

Title of Report	Experiencing Adult Social Care in Hackney: Initial Findings from a Mystery Shopping Exercise
For Consideration By	Health and Wellbeing Board
Meeting Date	19 March 2026
Classification	Public
<u>Ward(s) Affected</u>	All
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Is this report for:

<input checked="" type="checkbox"/>	Information to note	<input type="checkbox"/>	For actions to be allocated
<input checked="" type="checkbox"/>	For Discussion & input	<input type="checkbox"/>	For escalation (if issue is outwith Remit of HWB)
<input type="checkbox"/>	Decision		

Why is the report being brought to the board?

<ul style="list-style-type: none"> ● To share independent findings about residents' experience of seeking adult social care's support. ● To share recommendations for improving access, accessibility, clarity and responsiveness. ● To suggest the report is used as a baseline against which to evaluate future improvements following the implementation of adult social care's improvement plan.

Provide a succinct summary of the issue here:

This report examines what happens when a Hackney resident tries to get help from Adult Social Care.

It evaluates to what extent residents can find the service; to what extent they receive meaningful help when they call; and to what extent the online referral process is accessible and responsive.

The findings reveal that while staff attitude was consistently warm and professional, systemic gaps in processes and communication too often left residents feeling unheard, unsupported and uncertain about what would happen next.

The issues identified are not primarily about individual performance but about the systems and processes within which staff operate.

Addressing these represents an important opportunity to improve resident experience, strengthen safeguarding practice and support a more efficient and sustainable front door service.

Has the report been considered at any other committee meeting of the Council or other stakeholders?

No.

1. **Background**

- 1.1. The mystery shopping exercise was carried out by Healthwatch Hackney in collaboration with Adult Social Care under a Memorandum of Understanding.
- 1.2. The purpose was to better understand residents' experiences of contacting Adult Social Care for support, with a particular focus on the 'Front Door' (Corporate Customer Services), Access and Duty and Safeguarding routes. The research was designed to support ASC's Three-Year Plan and wider service transformation goals. Its timing also coincided with the service's preparation for an announced CQC inspection.
- 1.3. ASC provided 20 scenarios reflecting the types of real-life, complex concerns Hackney residents raise when seeking help.
- 1.4. Healthwatch Hackney recruited a team of 15 volunteer mystery shoppers, each trained on the aims of the project and their assigned scenario.
- 1.5. The exercise ran over three weeks, from 28 April to 16 May 2025 and was delivered in three phases: a website review in week one; telephone calls to the main ASC contact number in week two (12 calls in total); and 8 online form submissions in week three, comprising general support forms and adult safeguarding referrals.

2. **Current position**

- 2.1. Adult Social Care has formally responded to the recommendations. Some suggestions have already been incorporated in their improvement programme and others are under consideration.

3. **Key facts and/or data**

Theme 1: Access and Digital Information

- 3.1. 75% of mystery shoppers rated finding basic contact details online as easy or very easy. However, 38% found it harder to navigate scenario-specific content. Neurodiverse mystery shoppers experienced frustrating roundabout journeys through the website. A growing number of residents are bypassing the council website entirely in favour of AI-generated search summaries. These were found to contain inaccurate information (including a wrong safeguarding phone number) posing a real risk of harm.

Theme 2: Phone Access

- 3.2. All calls were answered on the first attempt, within 2 minutes. However, calls dropped in two scenarios, forcing callers to restart conversations from scratch with no continuity or acknowledgement of the earlier call. The automated call-handling menu was also confusing, with several shoppers unsure which option applied to their situation.

Theme 3: Triage

- 3.3. In 42% of the phone contacts, callers were redirected to an online form rather than receiving any support during the call. This was applied rigidly, including in urgent cases. The digital-first approach, while operationally efficient, left callers disempowered, particularly those who are vulnerable, less digitally confident, or in crisis.
- 3.4. Response times to online referrals ranged from just over 24 hours to 6 working days.

Theme 4: Quality of Needs Assessment

- 3.5. Where needs assessments did take place during the initial calls, quality was variable. Front Door (Corporate Customer Services) calls were shallower than follow-up calls made by specialist Adult Social Care staff, who asked more probing, person-centred questions. At first point of contact, key concerns were frequently not explored. In several cases, useful information only emerged because the caller volunteered it unprompted.

Theme 5: Safeguarding

- 3.6. Safeguarding questions were not asked in multiple scenarios, even where clear risk indicators were present. Urgent situations were not always identified.

Theme 6: Consistency and Transparency

- 3.7. Callers presenting with similar needs received different responses depending on which call handler they spoke to. Boundaries around what ASC could and could not help with were rarely explained.
- 3.8. Callers were routinely left without a clear sense of next steps, timelines or who held responsibility for progressing their case.

Theme 8: Accessibility and Equality

- 3.9. Staff attitude was the strongest-performing area. All call handlers were consistently described as polite, calm and respectful. However, at times EDI concerns emerged.
- 3.10. Outcomes also appeared to depend on the caller's own confidence and assertiveness rather than the quality of service received.

4. Conclusions

- 4.1. The mystery shopping was a constructive, collaborative piece of work that generated useful, actionable insight.
- 4.2. Staff attitude is a genuine strength but there are gaps in triage, safeguarding, consistency and transparency that need addressing.
- 4.3. The findings are already informing ASC's transformation programme and the report can serve as a baseline for evaluating improvements in the residents' experience in the next 18 to 24 months.

5. Recommendations

- Review and improve handling of urgent cases.
- Strengthen needs assessment at first point of contact.
- Eliminate barriers caused by digital assumptions.
- Optimise website content for search and AI visibility.
- Avoid default signposting to online forms.
- Consider leaving a voicemail when appropriate if a call goes unanswered.
- Introduce a call back protocol for dropped calls.
- Let residents take the lead when contact is re-established.
- Embed consistent, inclusive practice in every call.
- Add queue position messaging to phone lines.
- Enhance clarity and transparency about next steps.

6. Policy Context

Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?

<input type="checkbox"/>	Improving mental health
<input type="checkbox"/>	Increasing social connection

<input type="checkbox"/>	Supporting greater financial security
<input checked="" type="checkbox"/>	All of the above

Please detail which, if any, of the Health & Wellbeing Strategy 'Ways of Working' this report relates to?

<input checked="" type="checkbox"/>	Strengthening our communities
<input type="checkbox"/>	Creating, supporting and working with volunteer and peer roles
<input checked="" type="checkbox"/>	Collaborations and partnerships: including at a neighbourhood level
<input checked="" type="checkbox"/>	Making the best of community resources
<input type="checkbox"/>	All of the above

7. Equality Impact Assessment (EIA)

Has an EIA been conducted for this work?

<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No

8. Consultation

Has public, service user, patient feedback/consultation informed the recommendations of this report?

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No

Have the relevant members/ organisations and officers been consulted on the recommendations in this report?

<input checked="" type="checkbox"/>	Yes
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<input type="checkbox"/>	No
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9. Risk Assessment

Please see appendix

10. Sustainability

- 10.1. This research is sustainable in both its approach and its implications.
- 10.2. The exercise was delivered using existing Healthwatch Hackney processes and volunteer capacity, operating under a Memorandum of Understanding with Adult Social Care. It required no significant additional infrastructure or long-term resource commitment, and the methodology can be replicated in the future to track progress over time.
- 10.3. The findings support system sustainability by identifying where current front door processes create inefficiency and avoidable demand. Where residents are redirected to online forms without adequate support, or left unclear about next steps, they are more likely to call back, escalate or disengage entirely, all of which add pressure to an already stretched service.
- 10.4. Implementing the recommendations would support more sustainable use of resources by:
 - enabling earlier identification of need and safeguarding risk at first contact,
 - reducing unnecessary repeat contacts caused by poor communication and missed calls,
 - improving digital accessibility so that more residents can self-serve appropriately,
 - building public confidence in the service, reducing avoidable escalation to crisis.
- 10.5. Overall, the research promotes a more sustainable model of access by supporting prevention, consistency and better use of existing front door capacity.

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Appendices	Risk Assessment