



Making Safeguarding Personal 2024-2025

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healthwatch
Kingston upon Thames

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1. Executive Summary

The **Making Safeguarding Personal 2024–2025 Report**, commissioned by the Kingston Safeguarding Adults Board and the Royal Borough of Kingston upon Thames, captures the lived experiences of adults who have been through the safeguarding process. Healthwatch Kingston independently gathered feedback from safeguarding service users to inform service improvements.

Purpose and Approach

Making Safeguarding Personal places individuals at the centre of safeguarding enquiries, prioritising their involvement and outcomes. Healthwatch Kingston co-designed an accessible survey with the Royal Borough of Kingston upon Thames Adult Social Care, available online and in Easy Read formats, to understand whether people felt listened to, involved, and supported. Forty-nine people participated, with 24 complete responses informing this report. Quarterly updates were shared with KSAB to enable timely action.

Key Findings

- **Advocacy Support:** 59% had received advocacy support (either professional or a personal advocate), but 23% reported that they were not offered an advocate, and some shared that they lacked timely information about their rights.
- **Feeling Heard:** 71% felt listened to by the person from Kingston Adult Social Care, yet 29% reported feeling unheard and explained that they felt ignored or excluded from decisions about their needs.
- **Safety Planning:** Nearly half (48%) did not feel involved in creating their safety plan with their social worker, and 32% said their plan did not make sense.
- **Future Risks:** 44% did not discuss potential ongoing risks, which suggests a gap in proactive safeguarding conversations.
- **Outcomes:** 50% reported improvements in their situation, while 35% saw no change after being through the safeguarding process in Kingston. One person commented that this was due to poor communication or unresolved issues.
- **Financial Clarity:** Many expressed their confusion about care funding rules and thresholds. This isn't directly a safeguarding issue, but highlights where some people felt frustration.

- **Impact of Other Services:** Post-safeguarding support significantly shaped respondents' overall experiences, with gaps in continuity of care and support noted.
- **Meeting Locations:** Some found their safeguarding meeting venues inappropriate or distressing, underscoring the need for choice and sensitivity.

Next Steps

This report will be shared with Kingston Safeguarding Adults Board, Kingston Council Adult Social Care, Healthwatch England, and other safeguarding bodies to inform local and national improvements. Healthwatch Kingston remains committed to amplifying community voices and driving positive change in safeguarding practice.

2. Introduction

The Kingston Safeguarding Adults Board (KSAB) and [the Royal Borough of Kingston upon Thames](#) (RBK) have continued their commitment to [the Making Safeguarding Personal Project](#) for 2025-2026, and re-commissioned [Healthwatch Kingston](#) to independently survey the experiences of people who have been through the safeguarding process, so that their voice can help inform and improve service provision.

In previous [Making Safeguarding Personal reports](#), Healthwatch Kingston heard directly from people who have experienced the adult safeguarding process in Kingston. Their anonymised feedback was shared with the KSAB and RBK, and insights have helped shape how services listen, respond and support people at risk.

The Making Safeguarding Personal project aims to put the person experiencing a safeguarding concern at the centre of their safeguarding enquiry - from the beginning to the end. This approach is supported by the [London Association of Directors of Adult Social Services](#) and the [Local Government Association](#).

This project and report build upon the original work of Healthwatch Kingston and the [Adult Safeguarding Community Reference Group](#)

Originally, the scope of the Making Safeguarding Personal pilot focused on adults at risk with Learning Disabilities. RBK then expanded it to include people being supported by the Mental Health Social Care Team, and in July 2021, it was extended to all Adult Social Care Teams.

3. Community engagement methodology

Healthwatch Kingston and RBK Adult Social Care co-designed a survey to collect personal accounts of the adult safeguarding process in Kingston. The survey aimed to find out if respondents:

- Felt involved during their safeguarding journey
- Felt they were listened to during the safeguarding process
- Were happy with their outcomes
- What could improve the process

Based on feedback that the previous survey was too long and complicated, the 2024 – 2025 Making Safeguarding Personal survey was redesigned to improve its flow. More space was added for respondents to share their experiences in their own words, and the survey was made available both online in plain English and as an Easy Read paper format to support accessibility.

Quarterly updates were shared with RBK Adult Social Care, and frequent feedback was provided to the KSAB, so that insights could be acted on in a timely way.

Healthwatch Kingston shared the Making Safeguarding Personal 2023 – 2024 report with participants who had consented to take part in the engagement. Providing the previous report demonstrated that their feedback would be listened to and considered by RBK, service providers, and decision makers.

Some respondents completed the survey online themselves, while others were supported by family, friends, or Healthwatch Kingston staff over the phone.

4. Community engagement limitations

A total of 49 individuals responded to the Making Safeguarding Personal survey 2024 – 2025. To ensure the integrity and clarity of our analysis, only the responses that provided sufficient detail and addressed all relevant questions were included. As a result, 24 complete responses have informed this report. The percentages shown in the pie charts reflect the number of people who answered each specific question, allowing for an accurate representation of the data collected.

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

It is important to acknowledge that people who have been supported through a safeguarding process may not always wish to share their experiences at the end of their safeguarding journey. Healthwatch Kingston offers the opportunity for a confidential interview to service users, which includes support to complete the Making Safeguarding Personal survey.

5. Safeguarding journey – What we heard

The following section details how respondents felt about their safeguarding journey in Kingston.

5.1 Referral process

We asked participants whether knowledge about the initial referral to RBK Adult Social Care influenced their initial contact with a social worker. Although not everyone responded to this question, those who did shared that the experience was initially surprising or challenging. However, they also noted that any concerns were quickly resolved.

One respondent told us of their shock at the initial contact from RBK Adult Social Care.

'The initial call was difficult as I didn't know it was coming. (I felt) 'For god's sake, what are you going on about?'. The second call was very informative.'

Other comments included:

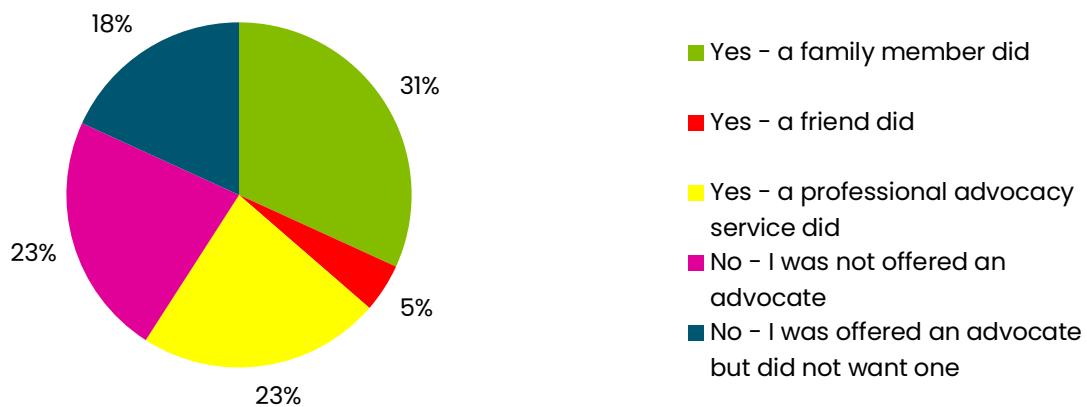
'It was probably assumed that we were fine with the referral because she was in hospital.'

'The call from the social worker was a surprise, but a nice one as they took things seriously.'

5.2 Advocacy Services

Most respondents had support from an advocate (59%), either a family member (31%), friend (5%) or professional advocate (23%). 18% said they were offered an advocate and did not want one, and 23% said they were not offered an advocate.

Did someone advocate for you or speak on your behalf during your safeguarding journey?



Some people felt they did not need any professional support:

'Myself and my daughter are more than capable of speaking up.'

Another stated that being offered professional support would have aided them through their safeguarding journey, helping them to understand their rights as well as having support to speak up.

'I was not offered advocacy. Navigating the system is so complex. Currently starting the process for another family member and not sure what their entitlement is.'

Others shared that they felt they would have benefited from a professional advocate, but were not informed about the provision in a timely way:

'There was no professional advocacy offered; I would have preferred to be offered some'

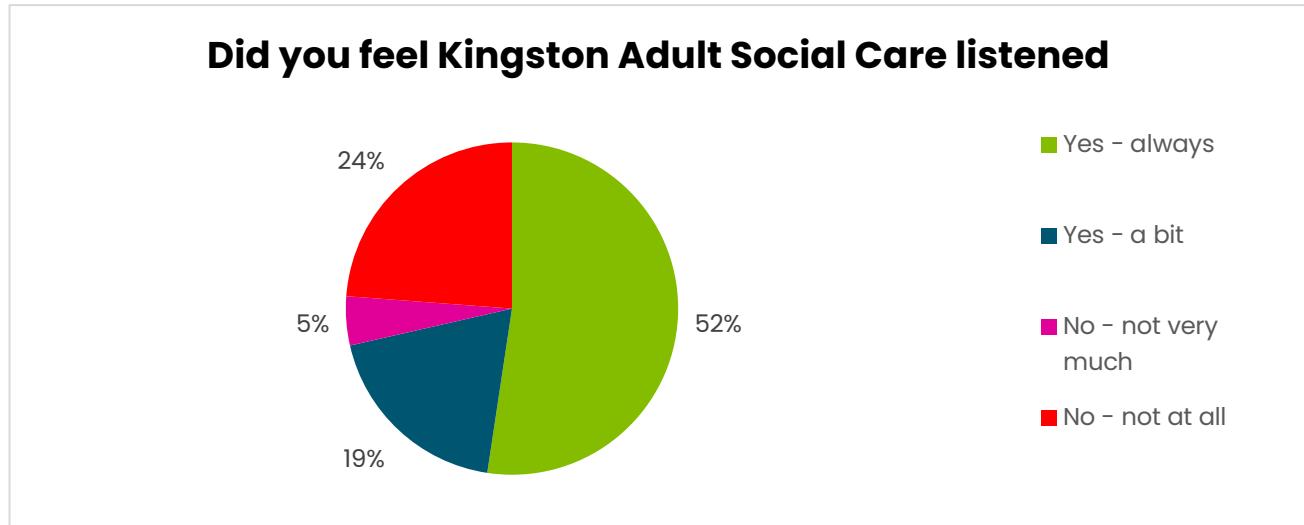
'I have needed a specialist in 'care needs assessments' this was not provided until quite late or not at all.'

'When housing said they could not support me as I was out of the borough I agreed, only later on someone else explained to me that I was entitled to'

support because I was a Kingston resident and sofa surfing outside of the borough was irrelevant'

5.3 Being listened to

Most respondents felt listened to (71%) either always (52%) or a bit (19%), however 29% felt not listened to, either not very much (5%) or not at all (29%)



'During [XX]’s Annual Review, the social worker is helping to update the support [XX] needs by recording new needs and wishes on [XX]’s Care Plan, for everyone to follow.'

'We had a very informative discussion about what could happen for [XX] to be safe again.'

'Not a social worker, but I felt the police listened to me. Asked about what was happening, checking on me and responding to a call. But I am fine, and they realised I am fine.'

Those with negative experiences said:

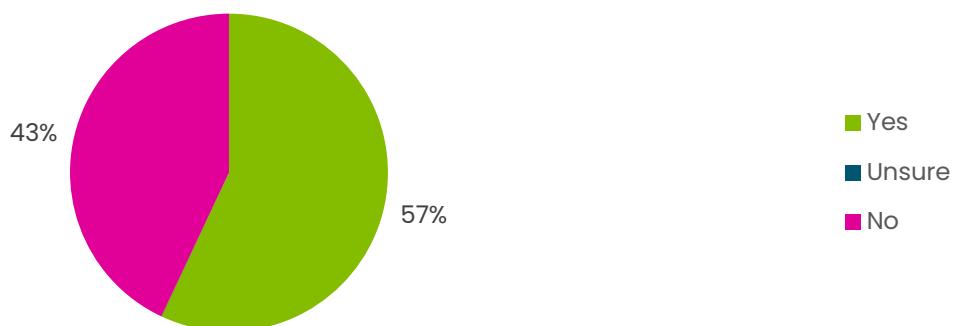
'I would tell them my needs and the support I needed, and this would be ignored. There were professionals also saying the same as what I was saying (about the support I needed), but they got ignored too.'

'We asked social workers to talk to us before talking to the provider, they went straight to the provider. They said they brought it up at a 'meeting that was already organised'. I have tried to contact social services, but do not get given a phone number, just the generic phone number.'

5.4 Discussions about safety

While 43% of respondents indicated they did not feel they were given the opportunity to talk about what had happened before their referral to make them unsafe, 57% of respondents felt that they had spoken about the situation that prompted the referral to safeguarding. This breakdown of responses is similar to findings in the [Making Safeguarding Personal 2023-2024 report](#).

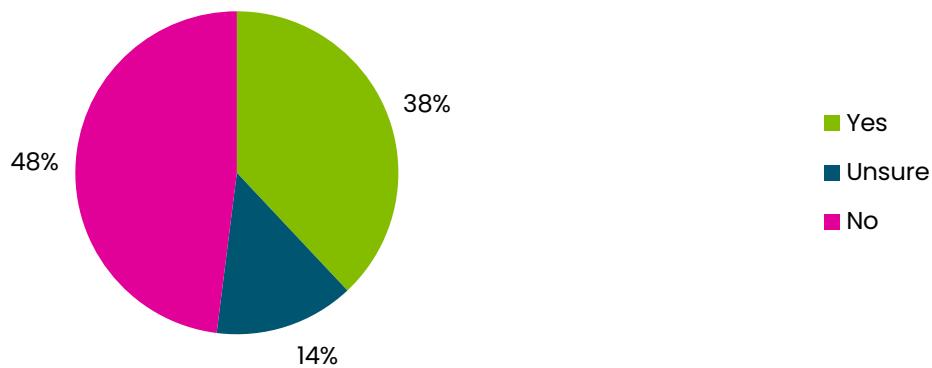
Did Kingston Adult Social Care talk to you about what was making you unsafe



5.5 Making a plan to be safe

48% of respondents told us they did not feel involved in making a plan to be safe again. 14% were unsure if they were involved, and 38% said they were involved.

We made a plan together to be safe again

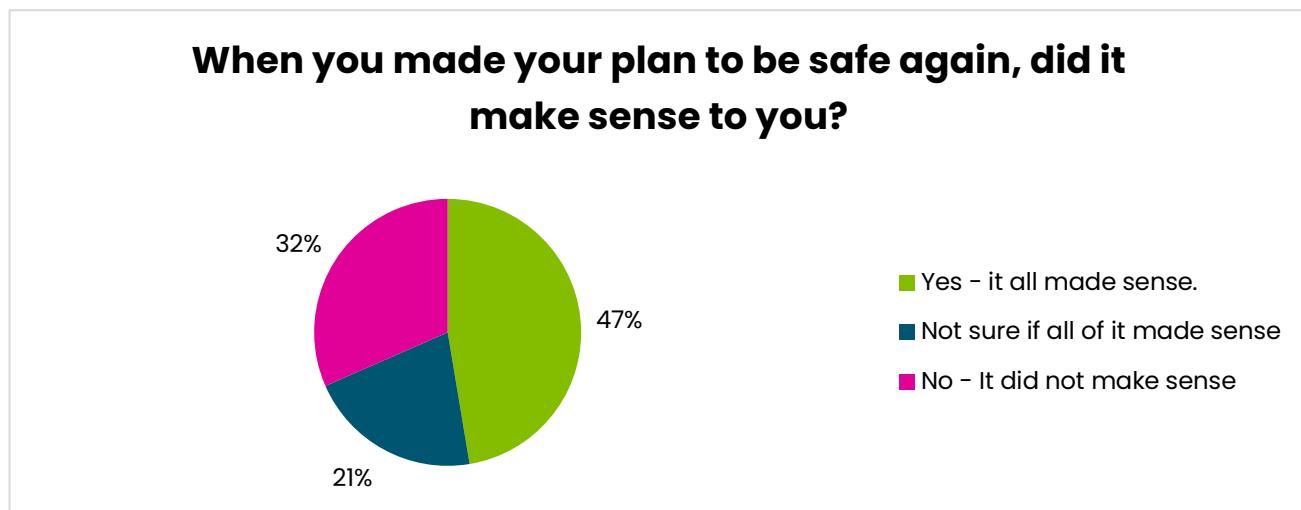


One negative experience was shared below:

'There has not been a plan. I was not told about the outcome to [xx] being left outside of her house with no staff inside. The financial abuse has not been dealt with at all.'

5.6 Making sense of the safety plan

47% said their plan made sense, 21% were not sure if it all made sense and 32% said their plan did not make sense.

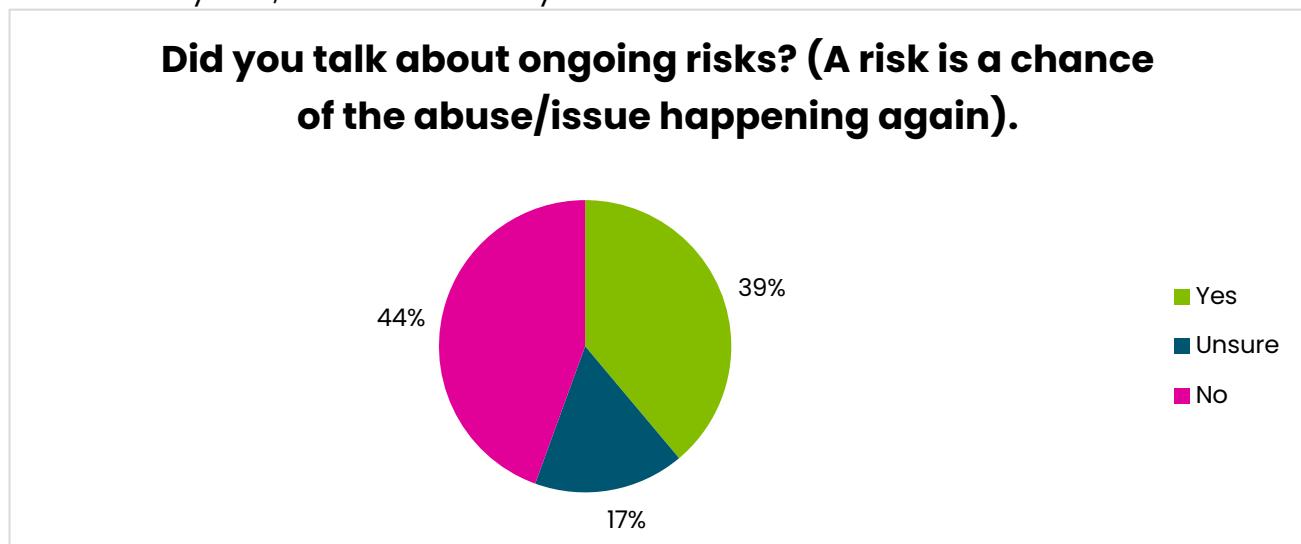


Positive feedback from those who felt involved in making a plan.

'The social worker was extremely supportive. Took me through it step by step, really held my hand. Always felt I could call and calls were always answered. Felt hugely supported during a traumatic time.'

5.7 Talking about future risks

Almost half (44%) of respondents said they had not discussed future risks, 17% were unsure if they had, and 39% said they had discussed future risks.



'Nobody asked us if we felt it was safe for her to go home'

'We have not spoken about what will happen to [XX] if nothing changes. We have been told they have to pay, but they do not. Nothing changes. There is no ownership of the situation and no consequences for it.'

We heard from respondents that in some cases, changes to circumstances reduced or removed the need to discuss future risks.

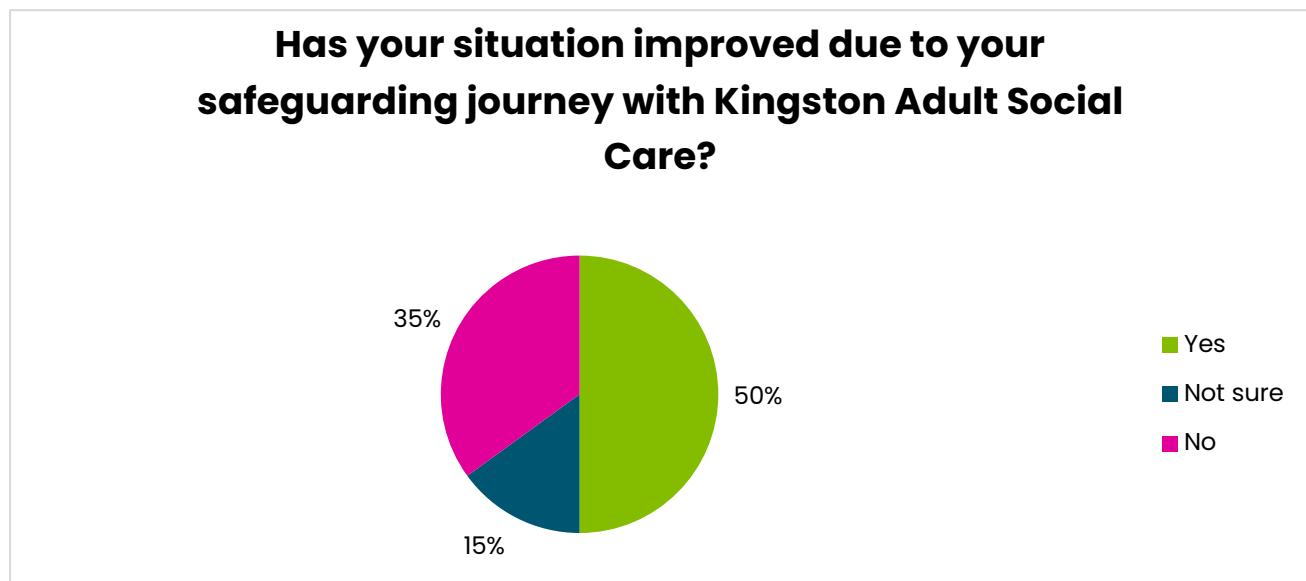
'Not too much (conversation about risk). Locking the floor he is on takes away the risk. It hasn't happened again.'

'As I had moved homes, there was no ongoing risk'

'The risks have been minimised as we have live-in carers.'

5.8 Have things improved?

50% of respondents felt their situation improved following the safeguarding process, 15% were not sure if their situation improved, and 35% felt their situation had not improved.



For those who reported that they felt their situation had not improved, reasons included: feeling that there was no outcome to the issue raised, the standard of the support organisation (i.e., care home, home care), and communication:

'I am not sure what safeguarding did. They called me after the care home referred themselves to safeguarding, then again for more information from me. After that I have heard nothing. This was December (now March). My

grandmother's situation has improved due to moving out of the home and into a new one.'

Those who felt their situation had improved shared the following:

'They provided food vouchers, which stopped me going back to my abuser for support. My mind is more together now.'

'My mum is safe and having less falls, but has lost her independence. She loved to do as much for herself as possible, which is why she was having falls. The home has a frame, protective mats and all in place, but was still falling. Now spends a lot of time in bed and chairs.'

'Management of care home has become better since involvement from Kingston adult social care. I am not sure if it's all down to our case or we were a number of cases being investigated, and that's what has caused the change, but management of care home has improved.'

5.9 Help understanding financial rules

Respondents shared uncertainty around financing rules and the threshold of needing to pay for your own care.

'I am confused about the finances. My husband has no money, so I have been paying. It's coming out of inheritance I received, and I am not sure why I have to pay for the care, it's never been explained to me.'

'We knew money would run down below the 23k threshold, but did not know what to do. Having a conversation before this point would be beneficial.'

'More information about how the finances work. I am not sure why I (wife) should be paying. My husband has no savings, but I do - which is why I can pay.'

5.10 Impact of other services on safeguarding experiences

We heard that the support provided after the safeguarding process strongly influenced how respondents felt about their overall experience. While this support is not the direct responsibility of the social worker, it still has a significant impact on perceptions of the safeguarding journey.

'Not being able to get 1:1 support, but I understand this would be impossible in the care home.'

'He needed to be made safe. It's disappointing as when we chose this home it

was because he had freedom to move around within the home, go into the garden, etc, but he has lost that. He is safe now, but he doesn't get that freedom anymore. It would be better if he had that in a different way. But you can't expect 1:1 support in a home. They are short-staffed, but it would be better if he had an alternative (1:1 support) for his exercise and freedom.'

'I think part of the problem is the people surrounding [XX]. They are now out of the house and presenting so much better, but the hotel they are in and the people around them are not good for the drug problem'

'The Care home that my aunt was in at the start was excellent and she was very happy, the last few months of my aunt being in the care home, new management came in and changed everything, the staff that was there when my aunt moved in was excellent, then the new management brought in new staff that I feel, did not care about the residents, this was the carers not the Nursing staff, there was no entertainment for the last few months of my aunt being there, which I feel made the residents more isolated.'

'Not the social worker, but [the support service] in Surbiton, who were supporting me just disappeared. It's not good when you are struggling, that support organisations just do that.'

'I was given funded support for hoarding, the person would come around and try to motivate me to get rid of things, not actually help me to do it, which is what I needed.'

'I am incredibly busy and have my own life, so I need support services for my sister to work and not cause more concerns.'

5.11 Meeting locations

We heard from some respondents that the locations of meetings with social workers made them feel uncomfortable, and a different location would have been beneficial to them.

'The meetings were held in inappropriate locations. They never asked [xx] where they wanted to meet. For the assessment, they met at Tolworth Hospital, in a room that was poorly lit. Tolworth is a place where [XX] does not want to be.'

'Care needs assessment held in a poorly lit room, with clutter, was not very relaxing.'

'They could have asked where they wanted to meet. They could have asked

[support organisation] if we have a room they could use.'

6. Positive experiences of the safeguarding journey

We asked respondents to share any positive experiences during their safeguarding journey. We received positive comments about social workers who were calm, kind, knowledgeable, and proactive, among other things.

'Staff from Adult Social Care have been amazing, and I would like to pass on thanks to them.'

'They were fine and communicated well.'

'He is being well looked after, and things are calmer.'

'My mum was struggling with her memory. She was discharged from hospital and I was not happy. [The social worker] got her seen again and diagnosed with dementia. She was not eating right. They were looking at different things and trying different medication, [the social worker] pushed it through for me. She has taken the weight off my shoulders. My mental health is not great either, so it has been a huge help.'

'I don't know where I would be without social workers support.'

'I was still on the (social care) system after a few years. Didn't need to retell my story, they already had all my details.'

'My social worker knew I was with [support organisation] who were supporting me, but disappeared. She took the lead and got me support and I am happy that she did. My therapist and social worker had a conversation about my needs and took action.'

'They took it really seriously, which impressed me'

'I have to say I am so delighted with the support I have had. Said to my husband "oh my gosh, they are excellent"

7. Respondents' development suggestion

We asked respondents to share what they felt the safeguarding service could have done to improve their safeguarding journey.

7.1 Listen to service users and other service providers

Some respondents added further comments about not feeling listened to, sharing that they felt more could be done by listening to the person and the support network around them.

'Listen to people and the professionals around them more. Too many times my GP or support service was telling the social worker I need more help and nothing changes.'

'I felt ignored as a professional who was visiting [XX] and could see the mould and poor living self-care that was happening.'

7.2 Better communication

Some added comments about communication. Respondents told us that they would have preferred more communication about what was happening/had happened and more information on a case being closed.

'Keep families in the loop. I still have no clue what they did or the outcome from what they did. The care home told me that the situation was resolved. I don't know if this was down to social services investigation or care home investigation.'

'More communication with me. I was told they would contact me if I qualified for more help, but they haven't said if I do. So not sure.'

'Rather than calling me back to ask for more details they went straight to the home, who were able to say what they wanted without me adding more information.'

'Providing people with phone numbers and emails so they can make contact with social workers instead of trying to get through a generic phone number. There has not been enough communication with me about the incidents at the house. Nothing about the outcome of being left outside and nothing to say what is happening with the financial abuse.'

'They communicated well, but it's about my mother's health, so more information would have still been welcome.'

'They didn't tell me there would be no further action (case closed) but that was fine with me.'

8. Recommendations

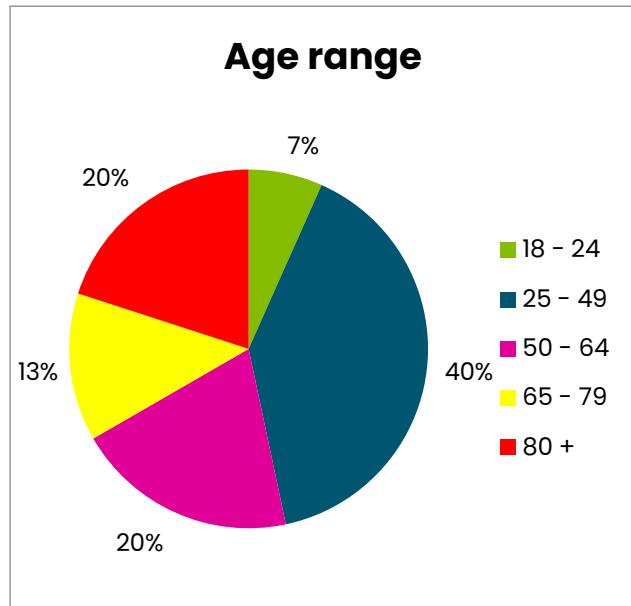
Healthwatch Kingston would like to suggest the following recommendations:

1. **Professional advocacy** services should be discussed with everyone going through the safeguarding process, ensuring timely information about availability and rights.
2. **Dedicating more time** to understand the circumstances that led to someone becoming unsafe, including actively engaging with the professionals involved in supporting that individual.
3. **Improve communication** throughout the safeguarding process, particularly when closing a case, and provide clear next steps if further help is needed.
4. **Provide a clear, accessible guide** on how care and support are financed, including thresholds, financial assessments, and what assets are considered.
5. **Increase promotion of how to raise concerns** about care quality, including signposting to Kingston Council's Quality Assurance team, Healthwatch Kingston, the Care Quality Commission and SWL ICB.
6. **Ensure meeting locations are appropriate** and agreed upon with the person involved, offering alternatives that feel safe and comfortable.
7. **Provide direct contact details** for named social workers (phone/email) to reduce reliance on generic numbers and improve the accessibility of support.
8. **Monitor and address gaps in post-safeguarding support**, recognising that ongoing services significantly affect how people perceive their safeguarding journey.
9. **Include clear, proactive conversations about potential future risks in safeguarding processes.** These discussions should help individuals and their support networks understand what could happen if circumstances do not change, and identify strategies to prevent harm from recurring
10. **Maintaining robust, independent scrutiny of safeguarding processes** to ensure transparency, accountability, and continuous improvement. Regular external reviews and community engagement should remain integral to safeguarding governance, helping to identify gaps and strengthen trust in the system.

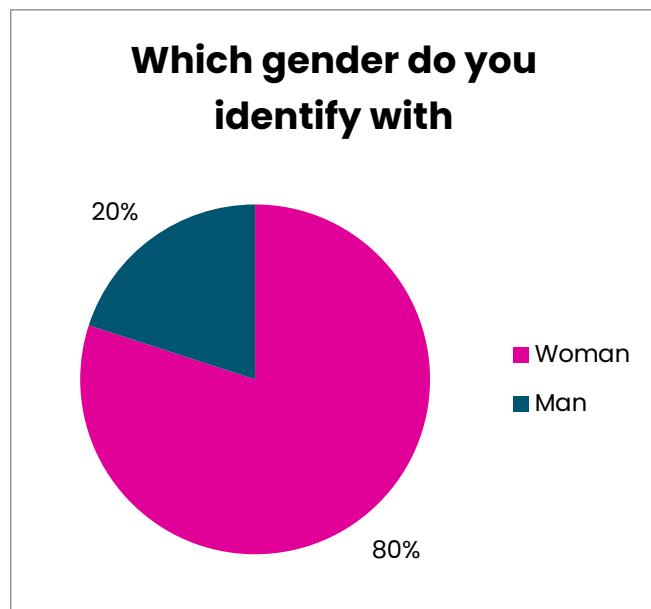
9. Demographics

As with all questions in this survey, providing demographic information was optional. 13 people responded to demographic questions, and we are providing this information for reference.

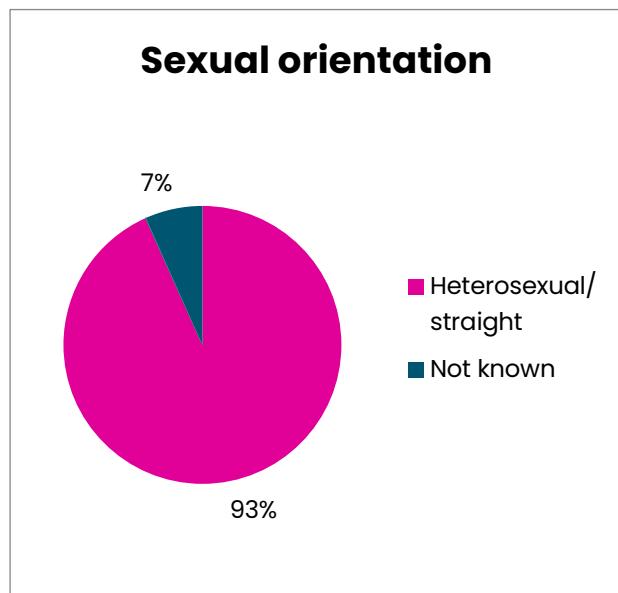
Age Range



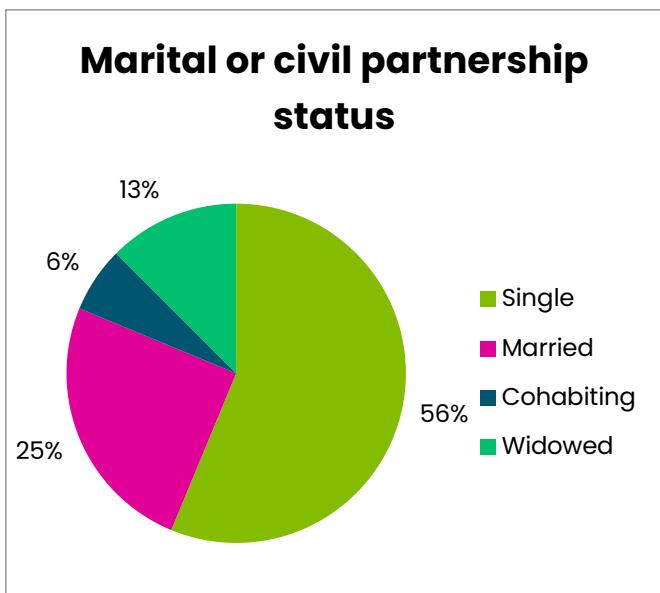
Gender



Sexual orientation

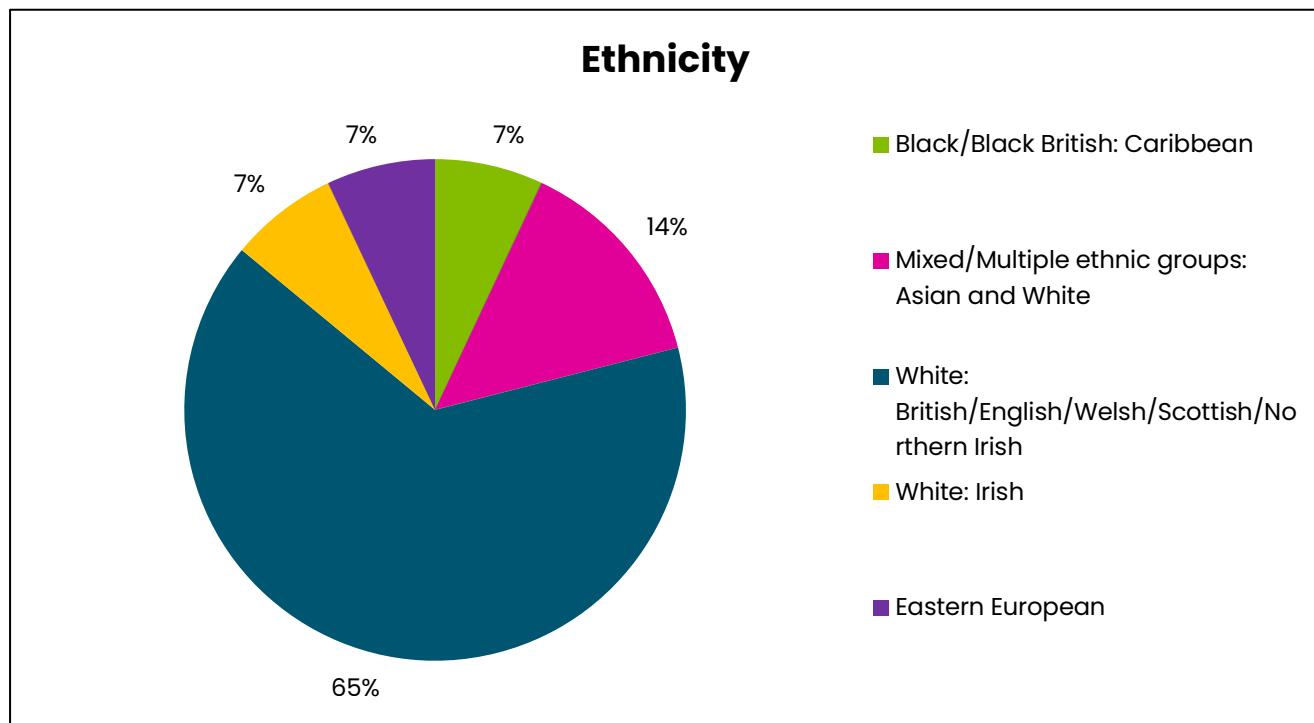


Marital or civil partnership status



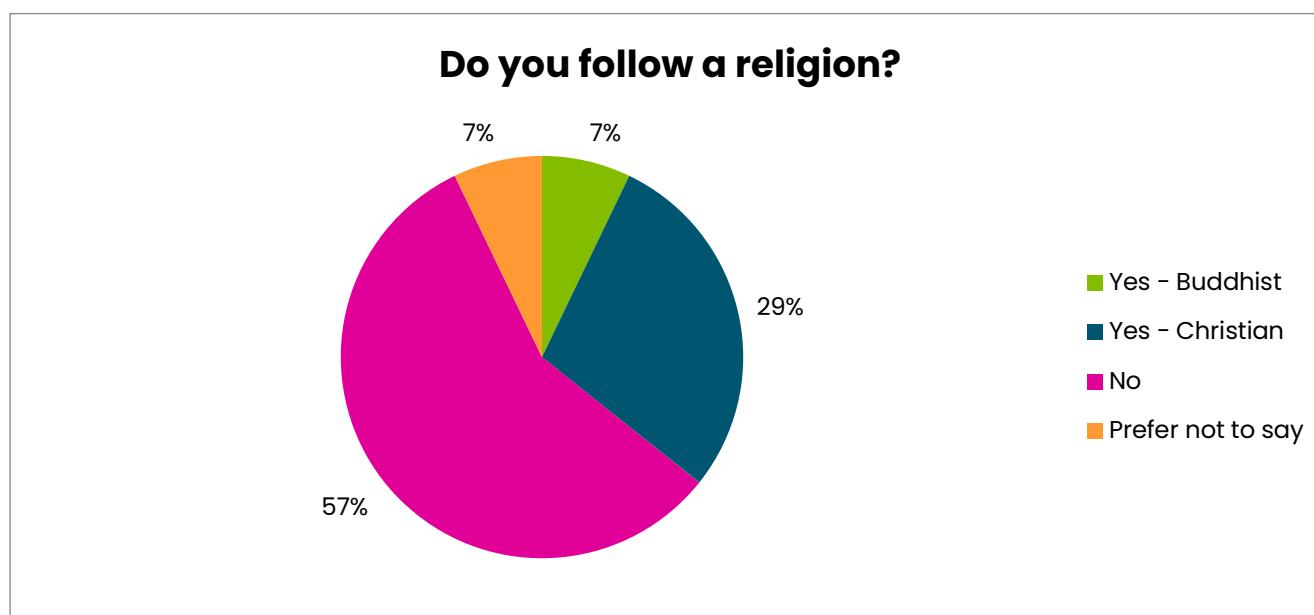
Ethnicity

Please note that the chart below reflects respondents' answers, and that more options were available for respondents to describe their ethnicity on the survey.



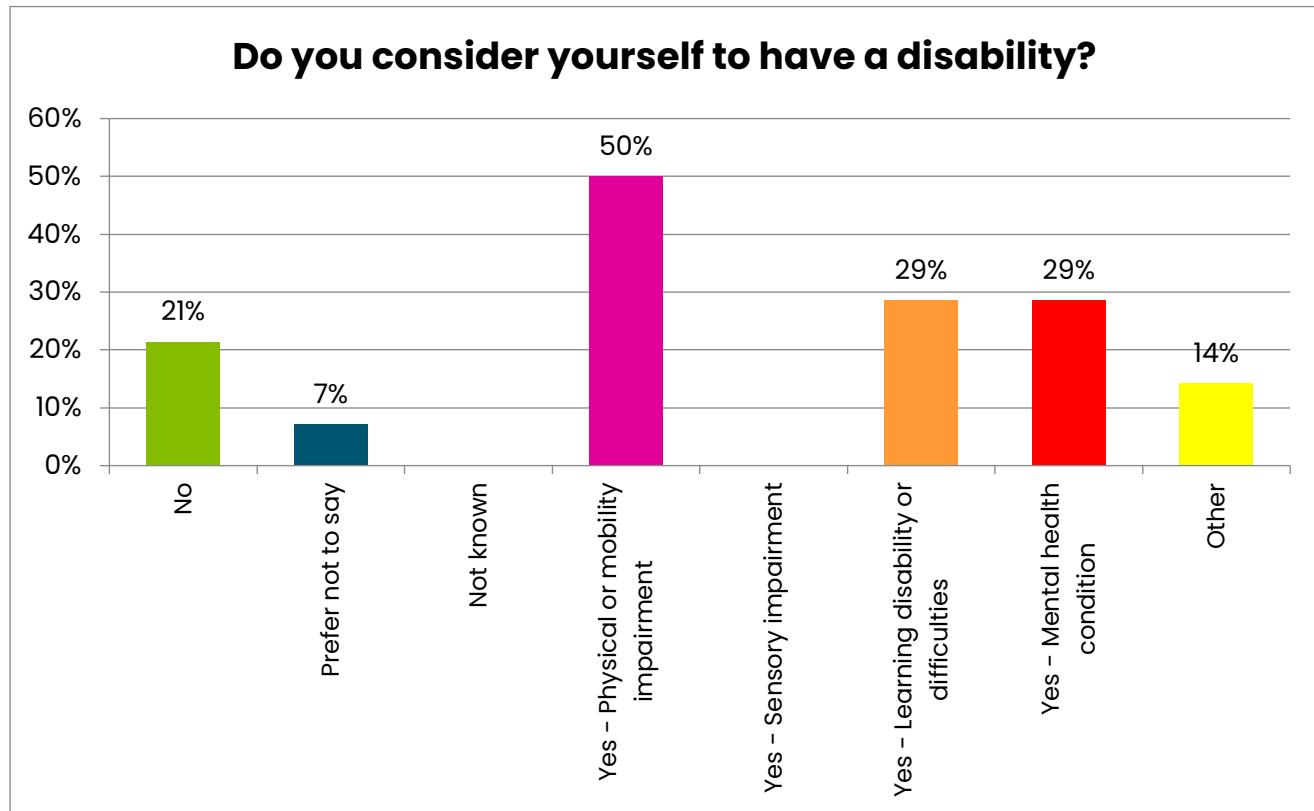
Religious beliefs

Please note that the chart below reflects respondents' answers, and that more options were available for respondents to describe their religious beliefs on the survey.

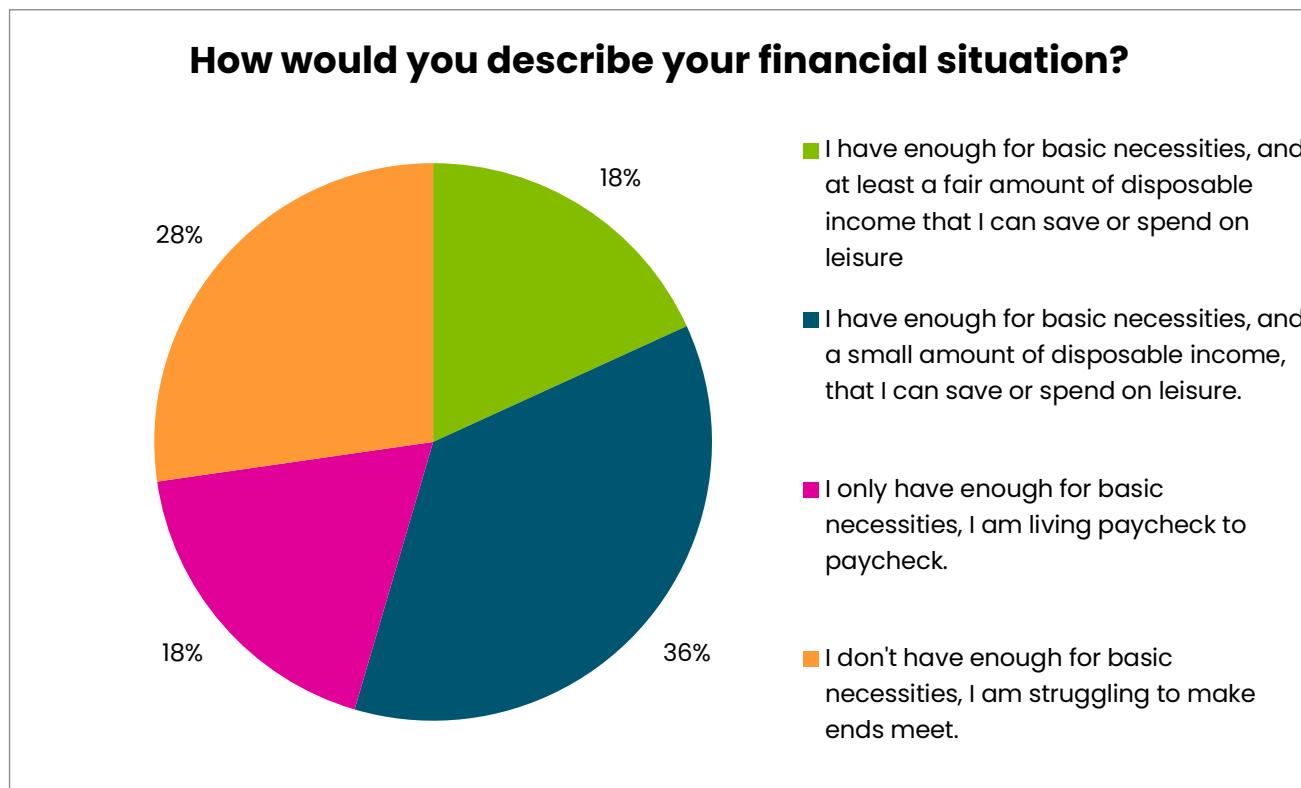


Disabilities

Please note, respondents were able to select multiple answers to reflect dual diagnosis, meaning the total percentage of the chart below is greater than 100%.



Financial status



Long-term conditions and unpaid carers

No respondents identified themselves as an unpaid carer, and only 2 respondents identified themselves as having a long-term condition.

10. Thank you and next steps

Healthwatch Kingston would like to thank all participants, their families/friends and advocates for taking time/helping someone to complete this Making Safeguarding Personal survey 2024 - 2025. We are unable to include all feedback in our report. Healthwatch Kingston do raise concerns separate to this report in meetings with senior staff from RBK Adult Social Care.

We would also like to thank Kingston Council staff for their support in establishing and continuing to support the Making Safeguarding Personal Project.

Healthwatch Kingston will share this report and recommendations with members of the RBK Adult Social Care team, the Kingston Safeguarding Adults Board, and the report will also be published on the Healthwatch Kingston website. In addition, we will share the report with Healthwatch England, who will use our anonymised report findings to inform their national work. We will also share with the London Safeguarding Adults Board and London Safeguarding Voices. Your information will be used and stored for the purpose of

this project, and in accordance with the [Healthwatch Kingston upon Thames' Privacy Statement](#), which can also be provided in paper form on request by email: info@healthwatchkingston.org.uk

11. Appendix – About Healthwatch Kingston

Healthwatch Kingston upon Thames was set up by the [Health and Social Care Act of 2012](#) to be the independent champion for local NHS and social care.

We seek the views of patients, service users, carers, and the public to help services work better for the people who use them. We play an important role in bringing communities and services together. Everything we say and do is informed by what local people tell us.

As well as encouraging those who run local services to act on what matters to people, we also share local views and experiences with [Healthwatch England](#) and the [Care Quality Commission](#), who make sure that the government put people at the heart of care nationally.