

healthwatch
Cumberland

healthwatch
Westmorland
and Furness

Safeguarding Voices

Exploring the experiences of safeguarding adults across Cumberland and Westmorland and Furness

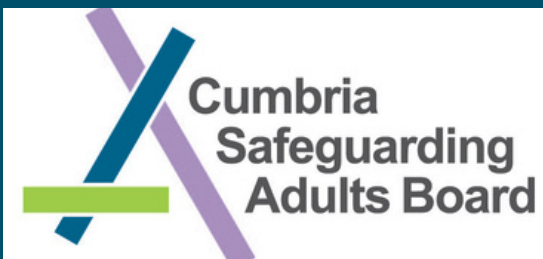


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Acknowledgements

Thank you to Cumbria Safeguarding Adults Board for supporting this project.



We are commissioned by



**Westmorland
& Furness
Council**



Glossary

The Care Act 2014

The Care Act 2014 is a law in England that reformed the social care system. It comprises aspects of previous laws and introduces key changes aimed at making social care more person-centred and ensures that both carers and those being cared for have their needs assessed against national eligibility criteria.

The Act also requires local authorities to develop a market that provides a wide range of sustainable, high-quality care and support services for their respective communities.

S42 Safeguarding Enquiry

A Section 42 safeguarding enquiry is a legal process under the Care Act 2014 where a local authority must assess whether an adult with care and support needs is at risk of abuse or neglect and decides what action is required to protect them.

Advocate

An advocate is someone who helps people (particularly those who may struggle to speak for themselves) to understand their rights, express their views, and make informed decisions about their care and wellbeing.

Advocacy ensures that vulnerable people are heard, their choices respected, and their rights are protected throughout interactions with health and social care services. Advocates do not replace the individual's voice but amplify it, providing guidance and support in complex care systems.

Introduction

The Care Act 2014 modernised the law around care and support for adults, including safeguarding adults from abuse or neglect. It also strengthened support for carers and set clear standards for quality care.

A major innovation of the Care Act was the introduction of Making Safeguarding Personal (MSP), which put wellbeing at the centre of safeguarding. MSP recognises that adults are the experts in their own lives and that safeguarding should focus on what matters to them. The key principles of MSP guide professionals in responding to safeguarding concerns while ensuring accountability:

- **Empowerment:** Adults are supported to make their own decisions and have control over safeguarding enquiries.
- **Prevention:** Professionals take action early to prevent harm and reduce risks.
- **Proportionality:** Responses are appropriate to the level of risk and the individual's circumstances.
- **Protection:** Adults are safeguarded from abuse and neglect in a way that respects their wishes.
- **Partnership:** Effective safeguarding relies on collaboration between the individual, families, carers, and other agencies.
- **Accountability:** Professionals are responsible for decisions and actions, ensuring transparency throughout the process.

Through these principles, safeguarding becomes personalised, respectful and accountable, focusing not just on following a process, but on achieving outcomes that truly matter to the adult involved.

Healthwatch Westmorland & Furness and Healthwatch Cumberland developed a survey to assess how people, their carers and professionals experienced the safeguarding process.

This involved respondents sharing their honest, anonymous opinions and areas of improvement. In this report, responses from both people with carers, and professionals, illustrate two sides of the experience of the safeguarding process.



Executive summary

This report provides insight into both perspectives of the Section 42 safeguarding enquiry process across Cumberland and Westmorland & Furness.

A total of **255 professionals** and **6 people with carers** contributed, therefore these findings primarily reflect professional perspectives.

Key figures

60%

of professionals agreed raising a safeguarding concern is simple and straightforward.

33% felt well informed about what would happen and when - while **26%** disagreed, , showing **inconsistent communication**.

36.5%

said they received outcomes, but nearly **50%** weren't confident about timeliness or how to challenge decisions.

People and their carers said..

Communication is mixed - **40%** were not given clear explanations of roles or processes.

However..

60% stated they felt involved in decision-making

Methodology

Between December 2024 and December 2025, online surveys were distributed to review the involvement of people within a Section 42 safeguarding enquiry. Each local authority identified people who have been through the safeguarding process and sought consent to share contact details and any access/risk information with Healthwatch Cumberland and Healthwatch Westmorland & Furness.

We also wanted to hear from professionals who have been/are involved in a Section 42 safeguarding enquiry in the last 12 months to understand what is working well and if anything can be improved.



Online survey

The surveys were developed on the online platform SmartSurvey. Examples of questions for the professionals survey included: "I am confident that my safeguarding concern was responded to in a timely manner", with a Likert response scale from 'strongly disagree to strongly agree'.

Once responses were received from those who gave consent for details to be shared by their local authority, Healthwatch team members contacted these individuals and went through our survey with them.

A range of responses from professionals were received, however the challenge was capturing the voice of people with only six survey responses received.

Due to the limited responses by people with carers, this report primarily focuses on professional perspectives.

Healthwatch Cumberland and Westmorland and Furness cannot draw accurate depictions of people with carers' perspectives from the responses received. Despite this setback, all data was reviewed and reported.

Findings

Survey

Cumberland and Westmorland and Furness Council are working together to review how people are involved within a S42 safeguarding enquiry in Cumbria.

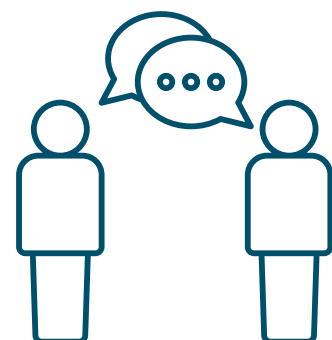
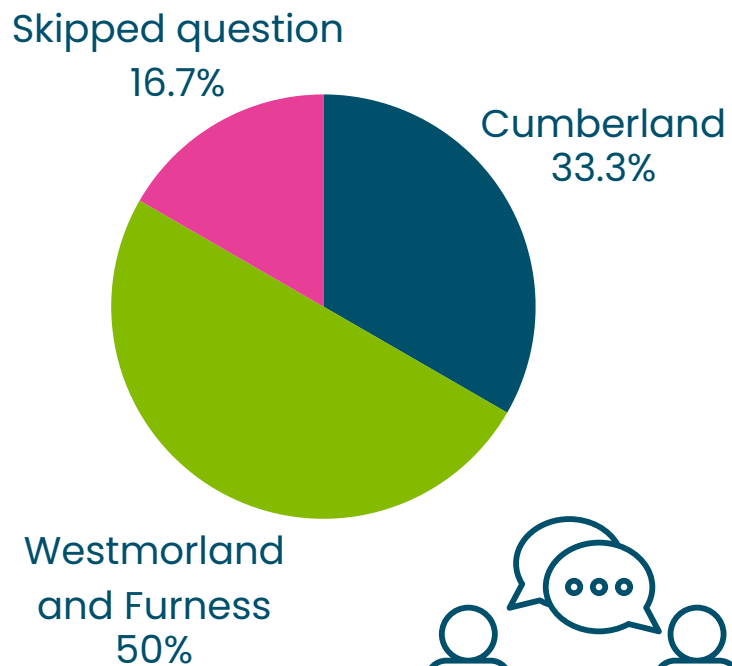
Each local authority identified people who have been through the safeguarding process and sought consent to share contact details and any access/risk information with Healthwatch Westmorland and Furness and Healthwatch Cumberland. In total, six responses were received with 5/6 respondents being the carer of the individual involved in the s42 safeguarding enquiry.



Age range of respondents:

- 45-54 20%
- 55-64 40%
- 65+ 40%

Local authority area of 6 survey responses



1) Communication during the enquiry

Was it explained to you what a safeguarding enquiry means?



Yes



No



Partly

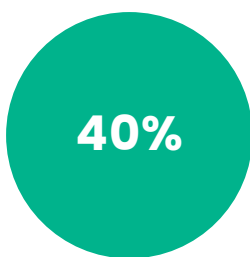


No it was not explained to me, but I already know about safeguarding as I am in a team that deals with homelessness and I'm aware of the process."

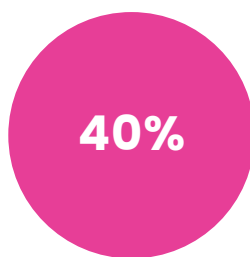
"The police officer I was in touch with initially said "we'll put it before a safeguarding committee". Then I was in contact with a social worker and my niece (who's a nurse and was part of the inquiry) also filled me in. She was part of this along with my husband. It would have been nice to have a bit more information. I'd have liked an email with information - that would have been useful."



When someone came to talk to you about safeguarding, did the person/s involved introduce themselves, explain what their role is and why they were involved?



Yes



No



Partly

The police officer told me initially. I was given no information prior to the first meeting of the committee. They introduced themselves at the meeting and there wasn't enough time given for me to write all their names down. I was surprised at how many people were at the meeting. We weren't told that. Also it was on Zoom. I lived in Cambridge and would have travelled up to be at the meeting in person for support. Zoom isn't ideal.

Was it easy to contact the person/s involved if you had any questions?

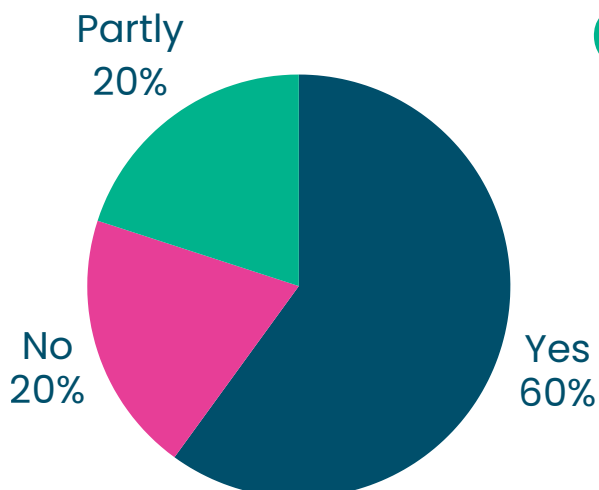
80% answered 'Yes', with the remaining 20% answering 'Partly'.

It was fairly easy. I followed the links of the form and rang them to talk with them. It was just about following the due process - to cover me if anything did happen.

The call centre is a nightmare but the social worker when you get through was okay.

Phone number left.

Did you receive all the information that you needed in a way that was easy for you to understand?



We got a summary of each meeting (there were two) by email.

This was quite good but wasn't that easy to access.

There were lots of passwords to put in.



No, the form was convoluted and not relevant to the process I was following. The form was more in relation to a specific situation whereas mine would be a more "what if" situation, e.g. what if this would happen etc. Mine was more to do with reducing potential risk.

Social workers are open to advocates which is what I am, and keen for the connection.

Explained well on the phone but never got anything in paper form or email.



Did the person/s tell you what would happen and when?



Yes



No



Partly



I didn't receive any feedback, I don't know if my form was logged. No confirmation given.

Reasonable explanation of a complicated process.



Did you feel involved in any decisions that were made? (Were you able to give your thoughts and opinions?)

60% answered 'Yes', with the remaining 40% answering 'No'.



Yes I felt they listened to me and took what I thought into consideration. Not a lot of decisions could have been made though as the safeguarding enquiry was about my sister and she refused to cooperate. She doesn't know still that a safeguarding has gone in for her.

The approach is a partnership.

Ongoing issues with home - having to go through another complaints procedure.

I explained how i felt about this process but was told I had to do this [complete form].



Did you feel that your needs as a carer were discussed?

Three respondents skipped this question with the remaining 3 having responded Yes (33.3%), No (33.3%), Partly (33.3%).



Mainly about husband - nothing asked about my needs or support. Felt isolated and alone.

There were concerns that we needed support for but due to the type of fraud (romance fraud), we don't know if there were other agencies that may have helped us.

Open sharing of information.



2) Feedback from people with carers

How would you describe the support received?

I don't think it was their fault but haven't received all information from other agencies that may have helped us (we don't know what other agencies there were for us). Police gave us information on types of fraud to help us. The problem's still not resolved, so as a family, we feel quite hopeless. We've looked ourselves to see if there is any support for this issue.

They were open and understanding of the advocates role and the need for confidentiality.

Is there anything else you would like to share about your experience?

Cases worked well where advocate was involved the earlier in the process.

The safeguarding concerned my sister. However, she doesn't know that a safeguarding was put in for her. She refused to let police enter her home and wouldn't talk to her GP either. I'm concerned that my sister doesn't know, I feel sly. It's not a great situation to be in.

We no longer have a relationship with my sister but I believe if a crime has been committed we have a duty to prevent this happening again. People need to think carefully how to proceed with this type of thing before they speak to people in future.

Summary of feedback themes

Survey

Due to a limited response from people with carer's during this project, we have provided some feedback themes in place of 'what's working well and areas of improvement'.

Understanding of the safeguarding process

There were mixed levels of understanding about what a safeguarding enquiry is.

Some received partial explanations, while others received no explanation at all and relied on existing knowledge.

Communication

Communication was inconsistent:

- Some people felt informed through email summaries.
- Others reported no feedback, confusion, and difficulty accessing or understanding information.

Several people wanted clearer written information (emails, guides, what to expect).



Outcomes and Involvement in decision-making

- Experiences were split:
 - Some felt listened to and able to contribute.
 - Others felt excluded, not asked for views, or unaware of key decisions.
- Some people did not know whether their safeguarding concern was logged, what happened next, or whether any action was taken.

Findings

Professionals survey

Responses were received from professionals working within the health and social care system and the voluntary sector. Most respondents had an experience of raising a safeguarding concern in the last 12 months or previously (**76%**). These responses are from professionals working within the Westmorland and Furness or Cumberland area.

The following data set has been presented by theme, showing both the qualitative and quantitative data we collected. **255** responses were received, with 173 partial (missed questions) and **82** complete responses.

1) Raising a safeguarding concern

Most respondents agreed that:

- The process of raising a safeguarding concern was **simple to follow**
 - **46% agreed, 14% strongly agreed**
- Staff receiving safeguarding concerns had the **knowledge and skills to respond appropriately**
 - **42% agreed, 19% disagreed**
- Initial contact with safeguarding teams was generally **positive and professional**
 - "All staff understand safeguarding responsibilities."
 - "Responsive team, easy to contact, good relationships."
 - "The safeguarding team provide a consistent, professional approach to the safeguarding processes. They are invaluable in supporting their colleagues with safeguarding issues."
 - "The staff do care."
 - "Having safeguarding specialists to speak to and refer to."
 - "Committed people from multi agencies concerned to do well."

"The process of reporting is easy – just a phone call."

"The staff do care."

2) Communication

Respondents were asked to share their feedback about the communication between themselves and the safeguarding team. Respondents were asked if they felt they were informed and how communication was shared during their enquiry.

33% of respondents **agreed** that they were 'clearly informed of what would happen within an agreed timeframe' however, **26% disagreed** with the statement.

25% disagreed with the statement 'I am confident that my safeguarding concern was responded to in a timely manner'.

- 23.8% agreed with the statement
- 20% neither agreed nor disagreed

39% neither agreed nor disagreed that they were 'given an explanation for any delay/s that occurred'. This could be interpreted that respondents received limited communications when delays occurred.

36.5% of respondents **agreed** that they had outcomes shared with them. If dissatisfied with the response, **49%** stated they know how to challenge the decision made.

“More information about what happens after the referral is made would be helpful.”

“Clearer explanation at the start of what to expect.”

“If there are delays, it would be helpful to be informed sooner.”

“Communication around timescales could be improved.”



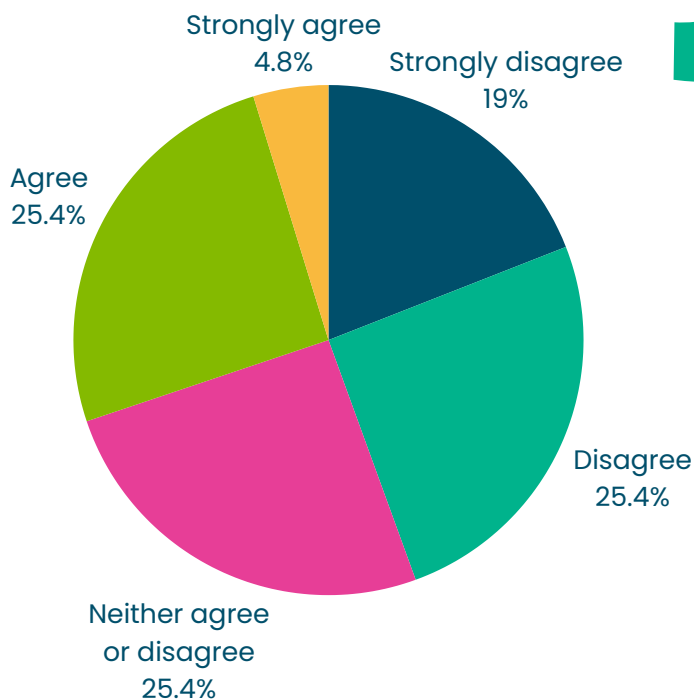
3) Involvement and ongoing communications

Respondents were asked about their involvement and communication during safeguarding enquiries.

- **27% agreed** they were involved throughout the safeguarding enquiry. **9.5% strongly agreed**
- **36.51 agreed** that were provided a point of contact for any questions, **25.4% disagreed**
- **47.6%** felt they were able to provide an input to the safeguarding enquiry. Furthermore **43%** stated they felt their contributions were valued.

“Committed people from multi agencies concerned to do well.”

“More regular updates would improve confidence in the process.”

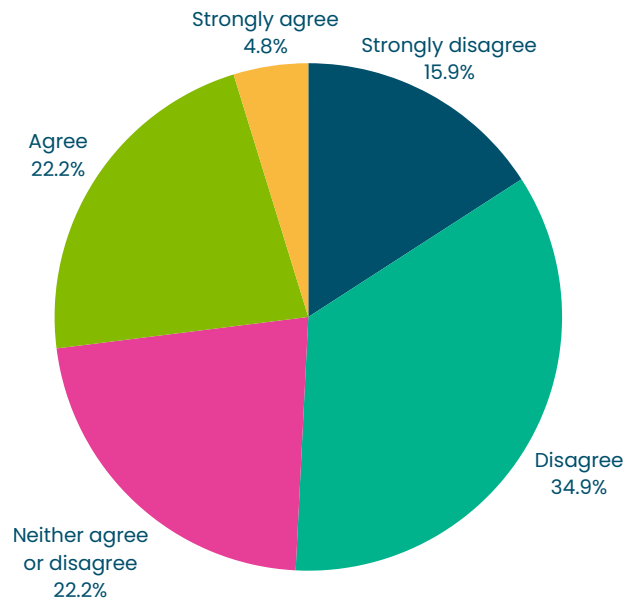


There were mixed responses for the statement **'I was kept up to date throughout the safeguarding enquiry'**.

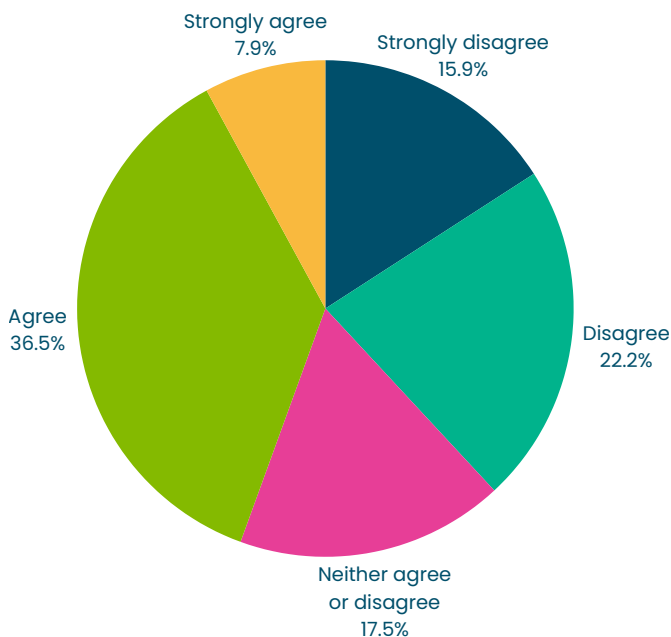
4) Outcomes and feedback

34.9% disagreed with the statement 'Information I received was provided in a timely manner, this includes meeting minutes'.

Distribution of responses is displayed here:



Mixed responses were received for the statement 'I was informed about the outcome of the safeguarding enquiry and action that had been taken'.



Distribution of responses is displayed here:



"More feedback on outcomes would be helpful."

"As a whole the process of raising concerns is productive."

"The process works well."

"It does help to reduce risk."



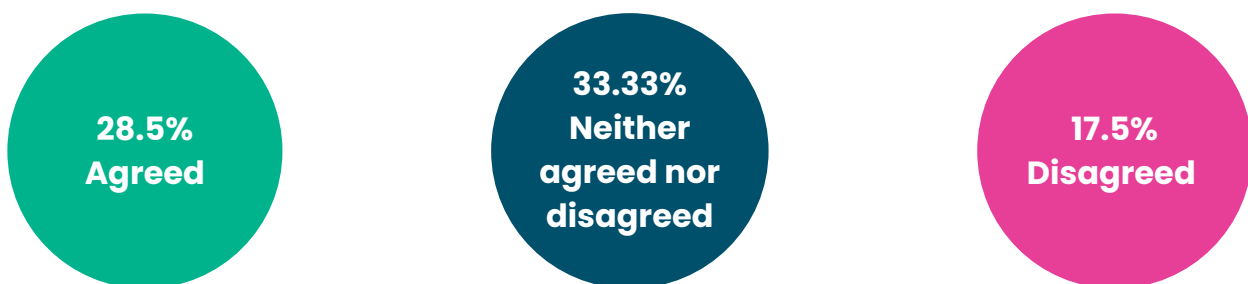
5) Making safeguarding personal

Respondents were asked if they agree or disagree that 'the feelings, wishes, values and beliefs of the person and their family/carer involved in the enquiry were listened to and respected'.

Mixed responses were received:

- **33.33% Neither agreed nor disagreed**
- **31.75% Agreed**
- **17.46% Disagreed**

Did respondents agree that the 'needs of the person involved in the safeguarding enquiry were met, with adjustments made accordingly'?

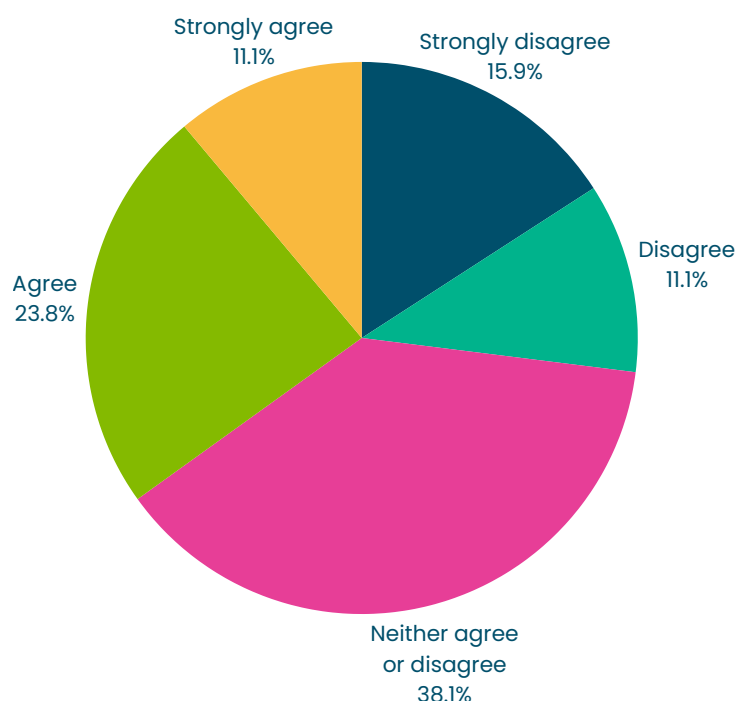


Respondents were asked if they agree or disagree with the following: 'The outcome of the enquiry reduced/prevented risk of harm to the person involved in the safeguarding enquiry.'

As shown in the chart adjacent, mixed responses were received.

"Support was appropriate to the person's needs."

"The focus was on keeping the person safe."



6) What is working well?

Through thematic analysis of feedback received by professionals, we developed the following themes:

The process

What did professionals think is working well about the safeguarding process?

- **How to report an initial concern;** “straightforward”, “just a phone call”, “Quite simple”.
- **External staff are being heard through referrals:** “Paramedics are being heard via referrals.”
- **What happens after reporting concern;** process is fulfilling “purpose of safeguarding people”, “Calls are logged”, “Feedback of actions taken”

“I feel the process works well as it is – easy contact and reporting.”

“Having contact numbers to call and being sent the appropriate minutes (great when they happen but not always received.”

Timeline of process

What did professionals think is working well about the timeline of the process?

- Professionals noted referrals are dealt with “efficiently”, “in a timely manner” resulting in “quick responses” and overall good “timekeeping of the process”.
- Strategy meetings are “timely with invites shared”.

“Quick simple from online to place hub referral.”



Access

What did professionals think is working well when it comes to access for a safeguarding enquiry?

- **Single point of contact:** “Available contact for information”
- **Ease of telephone use:** “Easy to lodge a safeguarding referral via telephone.”, “Easy to get through to speak to someone on the phone.”, “Readily accessible”

“Office hours support.”

“Being able to complete a safeguarding referral via the telephone.”

“Raising the initial concern is fairly easy and the phone is always answered.”

“It is straightforward to contact the safeguarding number and gain a response.”

“Relatively easy to fill in the form.”

”



Communication and feedback

What did professionals think is working well when it comes to communication and feedback?

- **New feedback system:** "Much Improved."
- **Communication with staff:** "Relationships with social workers", "ICC Meetings", "The right people are invited to meetings".



"Families receive feedback."

"Safeguarding team always friendly and professional (implies good communication)."

"Integrated Care Community (ICC) meetings discussing cases."



Staff competence

What did professionals think is working well when it comes to staff involved in the safeguarding enquiry?

- **Staff understand safeguarding responsibilities and safeguarding specialists to refer to:** "The staff do care.", "Having safeguarding specialists to speak to and refer to.", "We have clearly identified safeguarding leads."
- **Multi-agency working:** "Committed people from multi-agencies concerned to do well.", "Multi-agency commitment to doing well."



"Experienced caring staff involved in some cases."

"Excellent well-established team at W & F Adult Social Care."

7) Areas for improvement

Through thematic analysis of feedback received by professionals, we developed the following themes:

Communication and transparency

What did professionals think is a focus for improvement in relation to communication and transparency?

Inconsistent communication: "Sometimes you do not hear a response"

Transparency after reporting:

- "We've heard nothing since the initial reporting."
- "Feedback received following a referral is often very patchy... difficult to know what or even if anything has happened."
- "Being informed of the outcome."
- "More open communication... Feedback on full investigations, explanations to outcomes and evidence."

Clearer knowledge of those working on the enquiry:

- "A clearer understanding of the Safeguarding Team... (roles and process once referral received)."
- "Greater public awareness of safeguarding process", "sharing of plan/update of any investigations."

"It would be beneficial... to have the outcome of the safeguarding concern... the advocate... has to call up and ask what the outcome is".

"On initial alert information r.e. timescale of when will get back ... it would be good to have an update within 24 hours of the named social worker".

"COMMUNICATION! clear, effective and timely updates... a plan... timescales given... respect for other professionals."

Access and process

What did professionals think is a focus for improvement in relation to access and the safeguarding process?

- **Access, usability and submission methods:** “An online portal to submit alerts rather than calling... out of hours/weekends”, “Easier access and specific forms for events”, “Providing better facilities for people who want to attend safeguarding meetings but do not understand MS Teams”, “Posters displaying process and contact numbers”
- **Efficiency of initial contact & pathways:** “The time the phone is taken to be answered is very long”, “More streamlined... repetitive speaking to multiple agencies and advisors”
- **Clarity & understanding of safeguarding roles:** “Knowledge about when safeguarding needs to be raised”, “Help for vulnerable people... to understand what safeguarding is”, “New system staff training”



“Make it clear when police should be called and when Adult Social Care should be called.”

“The initial contact pathway... [is] like Chinese whispers”, “The initial contact with the hub triage system could be sped up and more direct.”



Thresholds and decision making

What did professionals think is an area for improvement in within thresholds and decision making?

- **High thresholds & barriers to accepting referrals:** “Easier, fewer. reasons to not accept a referral... threshold has got so high...”, “Recently I tried to raise a safeguarding due to an unsafe environment but it could not be logged as an event had not happened yet. Safeguarding should be about protection before an incident”, “It just feels as if anyone with partial or better capacity is deemed not a concern... even though that choice might be coerced”
- **Accountability and quality in decision making:** “A procedure where a decision that attracts any expenses is logged so that enquiries into bad decisions can be appealed fairly”, “Improved decision making at SA meetings to expedite recommendations and actions.”

“Take self neglect more seriously”

Timeliness and meetings

What did professionals think are areas for improvement in relation to timeliness and meetings during the safeguarding process?

- **Delays in feedback and outcomes:** “Action in a timely manner/Timely feedback instead of having to constantly chase”, “It took a couple of referrals to get the outcome the individual needed.”, “Time a referral takes”; “Do not always get to know of outcome—delays... unless serious”
- **Cancellations and follow-up procedures:** “Short notice cancellation of multi-agency safeguarding meetings and rescheduling. Send minutes to update professionals of outcomes and closures”, “Continuity of the same people in meetings. Prevent cancelling meetings”



Multi-agency collaboration & staff capacity

What did professionals think are areas for improvement within multi-agency collaboration and staff capacity during the safeguarding process?

- **Limited staff capacity:** "More staffing required"; "There needs to be more staff so that all safeguarding concerns can be dealt with quicker", "Low risk safeguarding enquiries take a long time. The team would benefit from being better resourced with more practitioners."
- **Multi-agency staff working together:** "Make it clear when police should be called and when ASC should be called - who first, who then communicates with whom", "Multi agency professionals don't always work well together due to barriers.", "Information sharing between agencies, schools kept informed, consistent social worker who has capacity."

"When multiple agencies raise the safeguarding, provide feedback to all"

"More understanding of individuals' needs... more staff to undertake safeguarding's... timescales are ridiculously short when professionals have busy... caseloads"

Culture, respect & consistency

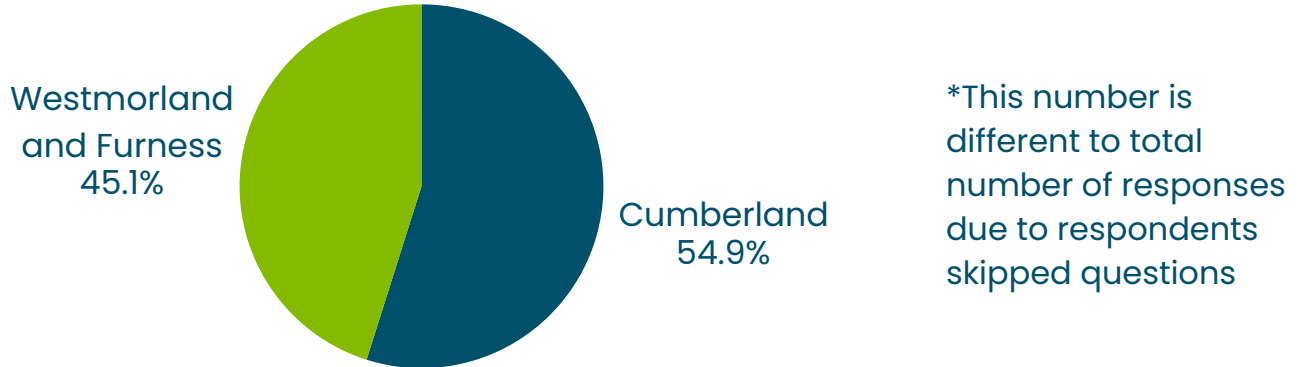
What did professionals think requires improvement within staff culture during the safeguarding process?

- **Feeling listened to, respected and understood:** "Being taken seriously, listening & supporting family concerns... vulnerable adult, lacking capacity..."; "Staff to be made to feel more understood"; "Some staff need more empathy and knowledge of the process"
- **Consistency:** "Consistency of the same people in meetings", "The provider safeguards then reports what was done... Waiting for calls back... lack of out of hours support"
- **Support and Learning:** "Better training and security on-site"; "More options on suitable housing", "Consideration given to why people are involved"

"There needs to be less distraction... splitting the board. Feedback when referrals are made and share success stories"

8) Demographics of professional respondents

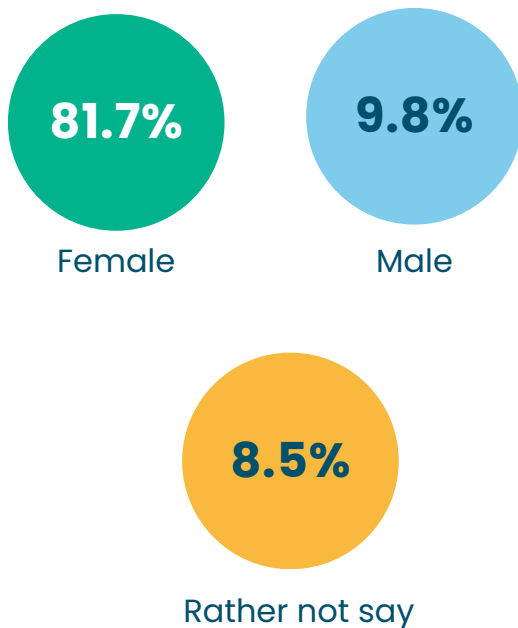
From a total of 82 completed responses, the following chart displays where professionals usually raise a safeguarding concern to:



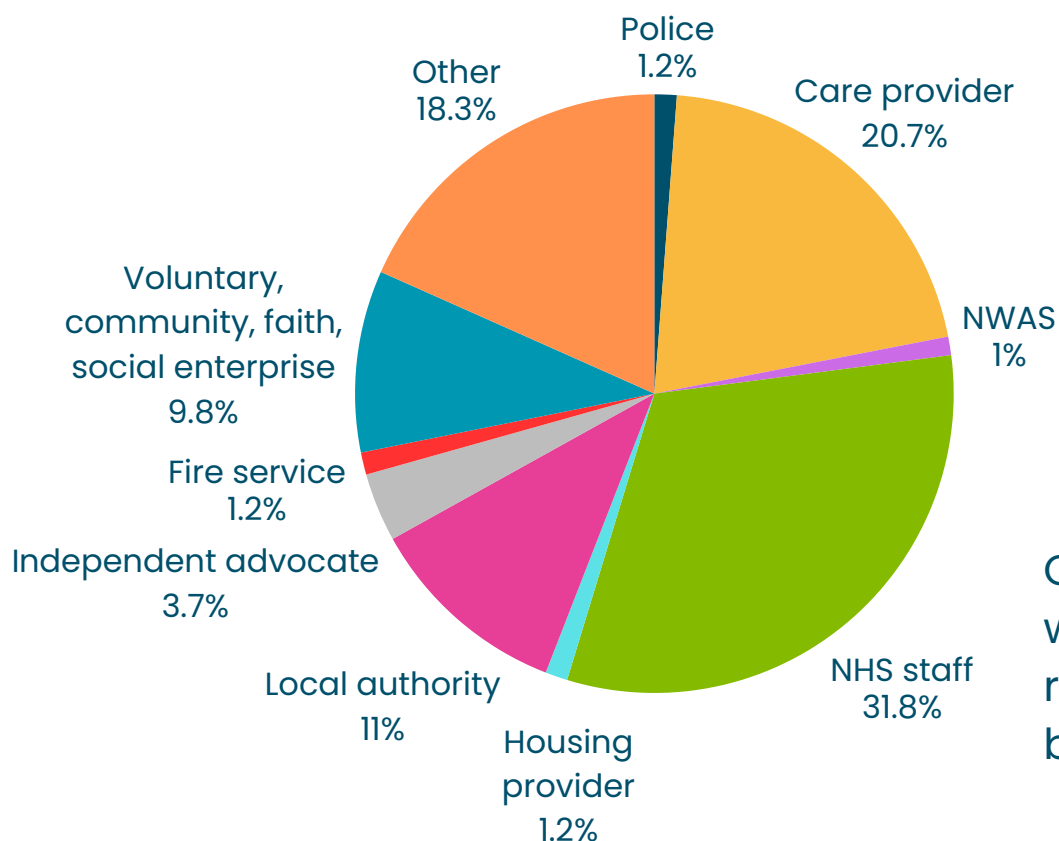
Age range of respondents:

- 18-24 **1.2%**
- 25-34 **6.1%**
- 35-44 **20.7%**
- 45-54 **31.7%**
- 55-64 **29.05%**
- 65+ **3.66%**
- Rather Not Say **8.54%**

Gender of respondents



What organisation were respondents part of?



Organisations which survey respondents belonged to

Further details showing examples of occupation:

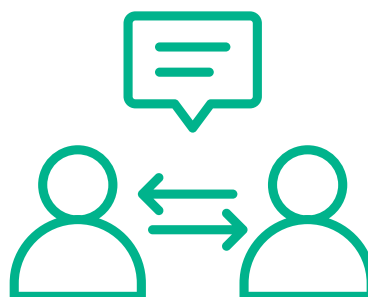
- GP Practice
- Hospice
- School safeguarding
- Brain Injury Case Manager in private healthcare
- Case Management and Rehabilitation
- Local Citizens Advice
- Social care
- Mental health charity
- Higher Education
- Integrated Care Board
- NHS staff (not frontline)
- Addiction services



Recommendations

Improving communication & transparency

Professionals reported inconsistencies in communication with unclear next steps and limited feedback on outcomes. Similarly, people with carers described partial or no explanation of the process and difficulties accessing information. There was some uncertainty about whether a concern was logged due to limited communications.



The Care Quality Commission produce local authority assessment reports reporting on how the council works with people and how the council ensures safety within the system.

In the [report for Cumberland Council](#) published January 2026, similar findings from this project were discussed. Within this report, some described inconsistencies in information sharing. Furthermore, self-neglect was identified as a key risk for Cumberland Council. In response, a self-neglect strategy was launched in October 2023 however, this was simply a brief strategy giving an overview of challenges and good practice. The CQC report noted that the strategy did not provide strong guidance for timescales and responsibilities. Therefore, there is a greater risk of an inconsistent approach.

Comparatively, in the [report for Westmorland and Furness Council](#) published February 2026, partners stated that the council were consistent, engaging and transparent with the escalation of safeguarding concerns. Further comments stated that safeguarding concerns raised were responded to in a timely manner. There were some shortfalls in terms of referral for advocacy support. Data from the Safeguarding Adults Collection revealed 52.94% of people lacking capacity received support from an advocate or trusted person. Compared to the average of 83.38% in England, this data shows a significant area for improvement.

As stated in the [2026 CQC report for Cumberland Council](#), there are systems in place to make information more accessible however, this was noted as an 'area for improvement'. Easy Read materials are not consistently available, with some staff stating these accessible materials had not been provided to people. Furthermore, staff told the CQC that they would benefit from further training to support their understanding of autism. It was noted by a partner that local authority systems 'did not always recognise the needs and challenges of autistic people'. It was noted that this is a potential barrier to accessing services and meant that assessments were not consistently tailored to autistic people.

The following recommendations provide some methods to improve communication and transparency.

Recommendation

Shared resource for recording best practice

Focusing on transparent communication between professionals and people, there should be regular discussions of what is working well, and what isn't.

By sharing best practice and including the people involved, a strongly inclusive safeguarding process can be achieved.

Between Cumberland Council and Westmorland and Furness Council there are some discrepancies where sharing best practices may improve the safeguarding process in each local authority.

- Both local authorities would benefit from a shared online library (example: this may be included in the professionals space on the council websites) to document best practice examples, threshold information, summaries from audits and safeguarding adults reviews.
- Useful information could also be stored here such as training guides for developing Easy Read materials and how to tailor assessments to the requirements of different groups of people, such as those with autism.
- This would become a live resource across both authorities and encourage stronger communications between safeguarding teams.



Recommendation for professional experience:

Outcome feedback form for referrers

- A short template document to cover a 'need to know' summary covering: decision, rationale, actions taken or required, and who now leads. This form would both provide a useful written record in addition to improving communications between professionals.
- Success measures could include: KPI: % of referrers receiving outcome feedback form. Suggested target $\geq 90\%$



Recommendation for experience by people / carers:

Standardised first contact information



- Issue a one page "What to expect from a Section 42 enquiry" summary booklet that is accessible for most audiences (Plain English, Easy Read version available, large print).
- This should be sent within 48 hours of referral acknowledgment. The booklet should include information around staff roles, typical timeline, how they will be kept informed, how delays are communicated, named point of contact, and how to challenge decisions.
- Success measures could include: Key performance indicator: % of referrals receiving booklet within 48h. Suggested target $\geq 90\%$.

It should be noted that this is not an appropriate action for all cases.

Individual cases should be reviewed to ensure this booklet does not place a person at greater risk.

Clear guidance for thresholds and decision making

Professionals reported concerns around limited anticipatory action due to high thresholds. Staff comments displayed distress around incidents having to happen before any action is made. Furthermore, professionals stated difficulties in decision making with unclear guidance for who gets the first call – Adult Social Care or the police.

The CQC reports on the safeguarding process, response to local risks, response to concerns and how they are committed to making safeguarding personal. Upon reviewing this for both Cumberland Council and Westmorland and Furness Council, it is clear there are significant areas of improvement identified. Many issues align with our findings from this project.

In the Cumberland report, noted was a lack of clarity of thresholds for referrals due to limited training and support. Furthermore, there was mixed feedback around information sharing for outcomes. Some staff stated they had to chase up for outcomes. In comparison, the Westmorland and Furness report stated relevant agencies were informed of outcomes when necessary to the ongoing safety of those involved, concerns were responded to in a timely manner and it was rare for the need to chase up outcomes or responses.

Recommendation for professional experience:

Introduce a new thresholds framework with illustrative scenarios

- From feedback received, this framework must include illustrative scenarios around self-neglect, anticipatory safeguarding and coercive control to improve practitioner confidence and outcomes for people.
- A decision tree outlining who receives the 'first call' (Adult Social Care or Police) for staff to follow.
- Success measures may include: Practitioner survey assessing confidence and a reduction in rejected referrals with the reason being 'threshold not met'.

Strengthening multi-agency collaboration

Professionals stated the value of multi-agency working and committed staff. However, there were reports of barriers to communication, inconsistent information sharing and uncertainty around who contacts whom.

Recommendation for professional experience:

Single multi-agency safeguarding update:

- After each key milestone, issue one co-ordinated update to all named professionals on the enquiry. This will reduce inconsistencies, promote information sharing and create reminder opportunities between staff to communicate.
- Success measures may include: Reviewing percentage of these updates being sent out with each milestone in the safeguarding process.

Ongoing effort to capture the voice of people

To ensure a continuous and meaningful capture of the voice of people, it is recommended to develop a partnership with relevant third sector organisations to gather more qualitative feedback. Services with expertise in accessible communication, independent representation, and co-production will help embed lived experience into every stage of the safeguarding process.

A second phase of following this project should focus on the voice of people as a significant response was achieved with professionals.

- Examples of activities may be to establish an advocate's involvement early in Section 42 enquiries, co-production of accessible materials, creating lived-experience panels, and monitoring advocacy access to directly address the communication gaps, inconsistent involvement, and accessibility issues identified in the present report. This would strengthen Making Safeguarding Personal and ensure that safeguarding remains truly person-led across both local authorities.



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