Safeguarding Alerts

Healthwatch Islington

Healthwatch Islington is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations that involve people of all ages and from all sections of the community.

Healthwatch Islington gathers local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are taken on how services will look in the future, and how they can be improved.

As part of our work to gather views, Healthwatch Islington has the right to visit services.

www.healthwatchislington.co.uk

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The context [1]

From April to September 2014, Islington Safeguarding Adults received 585 alerts, an increase of 38% on the same period in the previous year. This increase will in part be the result of efforts by Islington Safeguarding Adults team to raise awareness of the abuse and the different types of abuse and encourage reporting. The substantive programme of training to raise awareness of abuse has included delivery to health, social care and housing staff, voluntary sector groups (including Healthwatch) and members of the public.

In the same period from April to September 2014, the three most common types of abuse were financial (28%), physical (26%) and neglect (23%). Nearly half of the alerts proceeded to investigation (this is a similar proportion to the national average) with most (78%) taking place in a community setting (many in the home) with only small numbers alleged to have taken place in a residential/nursing setting (14%) and 5% in a hospital setting.

By far the most frequent source of all alerts came from social work (about 32%) and health care staff (about 26%) followed by the independent provider/agency (about 9%) and 'other individual' (about 7%). Voluntary agencies were identified as the source for only 10 alerts and those providing services/support for those with mental health issues as further 10 alerts.

If the situation where an alert is raised is considered to be an emergency (the target of the abuse is at immediate risk), then the person raising the alert should ring '999'. In other situations, the procedure is to contact Social Service Access Service and there is a number to call from 9am to 5pm and another number outside office hours. Contact details are given as:

Tel: 020 7527 2299
Fax: 020 7527 5114
Email: access.service@islington.gov.uk

Currently the Access Service also deals with providing information, advice and care support for a person who may need some help to manage basic daily living tasks. It is understood that there are plans to make some divisions of responsibility within the Access Service that could provide a more easily accessible service for raising alerts.

The aims

Healthwatch Islington decided to carry out some research with a small number of voluntary organisations to identify how the process of raising an alert, and the subsequent contact from the Access Team, works in practice.

The decision to look at the process arose because concerns were raised with Healthwatch about the ease of raising an alert and obtaining information about the response.

A small number of voluntary groups in Islington were contacted and asked whether they would be willing to take part and if they had raised an alert in the past twelve months.

Respondents were assured that no confidential information would be sought from the organisation about the nature of the alert and the information subsequently provided in a report would respect their anonymity.

The schedule of questions was sent in advance to the organisation and, if wished, they could reply by email rather than interview.

The Adult Safeguarding Team at Islington Council has been informed about the research and expressed their interest in the findings.

The findings

The responses are from five organisations (including Healthwatch) that were contacted through the survey. In addition, there were a further two organisations that had not raised an alert in the previous twelve months.

How easy was it to raise an alert and how was the alert raised?

'Very easy (2 raised) and raised in person'

'Emailed the safeguarding referral form (4 or 5 raised) and process was easy after a couple of times'

'Usually submit by email because can wait a long time on the telephone for a response (more than 3 raised)'

'Alert by telephone and then follow up email (2 raised)'

What was the response following receipt of the alert?

'Taken up and responded to very quickly with safeguarding meetings being set up'

'Usually had a response the following day and got a telephone call if more information was needed'

'Get an automatic acknowledgment and usually contacted quickly – often within the same day'

'When an alert was first telephoned to a social worker, it was said that they could not take a 'safeguarding alert' but then agreed that they could but asked for it to be also submitted in writing. It was also suggested that the organisation raising the alert should contact the organisation in which the abuse was alleged to be taking place'

Was there a follow-up to reassure your organisation that the situation was being dealt with?

Were you reassured that the person who was the subject of the alert was safer?

'One meeting set up and all parties involved in the care of the person were invited to attend. The meetings had a legal structure and minutes were taken meticulously'

'Plans were put in place for follow up and actions agreed'

'Organisation was reassured that situation being dealt with. At the time of raising the alerts, did feel assured'

'Lack of information was a problem with one alert – the organisation only found out that the case was being dealt with because of information supplied by a member of the public – apparently this alert was not dealt with as a safeguarding issue because it did not meet the threshold and the organisation raising the alert did not find this reassuring'

The findings (continued)

How confident was your organisation that the matter was being dealt with effectively?

'For both alerts, our organisation was not informed about the actions agreed in the meetings. We had no access to information about the actions and the alert seemed to have come to a halt. Other professionals may have been aware of what was going on but we were not included'

'Yes confident that it was being dealt with'

'Confidence varies depending on the issue – if it is physical or verbal abuse, usually dealt with quickly but if the alleged subject of the abuse says that it is by a family member, it tends to get dropped – but the subject of the abuse may not want to take it further because they are afraid. However, it is recognised that it is difficult for the Access Team to pursue if the subject of the abuse does not proceed'

'In one case of serious financial abuse, there was a review meeting but response by social services was unsatisfactory because the member of staff involved was new and had not had access to relevant documents. Initially the response by the Council was quick but then very little action followed'

'In another case, organisations had made an alert about a person self-neglecting – it appeared that very little or no action followed for months and it was not clear if the person had capacity. The organisations received no update or information. There is a general feeling that the response and action seems to depend on the social worker allocated'

'Not very confident because the process did not feel transparent (through appreciated that there are issues of confidentiality) but the organisation raising the alert felt 'left in the dark' about how decisions are made'

What works well with the process of raising and responding to alerts?

'The process makes it easy to raise alerts'

'Good to have a single point of access'

'Appears quite straightforward when you know how to do it'

'There is a capacity for a quick response'

'Contacted and informed about the outcome quickly'

'The reaction is quick and that helps those who are the subject of the alleged abuse because they feel that they are in control and if the family knows that social services is involved, the family may offer more help'

Is there anything that could improve the process for raising and responding to alerts?

'It is useful to submit the alert in writing (as well as making it by telephone) as there is then proof that it has been raised – however, confidentiality of the details must be assured'

'Alert referral form quite confusing because it also seems to double up as a social care referral form (because of the wider responsibilities of the Access Team) – easier to email the information'

'Good to have consistency across organisations so that thresholds for what are assessed to be a safeguarding issue are clear and consistent'

'More information on the definition of 'capacity' and how this is applied'

'More transparency about any actions agreed'

'Communication to update all parties involved of the actions taken'

'Open access to information for all parties that are involved'

'Regular updates and monitoring of progress'

'Need update on the actions and outcome'

'Updates on the referrals and on the course of action planned'

'Ensure that those raising the alert are kept informed throughout of the decisions and actions to be taken – this should be on a regular basis'

Conclusions

The section above on ways of improving the process, especially on the decisions taken and action that proceeds, highlights a number of suggestions for improvement. It was also said that the response can vary between members of social work staff and, it is hoped, that the programme of training by the Safeguarding Adults Team will help to ensure greater consistency.

The research was conducted with only a small sample of organisations and attempts are still being made to gather more responses from those who have expressed a willingness to participate.

The suggestions from any additional responses will be reported at the Healthwatch Islington Steering Group.

It is also suggested that the Steering Group might wish to consider some further work on gathering information on the practical experiences of those raising alerts and the process for resolution.

Geraldine Pettersson
Voluntary Member with Healthwatch Islington
Healthwatch Islington's representation on Islington Adult Safeguarding Partnership Board

Glossary and Footnotes

Safeguarding Adults: can include any work or activity which aims to support vulnerable adults to retain independence, well-being and choice and to be able to live a life that is free from abuse and neglect.

Access Team: This team is the entry point for adult social services in Islington - providing information, advice and care support. Contact for all initial enquiries new and returning referrals.

Footnotes

1. The context (page 3): data presented here is taken from the London Borough of Islington report to the Islington Safer Adults Partnership Board in October 2014