



Experiencing Adult Social Care in Hackney: Initial Findings From a Mystery Shopping Exercise

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Background information: Why we did the mystery shopping exercise

At the request of Adult Social Care at Hackney Council, Healthwatch Hackney carried out a mystery shopping exercise to better understand residents' experiences of contacting Adult Social Care for support. The exercise reflects the organisations' shared commitment to improving access, responsiveness and transparency in local services.

Its primary purpose was to gather insight into how residents navigate the Adult Social Care 'Front Door' (Corporate Customer Services), Access and Duty and Safeguarding routes. This insight supports Adult Social Care's current Three-Year Plan and wider service transformation goals. The timing also coincides with the service's preparation for an announced visit by the Care Quality Commission (CQC).

Healthwatch Hackney, with experience in conducting similar quality assurance exercises, was well-placed to lead this work as an independent critical friend.

This report presents the **initial findings** from the mystery shopping exercise, providing Adult Social Care with constructive feedback and suggestions for improvement. Since the mystery shopping is still ongoing at the time of writing, Healthwatch Hackney will produce a final report incorporating all findings from the exercise and any additional feedback gathered from residents and professionals, offering greater insight into the public's experience of accessing and using local social care services.

What we did, how and why

The exercise was carried out under a memorandum of understanding between Healthwatch Hackney and Adult Social Care, which outlined agreed processes, boundaries and data handling protocols to ensure a safe, ethical and constructive approach.

Adult Social Care provided 20 scenarios and a checklist of service elements they wished to assess. This allowed them to track internal processes, align the exercise with current performance objectives and ensure that cases were tracked internally and not progressed beyond what was necessary for the exercise.

Together, the 20 scenarios presented a rich, varied picture of the types of concerns Hackney residents raise when seeking help from Adult Social Care. Enquiries came from fictitious concerned third parties, such as family members, neighbours or friends. They presented complex, often overlapping issues, such as physical frailty, mental health challenges, carer exhaustion, social isolation and safeguarding risks. Some scenarios sat at the threshold for early intervention, while others reflected residents' confusion about what support was available or how to access it. All scenarios mirrored real life complexity, as residents don't experience their needs in neat categories.

The checklist aimed to evaluate how easily mystery shoppers could locate and use contact information on the website, the clarity and usability of online forms and the quality of engagement during telephone calls and follow-ups. Shoppers were asked to rate their experience of initial contact, explore whether staff identified safeguarding concerns and evaluate how well Adult Social Care responded to diverse needs such as language, disability and cultural requirements. Additionally, it sought to understand the timeliness and usefulness of responses following online and telephone enquiries.

Healthwatch Hackney recruited a team of 15 volunteer mystery shoppers to carry out the exercise. Each volunteer received training to understand the aims of the project, their assigned scenario and the importance of adhering to specific boundaries while presenting themselves in a way that reflected real-life situations. This ensured the exercise remained realistic and credible, while avoiding the creation of additional needs that would trigger responses from teams outside the agreed scope.

The exercise took place over three weeks, from 28 April to 16 May 2025, and was delivered in three phases:

1. Website review – In the first week, mystery shoppers reviewed the Hackney Council Adult Social Care website to find the appropriate contact information and guidance relevant to their scenario.
2. Telephone contact – In the second week, they made 12 calls to the main Adult Social Care contact number (020 8356 6262) to seek help based on their scenario.
3. Online form submission – In the third week, they submitted four safeguarding referrals and four general support forms. Healthwatch Hackney created ad-hoc email addresses for this purpose to ensure follow-up using the fictitious identities in the scenarios.

In practice, the main Adult Social Care contact number is answered by Corporate Customer Services who act as first responders. Online forms go directly to the Adult Social Care Access and Duty or Safeguarding teams, who are responsible for triaging and initial assessment of generic social work or safeguarding cases.

Although the formal exercise concluded in mid-May, volunteers continued to receive phone calls and emails throughout June, which was expected given Adult Social Care's response time can be up to 12 weeks.

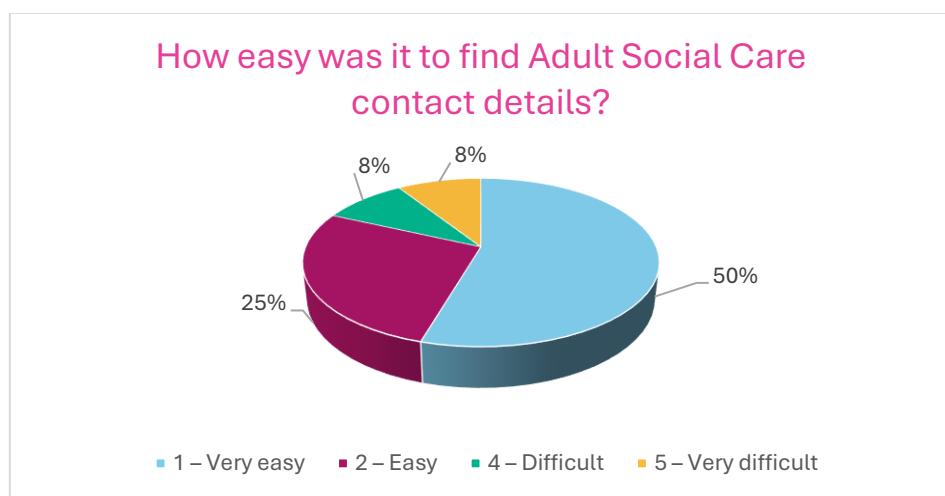
Healthwatch Hackney and Adult Social Care remained in regular contact throughout the exercise to monitor progress, address emerging issues in real time and ensure that the exercise did not burden frontline teams unnecessarily.

Accessing information: Insights from the online search

Mystery shoppers searched the web using key words of choice for their scenarios and explored the Adult Social Care section of the Hackney Council website, replicating how residents might search for information and support. This component of the exercise aimed to evaluate how easily shoppers could find relevant contact information, navigate to guidance specific to each scenario and find contact details for further support.

Finding Adult Social Care Contact Details

Asked about ease of finding Adult Social Care contact details, 75% of shoppers answered they found it either “*easy*” or “*very easy*”. Only 16% found it difficult or very difficult.



Comments showed that most shoppers successfully located the contact page by searching on Google for phrases such as “Adult Social Care Hackney Support” or “Report a Concern Adult Hackney”. Typically, mystery shoppers found relevant council pages that included phone numbers and online forms.



I searched ‘help for elderly mother falling in Hackney’ on Google. The fifth result was the Hackney Council’s older people page: Adult Social Care | Hackney Council. I scrolled down and clicked on ‘speak to one of our advisors,’ which led me to the contact details. I didn’t look any further because I was satisfied with the contact details provided.

(Scenario 4)

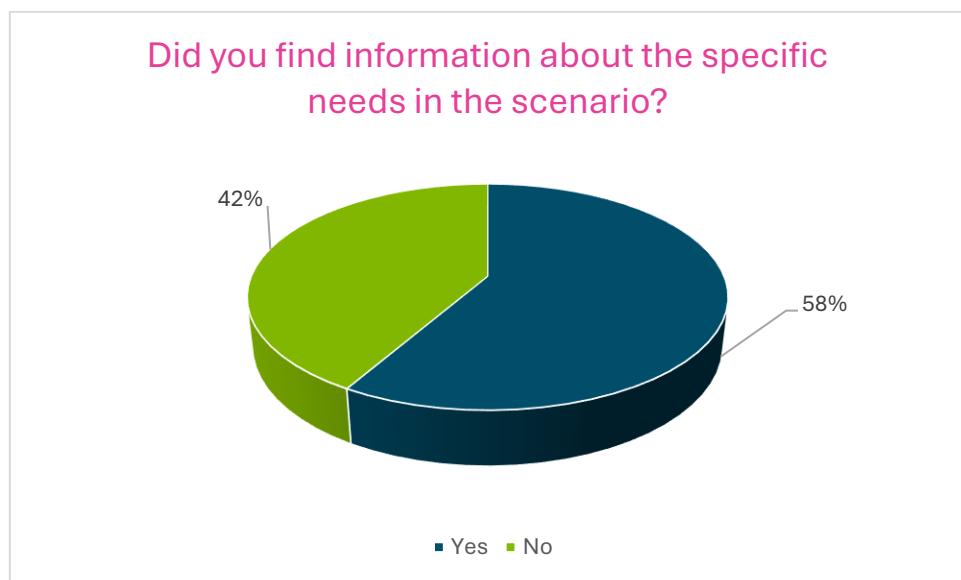
Only 16% of the mystery shoppers found it difficult to find information. They described roundabout journeys through pages that were either unclear or overly general. One shopper noted it took them three separate attempts to find a phone number, while another commented that the keyword search function for local support services was “*discouraging*”.



It took me three attempts to find a phone number. I followed the pathway: Adult Social Care – Get Support – Support for a Carer. I read the section on adult carers, but it only provided the strategy, which wasn't helpful to me. Then I looked at the parent carers section but was discouraged by the long list of names and acronyms. Eventually, I returned to the Help and Support for Carers section, where I found a number to call. (Scenario 3)

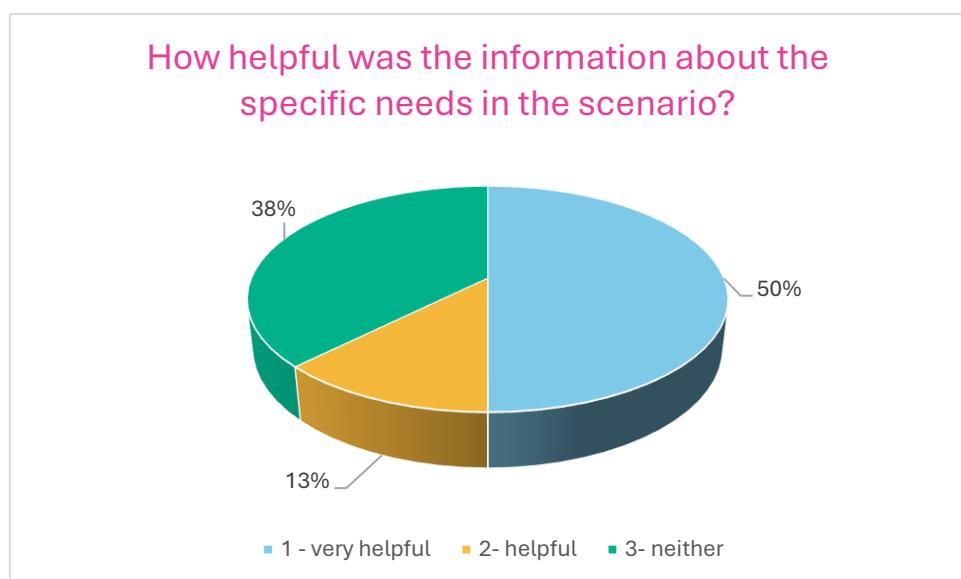
Finding relevant, helpful information

When asked whether they found information relevant to the specific needs in their assigned scenario, 58% of mystery shoppers reported that they did.



This finding suggests that, while general information is easily accessible, there is room for improvement in the depth of content available to residents.

Among those who did locate relevant information, 63% found it helpful or very helpful.



Mystery shoppers noted that the most helpful pages were those written in plain English, included next steps clearly and distinguished between urgent and non-urgent issues.

The 38% of shoppers who felt the information was neither helpful nor unhelpful highlighted it lacked sufficient detail, clarity or practical guidance to support decision on the next steps.



I learned that home adaptations can be completed within 28 weeks of the assessment, but there was no information about how long it takes to get the initial assessment. While the information was helpful, it felt incomplete.
(Scenario 1)

Additionally, a Jewish Orthodox mystery shopper was "*appalled*" to find that a search for culturally appropriate local services brought up content for refugees and asylum seekers.



I googled 'Hackney council help for isolated Jewish neighbourhood' and was quite appalled at the search results. The first few options suggest that we are refugees, asylum seekers or migrants, which we are not. I was born here. (Scenario 8).

This mismatch between user identity and search findings risks creating a sense of exclusion and frustration.

AI – Generated Overview Answers

One interesting insight was that two mystery shoppers only relied on Google's AI-generated overview answers rather than manually navigating council pages. These shoppers felt that the AI summaries provided clear, fast direction to Adult Social Care contact options. Therefore, they did not feel a need to further explore Hackney Council's own website.



I googled 'help for neighbour neglecting themselves in Hackney'. The first answer is an AI overview which I found very comprehensive and much easier to navigate than having to look through each search result.
(Scenario 7)

This signals a shift in user behaviour and sheds some light on how some residents may understand and use AI-generated content in a health context.

AI answers can be perceived as clear and fast, especially where users are struggling or in a hurry to find a solution, but they are not always accurate and current. This misinformation could pose a risk to residents acting on incorrect advice, especially in sensitive or urgent situations like safeguarding. It could also cause delays in accessing the right support, confusion for residents trying to follow the correct path and frustration or loss of trust in public services if people are directed to the wrong place.

In summary, while most users were able to locate Adult Social Care contact details with relative ease, navigating to scenario-specific information was more difficult.

The quality and clarity of content played a significant role in whether mystery shoppers felt supported in understanding their next steps. Shoppers favoured information written in accessible language, clearly structured and addressing both general and specific needs.

The increasing reliance on AI-generated answers also suggests that residents may be bypassing council websites altogether in favour of faster, more digestible summaries. It is therefore important to ensure content is optimised for search and accurately reflected in AI responses.

Box 1: Spotlight on Scenario 7

Presenting issue: I am concerned about my neighbour's hoarding. There is a strong smell of urine from the flat. The hallway is stacked full of bags and newspapers and it is impossible to get through. I think that she is neglecting herself.

The mystery shopper Googled “help for neighbour neglecting themselves in Hackney”. They found the AI overview “*very comprehensive and much easier to navigate than having to look through each search result*”. Therefore, they decided that no further search was needed.

The AI overview answer states:

If a neighbour in Hackney is neglecting themselves and it's causing concern, the first step is to contact [Hackney Council's Safeguarding Adults Team](#). They can be reached by phone or online form. If there's an immediate threat of harm, call 999. For less urgent situations, the City and Hackney Safeguarding Adults Board can be contacted at 020 7332 1224.

Here's a more detailed breakdown of steps:

1. *Report to Hackney Council: Use the online form or call Hackney Council's Safeguarding Adults Team at 020 8356 5782 (Monday-Friday, 9am-5pm).*
2. *Inform the City and Hackney Safeguarding Adults Board: If the concern is serious, contact the board at 020 7332 1224.*
3. *Consider contacting the neighbour's landlord: If the neighbour is a tenant, the landlord may be able to assist.*
4. *If the situation is a crisis: Call 999 if you think the person is at immediate risk of harm.*
5. *For less urgent concerns: Call Adult Social Care on 020 7332 1224 (Monday-Friday 9am-5pm) or 020 8356 8855/020 8356 2300 (out of hours).*

6. Consider a referral to community MARAC: If there is a high risk of serious harm, a referral should be made to the community MARAC (London borough of Hackney only).
7. Seek legal advice if needed: If all else fails, you can take legal action against a neighbour. You can get free legal advice from a law centre, advice centre, or Citizens Advice.

Bullet point 2 directed the shopper to the City and Hackney Safeguarding Adults Board on 020 7332 1224, but this number connects to the City of London. Bullet point 6 advises a referral to MARAC, which is only appropriate for high-risk domestic abuse cases and not general safeguarding concerns.

These inaccuracies highlight the potential risks of relying solely on AI-generated content. They suggest a need for Hackney Council to proactively monitor how its services are represented in AI search summaries and to improve the clarity and visibility of accurate, up-to-date information on its own website.

Seeking help: Insights from calling the main Adult Social Care contact number

Mystery shoppers called the main contact number (020 8356 6262) to test the accessibility and responsiveness of the Adult Social Care 'Front Door', in practice Corporate Customer Services. This part of the exercise aimed to simulate real-life efforts by Hackney residents to speak with someone directly for advice, support or to raise a concern.

Making the phone call

All mystery shoppers had their call answered on the first attempt, 50% within a minute and the remaining 50% within 2 minutes. This shows a responsive, efficient service, that helps set a positive tone of trust and confidence from the outset.



I joined a queue, but the call was answered in about 2 minutes
(Scenario 12).

However, two scenarios presented some technical difficulties, as the call was disconnected.

In scenario 1, the shopper's first call was answered immediately and transferred to the mental health team but due to confusion about whether this was appropriate, the

shopper ended the call. They then rang back later that day, waited 25 minutes without a response and had to hang up to tend to family commitments. A third call the following week was answered promptly.

Similarly, in scenario 11, the call was answered within a minute but disconnected unexpectedly after a short conversation. The shopper called back immediately and waited five minutes before receiving an answer. The call dropped a second time immediately after beginning the needs assessment.

In both scenarios, the mystery shopper had to call back and restart the conversation from scratch, which added to their frustration and created a sense of disconnection, as they had to re-explain their situation without continuity or acknowledgement of the earlier call.



I was frustrated that the call dropped twice (Scenario 11).

Lastly, two mystery shoppers shared some challenges with navigating the automatic call handling system.



The call handling system is not intuitive, I had to select option 6 for any other adult social care requests, because I didn't know what else to select. It almost made me wonder whether I'd rung the wrong number (Scenario 4).



I wasn't sure which option to choose, as none seemed to fit my situation, so I selected option 6 (Scenario 7).

Equality, diversity, inclusion and accessibility

Call handlers consistently demonstrated polite, respectful and professional attitudes, with mystery shoppers frequently describing them as “*kind*”, “*calm*” and “*patient*”. Their willingness to help was apparent.



The lady who answered the phone was polite and respectful. She spoke calmly and confidently, with a pleasant tone. (Scenario 7).



I felt the call handler genuinely wanted to help (Scenario 4).

However, some concerns on accessibility and EDI emerged.

In Scenario 2 the call handler asked *why* the mystery shopper lived in privately rented accommodation, which felt “*intrusive*” and “*unnecessary*” to the caller. In Scenario 3, the mystery shopper noted that the quality of support depended on their own ability to ask the right questions and navigate the system, suggesting that less confident callers may not receive the same level of help.

Digital exclusion was a recurring issue. In Scenarios 6, 7 and 9, the online form was presented as the only route for support, creating a barrier for those unable to access or use digital tools confidently. In Scenario 4, when the caller asked whether alternatives to email were available, the call handler responded, “*everyone does email*,” a comment that overlooked potential accessibility needs and reinforced assumptions about digital literacy.

Cultural sensitivity was another area where the mystery shopper’s experience was inconsistent. In Scenario 8, the call handler attempted to respond appropriately to a request for a culturally appropriate support worker from the Haredi community, but their response was vague and included the phrase “*we need to be careful with the semantics*,” which was poorly received by the Haredi mystery shopper.

These findings highlight the need for consistent practice around asking about and responding to accessibility and diversity needs, including language support, digital exclusion and cultural considerations.

Quality of needs assessment

When ringing the main contact number, the quality of needs assessments was consistently poor, with call handlers often failing to explore the wider context or ask meaningful follow-up questions. Instead, they frequently made assumptions rather than actively listening to the caller. Consequently, significant risk factors and health concerns went unnoticed and resulted in inadequate signposting. Similarly, safeguarding practices were weak, with limited or no probing about risk of abuse or harm.



There were no questions about harm or safety in the call, despite I told them I was concerned they could harm themselves from a fall.
(Scenario 6)



He didn't ask any follow-up questions and instead made assumptions about the eating issues, thinking it was a medical problem, so he directed me to the GP. If he had taken the time to ask more, he would have learned that the wife was handling all the cooking, meaning practical help was needed rather than medical treatment. (Scenario 8)

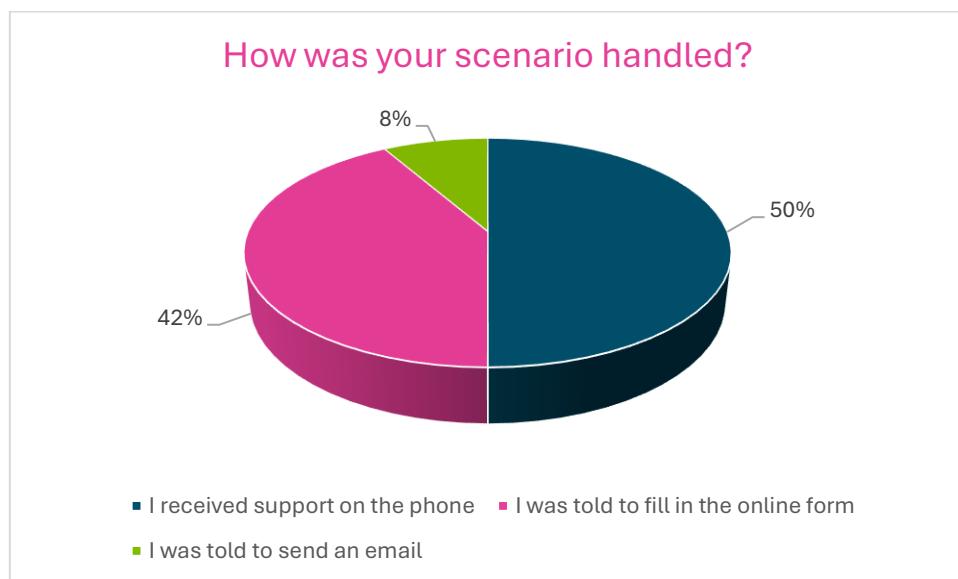


They didn't ask any probing questions. The cooking issue only came up because I volunteered that information. (Scenario 10)

This is very different from what mystery shoppers experienced when they received a follow-up call from Adult Social Care after completing an online form, where call handlers typically asked more questions, explored the situation in greater depth and provided clearer guidance. These findings are further discussed below in the section Seeking help: Insights from making an online referral.

Signposting to an online form or email address

In almost half of the calls made, mystery shoppers did not receive immediate support on the phone. Instead, they were signposted to online forms or email addresses, often without adequate explanation or alternative options.



This shift placed full control of the case with Adult Social Care, leaving the caller disempowered and uncertain about what would happen next.



I was annoyed that they asked me to fill in the online form. If I had been a real case this phone call would have been a waste of time (Scenario 7)



This was not very helpful, as I had hoped to receive more immediate advice over the phone. (Scenario 12)

While the use of online forms reflects a digital-first approach that helps Adult Social Care triage efficiently, the rigid application of this process does not always work, particularly in urgent cases where immediate support is needed, as in Scenario 10.



I found it unacceptable that I called about an older person living alone who hasn't eaten in days and was simply told to fill in an online form. This was an urgent situation that should have been addressed immediately.
(Scenario 10)

In several scenarios, individuals presenting with similar concerns received conflicting guidance. Some were told to complete an online form themselves, while others were offered phone-based referrals or had forms completed on their behalf. This inconsistency was especially evident when the same scenario was handled differently by two call handlers, highlighting a lack of standardisation in approach. Inconsistent advice between staff members undermined trust and created confusion for callers.



The first call handler said I would need to fill in a referral form myself. The second said they would complete the form on my behalf. I was confused (Scenario 11).

Boundaries around what Adult Social Care could and could not support with were rarely explained, leaving callers unclear about what help was realistically available.



No conversation happened about what the council could and could not help with (Scenario 3).

Clarity around next steps was also a common gap. Most mystery shoppers were left uncertain about who was responsible for progressing their referral, what would happen after the call, or how long they might wait to hear back. In several cases, no timeframe was provided and there was little or no explanation of follow-up routes or how to seek further help if needed.



I was told someone would be in touch after I had submitted the online form. No time frame was given at all. No further information offered. Their answers were very vague. I did not get anywhere (Scenario 9).



They didn't provide any information about what happens next and the timeline and when I asked they said they didn't know because each case is different (Scenario 10).

This lack of transparency left mystery shoppers feeling disempowered and disengaged from the process, eroding their confidence in ASC's ability to offer meaningful support.

Overall, this section of the mystery shopping highlighted that the staff's attitude, willingness to help and consistency in upholding equality, diversity and inclusion principles provide a solid foundation on which to build an informed and person-centred

support. To build on this foundation, there is a clear need for stronger training, clearer protocols and systems that empower rather than sideline residents.

Seeking help: Insights from making an online referral

To simulate how residents engage with Adult Social Care through online referrals, volunteers completed four [general support forms](#) and four [adult safeguarding forms](#). This section explores the mystery shoppers' experience of submitting the online referrals and how Adult Social Care responded.

Completing the online forms

Eight volunteers filled in the online forms. Of them, 50% found the forms “*straightforward*” and “*quick to complete*”. They commented that the information asked in both the general form and the safeguarding one was “*reasonable*”, “*relevant*” and “*appropriate*”.

Two volunteers initially felt discouraged by the length of the general support form (22 pages) but found that it only took them 5 to 6 minutes to complete it.

However, two other volunteers, who identify themselves as being on the autistic spectrum, found **the general support form** “*inaccessible*”, “*overwhelming*” and “*difficult to navigate*”.

They noted the form is lengthy and contains many sections with a mixture of required and optional questions, as well as conditional logic, which made them feel “*confused*” and caused “*fatigue from having to make too many decisions*”. One commented that the form “*feels quite overwhelming*” due to its length and complexity and added that, in real life, they “*would have abandoned the form at page 5*”.

Both said they felt “*uncomfortable and anxious about sharing personal and sensitive information without clear explanations as to why such information is requested*”.

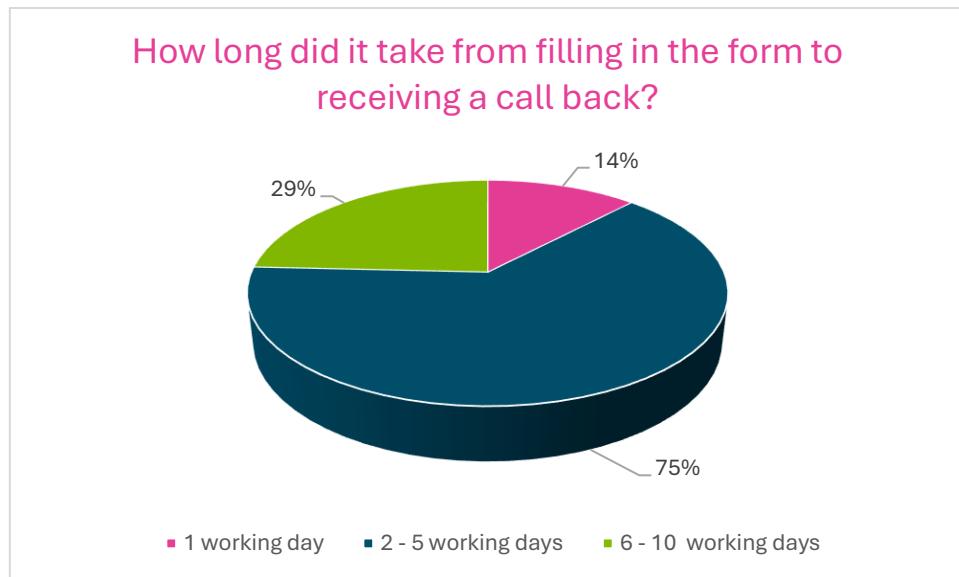
The selection between different services, such as Social Care, Occupational Therapy, and Sensory Support, was “*confusing*” due to unclear terminology and “*an assumption that the person filling in the form knows what they mean and who is responsible for what*”.

Additionally, the language used in some questions was seen as “*unnecessarily complex*”. Straightforward, plain English phrasing like “tell us about any health problems or disabilities” instead of “describe disabilities” would improve accessibility. Finally, the inclusion of a question at the end about participating in service improvement activities “*felt like an additional burden after completing such a long form*”.

Responsiveness

All mystery shoppers received a call back within a reasonable timeframe, ranging from just over 24 hours (Scenario 14) to 6 working days (Scenarios 17 and 19). This reflects a

responsive and well-functioning follow-up process, particularly given the pressures often faced by Adult Social Care teams.



However, Scenario 20 highlights an important area for improvement.

Although Adult Social Care made multiple attempts to contact the caller, they did not leave a voice message or sent a follow-up email. As a result, the mystery shopper was unaware of these efforts and believed they had received no response. When the mystery shopper called back, after two attempts and an hour long wait, the call handler made no effort to explore the caller's needs, missing an opportunity to re-centre the process around the individual. Instead, control remained firmly with Adult Social Care, with the shopper expected to wait passively for another follow-up call.

This scenario highlights the need for proactive, transparent communication and a person-centred approach that makes the most of every successful contact.

Equality, diversity, inclusion and accessibility

Similarly to the findings about Corporate Customer Services, mystery shoppers consistently describe the call handlers as “*polite*”, “*professional*” and “*empathetic*”. They communicated clearly and personally, with some engaging in small talk, adapting their tone for more confused or vulnerable callers and making adjustments to meet accessibility needs.



The call handler was friendly and polite, taking a moment for small talk. Although it was just a sentence, it made me feel seen and treated as a person, not just a case. Their tone was warm and respectful throughout (Scenario 10).



The call handler was consistently kind, patient and empathetic. Their tone remained calm and supportive throughout, even when, acting as if I had dementia according to my scenario, I became confused or unsure (Scenario 18).



The call handler responded positively to the request for future correspondence in large print (Scenario 19).

These behaviours helped build rapport and reassured mystery shoppers that they were being treated as individuals, not just cases.

However, in Scenario 18, the call handler did not honour the mystery shopper's accessibility needs and called him without prior notice despite a clear request to email him first so that he could wear his hearing aids. This oversight caused avoidable communication barriers, which ultimately resulted in failure to reach the mystery shopper.

In Scenario 20, the call handler misgendered the caller's partner, suggesting a need for better listening and training on inclusive language.



I mentioned "my wife" (same sex marriage). The call handler later referred to "your partner" using the pronoun "he". I corrected saying "she, my wife" (Scenario 20).

Quality of needs assessment

Where a needs assessment took place, the quality was generally high. Call handlers asked thoughtful, relevant questions to explore care needs, daily living ability, safety concerns and existing support.

Scenario 19 stands out as an excellent example of a needs assessment that left the mystery shopper satisfied with their experience and confident they would receive adequate support. Healthwatch Hackney would like to highlight this as a model all calls should aspire to.

Setting boundaries and communicating next steps

In most cases, call handlers explained what would happen next and what Adult Social Care could provide, including financial eligibility and service limitations.



The call handler explained that an assessment would take place in the mystery shopper's home and that, based on that, a care package would be arranged. They also explained financial boundaries clearly: if savings exceed £23,250, a contribution may be required following a financial assessment. This was sufficient and useful information to understand what's ahead (Scenario 17).

This is important because it helps callers understand the process, manage their expectations and make informed decisions about their care options, reducing anxiety and uncertainty during what can often be a stressful time.

However, this positive experience was not consistent. In some scenarios, no clear boundaries or service scope were communicated, while in others, the boundaries around support options were vague.



The call handler provided some clarity about immediate risk, advising me to contact the police if I felt unsafe. However, broader boundaries of what Adult Social Care could and could not do were not clearly discussed during the call (Scenario 15).



There was no explanation about what Adult Social Care could or could not support with and no clarification of the role of the social worker or how the case would progress beyond a general statement that I would be contacted again by my designated social worker (Scenario 20).

Clearer, more consistent boundary-setting would help manage expectations and reduce confusion.

Similarly, a recurring issue across multiple scenarios was a lack of clarity around next steps. Several mystery shoppers were left uncertain about when they would be contacted again (Scenarios 14, 15, 17 and 20), and, in one case (Scenario 15), the call ended abruptly without a proper closing and information about follow-up. Even when next steps were explained (Scenario 19), the absence of specific timeframes undermined callers' confidence in the process.



They explained someone would make contact and arrange a visit but they gave no clear timeline (Scenario 14).



When the needs assessment finished, no further information was provided. There was no indication of timelines, who would follow up or what the process would involve. The call ended abruptly as it disconnected, and ASC did not call back for a proper close. This left me feeling unclear and uncertain about what to expect next (Scenario 15).

Overall, while some call handlers provided clear and helpful explanations about what Adult Social Care could offer and what would happen next, inconsistent boundary-setting and vague or absent follow-up information left many mystery shoppers uncertain about the process, undermining trust and making it harder for people to feel supported and in control of their own care journey.

Box 2: Spotlight on Scenario 19

Presenting issue: We want to arrange care privately using direct payments. How does this process work?

Expected outcome from the referral: We would like to know how we go about applying for money to be able to organise our own care.

Mystery shopper's account of the call:

The person who called me took time to explore my fictitious father's needs, but only after ensuring that all his demographic information was accurately recorded, so that the referral could be passed to the correct department. I was asked a series of detailed questions about his address, living arrangements, ethnicity, GP surgery, current medications and what his day-to-day life was like living with myself and my fictitious partner.

She also explored his healthcare needs in more depth, including who was currently supporting him, what his specific needs were and what I was looking for in terms of support. She allowed space for clarification and I felt that she genuinely listened to the issues I raised. She maintained a polite and caring tone throughout the conversation.

She explained the different options available, which helped me to understand what was on offer and to be clearer about what I needed. I asked for any future correspondence to be provided in large print, which she confirmed would be fine.

She also asked whether I held Power of Attorney. I clarified his financial situation, including that he had moved out of rented accommodation and had £12,000 in savings.

Throughout the call, she explained why each question was being asked and what would happen with the information I shared. By the end of the call, I felt that a substantial amount had been covered in a clear and structured way. She concluded by informing me that the referral would be passed on, but that due to a waiting list, it might be several weeks before I received a response.

Recommendations for improvement

To build on current strengths and address the issues identified in this mystery shopping exercise, Healthwatch Hackney would like to make the following recommendations:

- **Review and improve handling of urgent cases.** Not all enquiries can wait. Equip staff to escalate and respond immediately to critical issues.
- **Avoid default signposting to online forms.** When a resident calls, treat it as a meaningful contact. Whenever possible, begin a needs assessment during the call rather than redirecting them to complete a form, especially if urgency or vulnerability is indicated.
- **Optimise website content for search and AI visibility.** Ensure Adult Social Care content is written in plain English, includes keywords that reflect user queries, and is structured for accurate representation in AI-generated summaries. This helps prevent misinformation and improves access to reliable support.
- **Add queue position messaging to phone lines.** Informing callers of their place in the queue helps manage expectations, reduces anxiety and minimises hang-ups, even during short waits.
- **Introduce a call-back protocol for dropped calls.** When a call disconnects, call handlers should promptly call back and log the interruption to ensure continuity. This avoids forcing residents to start over and reduces frustration from repeated explanations.
- **Consider leaving a voicemail when appropriate if a call goes unanswered.** When a call to a resident goes unanswered, Adult Social Care should consider leaving a short, clear message explaining who they are, why they called and how the resident can get back in touch. Recognising that this may not always be safe or appropriate, a protocol should be developed to guide staff on when voicemails can be left and what information is safe to include. This prevents misunderstandings, reassures residents that their referral is being followed up, while giving staff clear guidance to act safely and appropriately in each situation.

- **Strengthen needs assessment at first contact.** Train the Corporate Customer Services team to mirror the more thorough assessments seen in follow-up calls. Deeper early assessments can better identify safeguarding risks and support needs, improving outcomes and reducing delays.
- **Let residents take the lead when contact is re-established.** If a resident calls back after missed contact attempts, the call handler should handle the call and transfer it to the appropriate team, rather than asking them to wait for another call back. This improves efficiency and reduces the number of missed contacts.
- **Be transparent about Adult Social Care's boundaries.** Call handlers should clearly explain what support ASC can and cannot provide. This honest approach manages expectations, builds trust and prevents confusion.
- **Clarify next steps and expected timelines.** If specific timeframes are unavailable, offer a realistic range and explain the process (i.e. “You’ll be contacted in 4–6 weeks by the Access and Duty Team. The call will include X, Y, Z”). This provides structure and reassurance.
- **Embed consistent, inclusive practice in every call.** Reinforce training so all staff routinely ask about access needs, avoid assumptions and use inclusive language. Calls should reflect cultural competence and be sensitive to digital exclusion, disability and language needs.
- **Eliminate barriers caused by digital assumptions.** Ensure that alternatives to online and email channels are always offered and that staff understand not everyone is digitally confident or able. This avoids excluding older, disabled or digitally excluded residents.

Adult Social Care's response

The following is a formal response to the Healthwatch report emerging from a Mystery Shopping exercise carried out with London Borough of Hackney Adult Social Care in May-June 2025. This response comments on general observations and the recommendations in this report. Contributors to the response are Adult Social Care staff and partners in Corporate Customer Services who are responsible for responding to initial calls for Adult Social Care support.

Hackney Council would like to thank Healthwatch for carrying out the work. In general the report was well received and Adult Social Care and Customer Services are considering a number of recommendations in their transformation programmes.

Context

In May 2025 mystery shoppers commissioned by Healthwatch contacted London Borough of Hackney for support from Adult Social Care. They used 20 fictional but common scenarios. In 12 of these the mystery shoppers contacted the main Adult

Social Care number and in 8 they completed online forms. Healthwatch also carried out a review of the website. Full details of the methodology can be found in the Healthwatch report.

Mystery Shoppers were not told which Council teams would be dealing with their enquiry at which stage so that the process more closely replicated a resident's real experience of requesting support. However it is useful to know the process here. If residents contact the Adult Social Care number, the first line of contact by telephone is the Corporate Customer Services team. The call handlers are generic responders with the knowledge to signpost residents to the appropriate service, which may not be Adult Social Care. Where the resident is previously unknown (as with all of the scenarios used), and a referral to Adult Social Care is necessary, the Customer Services call handler completes an online form on the telephone with the resident which goes through to the Adult Social Care teams.

General response:

We were pleased to see that all calls were handled professionally and politely. This is as we would expect. The speedy responses to calls reflect the success of previous initiatives to ensure that call times are reduced.

Recommendation to optimise website content for search and AI visibility. We requested the Mystery Shopping feedback to feed into our current review of our website. We will explore how we can improve the quality, appropriateness and depth of specific areas of information raised in the Healthwatch report. We will also consider the language used. The feedback on the need to provide AI-proof search information was very timely and useful.

Recommendation to strengthen needs assessment at first contact, including training the Corporate Customer Services team to mirror the more thorough assessments seen in follow-up calls: We would not expect current Customer Services staff to collect the same level of detail as Adult Social Care staff as they are generic workers, providing a holistic service in response to multiple needs. However, it is vital that at first contact we collect enough information to provide the right support and identify early safeguarding concerns and immediate needs. We will review our Adult Social Care training for Customer Services staff and build on existing relationships and use the forums between the two teams to provide appropriate staff support. We are reviewing the scope for providing some specialist response at the point of first contact where needed. This includes the way that safeguarding cases are picked up and addressed.

Recommendation to review and improve handling of urgent cases. Our review of training to staff will help ensure that requests for immediate need are recognised and urgent cases are passed through to teams. We will review our processes for providing

immediate access to Adult Social Care social workers when a person contacts the service with an urgent need.

Recommendation to avoid default signposting to online forms. As a general approach London Borough of Hackney wishes to encourage residents to self-serve or seek support from family and friends wherever possible, so that staff dealing with calls are freed up to help those who need more support. We are clear that this approach is not always appropriate for referrals to Adult Social Care. We need to identify hidden needs and potential safeguarding concerns, as well as ensuring people that do not require Adult Social Care support are not asked to complete it unnecessarily. We are grateful to the Mystery Shopping exercise for highlighting the challenges default referrals to online forms create. We will review our training for those responding to requests for Adult Social Care support, to minimise those redirected to online forms and enabling those referrals that need to come through to adult social care to be completed during that phone contact with a resident or their family / community member.

Recommendation to eliminate barriers caused by digital assumptions. All London Borough of Hackney staff are committed to providing the right support to those who are digitally excluded. We will review our training and approach to ensure that we achieve the right balance of support for residents with Adult Social Care needs or their referrers when advising them to complete online forms. See also the response to avoiding default signposting to online forms.

Recommendation to consider leaving a voicemail when appropriate if a call goes unanswered. We note that in some cases Adult Social Care staff had difficulty contacting the Mystery Shopper following the referrals. Some of this was caused by the practicalities of the Mystery Shopping exercise itself but we recognise that failed contact happens in real cases. Adult Social Care staff reported experiencing worry in these cases, as they were concerned that there were unmet need and unmanaged risk. They were relieved to learn afterwards that they were Mystery Shopping cases.

Healthwatch recommended that, when a call to a resident goes unanswered, Adult Social Care should consider leaving a short, clear message. They recognise that this may not always be appropriate because of risk, such as domestic abuse or when there is a new resident and their circumstances are unknown, but recommend establishing a protocol. We can consider this point and review our guidance on this.

Recommendation to let residents take the lead when contact is re-established. Mystery Shoppers who had not heard from Adult Social Care recontacted the service through the main contact number but were not passed through to the appropriate team. We note that this included cases where the social worker had tried repeatedly to contact them. We will review how we can transfer calls, recognising staff may not be at their desk, but where practical to try to ensure the resident is speaking to the most

appropriate team/ worker when there has been previous contact and failed attempts to make further contact.

Recommendation to be transparent about Adult Social Care's boundaries. Our Customer Services and Adult Social Care teams will work closely together to ensure that staff have good knowledge of available help and support, particularly those community services that help keep people safe and well, including those which are culturally specific to the communities in Hackney. We will review our training to ensure that all Customer Services and Adult Social Care staff can provide the right information on what the service can and cannot provide. We will also ensure that our public facing information is clearer about where Adult Social Care can and cannot support.

Recommendation to clarify next steps and expected timelines. We note that in many cases Adult Social Care staff explained next steps and service scope. However, information was not consistent and residents were not clear about when they would hear again. Following the report's findings, we are reviewing our service practice standards and how these can be built into appropriate training for all staff.

Our Customer Services and Adult Social Care teams will work closely together to ensure that staff have the right knowledge to advise residents what to expect and when, and what to do if things do not turn out as planned.

Recommendation to embed consistent, inclusive practice in every call. We are committed to ensuring that all our relationships and communications with residents embed inclusive practice and use culturally appropriate language. We welcome the Mystery Shopping feedback and will incorporate this into the actions within our Equality Plan and associated frameworks.

Recommendation to add queue position messaging to phone lines, informing callers of their place. We do not see a need to provide queue positioning at this time. Our call analysis shows that we answer 89% of calls and the average waiting time is less than 3 minutes. However, we will continue to monitor and always consider improvement.

Recommendation to introduce a call-back protocol for dropped calls. We do have a callback protocol in place and we regularly remind officers that they should always return a call where the line is either cut off or there are technical issues. When there are withheld numbers or the caller is calling us back this can mean we are unable to return a call.

Observations on ease of making an online referral. We note that half of the Mystery Shoppers found the online forms easy to complete and took less time than expected. However we need to review our forms to ensure that they are accessible to all, including autistic and learning-disabled people.

Observations on Adult Social Care responses to the online form: We note that most Mystery shoppers received a timely response to the online form but in one case had difficulty communicating with Adult Social Care because of missed calls. We will review our processes for facilitating access to Adult Social Care where there have been repeated missed calls.

Observations on the detailed case studies: The detailed case studies helped us to identify what happens in individual cases and we are grateful to the Mystery Shoppers for their time in completing the work. We need to correct a misunderstanding in Scenario 20 that the Mystery Shopper spoke to an Adult Social Care worker. They spoke to a Customer Services officer, where the expected response may be different. This does not take away other learning points in this scenario or the need for staff to explain which team they are representing.

Acknowledgements

Healthwatch Hackney would like to thank all those who contributed to this mystery shopping exercise.

We are particularly grateful to the Adult Social Care and Corporate Customer Services teams and all the staff at Hackney Council who supported the exercise for their collaboration, constructive engagement throughout the process, willingness to reflect on findings and consider practical steps for improvement.

We also would like to thank our volunteer mystery shoppers – Aarav, Adam, Aisha, Anam, Cindy, Erin, Fabien, Hope, Khenan, Leah, Liz, Menachem, Miglena and Sally - for their time, insight and lived experience contribution to this project.

Appendix 1: Findings and Recommendations (Scenarios 1 to 12)

Scenario 1

Theme	Summary of findings	Mystery Shopper's Score (1 = very good, 5 = very poor)
Presenting Issue	I am really worried about my son. His behaviour is becoming really challenging and it's really getting me down. I think there is something mentally wrong with him. Please can you help?	
Expected Outcomes	Son gets a job and lives independently; mother gets help and advice on how to deal with son's behaviour.	
Call Details	The call was answered immediately and at the first attempt. After an initial brief needs assessment, the mystery shopper was transferred to Mental Health Services but she ended the call as she wasn't sure if that was the right step. The mystery shopper made a second call later the same day and waited on hold for 30 minutes, then had to hang up to tend to other commitments. The shopper made a third call the following week, which was answered straight away. This mystery shopping is now completed.	3 - average
Call handler's Attitude	The mystery shopper described both call handlers as polite, nice, friendly, patient and courteous. She felt treated well.	1 - very good
Quality of Needs Assessment	On both occasions, the call handler asked some initial questions but did not explore the family dynamics or risks in detail. The mystery shopper felt assumptions were made about the caller's needs and that a more thorough exploration would have been appropriate.	3 - average
Setting Boundaries	Both call handlers provided some indication of how signposting could help but did not explain support in sufficient depth. They did not set clear boundaries on how ASC could / could not help.	3 - average
Signposting	Yes, however this was different in the first and third call. The first call handler transferred the call to mental health services. In the third call, the mystery shopper was signposted to the mental health services, the GP, CAMHS and the crisis team. However, the shopper was confused about the relevance of the referral to CAMHS (020 7014 7079). As the signposting was different, she felt that the first call handler saw more urgency in her case than the third one, despite it being presented in the same way.	3 - average
Safeguarding	The shopper noted they were asked if the individual was at risk, suggesting safeguarding was appropriately screened.	Yes

Next Steps	They didn't provide any further explanation, simply telling the mystery shopper to contact the numbers and services they mentioned. The mystery shopper felt the call handler assumed prior knowledge on her part and was left feeling as though there was nothing more they could do to support her.	4 - poor
EDI and Accessibility	Positive. The mystery shopper felt respected and treated well. The call handler responded patiently and respectfully to the mystery shopper's difficulties with language, although they did not ask if she needed an interpreter. The noise-free background aided with the caller's understanding.	2 - good
Overall Experience	The mystery shopper felt that the tone was respectful, but the advice rushed. The shopper felt the support could have been more thorough. They felt the call lacked deeper questioning and there seemed to be assumptions made about what kind of help she needed. More detailed explanations about the signposting and reassurance that they could call back for further support would have made the exchange feel complete and more supportive.	4 - poor
Recommendation for improvement	Deepen the needs assessment by conducting a more thorough needs assessment, asking questions about family dynamics and risks. Improve consistency and clarity in signposting, clearly explaining Adult Social Care's role, what support could or couldn't be offered and explaining why each referral was relevant. Clearly outline next steps, including offering reassurance that the caller could return for further help. Finally, always check for language support needs, such as asking about an interpreter, to make the call more accessible.	

Scenario 2

Theme	Summary of findings	Mystery Shopper's Score (1 = very good, 5 = very poor)
Presenting Issue	My elderly father is having difficulty getting around and up and down steps. He lives on the fourth floor of his flat and the lift is broken. I am worried about the impact on his health because he can't get around. The flat is privately rented. What can I do to get help?	
Expected Outcomes	Wants someone to help with sorting out the problems with his flat, with the lift. He doesn't think they can do anything about his stiffness.	

Call Details	The call was answered immediately and at the first attempt. As my fictitious mum was not present and could not give consent, they told me to fill in the online form, which I felt was reasonable. The mystery shopper made a follow-up call (please see details below). This mystery shopping is now completed.	2 - good
Call handler's Attitude	The call handler was polite and eager to assist.	1 - very good
Quality of Needs Assessment	There was no needs assessment. The call handler directed the mystery shopper to the online form.	4 - poor
Setting Boundaries	The call handler held the boundary firmly but politely. No consent from the mother meant that no support could be given.	3 - average
Signposting	No signposting or information provided on housing disrepair routes or health-related concerns.	No
Safeguarding	No safeguarding questions were asked.	No
Next Steps	There was a lack of clear information and timeline about what might happen after the mystery shopper filled the online form.	4 - poor
EDI and Accessibility	Questioning why someone lives in privately rented accommodation felt intrusive and unnecessary.	4 - poor
Overall Experience	The mystery shopper experienced a polite and well-meaning response but the support offered was limited. While the call was answered promptly and the need for consent was explained clearly, the call handler did not explore the situation in depth or offer any practical guidance beyond completing an online form. No safeguarding questions were asked and there was no signposting or advice on addressing the housing issue or the father's declining mobility and isolation.	3 - average
Recommendation for improvement	Provide some immediate advice or signposting: even without consent, they could offer information on options for how to escalate housing disrepair. Given concerns about health and isolation, they could have considered making a wellbeing check or flagging for further follow-up. Explain next steps: rather than just saying " <i>fill in a form</i> ", the call handler could have explained what happens after the form is submitted and how long it might take. Offer to help with consent: they could have suggested calling back at a time when the caller's mum was available or arranging a joint call to gain verbal consent.	

Scenario 2: follow-up call by mystery shopper

Theme	Summary of findings	Mystery Shopper's Score (1 = very good, 5 = very poor)
Follow-up Call Details	The call was answered immediately at the first attempt.	1 - very good
Call handler's Attitude	Polite and professional but came across as cold and matter of fact. Lacked warmth.	3 - average
Quality of Needs Assessment	The call handler found the referral's details on the system, which contributed to speeding up the needs assessment. The mystery shopper felt the quality of the needs assessment was good but only because they felt confident in probing and seeking further information, which in turn prompted the call handler to ask additional questions.	3 - average
Setting Boundaries	Boundary setting was immediate and firm. The call handler made it clear that they could not assist because the property was privately rented.	1 - very good
Signposting	The call handler offered several signposting options. The caller was advised to go to Citizens' Advice. The call handler explained that they only see 20 people per day and suggested arriving well before 9am to secure a place. This created confusion for the mystery shopper, who expected set opening hours rather than a cap on number of people seen. The caller was signposted to Age UK, possibly for help with shopping support or companionship, although the call handler admitted they were not sure about how they could help. The call handler also provided the email address privatesectorhousing@hackney.gov.uk , describing it as a contact for people struggling with unresponsive private landlords. This signposting was positioned as an escalation route if the landlord continued to neglect the issue with the broken lift.	2 - good
Safeguarding	No safeguarding questions were asked.	no
Next Steps	The mystery shopper concluded the call confident on what to do next.	2 - good
EDI and Accessibility	The mystery shopper believes that they obtained information because of their confident and forthcoming nature. They believe that someone with less confidence or understanding of the system would have received less help.	1 - very good
Overall Experience	The overall experience was positive and the caller achieved their expected outcome. However, they felt the outcome depended heavily on the caller's initiative rather than on the call handler's ability.	2 - good

Recommendations for improvement	Train call handlers to take a proactive approach by asking open, exploratory questions and offering information without relying on the caller's knowledge of the system. This ensures that all callers, regardless of confidence, assertiveness, or familiarity with the system, receive a consistent standard of support.	
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Scenario 3

Theme	Summary of findings	Mystery Shopper's Score (1 = very good, 5 = very poor)
Presenting Issue	I have a disabled daughter. We are not getting any support at the moment. I want to know what benefits I am entitled to and what community support I can get. Can you point me in the right direction?	
Expected Outcomes	Support with benefits and information about where to go for help and advice about being a carer.	
Call Details	The call was answered within 2 minutes, at the first attempt. This mystery shopping is now completed.	1 - very good
Call handler's Attitude	The call handler was polite and kind.	1 - very good
Quality of Needs Assessment	The mystery shopper felt the call handler genuinely wanted to help but they could have explored the issues further. They only asked for the daughter's age and whether the caller was seeking financial support and did not explore the mothers' emotional needs. The mystery shopper also felt the call handler made many assumptions about their situation and focused only on what they thought was necessary. They signposted the caller to the Direct Payment team but checked eligibility only after signposting.	5- very poor
Setting Boundaries	No conversation happened about what the council can and cannot help with.	5- very poor

Signposting	They advised the mystery shopper to google “Carer Allowance” to complete an application. They provided the contact number for the Council’s Direct Payment team, too. In response to the mystery shopper’s confusion, they explained that a direct payment originates from the council, while carer allowance is provided by the government. For additional support, they suggested reaching out to Citizen’s Advice, initially on the phone on 0203 855 4472 but then they recommended the mystery shopper goes in person early on a Wednesday morning. The mystery shopper felt the signposting for financial support was good but it lacked regarding community help.	2 - good
Safeguarding	No safeguarding questions were asked.	No
Next Steps	Unclear. The shopper was given numbers to contact but no information about follow-up or what to do if they needed more help.	4 - poor
EDI and Accessibility	No concerns raised. The caller felt treated respectfully.	1 - very good
Overall Experience	The advice was practical and polite but lacked depth, therefore the caller’s expectations were only partially met. The mystery shopper noted that the call handler seemed to rely on experience rather than listening fully and that community support was overlooked.	4 - poor
Recommendations for improvement	Strengthen the needs assessment, including both practical and emotional aspects of the caller’s situation, rather than relying on assumptions based on experience. A thorough needs assessment would have led to more appropriate signposting, including both financial support and help in the community, tailored to the caller’s needs. Safeguarding checks should always be included. Clarify boundaries and roles, clearly explaining what ASC can and cannot do. This builds realistic expectations and prevents confusion or frustration. Improve follow-up and next steps, offering guidance on what to expect after contacting the suggested services and reassurance that the caller can return if further support is needed.	

Scenario 4

Theme	Summary of findings	Mystery Shopper's Score (1 = very good, 5 = very poor)
Presenting Issue	My mother is elderly and keeps falling over. She had another fall last week. She is in danger of really hurting herself. How can I get help for her? Please can I get help?	
Expected Outcomes	I'd like Mum to find out why she keeps falling, and to know whether there is anything to stop it.	
Call Details	The call was answered in two minutes, at the first attempt. The mystery shopper filled in the online form and ASC got in touch via email with the mystery shopper as they were having trouble reaching the service user. At the time of writing, the mystery shopping is ongoing.	
Call handler's Attitude	The call handler was described as polite but unhelpful. The mystery shopper felt the call handler stuck rigidly to protocol without showing flexibility or empathy in response to the caller's repeated concerns.	3 - average
Quality of Needs Assessment	There was no meaningful needs assessment. The caller was asked to decide if the concern was a safeguarding matter, but no clarifying or probing questions were asked to explore risk or need.	5 - very poor
Setting Boundaries	The call handler clearly stated the process (online form first unless safeguarding), but did not explain the rationale or what ASC can or cannot do after the form is submitted.	5 - very poor
Signposting	No signposting was provided beyond the safeguarding team. The caller was not offered any alternative services, community resources or help with completing the form.	No
Safeguarding	The call handler asked whether it was a safeguarding issue but did not explore this with any follow-up questions.	No
Next Steps	The only next step given was to complete the online form. The caller was told someone would get in touch after submitting the form, but no timeline, expectations, or reassurance was offered.	5 - very poor
EDI and Accessibility	No questions were asked about accessibility, additional needs or language. Instead, the call handler told the mystery shopper that "everyone does email", ignoring potential digital exclusion.	5 - very poor

Overall Experience	The caller rated the experience very poor. They felt stuck with a rigid and unhelpful first-response system, unable to speak to someone in the adult social care team. The call felt procedural and dismissive rather than person-centred.	5 - very poor
Recommendations for improvement	Shift from an "online form first" approach to a more responsive, human-centred one that leaves callers feel heard, supported, empowered and in control of what happens next.	

Scenario 5

Theme	Summary of findings	Mystery Shopper's Score (1 = very good, 5 = very poor)
Presenting Issue	I'm concerned about my brother who has a mild learning disability. He has new neighbours who have been tormenting him and shouting abuse at him. He is now scared to leave his home. I think he is at risk. What can I do?	
Expected Outcomes	Stop the abuse towards the caller's brother.	
Call Details	The call was answered within 2 minutes at the first attempt. This mystery shopping is now completed.	1 - very good
Call handler's Attitude	The mystery shopper described the call handler as nice and polite and said they spoke to her respectfully.	1 - very good
Quality of Needs Assessment	The call handler asked some of the questions the mystery shopper expected based on the scenario. However, they felt the call handler was rushed and eager to finish the call quickly and move on.	3 - average
Setting Boundaries		3 - average
Signposting	The call handler signposted the mystery shopper to the safeguarding team and the police. They added they could refer to their GP for additional support, too. The mystery shopper felt the signposting was adequate.	3 - average
Safeguarding	The call handler asked some questions and wanted to refer the mystery shopper to the safeguarding team.	Yes

Next Steps	No further steps were explored. They mystery shopper was told to make the calls as per signposting.	5 - very poor
EDI and Accessibility	The gender change (Joshua was Hannah at birth) did not surface during the conversation but the mystery shopper felt the call handler was respectful at all times and they believe it would not have been an issue.	1 - very good
Overall Experience	While the call handler offered some suggestions on where to get help, the mystery shopper felt they didn't fully address their questions. Their responses were very brief and lacked detail.	3 - average
Recommendations for improvement	<p>It is recommended that call handlers are encouraged and supported to take more time to explore situations in depth, asking further questions to fully understand the risks and avoid making assumptions. Signposting could be strengthened by providing a clearer explanation of why each service is relevant and what support they can realistically offer. In addition, it is recommended that call handlers give a more structured outline of next steps, including reassurance that callers can get back in touch if needed. A more measured and thorough approach would help callers feel better supported and confident in the guidance provided.</p>	

Scenario 6

Theme	Summary of findings	Mystery Shopper's Score (1 = very good, 5 = very poor)
Presenting Issue	I'm concerned that my uncle's care home is not looking after the residents properly. I think the residents are being neglected. Things keep going missing. Who can I report this to?	
Expected Outcomes	The referrer wants the quality of care to be investigated. The person the referral is about wants to change where they live.	
Call Details	The call was answered immediately, at the first attempt. The mystery shopper was asked to fill in the online form. On the day the mystery shopper tried to complete the online form, the system was down and they were not able to access the form. Therefore, they gave up. The mystery shopping is complete.	5 - very poor
Call handler's Attitude	The call handler listened and asked relevant initial questions but their tone and behaviour became transactional once it was clear the person was not known to the system. The caller felt de-prioritised and dismissed.	4 - poor

Quality of Needs Assessment	The call handler asked what the caller wanted ASC to do but did not explore any needs.	5 - very poor
Setting Boundaries	The call handler implied they could not proceed without the person being on the system and redirected the caller to complete an online form, but did not clearly explain ASC's role or limitations.	5 - very poor
Signposting	The only signposting offered was to the online safeguarding form on the Hackney website. No alternative methods (e.g., phone support or paper forms) were suggested.	No
Safeguarding	Despite the caller expressing concerns about potential self-harm through falling, no safeguarding questions were asked.	No
Next Steps	The call handler said the caller would be contacted by email after the form was assessed but gave no timeframes or indication of what would happen next. The process was unclear and vague.	5 - very poor
EDI and Accessibility	The online form was inaccessible, creating a digital barrier to access.	5 - very poor
Overall Experience	The caller felt blocked by a gatekeeping approach. Once it was clear the person was not in the system, support became minimal. The vague answers, lack of follow-up information and inaccessible form left the caller stuck and unable to seek help.	5 - very poor
Recommendations for improvement	Shift from an "online form first" approach to a more responsive, human-centred one that leaves callers feel heard, supported, empowered and in control of what happens next.	

Scenario 7

Theme	Summary of findings	Mystery Shopper's Score (1 = very good, 5 = very poor)
Presenting Issue	I am concerned about my neighbour's hoarding. There is a strong smell of urine from the flat. The hallway is stacked full of bags and newspapers and it is impossible to get through. I think that she is neglecting herself.	
Expected Outcomes	The caller would like ASC to investigate if the neighbour needs help as her health might be at risk.	

Call Details	The call was answered immediately, at the first attempt but the caller did not receive the help they hoped for. Instead, they were told to fill in the online form. The caller was not digitally savvy and chose not to fill in the online form, depriving her neighbour of much-needed help. This mystery shopping is now completed.	4 - poor
Call handler's Attitude	The call handler was polite and respectful. She spoke calmly and confidently, with a pleasant tone.	1 - very good
Quality of Needs Assessment	The call handler did not ask any follow-up questions or request any additional details. She repeated back what the mystery shopper shared but didn't probe further, leading to a sense that the concern was not explored. The call handler told the mystery shopper to fill in the online form.	4 - poor
Setting Boundaries	The adviser emphasised that the council's response would depend on the individual circumstances but reassured the mystery shopper that each form submitted is reviewed. No further information was given about how decisions are made or what actions might follow. This left the mystery caller unclear about the council's potential role in helping the neighbour.	2 - good
Signposting	The call handler clearly signposted the caller to the online safeguarding form, providing step-by-step instructions on how to access it on the Hackney Council website. No alternative options were offered for those unable to go online, which left the mystery shopper frustrated as she is not digitally savvy.	No
Safeguarding	The mystery shopper had a concern about the neighbour self-neglecting but this was not picked up during the call nor did they ask any questions to assess potential risk.	No
Next Steps	The call handler stated that a follow-up would be made after the form was submitted but could not offer any detail about what would happen next, how long it might take, or how urgent cases are prioritised.	4 - poor
EDI and Accessibility	No diversity or accessibility questions were asked and no adjustments or alternatives were offered for people who may struggle with online access.	5 - very poor
Overall Experience	The call handler was polite, respectful, and clear in her verbal communication, offering reassurance that the form would not be ignored. However, the call felt transactional. The call handler's insistence on completing the online form without exploring the concern further or offering alternatives for support discourages further engagement. The mystery shopper ended the call feeling they did not want to go online and fill in the online form.	4 - poor

Recommendations for improvement	<p>It is recommended that call handlers explore concerns more thoroughly by asking follow-up questions to assess potential safeguarding issues, particularly around self-neglect. Alternative ways to report concerns, such as taking information over the phone, could be offered to accommodate those with limited digital access. The explanation of the council's role and what happens after a referral could be made clearer, including how urgency is assessed and what support might follow. It is also recommended that call handlers check for accessibility needs and offer appropriate adjustments to ensure callers feel supported and included. A more flexible, person-centred approach would help encourage callers to stay engaged and complete any required forms.</p>	
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Scenario 8

Theme	Summary of findings	Mystery Shopper's Score (1 = very good, 5 = very poor)
Presenting issue	I am worried about my neighbour. I call in to see him/ her about once a fortnight but I am very concerned about how isolated he/she is. Recently when I visited him he/she told me that I was the first person he had talked to since I visited 2 weeks ago. I don't think he / she is eating properly and he seems depressed.	
Expected Outcomes	Help around the house and with the shopping. Company.	
Call Details	The call was answered immediately, at the first attempt. The mystery shopper was initially referred to the online form but the call handler adapted to the caller's needs and initiated a phone referral. This mystery shopping is now completed.	1 - very good
Call handler's attitude	The call handler was polite, respectful and patient, which positively shaped the caller's experience.	1 - very good
Quality of Needs Assessment	The call handler asked for neighbour's personal details and whether the concern was specifically about hoarding but they did not explore further. The mystery shopper noted that assumptions were made about eating being a medical issue, not a practical one, which later led to inappropriate signposting.	4 - poor
Setting boundaries	The call handler clearly but politely explained that they could arrange for someone to visit the neighbour and carry out a needs assessment, but they wouldn't be able to provide ongoing or permanent support.	2 - good

Signposting	He signposted the mystery shopper to the GP for the eating issue, which was inappropriate because of its practical, not medical, root cause. This was the result of a superficial needs assessment earlier in the call.	5 - very poor
Safeguarding	The call handler began collecting key information and planned to pass the case to the safeguarding team.	Yes
Next steps	The call handler mentioned that ASC would conduct a needs assessment and ask further questions but was unable to give clear timelines or follow-up information.	3 - average
EDI and Accessibility	The call handler adapted appropriately to the caller's request not to use the internet and made a phone referral instead. However, the response to a request for a culturally appropriate worker from the Haredi community was vague. The mystery shopper felt that the call handler " <i>wanted to get it right but messed up</i> ". The phrase " <i>we need to be careful with the semantics</i> " was unclear and not well received by the mystery shopper, who identify herself as Haredi.	3 - average
Overall experience	The tone was respectful and the call handler made a genuine effort to be helpful, particularly in navigating access barriers. However, the lack of probing questions and some assumptions about needs limited the effectiveness of the advice. Additionally, if the mystery shopper had not been Haredi, she would have had to fill in the online safeguarding form, potentially leaving the neighbour without food for many more days.	3 - average
Recommendations for improvement	Improve the quality of the needs assessment, making sure it is evidence-based and does not rely on assumptions. Adequate probing questions would have uncovered the root cause of the eating issue, leading to a more appropriate signposting. Provide clearer information on what happens next. Even if the timeline is dependent on urgency, this should be stated clearly and an outline of next steps laid out. This helps the caller feel some sense of control, it manages expectations and builds trust in the service. Improve confidence on handling EDI. The use of the phrase " <i>we need to be careful with the semantics</i> " could be replaced with a more culturally appropriate sentence such as " <i>Let me check how we can support members of your community</i> ".	

Scenario 9

Theme	Summary of findings	Mystery Shopper's Score (1 = very good, 5 = very poor)
Presenting Issue	I am worried about my friend's widower. He lives alone, is elderly, and has no food, and can't get out to get any.	

Expected Outcomes	Help with shopping and cleaning.	
Call Details	The call was answered immediately, at the first attempt. The mystery shopper was asked to fill in the online form. On the day the mystery shopper tried to complete the online form, the system was down and they could not access the form. Therefore, they gave up. The mystery shopping is complete.	4 - poor
Call handler's Attitude	The call handler was polite, calm and respectful throughout the call, which positively shaped the tone of the conversation.	1 - very good
Quality of Needs Assessment	The call handler asked for basic personal details to check if the person was on the system but did not explore their concerns further. Key issues such as grief, loneliness, malnutrition and isolation were not discussed.	4 - poor
Setting Boundaries	Boundaries were mentioned (an online form must be completed) but not clearly explained. The caller was told a needs assessment could happen, but with no timeframe and little transparency about the process.	4 - poor
Signposting	The only action offered was to complete the online form. No alternatives, support services, or immediate actions were suggested, even though the situation was urgent and involved an older person who hadn't eaten in days.	No
Safeguarding	No safeguarding questions were asked, despite clear indicators of possible neglect and vulnerability.	No
Next Steps	The mystery shopper was told the case would be handled differently depending on the situation but was given no clarity on what to expect or how long it might take.	5 - very poor
EDI and Accessibility	The online form was treated as the default route, which posed a barrier in an urgent situation.	5 - very poor
Overall Experience	Although the call handler was courteous, the caller felt dismissed and frustrated. They felt their concern was deprioritised because the person was not in the system and they were left with no immediate support in a critical case.	5 - very poor
Recommendation for improvement	Shift from an "online form first" approach to a more responsive, human-centred one that leaves callers feel heard, supported, empowered and in control of what happens next.	5 - very poor

Scenario 10

Theme	Summary of findings	Mystery Shopper's Score (1 = very good, 5 = very poor)
Presenting Issue	My father has had a fall at home and is struggling to manage and refusing hospital but needs help. What should I do?	
Expected Outcomes	The referrer wants her dad to go to hospital. The dad wants some help around the house until he's better.	
Call Details	The call was answered within two minutes, at the first attempt. This mystery shopping is now completed.	1 - very good
Call handler's Attitude	Polite and confident in the quality of the advice offered.	1 - very good
Quality of Needs Assessment	The call handler asked only one question (when the fall occurred) and did not probe further. As a result, significant details (i.e. the fact that Usain could not cook or bathe) were only revealed when the mystery shopper volunteered them. This suggests a limited assessment, with missed opportunities to explore wider needs or risks.	5 - very poor
Setting Boundaries	Boundaries were not clearly discussed.	4 - poor
Signposting	The call handler advised to contact the GP and emphasise the urgency of the case. They suggested calling ASC again, after having contacted the GP, to register the parent for ongoing support afterwards. While the mystery shopper appreciated how the call handler helped her clarify the hierarchy of their needs, she would have welcomed further details on what ASC could do to help.	3 - average
Safeguarding	No safeguarding questions were recorded. There was no proactive enquiry about risk, despite this being a case involving a vulnerable older adult in declining health, living alone and recently injured.	No
Next Steps	The advice provided included a first step (contact GP) and a general suggestion to re-contact ASC. However, the mystery shopper felt that the call handler could have been more proactive in providing additional details. This undermined their trust in ASC's ability to help.	5 - very poor
EDI and Accessibility	No diversity or accessibility issues emerged but the mystery shopper always felt treated appropriately.	1 - very good

Overall Experience	The staff member was polite and confident in tone and their advice gave the caller an initial action plan. However, the call lacked sufficient questioning to build a full picture of need. A more comprehensive needs assessment and better explanation of ASC's role would have improved the quality of the call.	3 - average
Recommendations for improvement	Improve the quality of the needs assessment by using a structured needs assessment to lead a more thorough exploration of needs, rather than relying on the caller to volunteer information. Record and act on any safeguarding concerns. If the father is refusing care while unable to meet basic needs, it is recommended this triggers a safeguarding conversation. Lack of clarity about what's available can leave the caller feel abandoned or dismissed. Strengthen communication about the next steps. While the call handler helped the caller build an initial action plan, it would have been helpful for the caller to hear how ASC can help once medical input has been received and what to do in the meantime if the situation deteriorates.	

Scenario 11

Theme	Summary of findings	Mystery Shopper's Score (1 = very good, 5 = very poor)
Presenting Issue	I am a full-time carer for my daughter and exhausted. What respite options are open to me?	
Expected Outcomes	Respite care so the mother can have some time off to rest and recover.	
Call Details	This call required two attempts. At the first attempt, ASC picked up immediately, but the call disconnected shortly after. The mystery shopper called back immediately and waited 5 minutes for somebody to pick up. As a referral was initiated, the call disconnected a second time and the mystery shopper gave up. This mystery shopping is now completed.	2 - poor
Call handler's Attitude	Both call handlers were polite and calm.	1 - very good
Quality of Needs Assessment	The mystery shopper's experience changed based on who picked up the call. The first call handler did not fully explore the caller's situation, urgency or emotional state, despite her clear statement of burnout. This made the caller feel unsupported. As the call disconnected, the mystery shopper rang again. This time another call handler asked a few basic factual questions such as name and age and proceeded to complete a referral but the call disconnected again. At this point, the mystery shopper gave up.	5 - very poor

Setting Boundaries	The second call handler repeatedly said they “didn’t know” the full process and could not explain what would happen next or how long it might take because each case is differed. The call handler was honest about their lack of knowledge and took the time to check what she was supposed to do. However, this undermined the mystery shopper’s confidence in Adult Social Care, leaving her wondering if her case would be handled properly. For this reason, when the call disconnected a second time, the mystery shopper did not call back.	5 - very poor
Signposting	The first call handler said the caller would need to fill in a referral form herself. The second said they would complete the form on her behalf. This inconsistency caused confusion and frustration. The only other advice given was to contact the GP, which did not directly address the request for respite care.	5 - very poor
Safeguarding	No safeguarding questions were asked and there was no probing around the risk to the carer’s wellbeing, even after she expressed that she was exhausted and coping alone.	No
Next Steps	The mystery shopper was not given any reliable information about what would happen after the call. They were told, “I don’t know the full process.” This lack of clarity about any follow-up eventually contributed to the mystery shopper giving up after the second call disconnected.	5 - very poor
EDI and Accessibility	No specific equality or accessibility issues were raised or addressed during the call. However, the mystery shopper felt treated with dignity and respect by both call handlers.	1 - very good
Overall Experience	Although the call handlers were polite and tried to help, the overall experience was disjointed, confusing and deeply unsatisfactory. The repeated call drops, lack of knowledge, inconsistent information, mixed messaging about who should complete the referral form and failure to explore or address the caller’s emotional strain meant that the call did not result in any meaningful support. The mystery shopper felt unsupported and eventually stopped trying.	5 - very poor
Recommendations for improvement	Improve the consistency and quality of the needs assessment to better explore risk factors and safeguarding needs. Equip all call handlers with a clear understanding of respite care processes. Address technical failures by introducing a call back protocol, whereby call handlers ring the caller back should a call disconnect. Add a system flag for calls disconnected, so that a call back can resume the support without starting over.	

Scenario 12

Theme	Summary of findings	Mystery Shopper's Score (1 = very good, 5 = very poor)
Presenting issue	My mother is being discharged from hospital, but we're not sure what care will be in place for him at home. Who can help?	
Expected Outcomes	Help with cooking and cleaning around the house until things improve.	
Call Details	The call was answered within two minutes and at the first attempt. ASC asked the mystery shopper to send an email to duty.worker@hackney.gov.uk . As the case was referred to a different team outside the scope of this exercise, no further action was taken. This mystery shopping is now completed.	3 - average
Call handler's attitude	The call handler was polite and professional.	1 - very good
Quality of Needs Assessment	The call handler did not explore the situation in depth. Beyond confirming the hospital name and expected discharge date, no follow-up questions were asked. The adviser simply repeated back what the caller said, without probing for additional context or need.	5 - very poor
Setting boundaries	No explanation was given about what the service could or could not help with. The caller was advised to send an email to the Duty Worker who would arrange a needs assessment.	5 - very poor
Signposting	The mystery shopper was told to email Hackney's duty team at duty.worker@hackney.gov.uk . This was framed as a first step to register the mother and initiate a needs assessment.	no
Safeguarding	No safeguarding questions were asked and there was no exploration of the potential risks around a delayed or unsupported discharge, despite the scenario hinting at possible vulnerability.	no
Next steps	The call handler provided a clear explanation of the needs assessment process, including a timeline of up to 12 weeks, with a note that urgent cases may be prioritised. They advised the mystery shopper to state the urgency of the case in their email. However, no information was provided on what to expect after the referral or how to chase it up.	3 - average
EDI and Accessibility	No equality or accessibility issues were raised or addressed during the call.	

Overall experience	The call handler was polite and professional and the explanation of the needs assessment timeline was clear and helpful. However, the mystery shopper felt unsupported and worried as the mother was being discharged the week after and there was a potential wait.	4 - poor
Recommendation for improvement	Strengthen safeguarding awareness to recognise potential risks associated with delayed care following a hospital discharge. Clarify what ASC can and cannot do. Instead of signposting the caller to the Duty email address, which felt as dismissive, the call handler should have briefly outlined what services ASC can offer.	

Appendix 2: Findings and Recommendations (Scenarios 13 to 16)

Scenario 13

Theme	Summary of findings	Mystery Shopper's Score (1 = very good, 5 = very poor)
Presenting Issue	I am getting harassed and tormented by my next-door neighbours. I have a disabled son and we get abuse from them. They make a lot of noise and call us names when we go out. No one is listening to us.	
Expected Outcomes	Protect the family from the neighbour's abuse.	
Call Details	The mystery shopper filled in the online form but the case was referred to a team outside the scope of the exercise and no further action was taken. This mystery shopping is now completed.	

Scenario 14

Theme	Summary of findings	Mystery Shopper's Score (1 = very good, 5 = very poor)
Presenting Issue	I am worried about my elderly neighbour who lives alone and seems to be struggling. How can I get some help?	
Expected Outcomes	Can you provide help with cooking and cleaning, and shopping for Muriel?	
Mystery Shopping Details	The mystery shopper filled in the online form and received a call back from ASC 26 hours later. This mystery shopping is now completed.	1 - very good
Call handler's Attitude	Very kind, patient, understanding and showed genuine empathy and care.	1 - very good
Quality of Needs Assessment	Asked thoughtful, detailed questions covering self-care, home condition and existing support.	1 - very good
Setting Boundaries	The call handler clearly stated that the carer would not do any cleaning, only "pick up after themselves". They also stated that they would be able to help with basic cooking, such as putting something pre-prepared in the microwave.	1 - very good
Signposting		No
Safeguarding	No safeguarding questions were asked.	No

Next Steps	Explained someone would contact and arrange a visit but gave no clear timeline or suggestions for interim support.	3 - average
EDI and Accessibility	No issues noted; the call handler was respectful and patient.	1 - very good
Overall Experience	The call handler was kind, patient and showed genuine understanding of Muriel's situation. They asked thoughtful questions to assess her needs thoroughly. However, the lack of a clear timeline and the absence of any discussion about short-term support left the shopper concerned about what would happen to Muriel while awaiting assessment. A more proactive approach to address immediate needs would have improved the overall experience.	3 - average
Recommendations for improvement	It is recommended that call handlers proactively explore short-term support options with callers while they await a formal needs assessment, helping to prevent deterioration in wellbeing during potentially lengthy waiting periods. Where direct support cannot be provided, it is recommended that this is clearly explained and that callers are signposted to appropriate community resources. Providing clear information about realistic timeframes for assessments is also recommended, as this can help reassure callers, reduce anxiety, and demonstrate a person-centred approach that balances urgent needs with longer-term planning.	

Scenario 15

Theme	Summary of findings	Mystery Shopper's Score (1 = very good, 5 = very poor)
Presenting Issue	My nephew is vulnerable and easily led. I am worried about some of the people who visit him in his flat. I think they may be exploiting him.	
Expected Outcomes	Make sure that they don't come back so that Jabari knows he is safe. Also make sure that Jabari knows how to support himself.	
Mystery Shopping Details	The mystery shopper filled in the online form and received a call back from ASC just over 48 hours later. This mystery shopping is now finished.	1 - very good

Call handler's Attitude	The call was handled with professionalism and empathy. The call handler showed respect and care throughout the conversation, maintaining a calm and supportive tone. They also called back exactly at the agreed time, which helped build trust.	1 - very good
Quality of Needs Assessment	The call handler asked several thoughtful and relevant questions to understand the situation in depth. These included: "What is your concern?", "Why are you concerned?", "Do you know who to contact if you feel unsafe?", "Do you have any special care needs?" and "Can you carry out daily activities independently?" These questions demonstrated a genuine effort to explore the service user's needs.	1 - very good
Setting Boundaries	The call handler provided some clarity about immediate risk, advising the caller to contact the police if they felt unsafe. However, broader boundaries of what ASC could and could not do were not clearly discussed during the call.	3 - average
Signposting	The only signposting mentioned was advising the caller to contact the police if they felt unsafe, which was appropriate to the context of the safeguarding-related question. No other support routes were mentioned, especially around his mild learning disability.	3 - average
Safeguarding	The call handler did ask a direct question: "Do you know who to contact if you feel unsafe?"	Yes
Next Steps	When the needs assessment finished, no further information was provided. There was no indication of timelines, who would follow up or what the process would involve. The call ended abruptly as it disconnected and ASC did not call back for a proper close. This left the mystery shopper feeling unclear and uncertain about what to expect next.	4 - poor
EDI and Accessibility	No specific equality, diversity or accessibility needs arose in this call but the tone and timing of the call reflected a respectful and person-centred approach.	1 - very good

Overall Experience	The call handler was empathetic, professional and thorough in asking questions. However, the abrupt ending of the call and lack of clarity about what would happen next detracted from the overall experience. The shopper felt uncertain about whether and when their aunt would be contacted and would have welcomed a clearer closing.	3 - average
Recommendations for improvement	It is recommended that calls end with a clear summary and polite closure. Call handlers are encouraged to avoid abrupt endings and to promptly return calls if a disconnection occurs, ensuring the conversation is completed appropriately. It is also recommended that call handlers clearly explain what will happen after the call, including who will follow up, when contact can be expected, and how the process will proceed. This approach helps reduce uncertainty and builds trust with callers.	

Scenario 16

Theme	Summary of findings	Mystery Shopper's Score (1 = very good, 5 = very poor)
Presenting Issue	My brother is the main carer for my father and he is not looking after my father properly. He left him to go on holiday with no proper care for him. He is also in charge of his finances and I think he may be spending my father's money on him and his family.	
Expected Outcomes	Give his brother a warning. Provide more care so that there are other people keeping an eye on Jogesh.	
Mystery Shopping Details	The mystery shopper filled in the online safeguarding form. They received a call back 16 working days later. The mystery shopper has not shared their feedback yet.	

Appendix 3: Findings and Recommendations (Scenarios 17 to 20)

Scenario 17

Theme	Summary of findings	Mystery Shopper's Score (1 = very good, 5 = very poor)
Presenting Issue	My aunt is struggling with personal care and may need help at home. How do we apply for an assessment, and what financial support is available?	
Expected Outcomes	I would like to know what help is available to get more support in the house.	
Mystery Shopping Details	The mystery shopper filled in the general contact form and received a call back 5 working days later.	3 - average
Call handler's Attitude	The call handler was friendly and polite, taking a moment for small talk. Although it was just a sentence, it made the shopper feel seen and treated as a person, not just a case. Their tone was warm and respectful throughout.	1 - very good
Quality of Needs Assessment	They asked a few relevant questions about the shopper's ability to stay independent and which tasks they could or couldn't manage. This helped clarify their needs sufficiently to explain the next steps.	1 - very good
Setting Boundaries	The call handler explained that an assessment would take place in the mystery shopper's home and that, based on that, a care package would be arranged. They also explained financial boundaries clearly: if savings exceed £23,250, a contribution may be required following a financial assessment.	1 - very good
Signposting	The call handler clearly outlined the next steps involving a needs assessment and the possibility of financial contributions, providing sufficient useful information to understand the process ahead.	2 - good
Safeguarding	No safeguarding questions were raised during the call.	No
Next Steps	The shopper was told that someone would visit to carry out the assessment and arrange support accordingly. However, no timeframe or expected date for this contact was given. This left the shopper uncertain about when to expect further communication.	4 - poor
EDI and Accessibility	The friendly small talk made the mystery shopper feel acknowledged as an individual.	1 - very good

Overall Experience	Overall, the call was a positive experience due to the polite and friendly attitude of the call handler, relevant questioning and clear explanation of next steps including the assessment and financial considerations. However, the lack of information on the expected timeline for the needs assessment slightly reduced the mystery shopper's confidence in the system and left them uncertain.	2 - good
Recommendations for improvement	The call handler should provide clearer information about when the caller can expect to be contacted to arrange the assessment. Offering an estimated timeframe or next contact date would reduce uncertainty and reassure callers about the process.	

Scenario 18

Theme	Summary of findings	Mystery Shopper's Score (1 = very good, 5 = very poor)
Presenting Issue	My wife has recently been diagnosed with dementia, and I am not sure what support is available for her and for me as her carer. What help can we get?	
Expected Outcomes	Options for respite care.	
Mystery Shopping Details	The mystery shopper filled in the general contact form. They initially heard back via email after failing to contact Wilson on the phone due to overlooking his accessibility needs.	
Tone of the email	All email exchanges were courteous and professional.	1 - very good
Content of the email	All emails were sent to the referrer, made a clear reference to the case and explained what was needed and why.	1 - very good
EDI and Accessibility	The call handler did not honour Winston's accessibility needs and called him without prior notice despite a clear request to email him first. This resulted in a series of back-and-forth emails with the referrer over a few days, which could have been avoided had ASC paid attention to Winston's accessibility needs.	4 - poor

Scenario 18 - Call back from Adult Social Care

Theme	Summary of findings	Mystery Shopper's Score (1 = very good, 5 = very poor)
Expected Outcomes	Options for respite care.	
Mystery Shopping Details	After failing to speak with Wilson and 4 days after the initial form had been filled, ASC rang the wife, showing persistence in their efforts to provide help. The case was then referred to Tower Hamlets, therefore no further action was taken. The mystery shopping is concluded.	2 - good
Call handler's Attitude	The call handler was consistently kind, patient and empathetic. Their tone remained calm and supportive throughout, even when the mystery shopper, acting as if they had dementia according to their scenario, was confused or unsure. They were polite and courteous.	1 - very good
Quality of Needs Assessment	The team asked appropriate, scenario-based questions that showed a genuine effort to understand the situation and gather necessary information. They adapted well to the caller's confusion and contradictions, maintaining a supportive, compassionate tone.	1 - very good
Setting Boundaries	The call handler clearly explained why they needed to speak to Winston to provide the right support for Chevelle, implicitly setting expectations about the process and the need for key information.	2 - good
Signposting		No
Safeguarding		No
Next Steps	The team closed the call politely, explained what would happen next and reassured Chevelle they would keep trying to reach Winston to provide the right help. However, this never happened because they failed to email ahead of calling as explicitly requested in the online form, therefore Wilson never heard the phone ringing.	3 - average
EDI and Accessibility	The team responded promptly and politely to missing information requests and showed patience and empathy. However, they did not fully honour Winston's accessibility needs and called him without prior notice despite a clear request to email him first.	4 - poor

Overall Experience	Overall, the experience was positive due to the call handler's kindness, patience, clear communication about missing information and persistence in following up. However, the failure to fulfil accessibility requests by not emailing Winston beforehand caused avoidable communication barriers, which ultimately resulted in failure to reach him.	3 - average
Recommendations for improvement	To improve accessibility and effectiveness, the team should honour requests related to preferred communication methods, such as emailing before calling a person with hearing difficulties. Providing a clear message about when a call will occur can significantly increase the chances of successful contact and reduce frustration for all parties involved.	

Scenario 19

Theme	Summary of findings	Mystery Shopper's Score (1 = very good, 5 = very poor)
Presenting Issue	We want to arrange care privately using direct payments. How does this process work?	
Expected Outcomes	Would like to know how we go about applying for money to be able to organise their own care.	
Call Details	The mystery shopper filled in the online general form and received a call back 6 working days later. The mystery shopping is concluded.	3 - average
Call handler's Attitude	The call handler maintained a polite, caring and attentive tone throughout the conversation, allowing space for clarification and making the caller feel genuinely listened to.	1 - very good
Quality of Needs Assessment	The call handler conducted a thorough needs assessment, asking detailed questions about demographics, living arrangements, healthcare needs, current support and the caller's expectations. The questioning was clear, structured and informed.	1 - very good
Setting Boundaries	The call handler explained the different support options available, helping the caller understand what could realistically be offered. She also clarified the process, including referral handling and expected waiting times, setting clear boundaries.	1 - very good

Signposting	Information about support options was explained clearly, helping the caller to understand available services. The call handler also asked about Power of Attorney and financial situation to guide appropriate signposting and service planning.	1 - very good
Safeguarding		No
Next Steps	The call handler informed the caller that the referral would be passed on but warned of a potential waiting list causing several weeks' delay before a response. She clearly explained what would happen next and why, providing transparency about the process.	1 - very good
EDI and Accessibility	The call handler responded positively to the request for future correspondence in large print, demonstrating attention to accessibility needs.	1 - very good
Overall Experience	Overall, the call was a positive experience with a thorough and clear assessment, respectful and empathetic communication and transparent explanation of next steps and limitations. The caller felt well supported and informed throughout.	1 - very good
Recommendation for improvements	This was a textbook call, that Healthwatch Hackney would like to recommend as a model for how all future calls should be handled.	

Scenario 20

Theme	Summary of findings	Mystery Shopper's Score (1 = very good, 5 = very poor)
Presenting Issue	My partner really needs help. She is really struggling now and I think she needs to go into a nursing home. I have been her main carer but I can't cope any more.	
Expected Outcomes	Finding a nursing home that serves Halal food.	

Mystery Shopping Details	The mystery shopper completed the general online form. Healthwatch Hackney understands that Adult Social Care (ASC) made six attempts to contact the shopper but did not leave any voicemail or send a follow-up email. As a result, the mystery shopper was unaware of these multiple contact attempts. Not having heard from ASC, the shopper returned one of the missed calls and discovered it was from Adult Social Care.	
Call handler's Attitude	The call handler was clear, friendly and polite. Their communication style helped the mystery shopper easily follow the conversation.	1 - very good
Quality of Needs Assessment	Despite six previous missed call attempts to contact the service user, no questions were asked during the call about their situation, health, or care needs. Once contact was finally made, Adult Social Care missed the opportunity to make meaningful progress by initiating a needs assessment. Having the person on the phone should have prompted a more proactive approach to understand their needs. Instead, the call remained purely administrative, failing to gather any relevant information and resulting in further delays, as a follow-up letter was sent instead of progressing the case in real time.	5 - very poor
Setting Boundaries	There was no explanation about what Adult Social Care could or could not support with and no further information on the role of the social worker or how the case would progress beyond a general statement that the caller would be contacted again.	4 - poor
Signposting		No
Safeguarding	No safeguarding questions were asked during the call. The call handler did not inquire about risk or vulnerability.	No
Next Steps	The call handler clearly explained that a social worker had been assigned and would make contact by phone and that a letter would also be sent in case the call was missed. However, no specific timeframe was given.	4 - poor
EDI and Accessibility	The call handler was polite and professional overall but misgendered the mystery shopper's wife. The female shopper referred to the wife as "she", the call handler referred to the wife as "partner" and used the pronoun "he" which prompted the mystery shopper to correct the call handler and clarify she was in a same-sex relationship.	4 - poor

Overall Experience	<p>The call was handled in a friendly and professional manner once contact was made and the next steps were clearly explained. However, repeated missed calls with no voicemail or email follow-up left the caller in the dark and uncertain about what to do. When contact was finally made, no effort was made to explore the caller's needs or situation—an opportunity was missed to re-centre the process around the individual. Instead, control remained firmly with Adult Social Care, with the caller expected to wait passively for another follow-up. The experience was further undermined by an incorrect gender assumption, which suggested a lack of attentiveness to inclusive communication.</p>	4 - poor
Recommendation for improvements	<p>Prioritise needs assessment when contact is made. ASC should make full use of any successful interaction by initiating a basic needs assessment. This ensures the call is person-centred and begins to build trust and support, rather than deferring action unnecessarily. Improve communication following missed calls. Always leave a voicemail and/or send a follow-up email when contact attempts fail. This gives the caller clarity, restores their sense of control and provides them with a clear route to re-engage. Use inclusive language. Train staff to actively listen and respond using the correct terminology and pronouns shared by the caller. Assumptions about relationships or gender can undermine trust.</p>	



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