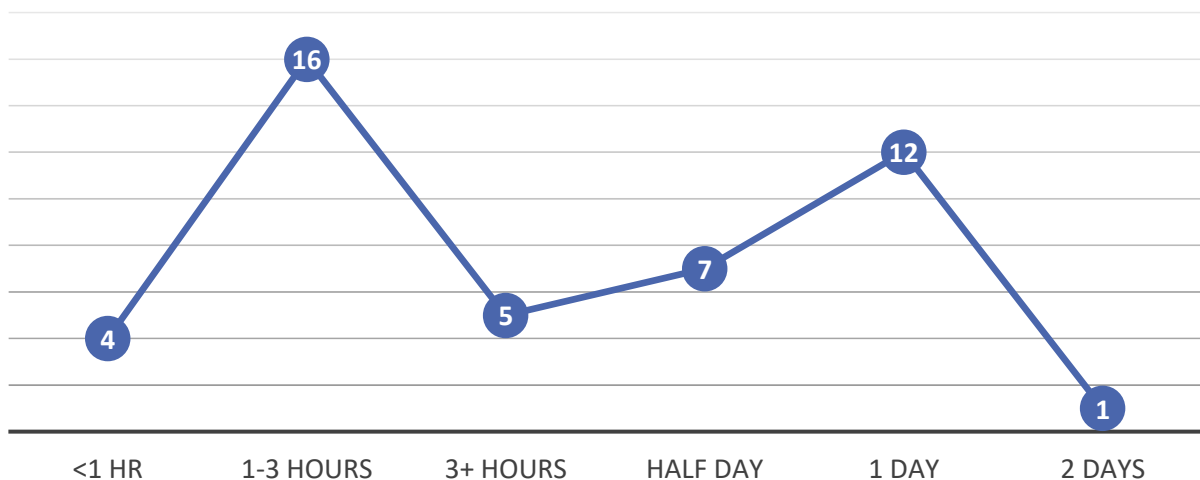
22 additional responses indicated that the amount of training depended on the role of staff members and their responsibilities. In this case, training could vary from an hour to a full day.

5. **Do you find safeguarding training easy to access?**

No 7% (5)

Yes 93% (64)
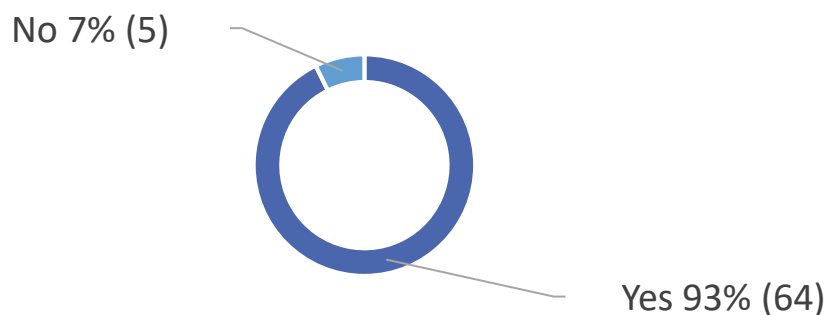
The 5 respondents who did not find Safeguarding training easy to access offered various sources of training in their organisations (online, in house, e-learning and via NYCC). As such, this was not a case of one type of training being less immediately accessible than others.

6. **Has the training given them all the skills they need to respond to safeguarding concerns?**

Not Sure
11% (8)

No 3% (2)

Yes 86% (59)
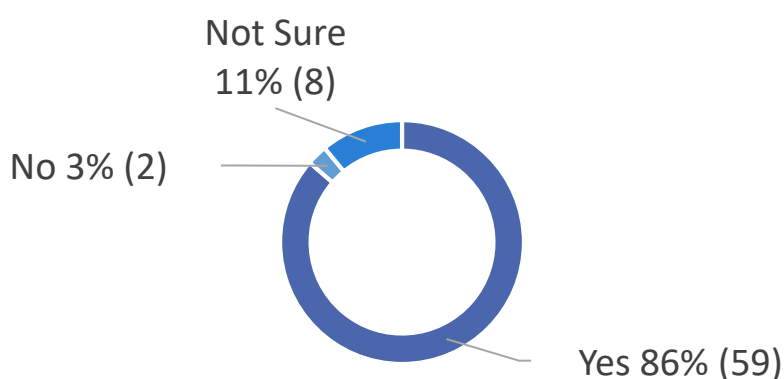
This response is noteworthy as it somewhat contradicts the earlier unanimous "yes" response in Q.1 ("Are you confident that staff members know what to do if they have a safeguarding concern?"). This may indicate that managers feel that existing safeguarding *training* is inadequate but staff gain experiential knowledge through work. Alternately, it may be that the direct nature of Q.1 means it is difficult to answer in any other way.

7. If you have to investigate a safeguarding concern do you get sufficient support?

Don't Know
10% (7)

No 10% (7)

Yes 80% (56)
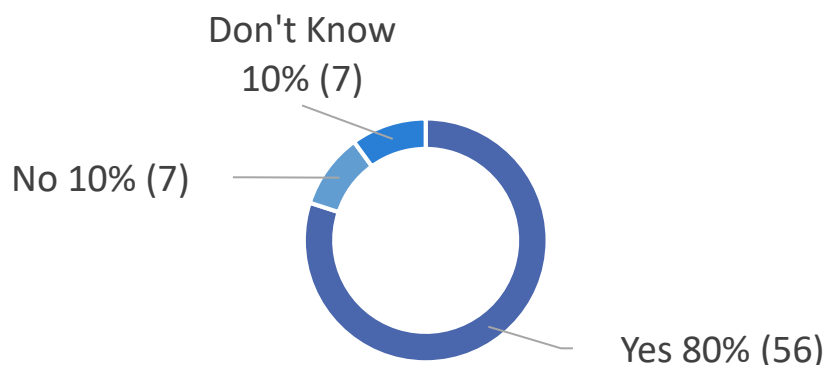
The majority of respondents felt that sufficient support was offered in investigations. Some specific concerns about the support in safeguarding investigations can be found expanded answers below (Q.11, "Is there anything you would like to draw to the attention of the Safeguarding Adults Board?").

8. Who would you look to for support?

NYCC 54% (38)
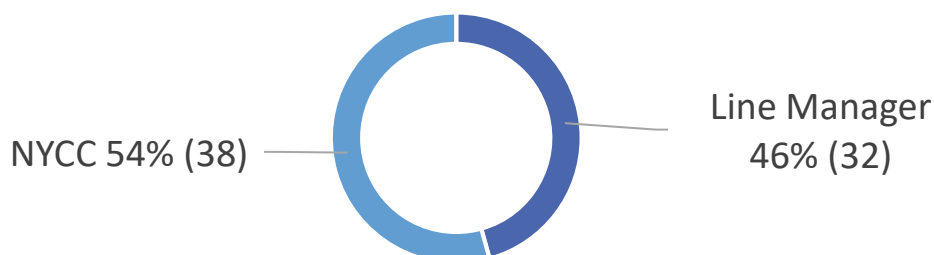
Line Manager
46% (32)

This roughly equal split of answers represents an approach of seeking external support (NYCC) versus relying on internal support (Line Manager). The third option (Clinical Commissioning Group) was not selected by any respondents.

The binary nature of the response is likely slightly misleading, as respondents were only able to select one option.

9. What does making safeguarding personal mean to you?

The two dominant themes in the free-response material were Focus on the Individual and Consider Outcomes.

FOCUS ON THE INDIVIDUAL. Although this was worded in several ways (e.g., 'person-centred' or 'personalised'), 53 comments highlighted the way that the individual at the centre of the complaint had to be the most important part of the process. Their wishes, needs and desires had to be treated in an individualised way in order to make safeguarding personal.

> *"Ensuring that it looks at needs and wishes of the individual and trying to be as person centred as possible through the whole safeguarding process."*
>
> *"Making safeguarding investigations more meaningful by considering the impact on the individual and what can be done to improve their life in a tangible way going forward."*
>
> *"That all safeguarding concerns are dealt with case by case and centre around the needs and wishes of the person / victim"*

CONSIDER OUTCOMES. Desirable outcomes were also emphasised (17), in that it is important to maintain focus on what should result from the investigation. This was obviously heavily linked with the wishes of the individual, as it was their desired outcomes that were considered especially important.

> *"keeping the person at the centre of any work undertaken, being clear about the persons desired outcomes and adapting approach as these change"*
>
> *"Putting the person alleged to have been harmed at the centre of the process. To make sure their views are heard throughout the process and the outcomes are defined and agreed with them in terms of being set and reviewing whether they were met."*

Other responses included empowering individuals (3), references to relevant law (3), taking responsibility for others (2), and protecting the vulnerable (2).

10. **Do you hire advocates?**

41 respondents (out of 70 total) indicated that they use advocates. In many cases, this was qualified by conditions; 15 respondents specified that they used advocates when there were concerns about capacity, while 11 noted that they used advocates if they were required. Further caveats included the use of advocates if there were no relatives (3), no existing support (3), and if there was conflict in relatives (2).

9 respondents referred to the use of IMHA and IMCA, while 2 specifically cited Cloverleaf. 3 respondents stated that they use in-house staff as advocates.

11. Is there anything you would like to draw to the attention of the Safeguarding Adults Board?

15 comments were submitted for this question. The biggest concerns were about problems in communication and the overall timeline of investigations. Two comments are roughly representative of concerns presented:

"There is often discrepancy between NYCC training and practice. E.g. the training says to call before submitting the alert, NYCC staff tend to be confused as to why we're calling. The secure email often doesn't work, alerts get lost and the teams seem understaffed so investigations are exceptionally slow. Communication overall is very, very poor."

"The confidential line for reporting doesn't always work, it is nearly impossible to get hold of a care manager who knows the person we are discussing, often there is no answer on the on-call number, it takes ages for anyone to get back to us and usually nothing happens. We also dont find out the outcome."

Two respondents also specifically commented that the forms used in a safeguarding complaint can be difficult to use. For example:

"I think the SARA form is quite lengthy and repetitive. I have found that it is difficult to make safeguarding personal due to the restrictions imposed by the LLA system."

For the sake of reference, the entirety of the comments for this question have been included in Appendix A.

12. Do you have any other comments? The limited number of responses (10) and their varied nature meant that it was difficult to meaningfully develop themes. As such, they have been compiled in their entirety in Appendix B.

13. How would you describe the organisation you work for?
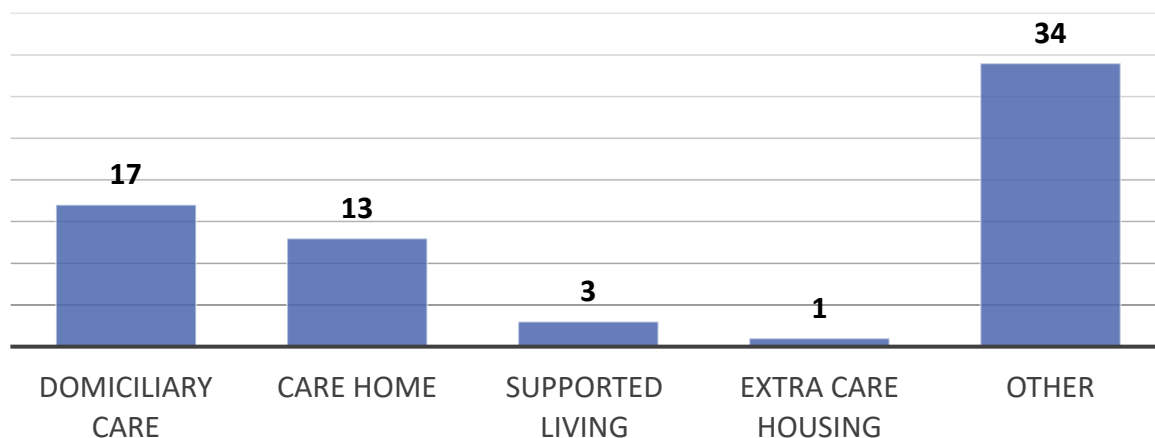
**14. How many people are employed by your organisation?**
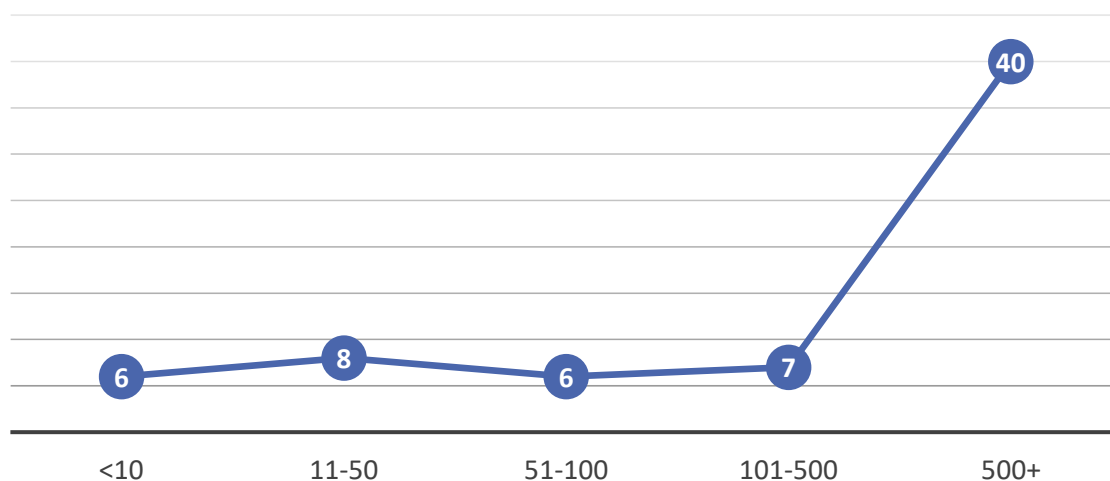
STAFF

While it was assumed that staff in care contexts would be knowledgeable about safeguarding, it was also suggested that individuals working in this sector often carry a high workload. To accommodate this and achieve a greater number of responses, this survey was kept particularly short and simple.

The survey was distributed via mailing list and contacts with stakeholders and relevant organisations. A total of 146 responses were collected, making it the section of the Safeguarding report that gathered the most data. There will be situations where the answers do not add up to this number; this is due to invalid answers or questions being left blank.

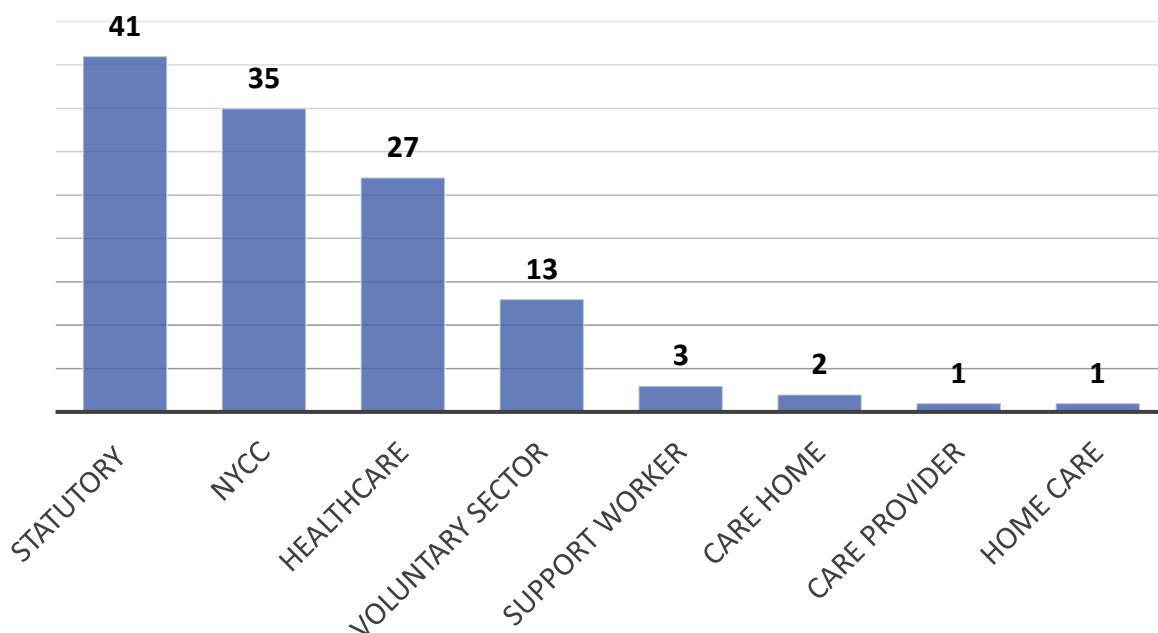1. **Do you know what to do if you have a safeguarding concern?**

   Every respondent (146) indicated that they would know what to do if they had a safeguarding concern.

2. **Have you attended safeguarding training?**

   No 4% (6)

   Yes 96% (140)
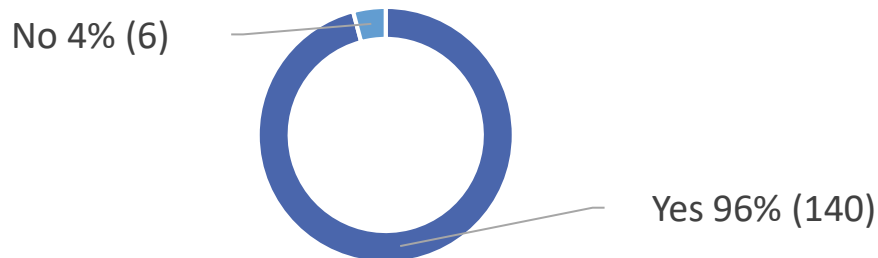
   The very small proportion of respondents who had not received training indicates that confidence in safeguarding is, in some part, built by experience in the sector (as every respondent felt they would know that they would know what to do if they had a safeguarding concern). Alternately, it may be that respondents felt it would be unacceptable to reply to Q.1 in any other way.

3. **How would you describe the organisation you work for?**

Category	Count
STATUTORY	41
NYCC	35
HEALTHCARE	27
VOLUNTARY SECTOR	13
SUPPORT WORKER	3
CARE HOME	2
CARE PROVIDER	1
HOME CARE	1

   This potentially overlapping categories are due to the question being presented as free-response.

4. Would you want support through the process?

Don't Know
12% (16)

No 17% (25)

Yes 71% (105)
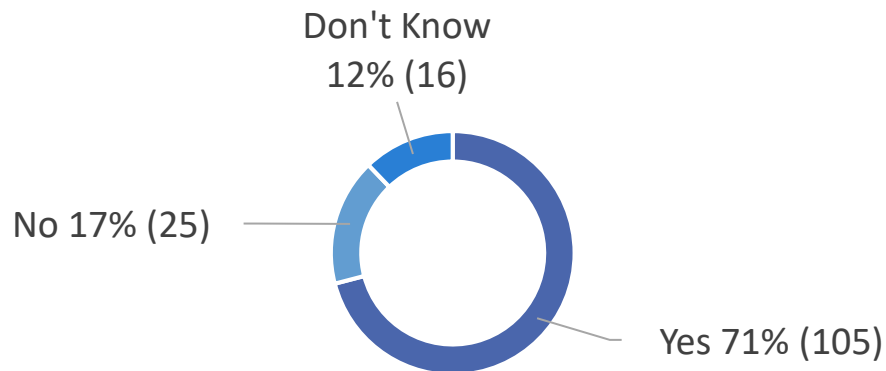
The likely source of support is indicated in the question below (Q.5).

5. If yes, who would you look to for support?

81

28

12

3

2

1

LINE MANAGER

SAFEGUARDING TEAM

COLLEAGUES/PEERS

POLICE

FRIENDS/FAMILY

CCG
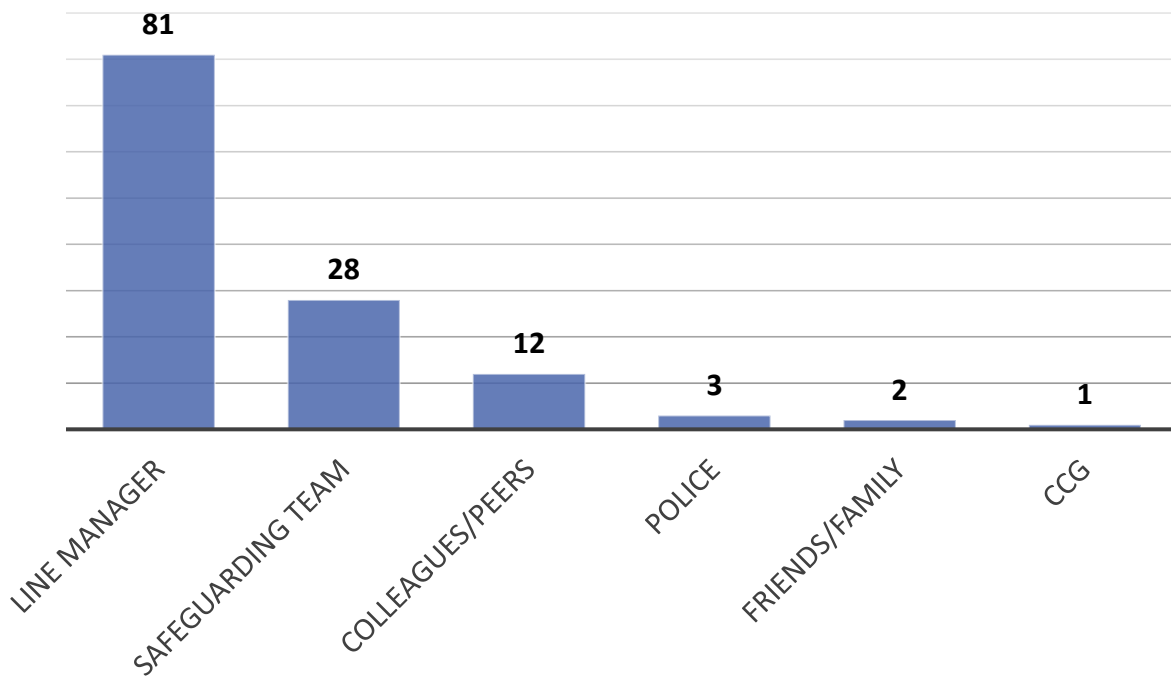
This response is of note as it contrasts with the support that managers would seek. While it was indicated that managers would be almost evenly split between looking for support from line managers or NYCC, the majority of staff would first seek support internally.

APPENDIX A: Managers Survey, Q.11 ("Is there anything you would like to draw to the attention of the Safeguarding Adults Board?")

There is often discrepancy between NYCC training and practice. E.g. the training says to call before submitting the alert, NYCC staff tend to be confused as to why we're calling. The secure email often doesn't work, alerts get lost and the teams seem understaffed so investigations are exceptionally slow. Communication overall is very, very poor.

an easier form to use which is more straight forward to answer

Safeguarding in the Richmond area is awful, last meeting attended the chair had no idea of procedures or process to follow, kept repeating same information. Delays to investigations mean residents will be unlikely to recall events, making the whole process a waste of time.

length of time from a safeguarding issue to it been resolved according to NYCC policy

It can be difficult to get a clear response from the safeguarding team regarding whether an enquiry submitted has led to the close down of a case - CQC like to see something in writing confirming this

no... other than concerns over the delays in some meetings being arranged after I raise a safeguarding

Yes, we never get a response back and it is usually that they do not qualify for assistance and that they just need housing - I am the manager of the housing options team but sometimes people with mental health issues do not have capacity and need specialist housing with support.

When referring, the timescale is far too long that the Safeguarding team come and talk to the individual. Also for the person who referred to be kept up to date more frequently

More joint training with other agencies

The confidential line for reporting doesn't always work, it is nearly impossible to get hold of a care manager who knows the person we are discussing, often there is no answer on the on-call number, it takes ages for anyone to get back to us and usually nothing happens. We also dont find out the outcome.

Staffing - not enough staff to do the job.

I think the SARA form is quite lengthy and repetitive. I have found that it is difficult to make safeguarding personal due to the restrictions imposed by the LLA system.

The Training is only one part of the development of competent practitioners. peer support, management support and on-going Safeguarding case discussion are required with regular up dates ie Modern Slavery legislation and how this then informs practice.

I believe it would be beneficial for managers to have the training that covers investigating and outcomes to better understand the process and therefore better able to support their staff

Safeguarding concerns are becoming more complex and therefore requiring an increase in time to deal with them - consideration should be made as to whether NYCC should have a dedicated team of professionals who deal solely with safeguarding

APPENDIX B: Managers survey, Q.12 ("Do you have any other comments you would like to make?")

when we phone with a query to NYCC safeguarding they are always very helpful and informative, we are not frightened to ask questions

We have just submitted our first safeguarding referral so will know more about the process in the next few weeks.

more open communication between NYCC e.g. If someone is suspended can take months at a cost to the company and no outcome at the end.

Sometimes it feels that things are not taken seriously however I do think the care managers are stretched beyond belief at the moment and I have noticed how many are leaving or changing jobs.

I feel that the way concerns are handled has improved

Sometimes the internal forms and system processes are a hinderance to the safe guarding overall process

MSP has had a huge impact in moving safeguarding from process driven to more about what the person wants, this has to be viewed as positive however how we manage and approach risk in relation to respecting these decisions requires robust governance, training and management support.

Safeguarding is every one's responsibility and are partners are very important in this process as a chair I do struggle to get people round a table.

We still have difficulty in getting other professionals to attend safeguarding meetings, this is understandable due to their work pressures but makes it difficult to reach decisions / risk assess / protection plan, where other professionals do not engage especially when they have been requested to provide a report for a meeting if they are not attending. I feel that even though there have been significant improvements in safeguarding it is often still viewed by many as the responsibility of the LA. There still appear to be a number of concerns received where they are sent in by other agencies to ' cover their backs' and where they don't know what to do so raise a concern for the LA to deal with a situation.

Safeguarding is such an important part of the role yet due to the other demands of the team manager role co-ordinating Safeguarding concerns at the volume that they

are received is very difficult and there is a real fear that something crucial will be overlooked.