



# **Salford Safeguarding Adults Board**

**Voice of the Adult**  
**Annual Report**  
2024-2025



**Salford  
Safeguarding  
Adults Board**

## Introduction

The current 'Voice of the Adult' process commenced in February 2024, and is carried out on behalf of the Safeguarding Effectiveness Group ('SEG') subgroup of the Salford Safeguarding Adults Board ('SSAB'), to contribute towards analysing the effectiveness of safeguarding practices across partner agencies in improving the lives of Salford adults and understanding the impact of the support they receive.

It is imperative that the voice of adults who experience the safeguarding process in Salford are heard, that their personal outcomes - what they would like to happen within and beyond safeguarding - are achieved wherever possible (in line with the 'Making Safeguarding Personal' approach), that the impact of their experience is considered by service providers and that their feedback is constructively used to help improve and shape future safeguarding for other adults in Salford.

The 'Voice of the Adult' process was designed to help us better understand how effectively adults in Salford are safeguarded by asking adults which aspects they feel worked well, which could have worked better, whether they feel listened to, if the outcomes they wanted to achieve did happen, and if they feel safer as a result. Adults (or their representatives) are also asked to provide us with a rating score out of 10 to show how satisfied they were with the help they received from services to keep them safe.

Information from two interviewed safeguarded adults is presented each quarter to the SEG, then the Impact and Implementation Network ('IIN'), who are the operational working subgroup of the SSAB, and then finally to Board members at their quarterly meeting. This gives multi-agency safeguarding leads the opportunity to highlight, document, consider and constructively discuss any areas of good practice, strengths, weaknesses or areas for development identified within the feedback of this lived experience and plan any actions necessary to better protect adults at risk of harm in Salford.

This report combines the feedback and responses of adults with lived safeguarding experience who have taken part in the 'Voice of the Adult' process during the 2024-25 reporting year. The data, content and analysis in this report is collated from their opinions, feelings and perspectives.

The SSAB wish to encourage excellence in safeguarding practice and any concerns, identified risks and/or areas for potential improvement identified as a result of this Summary Report will be discussed at the relevant SSAB multi-agency subgroup and/or by the Board. Examples of good and excellent practice and suggestions and recommendations for operational safeguarding change will also be progressed to the Impact and Implementation Network subgroup ('IIN').

## Consent

The adults quoted in this report have specifically consented for the SSAB to discuss or share their anonymised feedback with other safeguarding professionals to help improve the safeguarding experience for other Salford residents in future.

## Acronyms Used

- ASC                      NCA Adult Social Care
- BSL                      British Sign Language

- DPA Data Protection Act (2018)
- GDPR General Data Protection Regulation
- GMMH Greater Manchester Mental Health
- IIN Impact and Implementation Network
- OT Occupational Therapist
- SEG Safeguarding Effectiveness Group
- SSAB Salford Safeguarding Adults Board
- VOTA Voice of the Adult

## Structure

‘Voice of the Adult’ (‘VOTA’) is an assurance process which was created to provide the Salford Safeguarding Adults Board (‘SSAB’) with assurance and insight into the effectiveness of the Section 42 Safeguarding Process in Salford, by speaking directly to the adults who experience it. Adults are asked to share their lived experiences via completion of a structured set of survey questions, along with some questions regarding consent for use of the information they share.

Results from completed surveys are collated and presented to the Safeguarding Effectiveness Group (‘SEG’) subgroup of the SSAB for analysis and discussion, and also to the Impact and Implementation Network (‘IIN’) subgroup of the SSAB for consideration of any operational changes which can be implemented to further improve safeguarding in Salford. A progress update is then presented to SSAB Board members at their quarterly meetings.

The original VOTA process was revised in February 2024 as prior to this, responses had been very low (feedback from a total of three adults across the previous 18 months). The revised process includes risk screening completed by NCA Adult Social Care, and a similar process is being arranged with GMMH to ensure the adults they safeguard also have the same opportunity to have their voices heard.

## Key Findings

In total, **21** Voice of the Adult interviews were conducted across the 2024-2025 financial year.

### Protected Characteristics:

Adults interviewed had an average age of **71 years old**, with **67% being female** and **33% male**. **81%** (17 adults) were of White British (English/Welsh/Scottish/Northern Irish) ethnicity, plus one adult each of White Irish, Mixed/Multiple White and Asian, Any Other Mixed/Multiple Ethnic Background and Undeclared / Unknown ethnicity. **81% being White British aligns with the most recent demographic data available for Salford** (82% of ‘White’ ethnicity) evidenced from the 2021 census (as per [Office of National Statistics](#)).

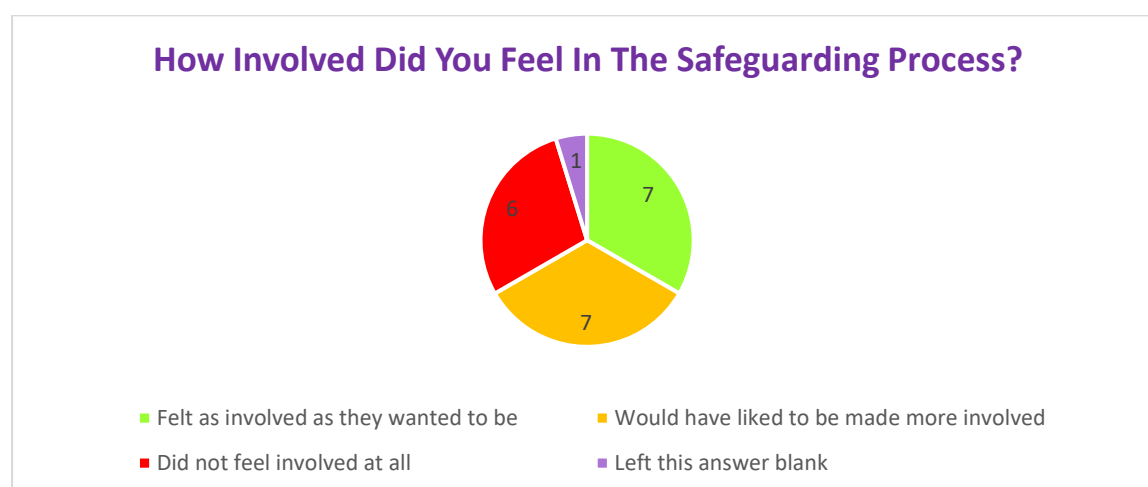
## Safeguarding Risk Themes:

Two thirds – **67%** (14 adults) – of those interviewed were safeguarded due to the risk of ‘**Neglect and Acts of Omission**’. Other themes presented included **Financial and Material** (3 adults), **Self-Neglect** (2 adults), **Emotional and Psychological** (1 adult) and **Domestic Abuse** (1 adult).

## Understanding and Engagement:

**13 adults** interviewed (62%) said that they understood why people did what they did to try to keep them safe. Five adults said they **partially** understood, one said that they **did not understand at all**, and two did not answer.

The SSAB asked the 21 adults if they had felt involved in their own safeguarding process:



Only **five adults** (24%) felt that they were **kept fully informed** throughout their safeguarding. The majority – **nine adults (43%)** felt they were kept informed **sometimes, but not always**, six (29%) did not feel kept informed at all, and one left this answer blank.

The SSAB asked the adults **whether they were asked** if they would like to attend any meetings held about them:

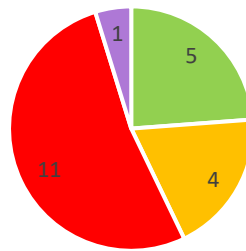
- 7 Yes, I **was invited**
- 3 No, I **was not invited**
- 10 I **don't know** if there were any meetings
- 1 Left this answer **blank**

The majority – **13 out of 21 interviewees** – said they either **were not invited or were not made aware** that any meetings were held about their safeguarding.

## Making Safeguarding Personal

Safeguarded adults were asked if they felt they had **choice and control** during the decisions that were made and how things were done, for example, if they were asked what they wanted to happen:

## Choice and Control In Decisions Made And How Things Were Done



- Felt fully in control about the decisions made during the safeguarding process
- Felt they had some choice and control, but not at all points of the process
- Didn't feel they had any choice or control during the process
- Left this answer blank

The majority of adults with lived experience of the safeguarding process unfortunately said that **they did not feel they were given any choice or control** in decisions made during their safeguarding. This equated to **11 adults, or 52%**, of those taking part. A further five said they felt fully in control, four felt they had some choice and control - but not at all points – and one adult did not answer.

The SSAB asked the adults **if they felt listened to** during conversations and meetings with people about helping them feel safe:

- 8 adults felt they were **always** listened to.
- 6 adults felt listened to **sometimes**, but not always
- 6 adults **did not feel listened to** at all
- 1 adult left this answer blank.

The **most common response** – (from 10 adults) was that the **personal outcomes** they wanted by the end of their safeguarding process did happen. Eight said that **some of the outcomes** they wanted did happen, but not all of them, two said that they **didn't feel that any** of the outcomes they wanted to happen were achieved, and one adult did not answer.

Adults were asked if they were **happy with the end result** of what people did to try to keep them safe. Most decided they were **somewhat happy** with the end result:

- 7 **I am happy** with the end result
- 8 I am **somewhat happy** with the end result
- 5 I am **not at all happy** with the end result
- 1 Left this answer blank.

## What Worked Well



They changed the medication my Mum is on so the error can't happen again. The second incident, they told the care [worker] to leave and they got in touch with me right away and talked to me for a long time.

**(Daughter of 'Teresa', 96 years old, White British female)**



The provider picked it up straight away, accepted responsibility and apologised. The missing money was repaid.

**(Mum of 'Leanne', 40 years old, White British female)**



The risk was acknowledged and the team are trying to reduce those risks and find out if it could have been prevented or put things in place to prevent it happening again. They just wanted to make sure that the home was doing everything they possibly could to keep my Uncle safe. I felt like I was involved as much as necessary. I like to feel heard. I felt able to express my opinions. I have attended meetings for my uncle, but I'm not sure 100% if it was the safeguarding one. I was asked and the outcomes I was hoping for were achieved.

**(Niece of 'Sean', 92 years old, White Irish male)**



My support worker was great, she took on board what I said and I felt listened to by her. I don't really think there was much else that anyone could do to be honest.

**('Ashley', 32 years old, female of undeclared/unknown ethnicity)**



I didn't have the whole burden on my shoulders, there was someone else in her corner for her. They are the biggest things I appreciate with social services, that they fight for her. If I feel I'm being a bit overprotective, they reassure me that they see these things too. **(Granddaughter of 'Rose', 87 years old, White British female)**



I felt involved at each step. The Social Worker was lovely but was powerless to really do anything. I felt sympathised with and that they understood I was going through a lot, but that 'this is all we can offer'.

**(Daughter of 'Carol', 64 years old, White British female)**



They seemed very, very interested, they bent over backwards to help me. You've got a good team there. They wrote to me and said if I wanted to proceed with the matter to let them know. I thought they were very good, very professional.

**('Harold', 80 years old, White British male)**



He used to have a lot of seizures - one or two a week that we knew about but now he's got that care, he is a lot better. Communication was good with the Social Worker - I have to be secure and happy with the people who are dealing with him and I felt that with the Social Worker.

I would just like to say 'Thanks' to those involved. I was involved plenty, I was asked questions about what he would want and what he needed and about next steps. From the very beginning it was my brother's choice and once we were in the system, we spoke to him about what he wanted, what he didn't want and how he felt about it all. Social Services spoke with him first and then we spoke together. It was very much his decision and I understood why he said what he said and why he wanted to be in the position he is now. We were listened to. It was all about making sure he had the right care. I have been invited to meetings, [they have] been ongoing from the initial safeguarding. He has periodic meetings with a Social Worker and we go through what is happening. If I can't make the meetings, I am emailed a message to keep me in the loop. Outcomes he wanted were achieved - he wanted some care in place.

**(Brother of 'Maurice', 64 years old, White British male)**



I think David was involved as much as he needed to be. The meetings we had, we were both there, he was fully involved. They were held in a way that was easy for David to understand. I think both of us, not so much David, but I developed a good relationship with the Social Worker and the OT. The physios were very good as well. It was a bit 3 against 1 at some times, we didn't badger him, but we all worked reasonably well together with David so that he could go home. There were certain things he needed to accept so that he could go home and not end up straight back in hospital again. I had quite a lot of contact with the Social Worker. mainly by phone which worked well for me. The agreed outcomes happened.

**(Friend of 'David', 83 years old, White British male)**



Most recently yes (I felt listened to), the Social Worker before this listened, but before that, no. Only when [named Social Worker] was involved and she had arranged for follow on care for my Mum as a result of a safeguarding referral [did we feel personal outcomes were achieved]. When I have had a named Social Worker it's been better - I felt she genuinely was trying to do something for my Mum - to help her and me. **(Daughter of 'Eve', 69 years old, White British female)**



[Though] I don't recall safeguarding, [I] feel listened to by Social Workers in general. They have been fantastic these past few months. I have dealt with different ones, some from social services, some from the memory team and some from the falls team. I am very pleased with the Social Workers, everything has worked well. All the teams that go in, everything is brilliant. The carers are brilliant too - they always inform me if anything happens. I would like both the social services and the carers to know I appreciate them. Please pass on my compliment.

**(Daughter of 'Annie', 85 years old, White British female)**



My Social Worker really helped me with my confidence. I knew the support was there if needed. The professionals were there to protect me. the place I was in was a little bit of a risk. Professionals were there to minimise risk. My Social Worker was fantastic, she was able to use sign language. She was fantastic, really supportive. She was very good at keeping me informed, I had a really good relationship with her. She was like my anchor point, I could go back to her for safety. As a Deaf person, having people who sign is the best possible thing - my GP can sign; I am sure if my GP was worried about me in any way she would contact my Social Worker. The Social Worker and the GP were both fantastic. I could see a good working relationship between the two, it was clear there was good communication between them.

**(‘Craig’, 32 years old, mixed White and Asian male)**



When we realised what was happening everything was alright. When the nurses came they were very good but it's the in-between... The meeting at was helpful, it got everything out in the open. I had written everything down about what had happened when the nurses stopped coming and I read it out to them at the meeting so they have it on record.

**(Daughter of ‘Margaret’, 98 years old, White British female)**



## What Could Have Worked Better

“ There were 4 different incidents (medication errors). I was annoyed the first time because nothing happened, and the same error happened again. The carer involved in the error was not told / trained to prevent the same error occurring again. I was not informed or involved at all in some of the incidents - someone did call me a couple of times - a lady about the safeguarding. I understood the carer had not done the error on purpose but that she needed to be trained. I've said all along they need further training on medication.

**(Daughter of 'Teresa', 96 years old, White British female)**

“ Leanne should have been told more about why things were happening - with the staff no longer working with her - as part of the safeguarding process. It should not have been down to us, her family, to explain that to her.

We didn't really know what was happening, it feels like it is all going on without you, behind your back, and you are just told at the end what has happened. The provider manager talked to us and to Leanne. The Social Worker phoned us but we never met face to face, which we would have liked. We were very busy at the time though. Most of the work is done in the background, even though the Social Worker does inform you what is going on. I don't know if the police were involved or not, if they were they did not speak to Leanne or to us.

It was messy at first with the provider. We told them about the missing money, but they were questioning us about it because there is no proper system in place to monitor people's money so it was difficult to prove. The provider should have noticed the missing money, it should not have been down to us to notice.

Even with the new provider, there is still no proper system in place to monitor my daughter's money. We have even given them forms to fill out to do this, but it is a work in progress. We did talk to the Social Worker and the new provider about making sure there was a robust and transparent system in place to monitor our daughter's money. It feels like it could happen again because they have not changed their systems. This is both the old provider and the new.

It feels like vulnerable people are in a bad position where they could lose their money. What happened with the original provider? Were checks made or their systems monitored to ensure this was not happening to other people? If we were not so involved in our daughter's life, nobody would have noticed the missing money and it must be the same for other people.

**(Mum of 'Leanne', 40 years old, White British female)**

“ I had to tell the whole story (sexual assault by a neighbour) multiple times to different people. It was difficult to go over it all; once I had told it once and it was written down they should have shared that report. It almost felt like it was a bunch of tick boxes to be honest, that it was paperwork that needed to be done, kind of just protocol and they just have to do it. I think I would have liked to be more involved and felt more in control, I think that would have given me a sense of empowerment. I haven't got the foggiest about meetings - I was not invited to attend any and I did not receive any notes or anything. I don't have a lot of faith in Social Workers, I feel like I don't really matter, any time I challenge anything or express something I am struggling with they don't take it on board.

**(‘Ashley’, 32 years old, female of undeclared / unknown ethnicity)**



One of the carers failed to put the brakes on [Mum's] commode, so when she went on the commode she had a fall and broke her arm. I understand human error happens, I would have preferred it not, but I understand. The carers failed to take any responsibility, they were straight away on the defensive rather than showing concern for my Mum. The Social Worker was lovely, but bound by all the limitations of social care that I am horrified and disappointed in - I feel like my Mum is a massive casualty of it.

I don't really know why we went through the safeguarding to be honest there was no disciplinary or hands up and accepting mistakes, it was just a case of lessons have to be learned.

**(Daughter of 'Carol', 64 years old, White British female)**



They could have listened to me and acted on what I said. When I referred, I got a phone call to say 'we are aware of it and we will do something about it, can we now close it?' - one phone call opened and closed the issue. I was really at the end of my tether, I really needed help and I was asking for it but none came, I even got my crisis team from work to speak to them about needing help - that's how desperate it was getting. It was spiralling out of control. I do not know if there were any meetings, none that I was ever aware of. If there had been meetings, I would have wanted to attend.

The Social Worker said 'said "would you like to withdraw from social services support completely?" - how would that help my Mum? It's just been a battle.

When the police made the referral, I was on the edge and could not cope: 'She either needs to be in some sort of extra care or gets what is needed or she doesn't get any care from me at all.' It was only because I made those threats.

**(Daughter of 'Judith', 89 years old, White British female)**



I did not feel involved; It feels like I am not asked and it just happens. I think I have one letter, it was a bit complicated for me really, it didn't get explained to me.

I find them a bit scary, I am not at ease with them when they come. They could explain things more, that would make me feel more comfortable. I don't know if there were any [meetings], I would have wanted to be a part of any meetings because they are about me and my life.

I moved to Supported Living - I didn't really want to, but I needed it. They told me I had to move because I was not safe where I was living. I am glad that I moved, but not where they moved me to. The flat is nice, but it's on the second floor and I have panic attacks in the lift so I can't get out. Sometimes I've been in tears because I can't get out. I feel as if I've got no life.

**('Betty', 65 years old, White British female)**



Am happy with the outcome, but I feel I should have been kept more informed by social services - communication is key. At the end of the day, if you keep families involved they feel happy and feel like everyone is on the same side fighting for the same result. Even if there is nothing to tell, just a quick phone call to keep you up to date. They told me they would call me back within 24 - 48 hours, but I never heard anything more.

**(Granddaughter of Rose, 87 years old, White British female)**

“ I understand Social Workers move on quickly, but because of the brevity of some people's involvements, I could not build a relationship with them. It was very difficult at times. The situation was not very good - I made some choices and decisions that were not good. In the safeguarding, I didn't really have any control because the decisions were being made by the Social Workers - I had lots of assessments and the decisions were made for me; it's kind of complicated. There were so many professionals involved, sometimes I felt heard and sometimes not, sometimes believed and sometimes not - it was not consistent. I have been to meetings - all these different professionals there in the meeting. There was a real sense to me they were paying lip service to me - maybe 1% of my point of view. On reflection I think the Social Workers were believed, not me. I wanted continued support from the Social Worker but I was passed on to other agencies from support. I can contact them if I want to but I really want continued support.

I feel like they washed their hands of me. I valued my relationship with the Social Worker, it's the most important thing to me, a long-term, trusting relationship. The availability of support [did not work well], it was only available on Wednesdays and Fridays - I would have liked to be able to access support every day. I can communicate via text and am happy to do so because my English is OK but if the concept is more nuanced, I would need a face to face or a video call. I am OK with English, but what about people who [aren't] - if they only have access to support 2 days a week, what are they doing for the other 5 days?

**(‘Craig’, 32 years old, mixed White and Asian male)**

“ At first we got a phone call from the social services and he just said that something had been happening with my Mother but he didn't say what - he said we had to go to the local clinic to do an interview. They [then] explained what was happening. I don't know if there were any other [meetings]; if there were any other meetings and they wanted us to be there we would have been there. The main woman said what was going to happen and I agreed with what she said, it sounded very good, but it hasn't quite happened as she thought it was going to happen.

There was no contingency plan made for if the plan didn't work (which it didn't) and that would have been helpful. The District Nurses said they were coming to see to my Mother and they did come and then once my Mum's skin had healed up they said they would come less often and this is when the problem started. We came away thinking everything was sorted and we were happy at the time but as time has gone on, it's got worse.

**(Daughter of ‘Margaret’, 98 years old, White British female)**



I understood, not sure my Mum did because she can't hear well. They didn't really try and communicate with her, they were not very good really. They just talked to me really, they did talk to my Mum but didn't make extra effort to make sure she understood. I would like to have been there (at meetings), to see what they were doing to safeguard her.

The Social Worker did not take me seriously, talked down to me and did not listen to me. When I was asking the carers what training they had received, they said it was nothing to do with me. The way they were treating my Mum was not acceptable to me. I did not feel informed at all - I tried to find out what was going on by calling the Social Worker but he did not get back to me. I actually had to call his boss and call a meeting. I felt dismissed.

They asked me if I had 'Power of Attorney' and said I couldn't tell them what to do because I didn't. I said that I was there speaking for my Mam because she had asked me to. She has put my name down with the doctors so they know to talk to me. She has all her faculties, she is deaf but all you have to do is stand in front of her so she can lipread, you might have to shout a bit too. But they don't do that. I changed the care company because they were not doing their job properly.

**(Son of 'Mabel', 86 years old, White British female)**



From the point of someone saying "We are making a safeguarding referral" I have no idea what is being done. To be honest, not a lot has ever happened as a result of safeguarding referrals. Despite the fact she has had 50 plus 'safeguardings', she has only recently got an allocated Social Worker; over the 50 or so Safeguarding referrals, only one Adult Social Care worker has kept me up to date. Not having that point of contact, or someone who is familiar with Mum when the referrals come in, has been a big problem.

I am not aware of any safeguarding meetings - I have not been informed of a single meeting. When someone tells me they are making a safeguarding referral, it means absolutely nothing and I don't expect a single thing to happen from it. I'm sure things were happening behind the scenes, but nothing has been communicated to me apart from when I had the named Social Worker. I had a visit one time from a Social Worker who took one look at my Mum and just said "She needs to be put in a home", it seems like just jumping to the easiest solutions without taking into account My Mum or my wishes and needs.

I know what good looks like, because Adult Social Care for my Dad was fantastic, so it makes it all the more frustrating that my Mum does not get that, she is an addict so I feel like [they think] she is being too difficult and just left. She has support from the high dependency alcohol team and in effect I see **them** more as her Social Workers than anyone within safeguarding.

**(Daughter of 'Eve'. 69 years old, White British female)**

## Life After Safeguarding

The SSAB asked the 21 adults involved **if they feel they are safer now** after going through the safeguarding process. **Ten adults** said they felt **safer** or **somewhat safer**. The most common single response – from **nine out of the 21 adults (43%)** – was that no, **they do not feel any safer now** than before they were safeguarded:

- 7 I **feel safer now** than before I went through the process
- 3 I **feel somewhat safer now** than before I went through the process
- 9 I **do not feel any safer now** than before I went through the process
- 2 Left this answer blank

The adults were asked about what life was like now, after their safeguarding experience:

"It is very worrying - how many more people were affected? You have to put it in the lap of the gods and hope for the best. There should be a clear and visible accounting system. They should look at the whole system. Providers should be audited on how they manage people's money and the auditor should be independent, now it is staff from one house check on another house".

**Mum of 'Leanne'**

"The manager said 'we are not doing it on purpose' and I said 'I know you are not my Mum suffers every time something happens', it's a good job my Mum is as strong as she is. The carers in there agree with me when I say it's not good enough and they need more [administering medication] training, but I don't know if they are getting it. I don't feel like I can trust them to look after her properly.

I don't feel like my Mum is totally safe. I am not convinced it will not happen again. Time will tell."

**Daughter of 'Teresa'**

"His condition has worsened so we are now looking for another placement for him, it needs to be escalated. They have tried but it is getting a bit hard for them now, but I understand that."

**Niece of 'Sean'**

"Leanne moved house and changed providers. This has been something Leanne has wanted for some years and seems the best and happiest I have ever seen them right now. They listened to Leanne in the end!"

**Independent advocate for 'Leanne'**

"It went to the police, I opted to just report it rather than have him charged because we still live on the same street, he is a drug dealer and I was scared there could be repercussions. The police said I could change my mind and take it further at any time.

I had target hardening from my housing provider. My assailant is subletting and I told the Social Workers and Housing about that. I would have liked for him to be moved out - his behaviour is still as bad today as it ever has been. I hate it here honestly. I have the devices and stuff but anytime I want to go outside I feel like I can never relax. I have had to put a bolt on my gate so he can't come in the garden.

The Social Worker has told me to only use one entrance, that is away from his view. I get paranoid anytime I go out for fear of what might happen whilst I am away. It's just kind of ruined everything here. I just hate it. I feel like I might have to try and find a way to move now because I just don't know if I'm ever going to feel OK here."

**'Ashley'**

"Nothing has really changed. She is not safe because of multiple reasons, I don't think she is necessarily unsafe because of the care company, there are rules and regulations that the system has to stick to and traffic can mean people are late and that's not their fault but it's not my Mum's fault and it impacts upon her life.

I feel worried all the time about my Mum. She has had loads of falls in a very short space of time, she doesn't want to go to a care home and I don't want to send her there. We are Orthodox Jews, so we would need to use a private care home and we can't afford that. I am the only one of the family who lives locally so it all falls to me."

**Daughter of 'Carol'**

"The medication issue was resolved. Am happy with the outcome, but I feel I should have been kept more informed by Social Services. Just a quick phone call telling me they knew I had spoken to the Care Home and the issue was resolved and would be closed.

I think all Care Homes have their issues and I did have a few issues about the language skills of some of the staff, but I do believe I will be told about things even if I'm not there every day.

I think the medication error was a freak thing, they have always stayed in touch before, called me to tell me how she is doing etc."

**Granddaughter of 'Rose'**

"It has made my life an awful lot easier, not having the stress, not having to come out of work. It's made a massive difference.

My brother is happy as Larry - he gets on with the staff and he gets on with the Social Worker very well as well. He does not go out independently; before lockdown he used to go out and about but once he went into the Care Home, he was happy to move around in there - his mobility has decreased, so he now stays in his room at the care home. It doesn't bother him though, he has always been a bit of a loner. He is happy where he is and gets on well with the staff, he's in a good place. A lot safer. Absolutely."

**Brother of 'Maurice'**



"I feel stuck where I am, I struggle getting out. They told me I had to move because I was not safe where I was living. I am glad that I moved, but not where they moved me to - I am on a second floor, and I have panic attacks getting in and out of the lift. I like to be out a lot but doing that I have to be up and down in the lift - I can't use the stairs. The staff suggested taking a flask so I could just stay out instead of being in and out.

When I do get downstairs that's it, I'm just left there. Sometimes I've been in tears because I can't get out. I feel as if I've got no life, I'm just in the one place. I feel like I'm a prisoner apart from when my son visits and he comes in the lift with me and that makes me feel calmer.

I have support where they call me through the intercom to check if I'm OK. If I need them, I just ring or pull the red lead. When I do need them they are nice."

**'Betty'**

"I do not have carers going in to my Mum now because I don't trust them, they were not up to my standards. At the end of the day, it's my Mam and I want the best for her. I could do with a proper care company coming in to be honest but I can't find one. Not through the Social Worker or anything like that. Now me, my brother and a friend are providing her care.

I've been told if I don't calm down I'm on the verge of having a stroke. I'm going to the doctors every week to have my blood pressure taken and bloods, because I am that stressed because of my Mam. The Social Worker said I would have to take a step back, but how can I, when they are not doing their job properly?"

**Son of 'Mabel'**

"It all worked and he is doing OK now he is back home. David is quite stubborn, and the fear is he will revert to how he was living before. I have cut down on how often I visit him because he needs to do this himself. I do visit periodically to make sure the flat is OK and he is not building up rubbish again.

David has sent the hospital bed back and got himself a folding bed that he is sleeping on, so it's not what I would have preferred for him but it's better than [before]. His flat is a lot clearer. I visit every 2 weeks and make sure he is getting rid of rubbish and he is accepting of that now. I think he prefers that flat with more space although he would probably be a bit reluctant to admit it. He has expressed his thanks for the help with the change."

**Friend of 'David'**

"It's probably about the same if I'm being honest. Thinking back 10 or 15 years it was really chaotic but things are better now. I would like the people in control to have more regard for the people who will use their services, they are often disconnected from the reality of the impact of their policies and decisions on the people using their services.

It was hard for me before, [but] I have my hearing dog now and that's great - she can tell me if the fire alarm is going off and I feel much safer. I did not get her as a result of the safeguarding, my GP made a referral independently of that. My GP is a wonderful person.

The view I can give that may be different is about clear communication and appropriate communication and being able to engage with people in their own language, which is really important for Deaf people. I have had a Social Worker in the past who just tried to talk to me and obviously that is not OK - it's more than having an interpreter, I'm talking about having a professional who can communicate directly with me, not just sign, it's also about an intrinsic knowledge of Deaf culture, Deaf language, Deafness.

There are times when you can't get an interpreter, especially at short notice - in emergencies. The struggle is real for Deaf people. Most NHS services are really crap! I have been in A & E and they have point blank refused [to get an interpreter], they say there is no money or they can't get one, but I know that is not true. But interpretation is resource and time heavy, you can't expect an interpreter to just sit in A & E with you for 8 hours.

I have used remote interpretation. Not every organisation has access to it but it's got a lot better in the past 5 years. During the pandemic we had nothing and then the tech was first rolled out and it wasn't good enough., The clarity of the images was poor, you couldn't see it properly and it kept freezing. There is a new service called BSL 999 that is very good.

**'Craig'**

"The same as before. The plan that was put in place isn't happening.

We asked for bed rails, so I phoned up the different departments of the hospital (Equipment put me through to Assessment, they said they would speak with the District Nurses). A couple of weeks later, the people from Assessment said they had sent the District Nurses two emails, but had not had a reply. We got a phone call to say that they (the DNs) were coming, but on the day they were supposed to come, the DN phoned up about her catheter and I told them it had been done the week before and we haven't heard anything more about the bed rails since. Sometimes she tries to get out of bed and she wriggles round so her head is sticking out at one side and her feet the other - even the carers have said she should have some bed rails.

**Daughter of 'Margaret'**



"My Mum has had a lot of things put in place in the last 4 to 6 weeks, but not around Christmas time (SG was December). These new measures (both equipment and staff) have made things better for my Mum, she is getting more care now. In turn that helps put my mind at rest, especially that staff coming in more, and the staff are brilliant they really care.

Medication is now delivered to the carers office and they take it and put in in the locked box in my Mum's room - this was always supposed be the case, but it went wrong one time. It has never happened since.

The only thing I don't like, is even though she has more calls, she is on her own too much during the day. She has had lots of falls. She can press the pendant and she has pressed it every time she has fallen. She is very low in mood - she does not want to live anymore, she just wants to be with my (late) Dad. It's difficult for me to hear and see.

**Daughter of 'Annie'**

"I feel reassured. I feel like I would not be caught out again. I know who to contact if I had any doubts and I feel confident they would help me. Life is just pleasant. It's not happened since anyway. At the time I did not feel unsafe but I was reassured by the social people - it must be 6 or 7 months ago and nothing else has happened. I blame myself, they seemed like such nice people."

**'Harold'**

"It's just the same. partly it's her behaviour.

My Mum has a very complex situation - she has probably had over 50 safeguarding referrals, so it's difficult to pin down exactly which one this relates to. She is a really complex case, so there is no simple solution, but I don't feel the many safeguarding [processes] have made any difference to her.

My Mum is in a cycle of hospital admissions - I would say 20 plus a year. For me it is chaos trying to manage her. I sometimes feel in the limited interactions I do have with Social Workers, they try and put a lot on me - they don't understand why I can't do more. If there is an easy option to push it out to the carer they will. I work full time."

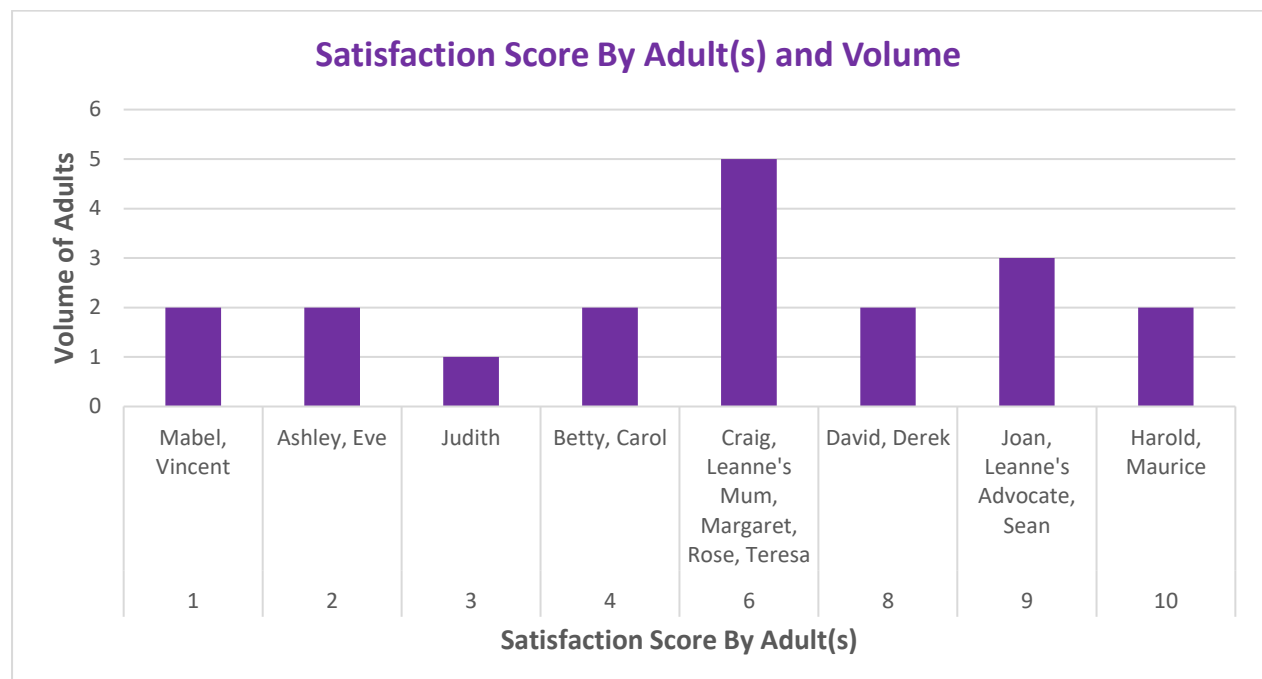
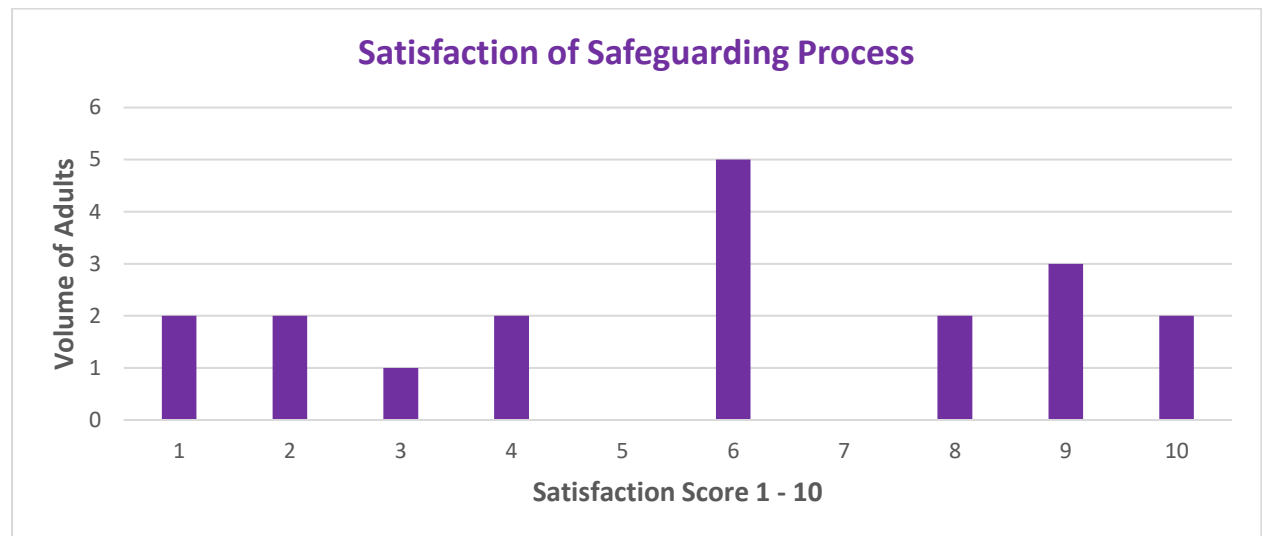
**Daughter of 'Eve'**

## Satisfaction Score

Each adult taking part in the 'Voice of the Adult' process was asked to score their satisfaction of the safeguarding experience on a scale of 1 to 10, with 1 being 'not satisfied at all' and 10 being 'very satisfied'.

Two adults / their representatives were either not aware that they were involved in a safeguarding process, or could not recall it.

The scores from the other 19 adults are shown in the graphs below (the **average satisfaction score was 5.8 out of 10**):



## Understanding The Outliers

### Lowest Satisfaction Scores

The adults (or their representatives) with the lowest satisfaction scores were Mabel, Vincent, Ashley, Eve and Judith. All were of **'White British' ethnicity** apart from one, whose ethnicity was **'undeclared / not known'**. The safeguarding processes for three of these five adults had a Safeguarding Reason of 'Neglect / Acts of Omission', plus one for 'Self-Neglect and one for 'Emotional / Psychological'. These adults felt that professionals only listened to them **sometimes** (3 adults) or did not listen to them **at all** (2 adults). Two felt **completely uninvolved** with their safeguarding process, two more felt involved **'sometimes, but not always'** and one did feel they were **made to feel involved**. Four out of five of these adults felt they had **no choice or control** during their safeguarding process, with the other adult feeling they had **'some'** choice and control. **All five adults** said they had either **not been invited** to safeguarding meetings held about them, or **did not know** if any meetings about their safeguarding had been held. Five out of five – all adults providing low satisfaction scores - said **only some of their personal outcomes** had been achieved. Four out of five of these adults said they were **'not at all' happy** with the end result of their safeguarding process (one was **'somewhat' happy** with the safeguarding outcome).

### Highest Satisfaction Scores

The adults (or their representatives) with the highest satisfaction scores were David, Derek, Joan, Leanne's Advocate, Sean, Harold and Maurice. All seven were of **'White' ethnicity**, with six being **White British** and one **White Irish**. The safeguarding processes for three of these seven adults had a Safeguarding Reason of 'Neglect / Acts of Omission', plus two for 'Financial / Material', one for 'Self-Neglect', and one for 'Domestic Abuse'. Four of these adults felt that professionals **always listened** to them, one felt listened to **sometimes**, one **'not at all'** (but now understands actions taken were in their best interests) and one (Leanne's advocate) did not feel it was appropriate to answer. Four adults felt **completely involved** with their safeguarding process, two more felt involved **'sometimes, but not always'** and one did not answer. Four out of the seven adults felt they had **full choice and control** during their safeguarding process, one felt they had **'some'** choice and control, one felt they had **'none'** and one did not answer. Four adults said they **had been invited** to safeguarding meetings held about them, two said they were **not invited / were not made aware** of any safeguarding meetings, and one did not answer (Leanne's advocate). Everyone from the seven who answered (six adults) **felt their personal outcomes had been achieved**. Five of the seven adults said they were **happy with the end result** of their safeguarding processes, one was **'somewhat' happy** and one did not answer.

There appears to be a link between adults who felt unengaged, uninvolved with safeguarding meetings / their process, uncommunicated with, not listened to and not given choice or control - and those who did not feel happy with the end result, who did not feel all of their personal outcomes were met, who did not feel safer (or that their represented adult felt safer) after their safeguarding processes completed and who gave lower satisfaction scores. Similarly, the majority of adults with the highest scores felt always listened to, felt completely involved, felt they had full choice and control, had been invited to safeguarding meetings held about them, felt their personal outcomes had been achieved and were happy with the end result.

## Feeling Safer

Three out of the seven adults or their representatives (Derek, Harold and Maurice) said they felt safer after their safeguarding processes had been completed, one felt 'somewhat' safer (David), two did not feel safer (Joan and Sean), and the other did not answer.

1. Harold said that he feels reassured, he knows where to go if he needs further help, and that life is pleasant.
2. Maurice's brother said he is a lot safer, his seizures are managed well through correct administering of his medication and he is 'in a good place'.
3. David's friend said they think he prefers his flat now... although he would probably be a bit reluctant to admit it, and that he has expressed his thanks for the help.
4. Sean's niece chose 'no' for this as though the safeguarding team did everything they could to keep her Uncle safe, he isn't safer now / this isn't really applicable anymore as his health condition has deteriorated.

Four out of five of these adults did not feel safer after their safeguarding processes had been completed, and the other felt 'somewhat' safer:

1. Ashley said the (alleged) perpetrator of her sexual assault, who she alleges is a drug dealer who also sublets within his property against Housing rules, is still living across the street, so she feels no safer and does not want to live there anymore.
2. Eve's daughter feels that her Mum's complex situation (addiction) is chaotic, and that Social Workers put too much pressure on her as a carer who works full time.
3. Mabel's son says he has had to take matters into his own hands and cancel his Mum's carers, as they were failing to make adaptations to communicate with her (Mabel is deaf, lip reads and does not use BSL) and were not providing a standard of care which he felt was acceptable. He said he is experiencing stress now, has high blood pressure but does not trust care providers anymore.
4. Judith's daughter feels she was only taken seriously with carer stress when she got to crisis point and the police were involved; she still doesn't feel that a positive outcome has occurred but is trying to be hopeful that the new Care Plan (was starting that day) will improve things with and for her Mum.

## Good Practice

There were several examples of good safeguarding practice outlined by adults during their interviews. These included:

- **Strong carer and representative involvement:**
  - "I was involved plenty" (Maurice's brother)
  - "I was involved as much as I needed to be involved. I think David was involved as much as he needed to be. The meetings we had, we were both there, he was fully involved." (David's friend)
- **Discussions about desired personal outcomes: ('Making Safeguarding Personal'):**
  - "I was asked questions about what he would want and what he needed and about next steps... We spoke to him about what he wanted, what he didn't want and how he felt about it all. Social Services spoke with him first and then we spoke together. It was very much his decision." (Maurice's brother)

- “Leanne was listened to and her wishes acted upon.” (Leanne’s independent advocate)
- “I was asked and the outcomes I was hoping for were achieved.” (Sean’s niece)
- **Strong communication:**
  - “When I have had a named social worker it's been better - I felt she genuinely was trying to do something for my Mum - to help her and me.” (Eve’s daughter)
  - “[Named Social Worker] from the Sensory Team... was able to use sign language. She was fantastic, really supportive. She was very good at keeping me informed, I had a really good relationship with her. She was like my anchor point, I could go back to her for safety.” (Craig)
  - “The meeting at was helpful, it got everything out in the open.” (Margaret’s daughter)
  - “[I] feel listened to by social workers in general. They have been fantastic these past few months. I have dealt with different ones, some from social services, some from the memory team and some from the falls team... All the teams that go in, everything is brilliant. The carers are brilliant too - they always inform me if anything happens. I would like both the social services and the carers to know I appreciate them.” (Annie’s daughter)
  - “The social workers did know how to communicate with her - when to ask questions and when not to.” (Leanne’s independent advocate)
- **Positive feedback:**
  - “My social worker really helped me with my confidence. I knew the support was there if needed. The professionals were there to protect me.” (Craig)
  - “The risk was acknowledged... the team are trying to reduce those risks and find out if it could have been prevented or put things in place to prevent it happening again. They just wanted to make sure that the home was doing everything they possibly could to keep my Uncle safe.” (Sean’s niece)
  - “The provider picked it up straight away, accepted responsibility and apologised. The missing money was repaid.” (Leanne’s mum)

## Key Themes

The feedback from adults in 2024-25 highlighted the following key themes:

### 1. **Communication:**

Only 24% felt fully informed during their safeguarding. The most common response - from 49% of adults – was that they felt kept informed sometimes but not always, and 29% did not feel informed at all, and 62% said they either were not invited or were not made aware that any meetings were held about their safeguarding. Feedback in ‘What Could Have Worked Better’ reiterated this – for example, Eve’s daughter said they had never been invited to a safeguarding meeting, despite her Mum “having over 50 safeguarding referrals” (please note that the volume of 50 is from Eve’s daughter’s perspective). Rose’s daughter said she was promised a phone call that never came, and that “communication is key... If you keep families involved, they feel happy and feel like everyone is on the same side.” One adult felt “excluded from meetings”. Some adults / their representatives felt forgotten, confused about what was happening and frustrated about lack of awareness. Feedback in ‘What Worked Well’ evidences the positive difference when adults / their representatives were kept aware and up to date with safeguarding progress – these were also the same adults

who gave high satisfaction scores. There were responses relating to the importance of understanding the needs for specific communication methods, styles and adaptations, for these to be available to those who require them when they require them, and the effects of professionals not understanding how paramount it is that every person can be understood and communicate (see feedback from Craig and from Mabel's son).

2. **Having Their Voice Heard:**

57% of the adults said they either only felt listened to sometimes, or did not feel listened to at all. Feedback in 'What Worked Well' evidences the adults who felt listened to and made to feel involved, and the positive perspectives that feeling they were being heard and acknowledged created for them. 'What Could Have Worked Better' evidences adults who didn't feel listened to by professionals during their safeguarding experience, and correspondingly, these adults had more negative perspectives of safeguarding and their experiences within the process.

3. **Personal Outcomes:**

50% of the responses from 20 adults about personal outcomes evidenced that adults felt their wishes were considered by professionals during their safeguarding. In 'What Worked Well', feedback evidences a Social Worker asked 'what I wanted to happen to keep me safe', and another adult said they were asked, and the outcomes they wanted were achieved.

4. **Choice and Control:**

52% felt that they had no choice or control over decisions made during their safeguarding process. For example, Leanne's mum felt decisions were being made without them, and they were being told what was happening after the fact. However, there were strong examples of choice and control, e.g. Maurice's brother felt "From the very beginning it was my brother's choice and once we were in the system, we spoke to him about what he wanted, what he didn't want and how he felt about it all."

5. **Carer Support:**

Under 'What Worked Well', there was feedback from some family carers of adults that after gaining safeguarding support, they felt relieved and unburdened, understood and listened to, and that they felt supported and reassured that everyone wanted the best for the cared-for adults. There was however also feedback from carers who feel under immense pressure and carer stress (see Eve's daughter, Judith's daughter and Mabel's son).

6. **Provider-Related Risks:**

Under 'What Worked Well', positive feedback based on provider-related mistakes / errors were that adults felt these risks had been acknowledged, that providers had been accountable, learned from what had happened and that changes had been implemented as a result to mitigate reoccurrence of these risks in future. Under 'What Could Have Worked Better', there were examples of feedback which outlined frustrations with care providers not taking responsibility when mistakes were made, and that the adults (or their representatives) wanted this to be acknowledged, an apology and to be reassured that training was in place to mitigate the risks and reassure them against future reoccurrences.

## Next Steps

- The qualitative and quantitative findings of this report to be distributed to SEG members to read in advance of the next quarterly SEG meeting, where **outcomes can be reflected upon and openly and honestly discussed**.
- The Safeguarding Effectiveness Group to discuss **safeguarding practice effectiveness** evidenced by the data and decide if there are **any recommendations to be made to the IIN** about how safeguarding quality could be improved in Salford.

- The IIN to discuss any SEG recommendations or self-identified areas for operational safeguarding development highlighted by this report at their next quarterly meeting, with relevant actions to be added to the Action Log
- Findings to be presented to the Board's next quarterly meeting for their oversight.