



Croydon Multi-Agency
**SAFEGUARDING
ADULTS BOARD**



ANNUAL REPORT | April 2013 – March 2014



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Annual report April 2013-March 2014

Foreword

Welcome to the Croydon Safeguarding Adults Board (CSAB) Annual Report 2013/14. The Board is a partnership of statutory and non-statutory agencies. Its aim is to work to enable people who need help and support to retain independence, wellbeing and choice and to access their right to live a life that is free from abuse and neglect. This Annual Report reflects the work of the partnership in seeking to realise this aim. It provides an overview of the shared work plan developed for improving the effectiveness of safeguarding adults; the achievements across the partnership and aspirations for the coming year.

This has been a challenging year with continuing attention to the recommendations that emerged from the inquiries into events at Mid Staffordshire NHS Foundation Trust and Winterbourne View. The Care Act is set to be implemented in April 2015 and consultations have been underway to underpin this with statutory and practice guidance. The Board has maintained involvement and awareness of these developments to ensure that it is in step with the underpinning principles as well as with the requirements of the Act.

The Board has demonstrated a real commitment within and across agencies to developing effective safeguarding in Croydon. A clear plan is in place focusing on a range of measures from prevention through to effective and decisive action when things go wrong. Individual agencies have set out their contribution to safeguarding adults and there has been significant joint effort to achieve shared aims and objectives. There are some notable achievements set out in agencies' contributions to this report. I would like to thank all partners for their significant contribution to safeguarding adults in Croydon. The report reflects a great deal of commitment.

The Board set itself a comprehensive range of objectives for 2013/15 and has made considerable progress in realising these. This work has been carried out largely through subgroups to the Board which are chaired by a number of agencies. The work to take forward these objectives represents considerable time and effort alongside other competing pressures. I would like to thank all of those involved for supporting the significant progress set out in the report.

A great deal of progress has been made over the last year but of course there is always much more that we can do. The Board business plan sets out our priorities for the year to March 2015. These are indicated within the body of the report. Key themes within these priorities are:

- listening to the voice of those who may require the support of safeguarding services

- a commitment to understanding the difference made in the lives of people through safeguarding activity
- continuing to nurture and develop a partnership that through openness, challenge and learning continually strives to improve
- enhancements in policy and practice that really support that balance for individuals between independence, wellbeing and choice and accessing the right to live a life that is free from abuse
- continuing attention to quality of care issues in order to prevent abuse occurring/escalating

This is a challenging time across organisations but nevertheless there is real determination to ensure that as a partnership safeguarding adults remains a priority and that organisations and the partnership continue to develop and improve.

Jane Lawson

Independent Chair, Croydon Safeguarding Adults Board

Executive summary

This year's annual safeguarding report focuses on the Safeguarding Board's two year business plan, 2013- 2015 and the progress made to date across the safeguarding partnership. The business plan covers eight key areas of focus with achievements and challenges highlighted in the report.

The report highlights the current work of the safeguarding social work teams to ensure that service users, their wishes and desired outcomes remain at the heart of each and every safeguarding enquiry and that there is a proportionate balancing of positive risk taking and safety. At the core it is important that in making people safe we do not make their lives less meaningful by overzealous or disproportionate plans to protect them or by unhelpful interventions in family life.

The prevention of harm also means there needs to be robust work with independent and private providers of care to ensure their services meet a desired standard. The report describes the ongoing work to provide monitoring, training and advice to Croydon's many private care providers who support Croydon residents and residents from other Local Authorities in residential and nursing homes and people living in their own home with the support of domiciliary care. This includes the work of the Care Support Team and of commissioners who strive to ensure that care is provided in a caring, dignified, safe and empowering way.

Of particular note is the ongoing joint work to strengthen the partnership between agencies with regard to intervening in cases of harm and in order to reduce and prevent incidences of harm.

The report also emphasises the partnership focus on robust staff recruitment, development and training to ensure a well-supported workforce. Only people who possess the right values and commitment should be selected to work with people who are vulnerable. They in turn should expect support from their organisation to carry out what at times may be a physically and emotionally demanding job, but one, that with the right approach, can also be extremely rewarding. The Dignity in Care agenda lies at the heart of this philosophy. Recent publicity of incidences of poor practice and at times criminal abuse in care services highlights the real importance of getting this right.

Helping people who are in need of services to lead safe and meaningful lives also requires a clear focus on their own expectations, hopes and wishes. The report highlights the work around **Making Safeguarding Personal** and what has been done during the past year to make this a reality for people. As a result of Making Safeguarding Personal some key changes have occurred:

- Safeguarding meetings held at the adult at risk's home when this is the preferred choice.

- The adult at risk or their representative coming to all meetings, including the initial strategy meeting to agree how the matter should be taken forward.
- Making sure we find out what the adult at risk wants to happen rather than following a set process.
- More use of advocacy for adults at risk.
- Enabling people to exert real choice even when there is some degree of risk remaining – there is no point making someone safe if in doing so, we restrict their life so much that they are miserable as a consequence.
- Seeking feedback at the end of the safeguarding process to check that what we have done has made a positive difference to the person at the centre of it all.

The report also includes information about the outcomes from an external file audit of safeguarding adults work carried out by Tony Benton, independent auditor with extensive experience of regulatory work, on behalf of the Council's Adult Social Care Service in partnership with relevant agencies. This builds on an audit the previous year and demonstrates continuous improvement as well as identifying areas for further development. The audit concluded that:

'safeguarding practice is safe, secure and 'solid' within a largely traditional safeguarding paradigm' and the report gives details of areas for development and progress being made, which fits well with the **Making Safeguarding Personal** work already underway.

Mention is also made of the application of the Mental Capacity Act as it relates to people who may lack capacity to make important decisions for themselves. This is a complex subject and work is ongoing across the partnership to strengthen practice to meet this challenge. It is vitally important that all people working with adults at risk are able to support people to make their own decisions as far as possible. Included is some of the ongoing work being done to strengthen practice in this area.

The report presents statistical data from safeguarding investigations during the past year and what this may tell us about how well we are protecting people from harm. We have seen a small rise in the number of safeguarding investigations carried out, from 858 investigations in 2012/13 to 882 investigations during 2013/14. In total there were 1406 safeguarding concerns raised and considered through initial fact finding, of which 882 progressed to a full safeguarding investigation. This represents increasing recognition of abuse and willingness to report it. As well as the work of the Croydon Safeguarding Adults Board to raise awareness of abuse across the community, it is likely that recent television programmes highlighting abuse have also contributed to an increasing refusal to tolerate harm towards people at risk.

The data shows that the people most at risk of harm in the younger age ranges (18 to 64) are people with a learning disability. This group makes up a significant proportion of younger adults who are likely to be at risk or harm. 220 safeguarding investigations were carried out for younger adults with learning disability compared with 191 investigations for all the other groups of people at risk, (such as physical disability, mental health issues, substance abuse). As people age, health and mental capacity may deteriorate leaving the older age groups more at risk of harm. Overall there were 530 abuse investigations carried out for physically disabled or frail people of all ages compared with 225 investigations for people with a learning disability across all ages.

The statistics show us that there is still a discrepancy in the numbers of reported abuse cases for white citizens compared with black and minority ethnic citizens. This may reflect that Croydon's older population is less ethnically diverse than amongst the younger age groups but it is also likely to be the result of the barriers that may still exist for some minority groups in recognising abuse and having the confidence to report it. The report gives an example of joint work between Adult Social Services, the BME forum and other voluntary sector organisations to raise awareness and confidence around adult safeguarding within BME communities.

Finally, and very importantly, the report includes the work of partner agencies in taking forward this agenda of improving the safety, wellbeing and empowerment of adults at risk in Croydon.

The Annual Safeguarding Report 2013-2014

This is the report of the work of the Croydon Safeguarding Adults Board covering the past year, 2013/14. The Care Act, set to come into force from April 2015, makes it a matter of statute for Local Authorities to establish a Safeguarding Adults Board with three main lead statutory agencies, social services, health and the police. Croydon Council has facilitated such a board for many years and it is gratifying to know that this practice is now being enshrined in law.

Croydon's board comprises Adult Social Services, Health Services in Croydon, such as the Clinical Commissioning Group, Croydon Health Services, South London and Maudsley Mental Health Trust and the Metropolitan Police. Strongly allied to the statutory agencies are a wealth of community and voluntary agencies which support Croydon citizens. They provide advice, support and information, galvanise and coordinate a rich army of volunteers and along with the Council, offer support to the invaluable and totally indispensable mass of unpaid family and neighbourhood carers who do so much to support people who are vulnerable. Appendix 3 provides the list of Board member representatives.

The Board and the work of the Council and statutory agencies also seeks to ensure that our support agencies, commissioned through the independent and private sector, are delivering high quality and high value services in which people can have confidence.

The Safeguarding Board brings together all these parties to ensure, through close collaboration, the best possible services and support for people who are at risk in our community because they are less able to protect themselves – people who are elderly and frail, people with autism, with serious and long term health conditions and those who have a disability or other factors which mean that they need support to maintain essential wellbeing and health.

The Board is supported by a number of subgroups which carry forward the agenda of the Board.

The subgroups are:

- **Best Practice Subgroup** – which develops specific areas of practice such as positive risk taking
- **Public Awareness and Information Dissemination (PAID) Subgroup** – which seeks to involve and empower service users
- **Case Review and Audit Subgroup** – which is a multi-agency group looking at learning from specific cases
- **Learning and Development Subgroup** – which devises and implements the multi-agency training programme

- **Mental Capacity Act and Deprivation of Liberty Safeguards Subgroup** – which looks at best practice in mental capacity and when people who lack capacity to make decisions for themselves have their freedoms restricted
- **Human trafficking Subgroup** – this multi-agency group led by Croydon Council develops and maintains robust interagency working protocols, shares intelligence, raises awareness about potential cases of human trafficking and how to address this and monitors changes/developments in government policy relating to the European Union Directive on Human Trafficking.
- **Serious cases Subgroup** – multi-agency group which considers necessary lessons and actions from cases where serious harm has occurred

Each of the subgroups is representative of statutory and community agencies and has its own work plan which feeds into the overall business plan for the board. Croydon Council, via its Adult Social Services division, leads on coordinating and managing the work of the Board and with its Independent Chair, Jane Lawson, steers the safeguarding adults agenda.

Safeguarding Board Business Plan

In June 2012 Board members met to develop its business plan for the next two years – 2013 to 2015. Board members discussed what they each considered as priorities and from this a Board business plan was developed. The plan covers the following eight objectives which are owned by all member agencies. The business plan, as at April 2014 and which will be updated on a regular basis, can be found here:

www.croydon.gov.uk/contents/departments/healthsocial/pdf/safeguarding-adults-business-plan.pdf

The following lists the objectives and progress made in 2013-14.

Safeguarding Board Objective 1: Develop an effective CSAB partnership

The membership of the Board and subgroups was reviewed and new members recruited to include a service user/ carer representative on the Public Awareness and Information Dissemination subgroup. The Board already has strong partnership links with all the key statutory and voluntary agencies.

Developing an effective safeguarding adults' partnership means looking with transparency and openness when things go wrong to see what more might have been done to prevent harm. During this past year the Safeguarding Board has established a small working group of statutory agencies to consider all serious cases of harm that have occurred to adults at risk with the aim of reviewing what occurred

and seeing if there are lessons to be learnt. Sometimes events occur which cannot be predicted, not all adults at risk of harm are known to statutory agencies and adults have the right to accept or decline services. However sometimes we can learn from events and use this to improve how we respond.

Often one of the key aspects of cases when things go wrong is the way agencies work together and share information. Sometimes reviewing a case can pinpoint areas which need to be improved in terms of joint working and reviews may also identify good practice where agencies have worked well together.

Case study

Mr X died following a long history of heavy alcohol consumption. The Board requested a management review. This revealed that Mr X had become homeless when his son, who held the tenancy of their home, fell into difficulty with rental payments and was evicted. Mr X was an older person and he was rehoused temporarily in a hostel and Croydon Landlord Services offered him a permanent sheltered housing flat. However he chose to turn this down as it was not in an area of his choice. Instead he remained in the temporary accommodation and increasingly turned to drink. The hostel manager became concerned and alerted Adult Social Services who in turn alerted drug and alcohol services. They visited immediately and tried to engage Mr X to accept some help with his drinking but he politely refused all offers of help. On several occasions ambulance services were called and the drugs services continued to visit. Within a matter of days Mr X's health deteriorated and he collapsed and died with both the drugs worker and ambulance paramedic present. Mr X had refused to be taken to hospital. This sad case shows that sometimes it is not possible to help everyone despite best efforts. Mr X was assessed to have capacity to make the decisions that he made. The review however ensured that all agencies considered whether any more could have been done and whether his decline into drinking could have been spotted earlier and more support offered at the time of eviction. Agencies reviewed their guidance for assessing capacity and how to respond when someone refuses support. This case brought into focus the complexity of assessing a person's capacity to refuse support and the difficult balance between supporting people who are at risk with respecting their autonomy to make choices.

Another positive aspect of multiagency working over the past year has been successful joint working between the Police and Adult Social Services which has led to a number of successful prosecutions when people have committed criminal offences against people who are vulnerable.

This has included the conviction of two care workers in a care home for assault and another conviction of a nurse in a care home for theft. Instances of criminal

behaviour towards vulnerable adults by paid workers are not common but it is important that they are severely dealt with when this occurs and it sends a clear message that a vulnerable adult will receive the full protection of the law.

Voluntary and advocacy agencies can be invaluable partners in ensuring that people are protected and justice is done.

Case Study

Mr and Mrs Z approached Croydon Mencap's Older Carers' Service for help regarding an incident involving their son, P. Their son lived in supported living and on the day of the incident had met his parents at a local concert hall. His parents were due to see a show which P had not planned to see and so his support worker was telephoned and asked to support him to return home.

P said that when the support worker met him, he gripped his arm tightly and forced him to walk down a number of steps at speed. P said the worker hurt him and he also said the worker verbally abused him whilst walking back home.

P and his parents reported this matter to the care home manager and to the Council and a safeguarding investigation began. P's parents said that the concert hall manager had CCTV footage of the incident which could be viewed. A manager at the supported living placement viewed the CCTV footage and told P's parents and Adult Social Services that the footage did not show any excessive physical force towards P.

P continually protested this and with P's parents' permission, Croydon Mencap's carers' service assisted Adult Social Services and worked with them, visiting the concert hall and viewing the CCTV footage. After watching the footage, the view of the Croydon Mencap's worker was that excessive force had been used. Croydon Mencap obtained a copy of the footage and passed this to Adult Social Services safeguarding team. Croydon Mencap was also able to track down a member of staff from the venue who had witnessed the support worker being verbally abusive to P outside Fairfield Halls and persuaded him to make a statement.

A safeguarding meeting was held with the care provider present. He maintained that no excessive force had been used. Adult Social Services was able to play the footage and produce the statement from the eye witness.

The Chair of the meeting called for the matter to be reported to the Police. The end result was that the member of staff was suspended from further duties, interviewed and cautioned by Police for the physical force he had used on P. The manager of the service provider was involved in the safeguarding process throughout to ensure learning for their organisation from this event regarding what is acceptable behaviour by their support workers.

Croydon Mencap continues with its joint work with Adult Social Services to assist those with Learning Disabilities.

External audit of Adult Social Services safeguarding case work and multi-agency work.

Another key activity in 2013/14 has been an external audit of Adult Social Services safeguarding investigation files with some multiagency audits included to look at how well agencies were working together. Tony Benton, independent auditor with extensive experience in regulatory services, carried out the audit. He also carried out the audit during the previous year, 2012/13 and so could provide comparative feedback on progress. The audit took place between September 2013 and March 2014 and concluded that in terms of Croydon Adult Social Services safeguarding adults work:

‘safeguarding practice is safe, secure and ‘solid’ within a largely traditional safeguarding paradigm’.

‘The quality and effectiveness of safeguarding practice is a testament to the commitment and skill of social workers, their managers and Independent Chairs (of safeguarding meetings). There is a hunger to learn, improve and develop practice. The continuity of managers is also an explanation for such positive findings.’

The areas that needed to be further developed focused on ensuring a shift away from process and procedure to ensuring that the person who has experienced harm is truly at the centre of the process. This has fitted well with the **Making Safeguarding Personal** work outlined below.

Both the external file audit and ongoing internal audits have shown continuing improvements in the quality of safeguarding investigations. This has built on the improvement action plan drawn from the file audit of the previous year, 2012. Within this year’s external audit, 30 Adult Social Services case records were examined. Of these, 6 were found to be excellent, 21 good, 2 adequate and one inadequate but nevertheless the service user had been made safe.

The key areas for development focused on:

- **Ensuring clear evidence of managerial oversight of case work in the electronic file recording.** Whilst frequent case discussion occurs between social worker and manager, this was not always being recorded. Since the audit, a new field has been inserted into the electronic recording system to show these discussions.
- **Evidence of clear threshold decision making.** Similarly, there was not always sufficient written evidence of decision making around the thresholds for taking a matter forward under safeguarding. Such decisions were found sometimes to be too ‘terse’ in how they were recorded. A field has now been added to the electronic system to record threshold decision making in more detail.

- **It was recommended that more effort was required to ensure the service user's voice was heard clearly from the outset and throughout.** This is continuing work in progress and follows the national (LGA/ADASS) Making Safeguarding Personal agenda. As a result service users are now regularly involved in strategy meetings and discussions which is a departure from the London Multiagency Safeguarding Adults' Policy. The electronic recording system has been amended to provide a field to record wishes and desired outcomes of the person harmed and Croydon will be participating in the next phase of Making Safeguarding Personal during 2014/15. A new proforma has also been produced to ensure social workers record fully their assessment of a person's capacity to make key decisions relating to the safeguarding event and to evidence best interest decision making.
- **There was a recommendation that providers are given more guidance on what to include in their investigation reports with clear timescales.** In order to meet this gap, a procedural document to guide providers in how to carry out their part of the investigation has now been developed. Work with providers to improve their understanding and the quality of their investigations is ongoing.
- **It was recommended that further work is done to develop positive risk taking within safeguarding adults' work.** This is now underway as part of one of the tasks of the Best Practice Subgroup to the Board. Positive risk taking is of critical importance and it not always easy to achieve effectively. It demands a complex balancing of people's rights to make their own decisions, assessing their ability to weigh up risks and make choices whilst also reducing, though not always avoiding, risks. This area of practice will continue to be developed under Making Safeguarding Personal.
- **There was key learning from the multiagency audits on improved information sharing about pressure ulcer care and how safeguarding alerts with regard to pressure ulcers are managed between the hospital and social services.** Work is underway to identify lead professionals in Croydon Health Services who can give clinical input into safeguarding enquiries that arise from pressure ulcer care. There is also an NHS England, London wide re-evaluation of when to define a pressure ulcer as a safeguarding event. It is recognised that too often pressure ulcers are reported as a safeguarding event when a clinical review of practice would be more appropriate and meaningful.

Safeguarding Board Objective 2: Develop the involvement and empowerment of service users and carers in safeguarding adults

Croydon Adult Social Services has engaged in a national programme, led by the Local Government Association in conjunction with the Association of Directors of Adult Social Services, in '**Making Safeguarding Personal**'. This has been about

shifting how we support people who have been harmed, moving away from following a standard procedure for investigations towards working more closely with the individual who may have been harmed. We have focused more on what the individual wants to achieve and less on the process of investigation. This has led to people being actively involved in all meetings which discuss what has occurred.

Croydon Adult Social Care is unusual, compared with many other Local Authorities, in having appointed three Safeguarding Quality Assurance Officers whose role is to chair safeguarding strategy meetings and conferences. They also offer advice and consultation to the social workers investigating safeguarding concerns. These roles have brought consistency to the way that safeguarding meetings are chaired. The posts have strengthened good safeguarding practice by shining a dedicated light on how meetings are managed. The safeguarding quality assurance officers make sure that there is a focus on the wishes and outcomes of the service user in line with Making Safeguarding Personal. When decisions are being made about what to do about it, the person who has been harmed, or their representative, is central to all discussions and decision making.

Social work staff as well as the individuals who have experienced harm have all benefited from this new approach and feel more in control of what happens. This has led to the London Multiagency Safeguarding Procedures, which are very prescriptive in setting out what must occur and when, being used more flexibly. In 2014-17 all councils will be asked to join in with Making Safeguarding Personal and this, along with the implementation of the Care Act, will see the revision of these London procedures.

Some key changes which have already occurred include:

- Safeguarding meetings being held at the adult at risk's home when this is the preferred choice.
- The adult at risk or their representative coming to all meetings, including the initial strategy meeting to agree how the matter should be taken forward.
- Making sure we find out what the adult at risk wants to happen rather than following a set process.
- More use of advocacy for people who would benefit from it.
- Enabling people to exert real choice even when there is some degree of risk remaining – there is no point making someone safe if in doing so, we restrict their life so much that they are miserable as a consequence.
- Seeking feedback at the end of the safeguarding process to check that what we have done has made a positive difference to the person at the centre of it all.

Case study

Mrs W lived alone after being widowed. She had mobility problems and couldn't leave her house. She was lonely and vulnerable. Her neighbours offered support but ended up stealing thousands of pounds from her. The safeguarding investigation, led by Social Services, also involved the Police with regard to the theft. Meetings were held at the client's home. Practical help was offered – to help her de-clutter and create some order in her home which she had found hard to maintain since bereavement; to help her sort out health problems; to manage her money more safely as well as tracing her husband's family and putting her in touch with them again. Services that helped included Adult Social Services safeguarding team, the Police, Staying Put, Occupational Therapists, Age UK, befriending services, opticians and audiology specialists. The bank investigated the fraud and has returned her money. The neighbours have been arrested and charged and she has her life back on track. Mrs W commented:

"I am pleased and grateful for all the help I got to sort out the problems I was having. Before I got help I thought I had lost everything"

The involvement and empowerment of service users also means reaching out to community groups to provide awareness raising and encourage service users to feel confident to recognise abuse and to know how to report it. A great deal of work is done to engage with community groups and the following is one example.

A total of four training sessions were hosted by Croydon BME (Black and Minority Ethnic) Forum in conjunction with Croydon Council's Safeguarding Co-ordinator, Vincent Docherty and 57 participants attended from the borough wide BME community and voluntary sector groups. A further three sessions are due to take place up to December 2014.

Feedback from the sessions included:

What did you find most useful?

'I was surprised to know that there is a Family Justice Centre in Croydon where people who are experiencing Domestic Abuse can go for help.'

'Very informative, learnt a lot of useful information.'

'The slides were very informative and covered the areas I needed to know'

'Learning about the different types of abuse that I wasn't aware of'

Further topics that should be included in future safeguarding training?

How best to handle an area of concern regarding 'whistle blowing' if the matter is ignored by your superiors, and what are the relevant steps to take'

'Cultural attitudes'

'More real examples indicating the type that are referred and what the outcome has been'

'I learnt a lot about types of abuse'

'More of this training would be beneficial and accessed by community organisations'

Sylvarani Nair, of the BME forum who worked alongside Vincent Docherty says: 'Moving forward we need to carry out post training evaluation to find out in more detail how the training has impacted on the individual's work/ organisation. We also need to track real life reporting of safeguarding concerns/ issues to see how the training impacted on all concerned. There are issues of confidentiality and we would need to be sensitive, however the information will inform future delivery of training and tracking of change in perceptions and experiences of BME individuals, as well as seeing this translated in future data'.

Safeguarding Board Objective 3: Improve commissioning and contracting activity in the context of Safeguarding Adults, ensuring consistency of approach across the partnership

The Winterbourne View exposé, the result of undercover reporting, revealed that a number of people with learning disabilities, being cared for in a private hospital setting, were being systematically abused in a most horrific way. As a result of this and other abuse scandals in private care homes, the Croydon Safeguarding Board has sought reassurances as to how care services in Croydon are being commissioned and monitored.

This is linked also to a national stocktake of private hospital services for people with a learning disability across the country. It has led to all areas scrutinising what is happening for the people they are responsible for to make sure that they are being well cared for and empowered to make progress in their lives.

The Department of Health Winterbourne View Joint Improvement Programme reviewed Croydon's plan for its people with learning disabilities who are being supported in assessment and treatment provision and concluded that Croydon Adult Services has '***an excellent grip and understanding of reviews and circumstances of all affected individuals***'. The report commented on the effectiveness of having the 'Making a Difference Group'. This is a group of people

with learning disability led by the commissioning team who are being trained to visit a variety of services in Croydon such as residential and day services and community based services to check on the standards and quality of services being provided.

Over the past year, arrangements have been set in place to commission a small team of health and social care staff who can work proactively with families of children with a learning disability prior to them becoming 18 with a view to making sure that they are supported to remain in their local community as adults and to receive services that are right for them.

During the past year work has also been carried out to strengthen the contracts that Adult Social Services hold with providers of domiciliary care. The contract states that:

Providers will:

- Support Service Users to voice concerns regarding discrimination and harassment
- Ensure a risk management approach involving the service user and their carer in that assessment
- Encourage Service Users and their carers to undertake personal care and daily living activities, and use community equipment in the most safely recommended way
- Support access to services that minimise risks and harm such as home improvement agencies and home safe services
- Enable Service Users to live safely in their own home
- Ensure Service Users know to whom to complain if they have any problem
- Support Service Users to access safeguarding services if required
- Support Service Users to access independent advocacy and other advisory Services
- Support Service Users to identify and manage risk within their environment
- Understand and follow the London Multiagency Safeguarding Policy
- Be aware of the Mental Capacity Act and ensure that on any occasions where complex support needs mean there may be a deprivation of liberty, that this will be managed within legal frameworks for people living in the community.
- Understand best practice principles and ensure staff have sufficient knowledge to be able to safely and legally provide support to people, including those with complex needs
- Immediately raise with the local authority any safeguarding concerns.

Commissioning work across all client groups has been strengthened by the creation of the new Croydon Clinical Commissioning Group (CCCG) which has established additional safeguarding posts to make sure that health provision is being commissioned safely for people requiring nursing, hospital and Continuing Health

Care. The work of both the Croydon Council Commissioning teams and the CCCG has led over the past year to the creation of a Provider Intelligence Sharing group. This enables information to be shared across both the health and social care commissioning teams to pool information and resources to best effect. They work closely with the Care Support Team (CST) so that when concerns are noticed the CST can give support to the providers to improve standards of care.

The Care Support Team, which consists of social worker and nurses, continues to provide training, coaching and support to providers to help them maintain and improve standards of care. The Care Support Team provides support on a variety of areas which include:

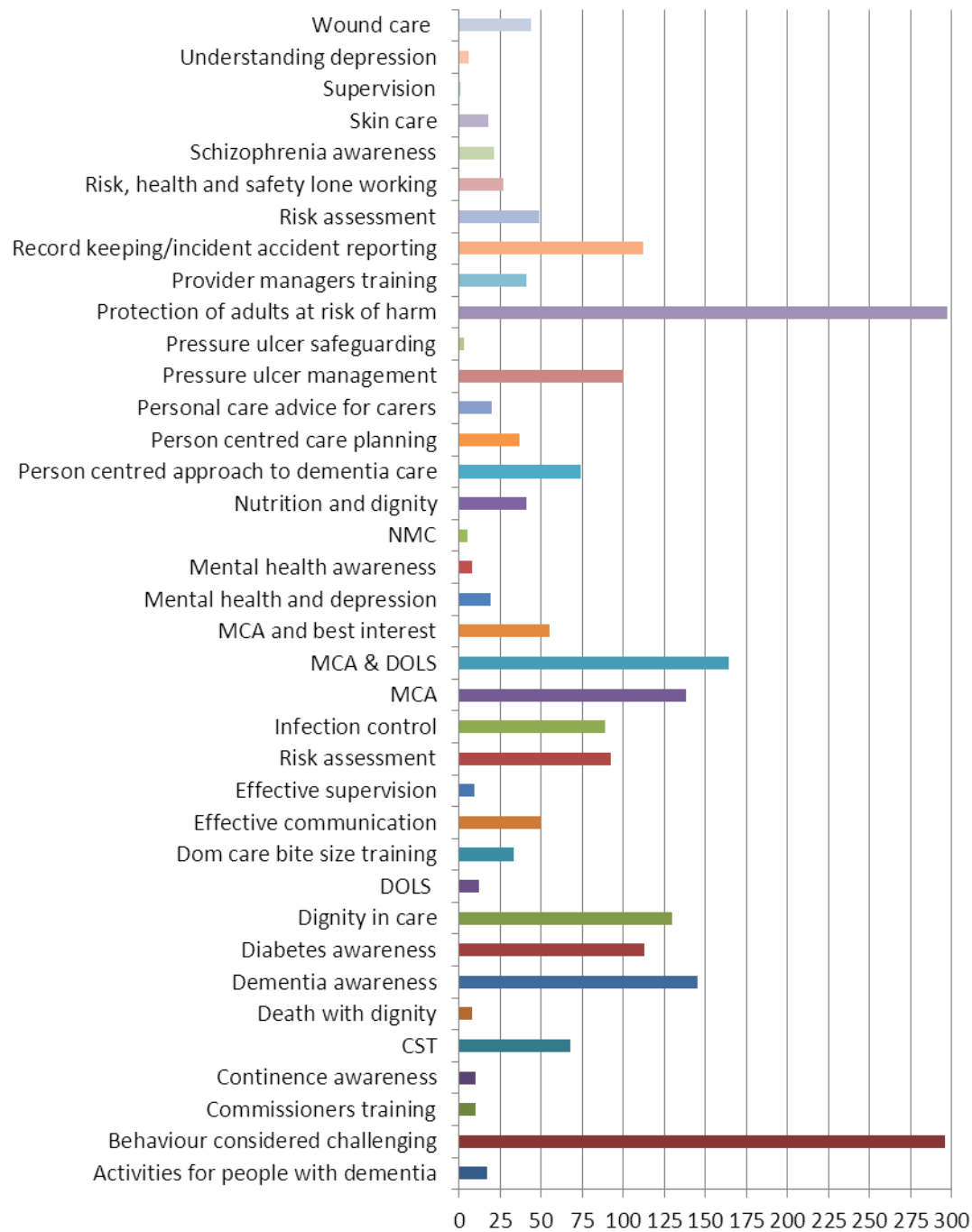
- Dignity in Care
- Management of skin care and avoidance of pressure ulcers which includes advice on good nutrition
- Infection control
- Diabetes care
- Supporting people with dementia and behaviours that can challenge
- Working with St Christopher's to support homes to provide good palliative care for people at the end of their life
- More recently the team has been strengthened by additional nurse input to support homes to avoid people experiencing unnecessary hospital admissions due to poor infection control and other conditions that can be avoided by good clinical care

The Croydon Care Support team

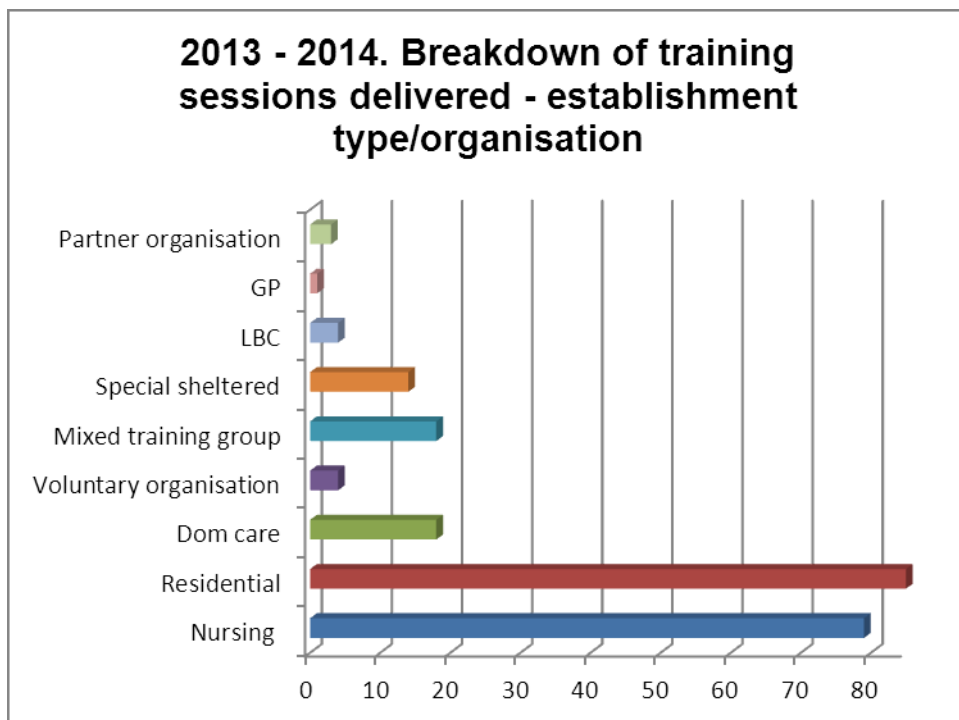
We provide here more detail of the work of this forward looking and innovative team which has set the standard for the past few years in collaborative work between Croydon Council, Croydon Health Services and South London and Maudsley Trust and which is hosted and led by the Council. Through its social work and nursing staff, it aims to raise or maintain the standards of care of Croydon's private residential and nursing providers and domiciliary care agencies and to intervene promptly when standards fall below an acceptable level. This delivers a key preventative function to reduce the incidence of people suffering harm.

The chart below shows a breakdown of all the training carried out by the Care Support team in 2013 – 2014 and the number of people trained. There has been an increase in the total number of staff trained from 1940 in period 2012/2013 to 2363 people in period 2013/2014.

**2013 - 2014. Total of 2362 people trained.
Breakdown of training type**



The chart below shows that the majority of the training delivered by the Care Support Team is in residential settings, closely followed by nursing homes. However this year has seen a broadening of the support and interventions of the CST to other provider services.



As well as providing support directly to provider services the CST has responded to requests for training from internal and external organisations and teams including GP's and voluntary organisations.

Simple changes can make a big difference:

During a practice visit to a care home it was noted that both the television and loud music was blaring in the communal lounge with residents observed to be in states of acute anxiety resulting from over stimulation. Staff had been unaware of the impact on residents and when challenged reported that they were offering residents a choice. Staff needed reminding that choice begins with asking the residents what they want and that some residents may appreciate a calm and quiet environment.

In order to provide the most effective training sessions to providers of care, the team works closely with them to understand the specific needs of their staff in relation to the people they are caring for in order to develop bespoke packages of support. The team starts with an audit of current practice and follows up with coaching and mentoring and when necessary works to support staff with the complex needs of individual residents or service users.

The team's reputation has spread beyond the Borough of Croydon and has been acknowledged by being asked to make a presentation at the Margaret Butterworth Care Home Forum in London. This has resulted in the team being approached by

organisations as far away as Berkshire, Barnet, Bromley and Essex interested in setting up similar services. The Croydon model illustrates how successful collaborative partnership working can result in improved standards of care.

The objectives of the Care Support Team include the following:

- Reducing the number of serious concerns and safeguarding adult concerns raised within LBC
- Monitoring the effectiveness of staff working directly with service users making timely interventions, modelling best practice to support staff development of positive practice
- Responding to requests to offer support, advice, information and training to provider services from a wide range of internal and external organisations and agencies which raise concerns about a provider within the London Borough of Croydon
- Practical and theoretical intervention/training
- Resident specific information and advice
- Hands on collaborative practical support
- Observation, identification of areas requiring clinical and non-clinical input
- Guidance offered to staff around avoidable hospital admissions/A&E attendance
- Raising awareness to staff on latest research and best practice including NICE guidelines, Department of Health and Regulatory Frameworks
- Reminding/strengthening staff awareness around changing statutory legislation
- Reinforcement of key information on Protection of Adults, risk and preventative agenda and Safeguarding Protection Plans
- Follow up on Care Home Observation feedback Information

The importance of listening to people:

Whilst carrying out a planned visit of observation in a local residential home for people with various mental health problems, 'G' was seen sitting by the door looking very upset. When asked what the problem was, he said that he wanted to go to the post office and that no one had supported him to do this. His behaviour escalated to the point where he began to shout abuse. After

exploring the reasons for this gentleman's request with him and staff members, it was possible to highlight his underlying wishes and feelings and to make sure that staff supported him. The problem was solved with a bit of time and effort to find out what he wanted and why he was upset and staff were reminded of the importance of taking time to listen to residents.

Outcomes resulting from Care Support Team direct interventions include:

- Improvements in direct interventions by staff to residents.
- Broader base of knowledge upon which staff can draw to enhance their practice.
- Reduction in avoidable A&E attendance.
- Monitoring the effectiveness of staff working directly with service users making timely interventions, modelling best practice to support staff development of positive practice.
- Maintenance of a general standard in infection control measures.
- Early identification and intervention in preventing dehydration, urinary tract infection (UTI) and constipation.
- Raising staff awareness of a potential deterioration and development of problems associated with UTI, cellulitis, communicable diseases, hypo and hyper glycaemia.
- Person centred care
- Dignity challenges

Simple ways to show dignity and respect:

Observing and monitoring activity at lunchtime during a session on nutrition and dignity, a member of staff was observed to help a resident to eat whilst standing up. The staff member was asked why she was not sitting with the service user, keeping positive eye contact and building rapport, only to be told that 'this is the way we do it here'.

The Care Support Team intervened on the spot to highlight this as poor practice and to embed a positive alternative for the whole staff team.

During 2013/14, the Care Support Team developed its reablement work with the aim of reducing avoidable admissions to hospital. Going to hospital can be an unsettling

experience for anyone and particularly so for people who are vulnerable. The work of the team is to support care providers to be better equipped to maintain residents' health and to work effectively with community health providers.

Avoiding hospital treatment through good, preventative care:

A new respite resident, who had just undergone surgery and radiotherapy, had a swollen right hand and her skin was itching. A nurse from the Care Support Team provided consultation and advice to the staff at the home. This included an action plan on how to reduce the swelling, such as supporting her hands with pillows, to improve the itchiness and to minimise risks of infection. It also included advice on how to administer prescribed medications and led to an urgent review by the GP who prescribed special skin creams. This made the resident much more comfortable and avoided a readmission to hospital.

Safeguarding Board Objective 4: Continue to focus on quality of care in order to prevent safeguarding issues occurring/ escalating

The Safeguarding Board has worked to ensure that transparency of practice and learning from events underpins the work to prevent harm in the future.

Care Forums continue to be an important means of coming together with service providers to ensure consistency of understanding and sharing of good practice. These forums are always well attended.

Throughout the year four Care and Support Provider Forums and three Dignity in Care Forums were held. The themes for the forums have been dictated by the emerging issues and learning from actual cases.

The issue of how to recruit care and nursing staff and managers safely and effectively remains high on the agenda. As a response Skills for Care launched their latest Safer Recruitment materials at the September 2013 Forum. This tied in with the overall business plan objective of driving up the standard of the recruitment process and how providers can identify at interview candidates' compassion and empathy towards service users.

In January 2014 a whole Forum was devoted to the subject of covert, 'hidden,' camera recording and how to ensure the quality of night time and weekend work. This topic was highlighted in a Panorama programme televised in April 2014, which exposed abuse in care homes picked up on a hidden camera. Video recording is a practice area fraught with dilemmas and ethical considerations; however the unanimous view of the provider forum was that CCTV has an important and

underutilised role to play in safeguarding work and in the prevention as well as the identification of poor and abusive practice.

In February 2014 the forum focused on activities within care settings and how providers could make use of the College of Occupational Therapy best practice guidance. These had been launched by the Princess Royal in Central London with Croydon asked to attend as a reflection of the high number of providers in the borough and the contribution Croydon Care Forums had given to the development of the resources.

A bespoke Forum for housing providers and social care agencies was organised in March 2014 around issues of self-neglect and hoarding. There are no magic bullets to resolve the complex issues facing people who neglect their own care or who hoard and for whom the reasons behind their situation may be many and varied. However, the forum allowed agencies to share knowledge, practice and skills in order to work jointly to better support this group of people.

Dignity in Care Forums were also held throughout the year. In October 2013 the dignity work focused on End of Life Care and St Christopher's outreach hospice team made a number of sensitive and evidenced based presentations on how to support people towards the end of their life, to ensure a dignified and pain free death. This included ongoing support to enable people to remain in their own homes if this is their preferred choice rather than ending their life in hospital. This work was followed up at the Christmas Dignity Forum when a number of providers gave presentations on how they had adopted the St Christopher's materials around Namaste Care work, described on pages 26 and 27.

Themes over the past year have included:

1. Guidance on how to avoid falls and fractures

Each year around one third of people over 65 experience one or more falls. Almost half of people aged over 80 living in the community fall each year. Falls rates among care home residents are much higher than among older people living in their own homes. Falls can result in suffering, disability, loss of independence and a decline in quality of life.

Most people experience a fall at some point in their life. However, as we get older falls can become more common and the consequences of a fall can become much more serious. Injury caused by falls is the leading cause of accidental death for people over 75. Falls can:

- result in injury, for example a fracture or broken bone, head injury, cuts and bruises, or even death

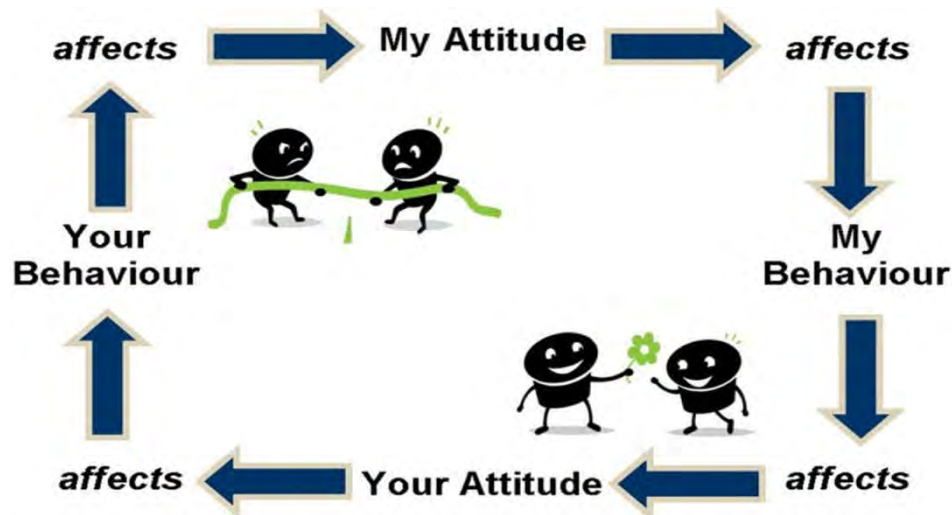
- cause the person to lose confidence and become anxious and fearful of falling again which may prevent a person carrying out daily activities or going out, leading to loss of independence and/or quality of life.

The Falls session for care providers provided advice and guidance about how to prevent falls.

2. Supporting people with dementia and people with behaviours that may challenge :

A presentation was given by Janet Morgan, dementia and behavioural specialist in the Care Support Team. She spoke about the impact of staff behaviour on residents and the circle of behaviours. Positive, patient and respectful approaches based on understanding why a person with dementia may act in a challenging way, are necessary to provide good quality, compassionate care.

Your Behaviour and my Attitude



3. Promotion of Dignity in Care:

Ensuring dignity and respect in how support is delivered is at the essence of good care and the avoidance of harm. The promotion of dignity remains at the core of safeguarding prevention and all Croydon citizens are encouraged to become dignity champions.

There are 10 dignity challenges:

- Have a zero tolerance of all forms of abuse
- Support people with the same respect you would want for yourself or a member of your family
- Treat each person as an individual by offering a personalised service
- Enable people to maintain the maximum possible level of independence, choice and control

- v. Listen and support people to express their needs and wants
- vi. Respect people's right to privacy
- vii. Ensure people feel able to complain without fear of retribution
- viii. Engage with family members and carers as care partners
- ix. Assist people to maintain confidence and a positive self-esteem
- x. Act to alleviate people's loneliness and isolation

We encourage everyone who believes that Dignity in Care is important to sign up as a Dignity Champion at <http://www.surveymonkey.com/s/dignity-champion>

The Dignity Challenge in Croydon
High quality services that respect people's dignity should...

1	Have a zero tolerance of all form of abuse	2	Support people with the same respect you would want for yourself or a member of you family	3	Treat each person as an individual by offering a personalised service
4	Enable people to maintain the maximum possible level of independence, choice and control	5	Listen and support people to express their needs and wants	6	Respect people's right to privacy
7	Ensure people feel able to complain without fear of retribution	8	Engage with family members and carers as care partners	9	Assist people to maintain confidence and a positive self-esteem
				10	Act to alleviate people's loneliness and isolation

Become a Dignity Champion in Croydon today!
Sign up online at: www.surveymonkey.com/s/dignity-champion

Improve local services using the Dignity in Care Practice Guide at:
www.scie.org.uk/practiceguide09/

Visit www.croydon.gov.uk/sgap for more information about 'adults at risk'.

CROYDON www.croydon.gov.uk **croydonvoluntaryaction** **South London and Maudsley NHS Foundation Trust** **NHS** **NHS** South West London

Linked to dignity is the practice of Namaste Care.

- A presentation was given by Lakeside nursing home to one of the Forums about Namaste Care which is a programme designed to improve the quality of

life for people with advanced dementia. The word Namaste itself means "To honour the spirit within".

- Lakeside staff shared how they put Namaste Care into practice:

'The Namaste Care Programme enables us to reach out to our residents through loving touch, meaningful activities and our presence. We would like our residents to feel they are loved and respected. We want them to feel at home at Lakeside and to be comfortable, calm and peaceful. We will try to make pleasure and enjoyment part of their everyday experience.'



4. Effective supervision

This relates to how staff in care homes are supported to deliver good quality care and receive training to help them become skilled and compassionate carers. The training to providers included information about how to make people's lives more fulfilling.

'Living Well through Activity in Care Homes' is a tool kit produced by the College of Occupational Therapists. It recommends for example:

- Regularly stop for a 2-minute chat with the resident. How are they? Did they sleep well?
- Discuss the weather / the time of year / their plan for the day.
- Ask after their family.
- Sit for two minutes and place a reassuring hand on the person's arm.
- Involve a resident in what you are doing – laying a table, tidying a room and carrying the laundry.
- Sing or hum a tune together.
- Encourage a resident to carry out some aspects of personal care, such as brushing their hair or teeth.
- Help a resident to select an album, scrapbook or book to look at.
- Share a poem, article or short story you think a resident might like. "I saw this and thought of you..."

- Ask a resident if they would like to listen to some music, the radio or watch the television and set this up. Ask a resident if they are comfortable, would they like to: sit in their room / with others / by the window or the reception area?
- Stop to watch television together and talk about what you have seen.

You can find out more from this link:

<http://www.cot.co.uk/living-well-care-homes>

Safeguarding Board Objective 5: Focus on workforce issues and sharing best practice in: recruitment; supervision; whistle blowing; learning and development, towards greater consistency in practice.

This is an ongoing objective for the Board. The promotion of good workforce development, which means how staff are selected, supported, trained and supervised, is critical to ensuring that people who need care and support receive services that they can trust from staff they can trust. The best means of delivering the agenda of any Safeguarding Adults Board is the prevention of harm rather than dealing with the consequences of harm after the event.

Care providers receive ongoing advice on the safer recruitment and supervision of staff through the work of the Care Support Team, Care Provider Forums and the Multiagency Partnership Training Programme delivered in conjunction with Skills for Care.

A small task and finish group has been set up under the Best Practice Subgroup to ensure that consistent standards in safe recruitment and workforce development are embedded across the Board and its members. This includes embedding the Safeguarding Competency Framework set out by Bournemouth University.

In November 2013 a session was set up for care providers, commissioners and anyone else with an interest in safer recruitment to meet with representatives of the Disclosure and Barring Service (DBS). This is the service that investigates allegations of serious abuse or crime by paid carers or volunteers. It carries out criminal checks on staff and ensures that anyone who has a criminal record that would make them unfit to work with children or vulnerable adults is placed on a barred list. As well as learning about how the DBS operates and new rules for applying for DBS checks on staff, important advice was given about how best to validate references and qualifications and a reminder that the responsibility for ensuring people have the right motivation and values rests ultimately with the employer. Involving service users in recruitment processes and seeking their feedback can be a valuable tool.

Safeguarding Board Objective 6: Develop a common approach across the CSAB partnership to risk assessment and risk management in Safeguarding Adults work.

Making people safe and keeping people safe serves no purpose if doing so makes their life so restricted that they are miserable. The aim of Croydon Safeguarding Adults Board is ***‘to work together to enable people who need help and support to retain independence, wellbeing and choice and to access their right to live a life that is free from abuse and neglect’.***

In this context the Safeguarding Adults Board is keen to promote a positive approach to supporting people to lead fulfilling lives in the way that they wish even if this involves accepting a degree of risk or uncertainty. We cannot nor should we seek to remove all risk.

With this in mind the Best Practice Subgroup has set up a small group to look at developing guidance and a common framework across the partnership for how best to balance positive risk taking, wellbeing and safety for people who may be at risk of harm or who may already have suffered harm.

Case study

A middle aged man suffering from multiple sclerosis had been the victim of several burglaries. The police and housing team were involved in the safeguarding investigation.

The police wanted the man to be rehoused to sheltered accommodation for his own safety but this was not the man’s choice – he wanted to remain in his own home with a more secure backdoor and fence. He turned down the offer of a housing transfer which some felt was unwise but he had the capacity to decide this.

The safeguarding enquiries resulted in the man being supported to obtain a more secure fence and he remained in his own home.

Safeguarding Board Objective 7: Promote communication across agencies about concerns and patterns of concerns

During the last year a regular Serious Cases Review meeting has been set up. This is a meeting of a small group of professionals from key agencies to look at events where people have suffered serious harm to see if more could have been done and if there are lessons to be learnt. The learning from these cases is shared with the Safeguarding Adults Board members. There are also training and development events open to social work staff, police, health and partner agencies to look at key events and how we need to respond. Learning is also shared with providers through Care Forums and via multiagency training.

One trend we have seen relates to increasing numbers of people suffering financial abuse and theft, sometimes on a major scale and as part of serious organised crime. Criminals will often target people who are the most vulnerable – those who are elderly, frail and isolated or those who have been bereaved and are emotionally vulnerable.

Croydon Council's Safeguarding Adults Team was alerted to possible financial abuse by an estate agent. The agent had been approached by a third party to sell the home of an elderly gentleman and he was concerned that the home owner did not understand fully what was going on and what papers he was signing. Consequently he made a referral to the Council to report a possible safeguarding concern.

The social worker realised that this may be a case of serious crime and involved the police. The police investigated and uncovered major organised crime. The gentleman who owned the property had been befriended by crooks whom he thought were his friends and he was unaware that his house was about to be sold.

Adult Social Services worked with the elderly man to set up support for him which included advocacy and ongoing help from Age UK. The social worker supported the man through the police investigation and provided witness statements. The police managed to obtain sufficient evidence to intercept a major crime ring and to bring the criminals to justice.

This was a lengthy case with Adult Social Services and the police working together with a number of other agencies. The case also demonstrates the shrewd thinking of the estate agent to be suspicious enough to raise a safeguarding alert in the first place. Croydon Council's safeguarding staff and Trading Standards team have worked hard to raise awareness in the community, including with banks and businesses, of the financial abuse of vulnerable people.

The Case Review and Audit subgroup also looks at cases and disseminates learning from them.

A multiagency approach to self neglect

Over the past year the Board has taken a proactive stance with regard to people who self neglect. Whilst self neglect is not a safeguarding matter in its purest form because there is no third party causing the harm, the Board has agreed that the gravity of harm that can result from self neglect, especially if the person may lack capacity to make decisions about their own safety, brings this within the orbit of the Board.

The professional standards team in Croydon Council has developed an agreed multiagency approach to working with people who self neglect, which includes serious hoarding. Croydon Adult Social Services has led conferences in Croydon on self neglect and hoarding and how to respond, in conjunction with the London Fire Brigade, London Ambulance Service and housing and tenancy services. Croydon Council's Head of Professional Standards has presented Croydon's approach to managing cases of self neglect at national conferences and in partnership with Kirklees Council. Croydon Council and the Safeguarding partnership have been one of the forerunners in highlighting the risks for people who self neglect and the dilemmas in how best to support them.

Case study:

Mrs Y was an older person who was a heavy drinker. She lived alone in a sheltered flat and was socially isolated. Her alcohol consumption increased and this led to her becoming aggressive to the other elderly people living in the sheltered block. She was clearly very unwell and unable to look after herself.

Many agencies worked together – mental health services, housing support officers, safeguarding protection services and over a period of weeks, Mrs Y had two spells in hospital, each time agreeing that she would stop drinking. When Mrs Y was free of alcohol the aggressive behaviours disappeared. However over time it became clear that she could not manage on her own without reverting to heavy drinking. She was seriously neglecting her physical health and well-being and the environment and she was a risk to other frail people.

Through close working, agencies reached a shared conclusion that Mrs Y was not able to manage alone in her flat despite her wish to do so. She had strenuously resisted moving into residential accommodation but when her tenancy was ended due to her inability to manage, she finally accepted a period of respite. Within days the alcohol usage ceased, her health improved dramatically and she really enjoyed the company of the other residents and

staff. She is now happily settled, with her full agreement, in a more supported setting and she is thriving.

The progress of this complex case revealed the importance of all agencies working together, balancing the very difficult dilemmas of this person's choice, capacity and rights, her protection and civil liberties, to reach a shared conclusion – that despite all Mrs Y's good intentions she was unable to put them into practice. Careful joint working with this person over a period of time, made it possible to help her achieve a better life.

The message from cases of self neglect is that there are no easy ways of engaging with people who neglect themselves and who do not want to accept help. The reasons for self neglect are many and varied and often include a degree of physical, mental or psychological ill health. The most effective approach is to work jointly across agencies to try to build a supportive relationship; to undertake thorough assessments that balance independence and risk; to put into practice the principles and practice outlined in the Mental Capacity Act; to have a working awareness of the range of legislation that might be brought into play.

Croydon's self neglect policy can be accessed here:

www.croydon.gov.uk/contents/departments/healthsocial/pdf/Self-neglect.pdf

Safeguarding Board Objective 8: Improve and Monitor Practice in relation to Mental Capacity Act responsibilities.

The Department of Health has estimated that around 70% of adult users of support services will fall under the Mental Capacity Act owing to inability to make some key decision for themselves, either some or all of the time. This will apply to around 80% of people living in residential and nursing care homes. Therefore understanding the Mental Capacity Act and its Code of Practice is key to the work of the Safeguarding Board, all its partner agencies and care providers.

The Mental Capacity Act and Deprivation of Liberty Safeguards Subgroup continues in its role to disseminate good practice through the Learning and Development programme and disseminating refinements in practice that arise from Case Law.

Croydon Council has the lead role for the assessment of people who lack capacity under what is termed Deprivation of Liberty Safeguards (DoLS). This ensures detailed assessment of people who lack capacity to consent to their care or health arrangements in a care home or hospital. The Mental Capacity Act and DoLS lead manager ensures that people receive full assessments of their needs. Croydon's social workers are trained in assessing the capacity of people at risk to make key

decisions. The MCA/ DoLS lead works together with the Adult Safeguarding lead nurses in the Croydon Clinical Commissioning Group and Croydon Health Services to raise the level of understanding of staff in MCA/DoLS practice across services.

Assessing a person's capacity to make key decisions is often a complex and difficult process. People's level of understanding may fluctuate, people may appear to have a good level of understanding but be unable to put into practice what they say they will do. This may be especially true of people in the early stages of dementia or people with a mild learning disability. People may be able to make some decisions but not others. The case of Mrs Y above demonstrates the difficulty in managing complex assessments over time with people whose capacity to make decisions changes from day to day.

In June 2013 Croydon's lead MCA/ DoLS manager gave a presentation to the Care Forum on Best Interest Decision Making which covered the key principles of the Mental Capacity Act and how to make decisions when a person lacks capacity to decide for him/herself.

A recent House of Lords scrutiny of the Mental Capacity Act (MCA) found that the relationship between safeguarding adults and the MCA nationally is not yet clear and developed. The two often operate separately. It states that the MCA needs to provide a challenge to safeguarding practice (human rights) and that clear knowledge of the MCA is needed for effective safeguarding. This scrutiny throws up challenges about the extent of implementation of MCA in practice; about paternalism affecting ability to implement MCA; about the extent to which people who lack capacity have access to justice. Taking on board that this is the case nationally Croydon recognises that it is likely that there is much to learn locally (as well as nationally) and has therefore agreed to take part in a peer review of its Mental Capacity Act practice which is due to happen in 2014/15 and the outcomes will be presented to the Board. There is commitment from the partnership to participate in this. The purpose of engaging in this exercise is so that locally we can be clear where improvement is required and target resources and learning accordingly.

Alongside this the Croydon Clinical Commissioning Group has been successful in a bid for funding to enhance practice and resources in the context of the MCA. This demonstrates a real willingness to embrace the need for improvement and to realise these improvements.

Croydon Safeguarding Adults Board Priorities for 2014/15

The following priorities have been identified to support ongoing progress with the business plan.

- Further develop links with the Safeguarding Children Board and the Health and Wellbeing Board.
- Develop quality assurance of the work of organisations and of the partnership in safeguarding adults.
- Strengthen service user involvement in safeguarding enquiries in line with Making Safeguarding Personal and develop regular service user feedback to inform practice.
- Develop the involvement of people who use services in practice and in strategic development.
- Embed and develop the progress made in commissioning and contracting.
- Strengthen transparency and appropriate sharing of information across the partnership, particularly in respect of quality of care issues and any organisational learning that is capable of informing improvement across the whole partnership.
- Develop clear guidance and standards on workforce issues for application across the partnership.
- Develop a common approach to identification, assessment and management of risk across the partnership.
- Facilitate improvement in the context of the Mental Capacity Act: understand where there is need for improvement in practice and policy and then plan to make those improvements in 2015/16; manage the changes in Deprivation of Liberty Safeguards in the light of the recent ruling in the Supreme Court.
- Ensure that safeguarding adults' activity is consistent with the requirements of the Care Act.

Safeguarding Adults at Risk 2013/14 Activity

The following tables detail the statistical data relating to alerts and safeguarding investigations. An alert refers to when a safeguarding concern is made to Social Services. In some cases initial fact finding reveals that no harm has occurred and the referral is then closed or another form of intervention may be more appropriate – such as a referral for assessment for social care services. In other cases a full

investigation is needed in order to determine what has occurred and to ensure, jointly with the individual, that they are made safer.

The outcomes of these investigations may be that no harm was caused (not substantiated), that some harm occurred but not all aspects that were thought to have happened, (partially substantiated), that harm did occur, (substantiated) or that the matter remained inconclusive. This is often when the case hinges on one person's word against another and there is no corroborating evidence and even when weighing up the information on balance of probability, it is not possible to determine exactly what happened.

During the past year there has been a gradual shift from focusing on the outcomes of the investigation in terms of whether it can be substantiated or not, to a greater focus on what outcomes the person at the centre, who may have suffered harm, wants to happen. Deciding whether harm occurred is only one aspect and may be less important than establishing what the person wants to happen to improve their safety and wellbeing going forward. Moreover if someone has caused harm, what is important is to understand the reasons in order to prevent or reduce harm in the future. If it is deliberate harm, such as a theft by a paid care worker, then criminal sanctions follow and the worker will be prevented from working in the future with people at risk. However some forms of harm are better dealt with by offering support to the person who may have caused the harm, such as a carer under stress, rather than penalising them, especially when it is important to the person harmed to preserve meaningful family relationships.

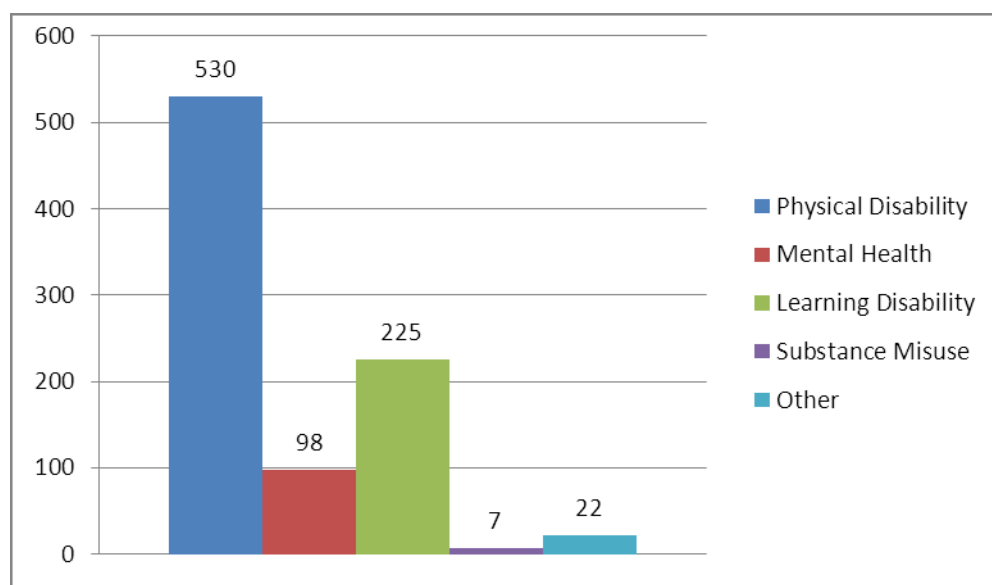
Each year data is collected on safeguarding activity and returns are made to the Department of Health. The following data is extracted from these returns.

The number of safeguarding referrals that were started within the period (whether or not they were concluded) totals 844. Last year the total was 841.

The number of referrals that were concluded within the period totals 882. (This included referrals that started in the previous year). The previous year the figure was 858. This shows that numbers of safeguarding referrals continue to increase slowly year on year. It is impossible to know precisely the cause for this but the publicity given to episodes of abuse in the media alongside Croydon's own programme of awareness raising, contributes to a greater understanding in the community of abuse of adults at risk and a refusal to tolerate it.

The graph below shows that by far the largest group of people to experience concerns of a safeguarding nature are those with physical disability or frailty which includes older people. This is not a surprise as the majority of adults in Croydon who are in need of services generally, and who are at increased risk of harm, are older people.

1. *Referrals Concluded within period (1st April 2013- 31st March 2014) – this includes referrals that began outside of the period, shown by Client Main Category. Total 882*



The following three graphs show the numbers of safeguarding referrals broken down by both age and gender. The data shows us that in the younger adults' category, there is a fairly even distribution of males to females in terms of safeguarding referrals (208 males and 203 females). However as the age groups increase the numbers of females included increases significantly. This is in line with previous years and reflects most likely the longer life span of females and the fact therefore that there will be a greater number of elderly/frail females who are at risk.

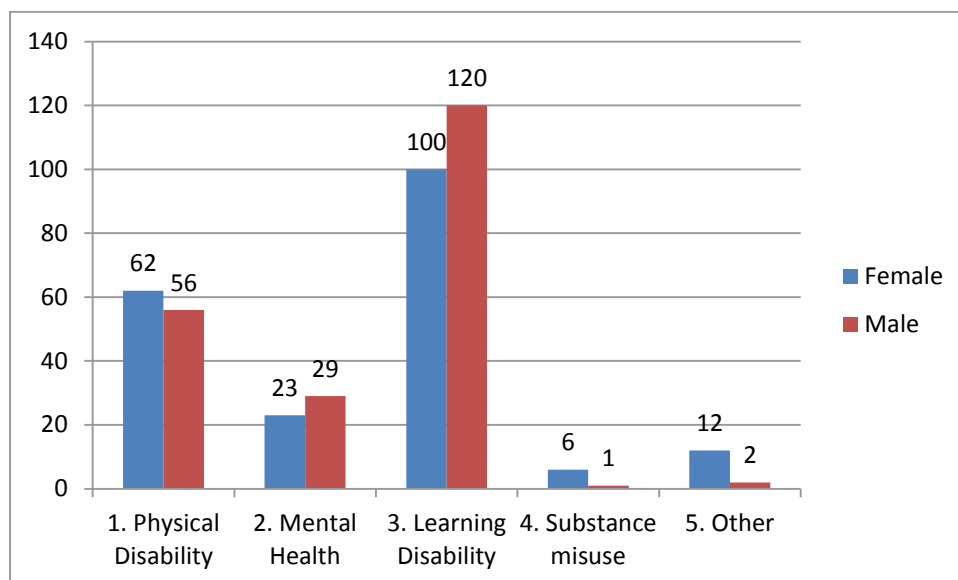
It is also significant that the numbers of referrals for people with a learning disability, both male and female, outstrips the numbers of other client groups in the younger adult age range. There are likely to be various factors at work in this respect. People with a learning disability are particularly vulnerable to harm when they are younger. They are also the largest group of people who are at risk of harm amongst younger people. Many young people with a learning disability wish to join in community life and activity alongside other people of their age. However they may not have the same ability to know how to keep themselves safe and to recognise potentially risky situations. There is a fine balance between empowering people to enjoy meaningful lives and seeking to protect them from all harm at the cost of their independence and

overall wellbeing. This is one example where developing positive and proportionate risk taking is important, balancing risks with quality of life and aiming to reduce risks but not avoid all risk to the detriment of the individual's happiness.

Our knowledge that there are higher rates of referrals for young people with a learning disability compared with other groups links with the Board priorities to:

- Develop the involvement of people who use services in practice and in strategic development.
- Embed and develop the progress made in commissioning and contracting
- Develop person centred positive risk framework

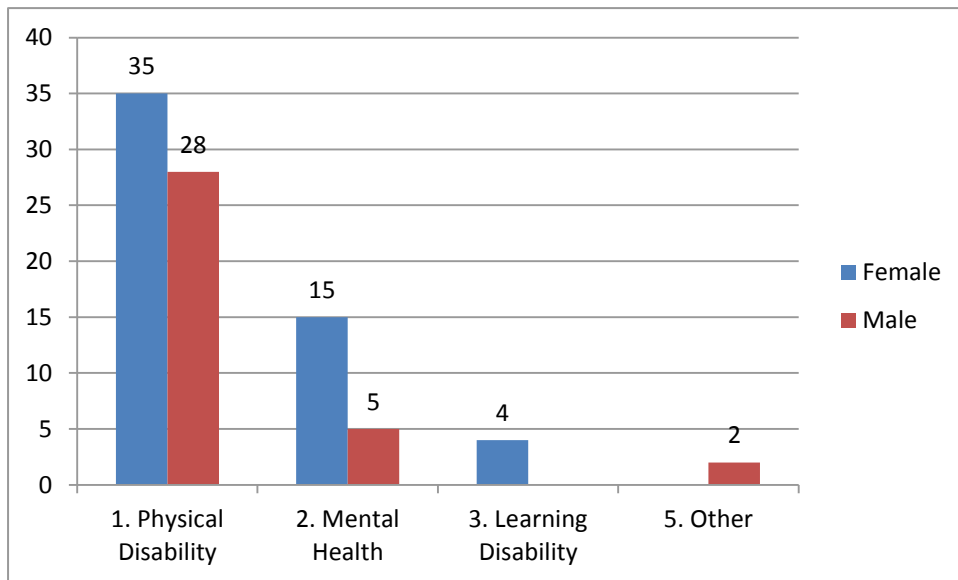
2a. Number of Concluded Referrals for Alleged Abuse shown by gender and age group (18-64)



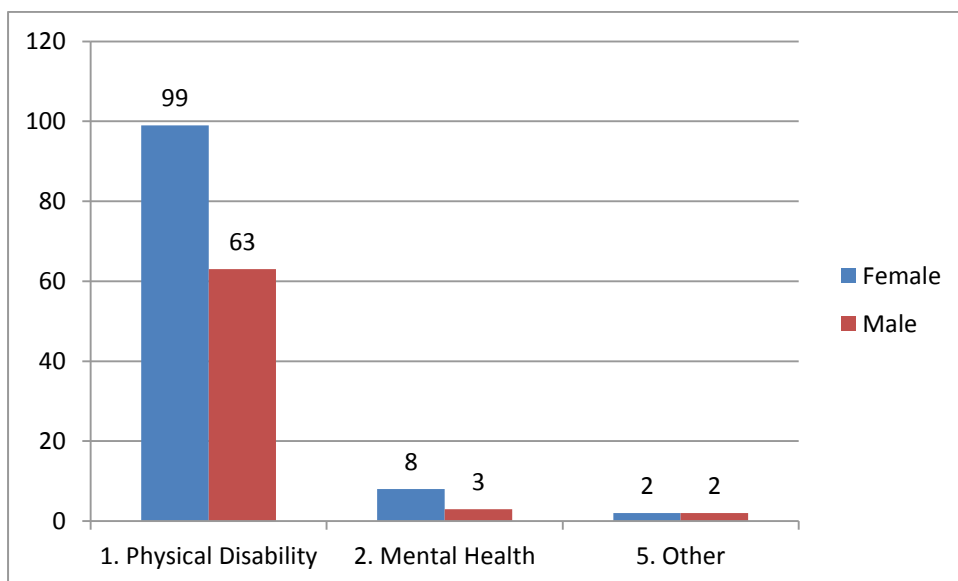
As age increases, the numbers of people who are vulnerable to harm due to health issues and/or the frailties of older age increases proportionally compared with the other client groups. With increasing age there are far fewer people with a learning disability reflected in the safeguarding statistics. This is likely to be because there is still a differential in life span between people with a learning disability compared with the general population, partly explained by natural co-morbidities that often accompany a learning disability. We also recognise that the health care of people with a learning disability is often poorer, in part because it can be harder to detect the early signs of ill health when the person is unable to say clearly what may be wrong and also because people need more support to ensure regular health checks. We know nationally, that this is still not always fully in place, although there continues to be a strong drive to remedy this.

Additionally it is likely that the statistics for older people also include people with a learning disability who may spend their later years in a care setting for older people and be counted therefore within that group.

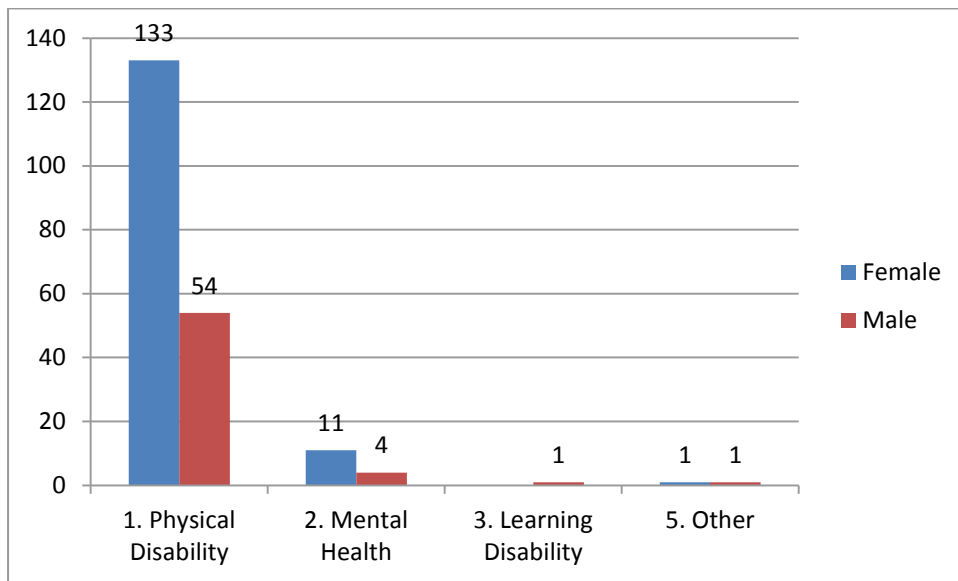
2b. Number of Concluded Referrals for Alleged Abuse by gender and age group (65-74)



2c. Number of Concluded Referrals for Alleged Abuse by gender and age group (75-84)



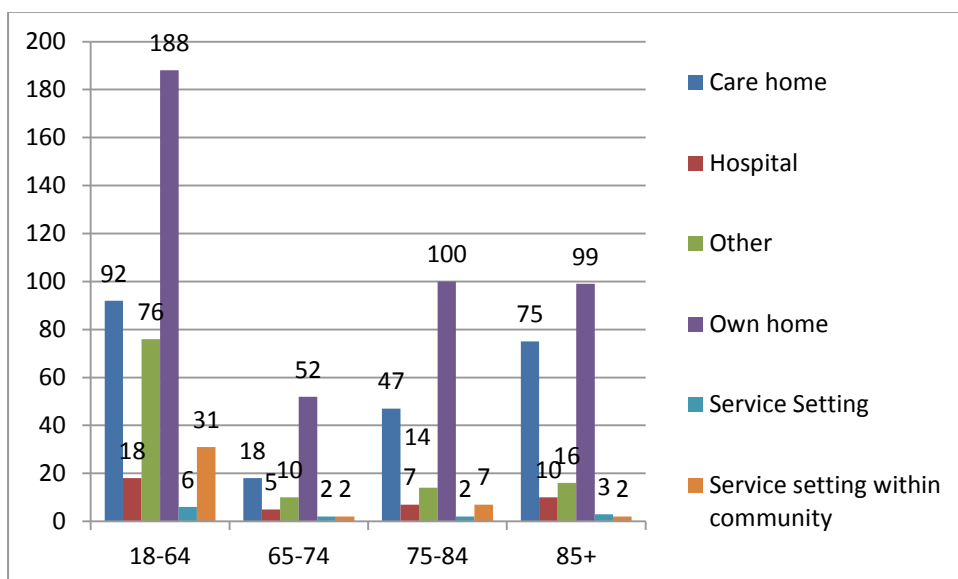
2d. Number of Concluded Referrals for Alleged Abuse by gender and age group (85+)



The graph below shows the location of abuse where a safeguarding referral has been made. As in previous years, a person’s own home is the most likely place that they may have been harmed. ‘Own home’ refers to people living in their family home, living alone and living in a supported tenancy alongside other people. Harm may come from a variety of sources that includes other members of the family, carer relatives, paid carers, other tenants, neighbours as well as people unknown to them.

It is noticeable that the ‘other’ category, which will include harm that may occur in community settings, features more strongly amongst referrals for younger people.

3a. Location of Alleged Abuse by Age Group for Concluded Referrals

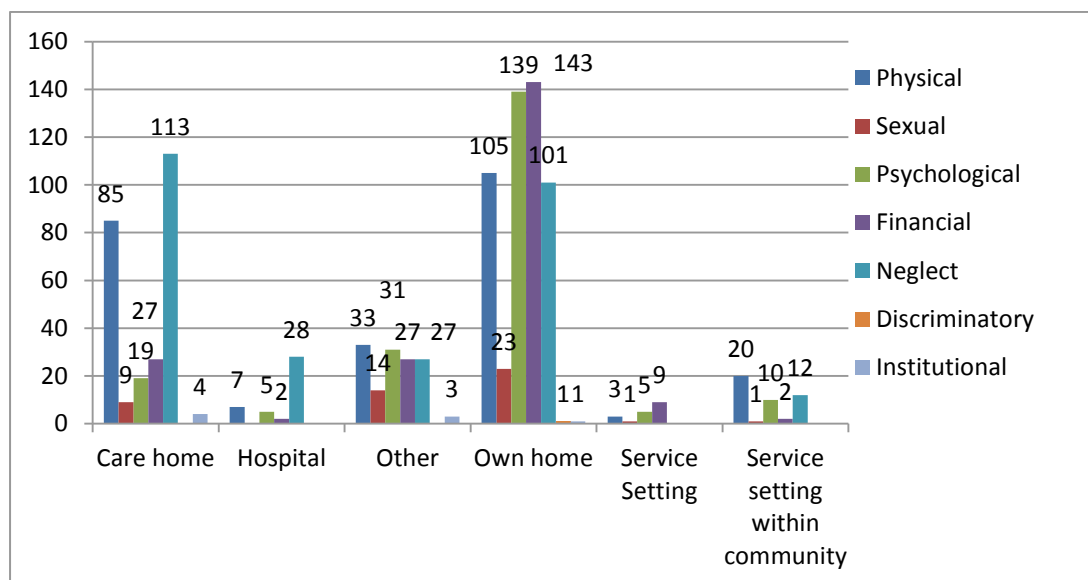


With regard to the numbers of people in care homes for whom concerns of harm are raised, this links with the priority to:

- Embed and develop the progress made in commissioning and contracting and continue to focus on quality of care issues via multiagency training programmes, training and support delivered to care providers by the Care Support Team and robust contract compliance

The graph below shows both the location of abuse and type of abuse. As in previous years, the most common forms of abuse in one’s own home are financial abuse, followed closely by psychological abuse. Physical abuse and neglect follow thereafter. In care home settings, neglect and physical harm are the most likely forms of abuse.

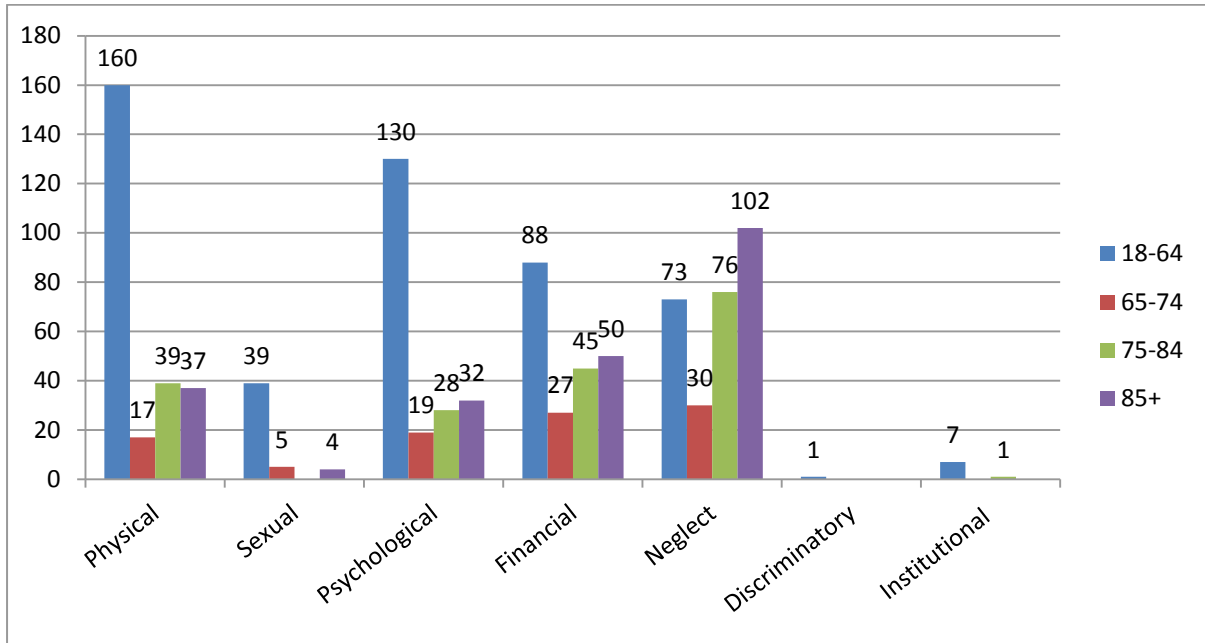
3b. Location of Alleged Abuse by Abuse Type for Concluded Referrals



Please note that each case may have more than one type of abuse recorded so the total numbers are more than the number of concluded referrals.

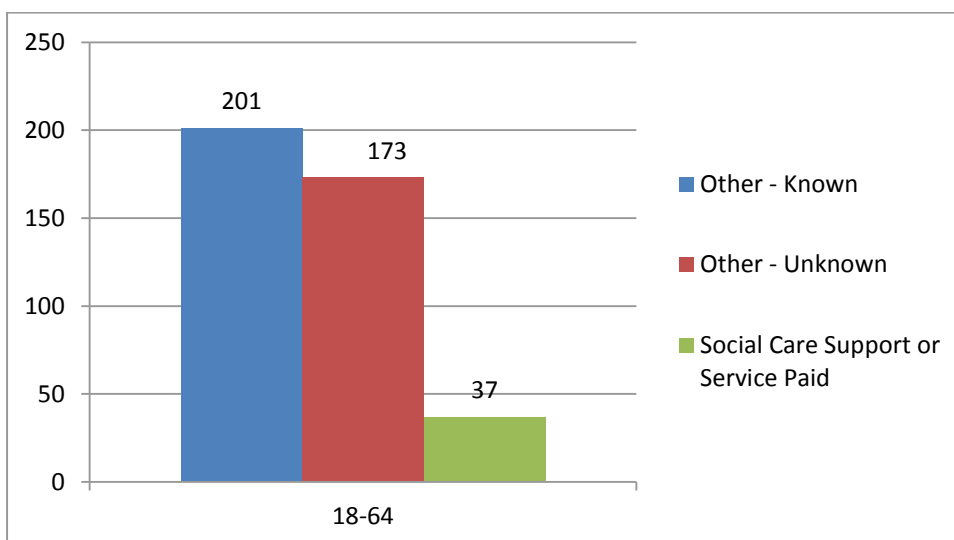
5. Nature of Abuse shown by Age group for Concluded Referrals

The graph below shows that physical abuse and psychological abuse are the most likely forms of harm experienced by younger adults. Incidents of reported neglect rise with age.

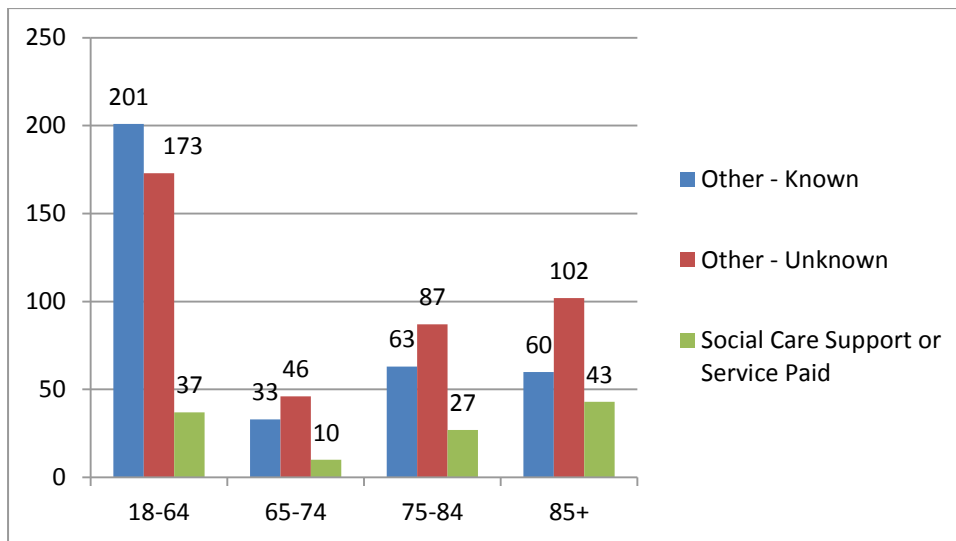


When harm occurs it may come from various sources that include family members, paid carers, neighbours etc. The data collection this year does not break down the categories into detail, providing only known, unknown, service and social care categories. It is therefore not possible to be too detailed regarding the source of harm.

5a. Relationship to the Alleged Abuser by age group (18-64) Concluded Referrals

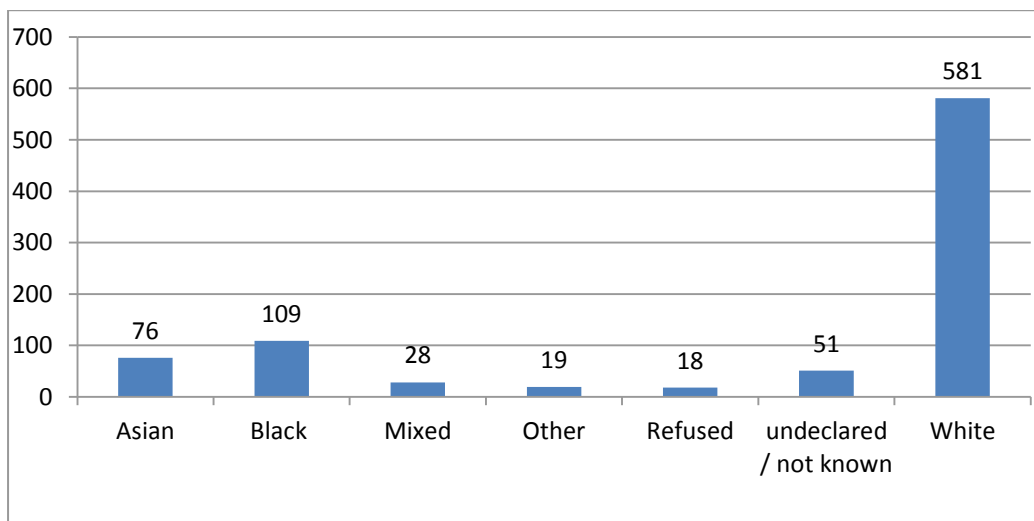


5b. Relationship to the Alleged Abuser by age group (All ages) Concluded Referrals



We continue to have a higher incidence of harm reported and investigated for people who fall in the ‘white ethnicity’ category. This may reflect the fact that Croydon has a larger ‘white’ population amongst older people. However we also know that more work needs to be done to ensure that people from ethnic backgrounds feel confident to seek the support of statutory safeguarding services. This year we also have a relatively large group of people for whom ethnicity is not recorded.

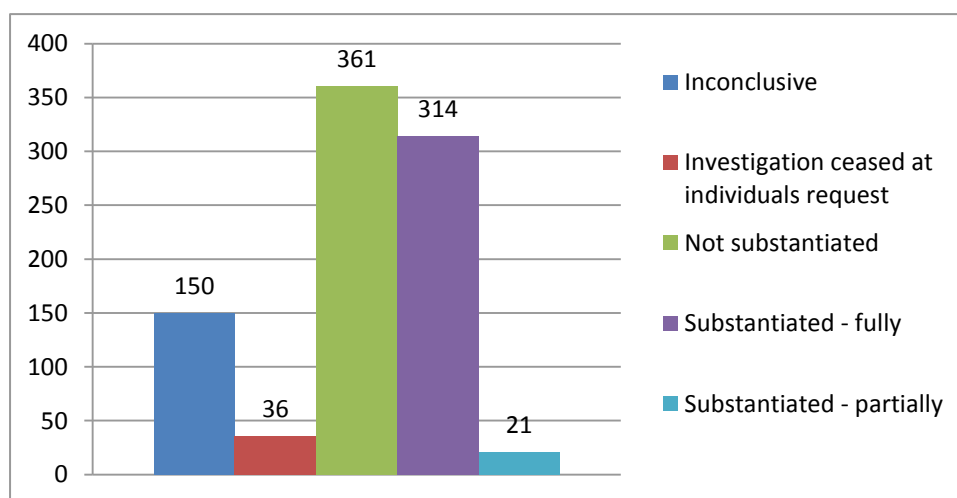
6. Client Ethnicity for Concluded Referrals



As in previous years large numbers of alerts conclude with the finding that no harm has occurred. This does not mean that the referral was invalid, simply that the person making the referral believed the person may have been at risk whilst investigation concludes that no harm has occurred. This is the first year that

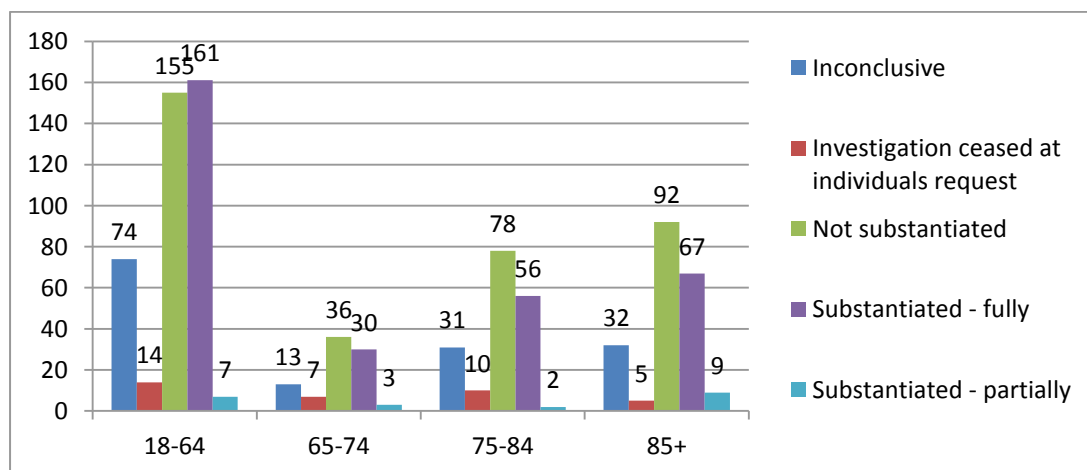
Croydon has broken down its referrals into both substantiated and partially substantiated. The latter refers to when a referral may be found to be substantiated in some but not all aspects of the original concern. There has been a fall in the number of inconclusive referrals since the previous year, 2011/12. This reflects the continuing efforts to reach the truth sufficiently to say whether harm has or has not occurred on the balance of probability. Additionally this year there has been a new category introduced, 'service user asks for the investigation to cease' and it may be that in earlier years these referrals, if proceeding to a conclusion, may have fallen within the 'inconclusive' group but are now shown under 'investigation ceased at service user request'.

7. Outcomes of Concluded Referrals



It is noticeable that referrals of harm are more likely not to be substantiated in the older age groups. This reflects that as people age, they may be seen as more vulnerable and evoke more concerns and that sometimes it can be hard to distinguish between conditions that may be the result of harm such as neglect or which may be part of the natural deterioration in health as people age.

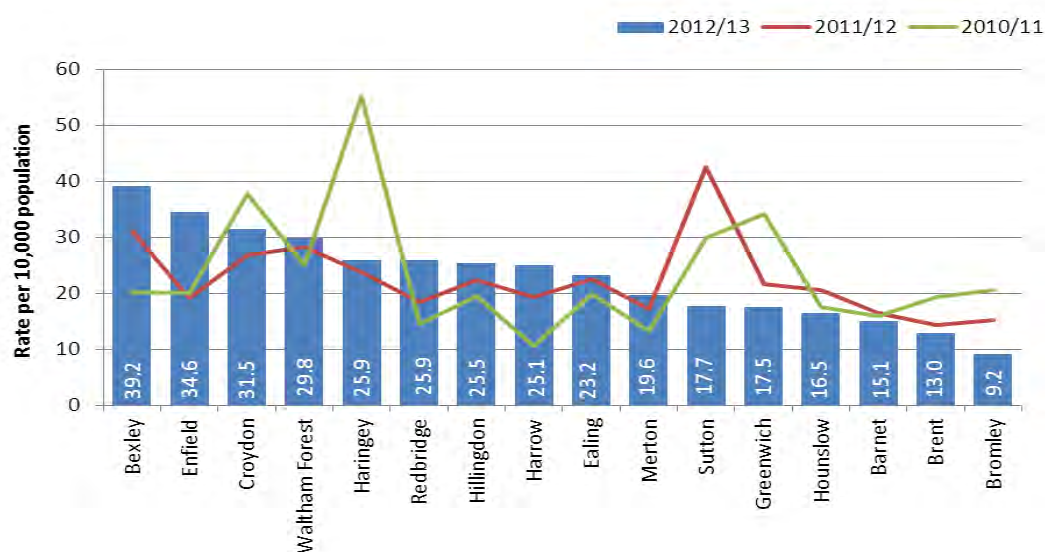
8. Outcomes of Concluded Referrals by Age



Safeguarding Adults Summary Data – how does Croydon compare?

Croydon has consistently received the highest number of adult safeguarding referrals compared to other local authorities within their comparator group. Although Croydon has the highest number of adult safeguarding referrals, when comparing this to Croydon’s population which is the highest in London, it is third highest overall based on rates per 10,000 of the population. (Croydon falls to 3rd highest with a rate of 31.5 in 2012/13, 4th highest in 2011/12 with 26.8 & 2nd highest in 2010/11 with 37.8).

Rate of adult safeguarding referrals for 2010/11 to 2012/13, by local authorities in Croydon’s comparator group



Source: National Adult Social Care Intelligence Service (NASIS) for AVA referrals; CIPFA for comparator group; Office for National Statistics (ONS) for population estimates

There are a smaller proportion of completed referrals for BME residents compared to the Croydon BME population (25.1% of completed referrals verses 44.9% of the population).

On average, across Croydon’s comparator group, neglect and physical abuse continue to be the most common types of alleged abuse since 2010/11 across Croydon’s comparator group.

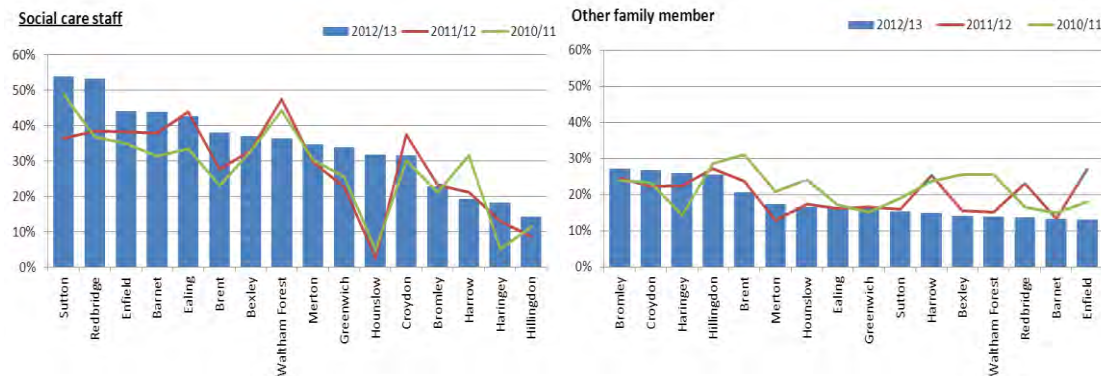
Type of alleged abuse, 2010/11 to 2012/13

		Physical	Sexual	Emotional/ psychological	Financial	Neglect	Discriminatory	Institutional
2012/13	Croydon	26.4%	4.7%	17.5%	22.6%	24.1%	0.9%	3.8%
	Comp Grp Avg	27.1%	4.3%	15.7%	19.8%	28.3%	0.6%	4.1%
2010/11	Croydon	28.0%	5.2%	16.4%	22.8%	23.3%	1.3%	3.0%
	Comp Grp Avg	27.0%	5.2%	18.0%	23.4%	21.6%	0.7%	4.1%

Source: National Adult Social Care Intelligence Service (NASIS) for AVA referrals; CIPFA for comparator group

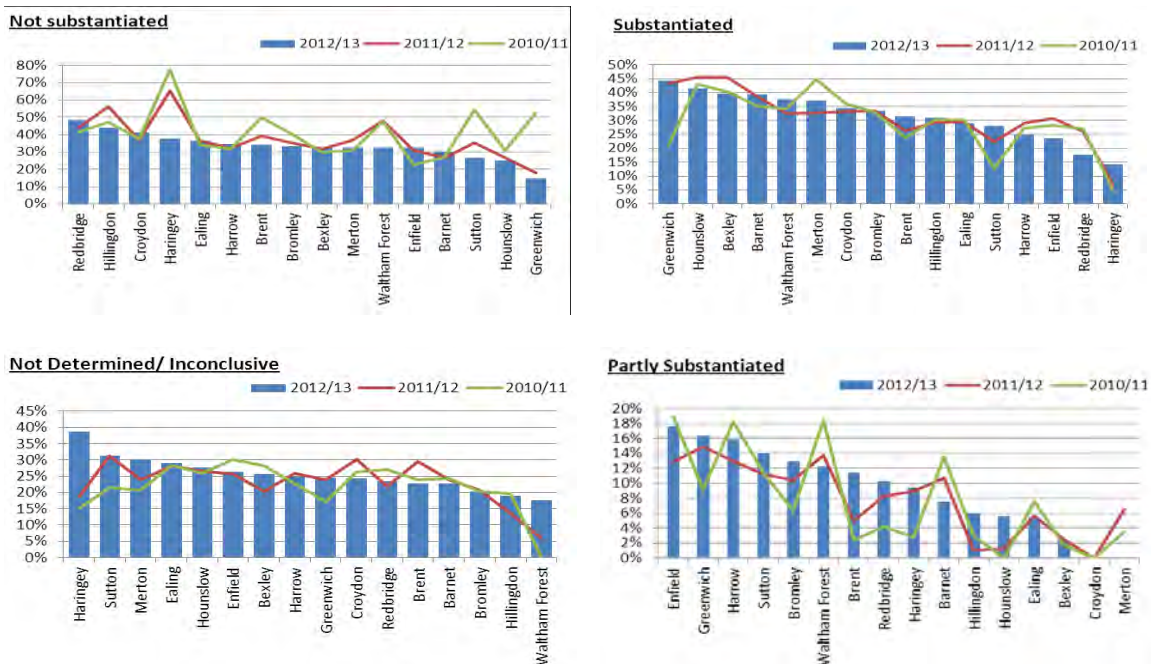
The highest proportion of alleged perpetrators were said to be social care staff (31.5% for Croydon in 12/13), although in Croydon this is followed by other family member (26.8% in 12/13), and the most common location that the alleged abuse is said to have taken place is in the residents own homes (Croydon 45.2% in 2012/13 followed by 20.5% in a care home), from 2010/11 through to 2012/13 across the comparator group.

Alleged perpetrators for 2010/11 to 2012/13, by local authorities in Croydon's comparator group



Source: National Adult Social Care Intelligence Service (NASIS) for AVA referrals; CIPFA for comparator group

Case conclusion outcomes (below) show that the majority of abuse cases are not substantiated but this is followed closely by substantiated and not determined/inconclusive cases.



Source: National Adult Social Care Intelligence Service (NASIS) for AVA referrals; CIPFA for comparator group

Learning and Development Subgroup Report

Name of Organisation : Learning and Development Sub Group
Role of organisation: The Learning and Development Sub Group are part of Croydon's Safeguarding Board and have a key role to play in ensuring that staff trained to recognise and report abuse. The sub group fulfils this role by producing, implementing, monitoring and evaluating the multi-agency learning and development plan. The Learning and Development sub-group comprises representatives from LB Croydon, Croydon College, Croydon University Hospital, Croydon Health Services and the Private and Voluntary sector.
Is there a designated lead officer for safeguarding? Sarah Hornsey is chair of the Learning and Development (L & D) Sub Group and the designated lead for the delivery of safeguarding adults at risk training to Croydon council staff and with respect to multi-agency training.
How does your organisation fulfil its role in safeguarding adults from abuse in Croydon? The Learning and Development Sub Group devises implements and monitors an annual multi-agency learning and development plan which makes provision for a wide range of learning programmes for staff to improve awareness and understanding of the protection and empowerment of adults at risk. The Sub Group responds to meet the learning and development requirements identified in the safeguarding board's business plan and incorporates themes that emerge from national legislation, guidance, research and best practice.
Please describe how the safeguarding of adults in your organisation impacts on individuals or groups i.e. what are the outcomes? By increasing the knowledge, skills, awareness and competency of staff involved in supporting adults at risk, the Learning and Development Sub Group raises standards of safe care and support, encouraging the independence and well-being of adults at risk through its learning and development programme.
Training and awareness: Learning and Development Strategy and Plan Croydon Learning and Development Safeguarding Group has adopted the key

elements of the National Competence Framework for Safeguarding Adults' developed by Bournemouth University, to ensure that practice standards are in line with national developments and the competences are reflected in the multi-agency Learning and Development Plan. The Sub Group responds to meet the learning and development requirements identified in the safeguarding board's business plan and incorporates themes that emerge from national legislation, guidance, research and best practice. By increasing the knowledge, skills, awareness and competency of staff involved in supporting adults at risk, the learning and development sub group raises standards of safe care and support, encouraging the independence and well-being of adults at risk through its training programme.

Summary from the Learning and Development Strategy and Plan:

Supporting the development of competence

All staff can be helped to develop their Safeguarding competence. This can be achieved by participating in formal learning and development opportunities, including the completion of vocational or professional awards. However, there are also many opportunities for staff to learn and develop within the workplace. This could be via the Care Forum, e-learning, discussions in team meetings and one to ones, 'buddying up' with more experienced practitioners, reading, shadowing, coaching and mentoring. However, one element is essential, the ability of the line manager to encourage, enable and motivate staff to develop and learn.

Using the framework to support workforce development

Learning and development programmes are targeted at particular staff groups to ensure the workforce is able to meet the specified competence as well as their individual learning and development needs. Organisations should ensure that the following is in place to support this:

- All staff to have Personal Development Plans (PDPs)
- Staff to identify their learning and development needs to meet the safeguarding competencies
- Staff must complete an application form for each course they need to undertake and have this approved by their line manager
- On completion of a course a discussion should be held to check what learning has taken place
- Staff to be encouraged to record their learning on their PDPs
- Managers to hold discussions in supervision and team meetings to develop Safeguarding competence
- Completion of post evaluation surveys which will be e-mailed to delegates and their line managers for a sample of safeguarding courses

Evidencing competence and the effectiveness of training

- Competence should be evidenced through Personal Development Plans / Continuous Professional Development recording as well as discussions in supervision and team meetings

- Competence will also be monitored and evidenced through case file audits and any issues raised to be dealt with in supervision
- Further learning and development needs will be identified from the case file audits
- Post evaluation surveys will be conducted for a sample of safeguarding courses; these will be e-mailed to delegates and their line managers. The results will be analysed and presented to the learning and development sub group for discussion focusing on the effectiveness of the courses and identifying any further learning needs

Please include any data collection or monitoring carried out in your organisation on safeguarding adults

Training records – see separate document for summary of attendance 2013/14

How does your organisation ensure that it links its safeguarding work to national developments?

To enable staff to develop and maintain competence in safeguarding adults, Bournemouth University in collaboration with partner agencies developed a 'National Competence Framework for Safeguarding Adults' (2010) from a review of Serious Case Reviews, Care Quality Commission (CQC) reports, practitioner, manager, service user and carer feedback and has been recommended by Association of Directors of Adult Social Services (ADASS).

Croydon Learning and Development Safeguarding Group has adopted the key elements of the framework to ensure that practice standards are in line with national developments and the competences are reflected in the multi-agency Learning and Development Plan. The Sub Group responds to meet the learning and development requirements identified in the safeguarding board's business plan and incorporates themes that emerge from national legislation, guidance, research and best practice. By increasing the knowledge, skills, awareness and competency of staff, both paid and voluntary, involved in supporting adults at risk, the learning and development sub group raises standards of safe care and support, encouraging the independence and well-being of adults at risk through its training programme.

It has been devised to provide a baseline for standards of competence that individuals can expect to receive from those professionals and organisations that have key responsibilities in safeguarding adults. It also provides employees and employers with a benchmark for the minimum standard of competence required of those who work with adults at risk across a range of sectors.

The learning and development strategy and plan has been aligned to the competence based framework and aims to:

- Improve partnership working, standardisation and consistency to secure improved outcomes for adults at risk.
- Support work-based evidence of learning and competence in practice.

- Provide managers with a framework to evaluate performance and identify learning and development needs to develop their practice in safeguarding adults.
- Clarify expectations of the role of all relevant members of the workforce in safeguarding adults.
- Provide a quality assurance tool for commissioners of services and for contract monitoring.

All staff should be assessed as competent against the competences that are relevant to their occupational role. Whatever their role, all staff should know when and how to report any concern about abuse of an adult.

What have been your key achievements?

For 2013/14

Safeguarding Adults at Risk (SAR) Awareness

14 multi-agency safeguarding adults at risk awareness courses were provided to staff where there is likely to be contact with vulnerable adults as well as awareness raising sessions provided by the Safeguarding Adults Co-ordinator. 622 people attended these courses. The aim of the programme is to raise awareness of what is abuse, how to recognise it and what to do if you suspect that an adult needs protection from abuse.

Croydon Health Services (Hospital and Community) complemented this training programme by the provision of:

- Induction session level 1 (30 minutes) provided to 807 CHS staff
- Awareness programme (90 minutes) provided to 242 CHS staff
- Foundation for clinicians (3 hours) provided to 616 clinicians
- Refresher for clinicians (90 minutes) provided to 186 clinicians

Pan London Briefings

Pan London briefing sessions were provided by the safeguarding adults co-ordinator as follows:

- 65 people attended Pan London Alerting Managers briefings which focused on the roles and responsibilities of alerting managers
- 50 people attended Pan London Provider Led Investigations
- 68 people attended Dignity in Care and Developing Zero Tolerance to Abuse
- 39 practitioners attended bite size sessions on Investigator Reports

E-learning

The Safeguarding Vulnerable Adults E-learning Course has been further promoted to compliment the Multi-Agency one day Safeguarding Adults Awareness courses. The total number of logins was 6744.

Domestic Violence Awareness

6 multi-agency domestic violence awareness courses were provided to raise awareness and enhance understanding and knowledge of domestic violence issues, the legislation and services available. 79 people attended these.

Safeguarding Issues for children in context of working primarily with adults

4 multi-agency sessions were provided to ensure that practitioners in adult services are alert to safeguarding concerns for any child they are in contact with, and that staff respond safely and appropriately in a way that ensures the child's needs are met. 52 people attended these.

Safeguarding Adults Advanced Awareness for Provider Managers

Two multi-agency Advanced Awareness courses were provided which were attended by 45 managers. This programme was developed for care home managers in Social Services, Health, Private and Voluntary Organisations and senior staff from domiciliary agencies to raise their awareness of their roles and responsibilities of safeguarding. The aim of the programme is to further support managers to effectively safeguard the service users who are in their care and for whom they have a duty of care.

Croydon Health Services (Hospital and Community) complemented this training programme by the provision of a safeguarding advanced course which was attended by 11 managers.

Safeguarding Vulnerable Adults from financial and material abuse

These programmes were provided at two levels to equip staff with the skills and knowledge required to respond appropriately to concerns and reports of financial/material abuse within the context of the multi-agency safeguarding adult's protocol. 58 people attended the basic level course and 26 attended the advanced level.

Recording and investigation skills

One course was provided for Team Managers, Practice Managers, Care Managers and Care Co-ordinators to equip them with the skills and knowledge required to record the outcomes of concerns and reports of abuse, whilst developing confidence and an understanding of the investigation process. 12 people attended.

Adult Safeguarding Serious Case Reviews: Messages for Current Practice

Two workshops were provided with the aim of improving practice by acting on learning from local Serious Case Reviews. The 25 delegates, who attended, shared and reflected on the learning from local serious case reviews to inform future safeguarding practice in Croydon. In addition four half day workshops were offered to provide information on key learning points from the local serious case reviews,

these were attended by 37 staff.

Disclosing and Barring Service: Duty to Refer

An event was organised for 50 people to provide information that outlines the practical changes to referring organisations following the Protection of Freedoms Act 2012 and best practice guidance for those submitting information to accompany referrals to the Disclosure and Barring Service.

Working with difficult, dangerous and evasive people

This new two day course on working with difficult, dangerous and evasive people was provided for team managers, social workers, care managers and care co-ordinators. 16 people attended.

Human Trafficking Introduction

Six multi-agency Introduction to Human Trafficking sessions were provided to 147 staff. The programme included the identification of victims of trafficking; referral processes and support systems available (including how to complete a National Referral Mechanism referral) and the return and reintegration of victims of trafficking.

What are your priorities for the coming year?

The Learning and Development sub group will support the achievement of the objectives in the CSAB business plan as follows:

- Will address the learning and development implications as and when raised by Croydon Clinical Commissioning Group and Croydon Council Adult Social Services at the board meetings.
- The sub group meeting will continue to have a standard agenda item to consider the learning and development implications from the reports presented to the Croydon Safeguarding Adults Board.
- There is an annual multi-agency safeguarding Learning and Development plan identifying a range of development opportunities and events which is aligned to the National Competence Framework for Safeguarding Adults. Fliers are produced for each event and distributed to the appropriate staff target groups.
- The learning and development plan will be regularly reviewed and updated in line with emerging legislation and guidance as well as in response to local issues.
- Review the content and slides of the one day safeguarding adults at risk awareness course to include Making Safeguarding Personal.
- The training provided will be monitored and evaluated and a summary of attendance will be presented to the CSAB on a six monthly basis.
- Through the CSA board and learning and development group, encourage agencies working with adults in Croydon to commit to making a start on implementing the Competence Framework outlined in the Learning and

Development Strategy 2014/15. Line managers to discuss safeguarding learning and development needs with staff in supervision and team meetings; help staff develop their safeguarding competence through learning and development events, e-learning, care forums and discussions; and encourage staff to record their learning and development needs and their actual learning on Personal Development Plans.

- A more comprehensive approach to evaluation will be adopted to evidence the effectiveness of training against the national competencies, including:
 - Summary of event evaluation forms
 - Summary of trainer evaluation reports
 - Multi-agency case file audits and Serious Case Review processes to assess the effectiveness of practice
 - Completion of post evaluation surveys which will be e-mailed to delegates and their line managers for a sample of safeguarding courses
- There is a multi-agency Mental Capacity Act learning and development plan which will also be monitored and reviewed through the Learning and Development Sub group and a summary of attendance at training events will be presented to the Croydon Safeguarding Adults Board on a six monthly basis.

Following an evaluation of the 2013/14 programme the Safeguarding Adults at Risk Learning and Development Plan 2014/15 makes provision for the following events:

Safeguarding Adults at Risk Awareness

16 x 1 day courses providing 360 places

These will be complemented by the e-learning programme and sessions provided by the Safeguarding Adults Co-ordinator.

Keeping Safe training package

The DVD has been distributed to every registered care home in Croydon for learning disabilities. Resources have been put aside to continue with the implementation, support, and roll out of the training package, aimed specifically at people who have a learning disability to help raise their awareness of how to keep safe, which includes a DVD and game.

Domestic Violence Adults Awareness

6 x 1 day courses providing 108 places

Safeguarding Children Awareness for housing teams

Learning needs analysis to be carried out

Safeguarding Issues for Children

4 x 1 day courses providing 72 places

Safeguarding Adults at Risk Advanced Awareness for Provider Managers

2 x 1 day courses providing 40 places

Pan London Alerting Managers Briefings

4 x ½ day sessions providing 180 places

Pan London Managers Briefings – Provider Led Investigations

4 x ½ day sessions providing 180 places

Developing a zero tolerance to abuse to promote the Dignity Challenge

4 x ½ day sessions providing 180 places

Dignity in Care Champion forums

4 events to promote the Dignity Challenge – meeting the 10 principles of care

Care Forums

4 events to raise awareness of safeguarding and DoLS focusing on a current theme to care home managers

Safeguarding Adults at Risk from Financial and Material Abuse

4 x 1 day basic level courses providing 64 places

2 x 1 day advanced level courses providing 32 places

Working with difficult, dangerous and evasive people

1 x 2 day event providing 18 places

Multi-agency events on feedback from serious case reviews

2 x 1 day events for 40 practitioners to share, reflect on and embed learning from local Serious Case Reviews to inform future safeguarding practice

4 x ½ day multi-agency workshops to provide information on key learning points from local serious case reviews with provision for 80 places

Safeguarding Master class

2 x 1 day events for 40 people to provide professional development opportunities to support safeguarding adults work – themes to be agreed

One-off bespoke courses for practitioners to promote best practice and on-going professional development.

Human Trafficking

8 programmes providing 240 places

Mental Capacity Act and Deprivation of Liberty Safeguards training

Mental Capacity Act awareness training – 98 people attended this training from across social services, health, the voluntary sector and the police

Mental Capacity Act – e-learning – 641 people accessed e-learning

Mental Capacity Act – 2 day course – 61 people attended from across the partnership

Deprivation of Liberty awareness training – 88 people attended

Assessing Capacity, Best Interest and the Duty of Care – 19 people attended from statutory agencies

MCA report writing and court skills – 22 people attended from statutory agencies

Best Interest Assessor Qualifying programme, Best Interest Assessor annual refresher and Best Interest Assessor legal update sessions - were provided for staff who carry out these statutory functions

Agency Report to the Croydon Safeguarding Adults Board

Name of Organisation : Croydon Clinical Commissioning Group (CCG)
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Role of organisation:

Clinical Commissioning Groups and NHS England hold statutory responsibility for ensuring that the organisations from which they commission services provide a safe system that safeguards adults at risk of abuse or neglect.

As the major commissioners of local health services, CCG's need to assure themselves that the organisations from which they commission services have effective safeguarding arrangements in place. Clinical Commissioning Groups have an additional responsibility to ensure that critical services in Croydon are in place to respond to adults who are at risk or who have been harmed.

The Safeguarding Team are tasked with providing the necessary assurance to the CCG Governing body that safeguarding arrangements across the Croydon health economy and collaborative working with partner agencies both locally and nationally are robust and fit for purpose.

Is there a designated lead officer for safeguarding?

The Chief Officer, Paula Swann has Executive Lead responsibility for safeguarding. This responsibility has been delegated to the Chief Nurse, Amy Page.

How does your organisation fulfil its role in safeguarding adults from abuse in Croydon?

The CCG holds responsibility for assuring the quality of safeguarding and the protection of adults at risk across the Croydon health economy. In light of this, the CCG has significantly invested in a highly skilled and experienced safeguarding team which includes a Lead Nurse for Safeguarding Adults at Risk.

The CCG has a Safeguarding Strategy which sets out how it will work with others to safeguard and promote the welfare of adults at risk of harm.

The safeguarding team provides advice and guidance that is accessible on a daily basis to all across the health economy.

The work of the safeguarding team includes the implementation of the Case Reflection Model for General Practitioners (GPs) and the development of the GP Safeguarding Workshops. Case reflection is an evidence-based model which was successfully piloted by the NHS South West London Croydon Borough Team Safeguarding Advisor in Croydon in 2012. The initial focus of the model was children but the value of including adult safeguarding has been recognised. The purpose of this model is to provide staff with protected time to reflect on and critically analyse their safeguarding practice with an emphasis on the 'think family' agenda. The interaction between the CCG safeguarding team and the GP practices also provides an opportunity to assess safeguarding arrangements and promote best practice. While the safeguarding team are involved in the development of the model, the intention is for each GP practice to embed it within its own arrangements. The model was first rolled out in 2013 with an increase in momentum in 2014. The safeguarding nurse for adults at risk now contributes to case reflection delivery and this has encouraged further discussion around Prevent, Mental Capacity/Deprivation of Liberties Safeguards and familial elder abuse.

The first Safeguarding General Practice Leads workshop was facilitated by the safeguarding team on 19th December 2013. Agenda items included domestic abuse, safeguarding adults, the development of the multi-agency safeguarding hub (MASH), children's serious case reviews and the case reflection model. This workshop was positively evaluated and the decision was made that these would continue on a quarterly basis in order to best support ensuring a standardised approach to quality interventions with the General Practice Leads across Croydon.

More robust systems have been implemented in partnership with the local authority regarding serious case reviews and sharing of provider intelligence concerns and initiatives.

The quarterly monitoring template for adult safeguarding has now been introduced to Croydon Health Services, South London and Maudsley NHS Trust and Virgin Urgent Care Centre. This was implemented in Quarter 4 2013/2014 as a pilot. The outcome of the pilot will allow the review of the tool and for it to be adapted proportionately for different levels of service i.e. private sector nursing home providers and new health commissioned contracts.

In recognition of the need for the CCG Governing Body to receive assurance of safeguarding arrangements and to be informed of identified risks, a process for reporting through an appropriate governance structure has been established.

The Safeguarding Children and Adults Governance Group meet on a quarterly basis and report into the Governing Body via the Senior Management Team and the Quality Committee.

There is additional reporting to the Integrated Governance and Audit Committee

which is for information only.

The Croydon Safeguarding Adults Board Business Plan for the two years 2013 – 2015 has set objectives agreed by the Board Members and instructed subgroups to prioritise their work plans to meet the objectives set. The CCG Lead Nurse for Safeguarding Adults at Risk, (who is also chair of the Best Practice and Procedures Subgroup) leads on two of the objectives focussing on risk management and workforce issues including safer recruitment and supervision. Task and finish groups have been set up with clear outcomes for practice improvement across Croydon. The Business Plan has also provided a work plan for the CCG and the Local Authority to work in partnership regards commissioning and quality assurance of providers in relation to safeguarding adults at risk. The introduction in December 2013 of a Serious Cases Panel and Safeguarding Intelligence Provider Group will provide robust multiagency governance of serious cases and concerns.

Training and awareness:

The CCG does not hold responsibility for safeguarding training provision. However, the assurance that safeguarding training is appropriately accessed at the right level by service providers is required and is monitored via the Quarterly Monitoring Template.

This includes monitoring training accessed by staff directly employed by the CCG and the South London Commissioning Support Unit (SLCSU) which must be at the appropriate level.

All training accessed by CCG and SLCSU staff is evaluated on completion.

How does your organisation ensure that it links its safeguarding work to national developments?

There have been specific developments in relation to safeguarding adults, which include the growing safeguarding agenda both nationally and locally from the interface between pressure ulcers and the safeguarding process, nursing/care home agenda, domestic violence and the PREVENT Strategy to identify radicalisation at the pre criminalisation stage.

Has there been any preventative work carried out in your organisation in the last year?

As a commissioning body, it is essential that safeguarding adults at risk is reflected in all of the organisations work. In view of this, the CCG safeguarding team works in collaboration with commissioners and contract managers in order to ensure that adult safeguarding is adequately embedded within processes. Frameworks have been developed which are bespoke to each service commissioned. Work between

health and the local authority is on-going in order to further develop these processes under the auspices of the Integrated Commissioning Unit.

What have been your key achievements?

The recent CCG Safeguarding Adult Board Audit Tool completion and presentation at the CSAB Challenge Event has demonstrated achievements over the past year and challenges, as follows:

CCG Achievements:

- Lead Nurse for Safeguarding Adults at Risk has been established in post, has promoted safeguarding adult practice within the functions of the CCG and significantly contributes to the partnership agenda.
- Engagement in the work of the Board and wider partnership working
- Formation of strong CCG Safeguarding Team which has promoted the safeguarding adults agenda across the health economy.
- Lead Nurse Safeguarding adults at risk contribution to the NHSE London task and finish group on pressure ulcer management.

What are your priorities for the coming year?

- Further roll out of the case reflection model to ensure that every GP practice has been contacted and offered a visit by the safeguarding team to introduce the model and embed in practice.
- Run further GP Safeguarding General Practice Leads Workshops to provide a quality intervention that supports safeguarding adult practice across GP services.
- Establishment of a Female Genital Mutilation (FGM) steering group that will promote a whole systems approach across Croydon adult and children services.
- Scoping and awareness raising aided by funding from NHS England, London region via appointment of a project facilitator for Mental Capacity Act /Deprivation of Liberty Safeguards.
- Development of a single assessment pathway across Croydon regards pressure ulcers and safeguarding between health, adult social services and commissioned social care providers.
- Further development of collaborative working between the CCG Safeguarding Team and the Integrated Commissioning Unit in order to ensure that safeguarding is appropriately considered and reflected in all work completed by the adult and children's Integrated Commissioning Unit.

Agency Report to the Croydon Safeguarding Adults Board

Name of Organisation : Croydon Health Services (CHS)
Role of organisation: <ul style="list-style-type: none">To provide acute and community health services for the people of Croydon
Is there a designated lead officer for safeguarding? <p>The safeguarding adult team is as follows:</p> <ul style="list-style-type: none">The Director of Nursing, Midwifery & Allied Health Professionals is the Executive Director for Safeguarding (Zoe Packman)Associate Director of Nursing for Adult Care Pathways (Julia Layzell)Named Doctor Safeguarding Adults (Dr Wallace Tan)Named Nurse Safeguarding Adults (Patricia Leigh)Learning Disability Acute Liaison Nurse (Susan Dunn)Administrator one day a week (Cheryl Simpson)
How does your organisation fulfil its role in safeguarding adults from abuse in Croydon? <p>1. Specific professional responsibilities or legal obligations relation to safeguarding adults.</p> <p>CHS are responsible for safeguarding vulnerable adults at risk as stipulated in Outcome 7 of the Care Quality Commission Regulations. The Care Quality Commission (CQC) has made several inspections of our services this year and actions plans are in place to improve service delivery and patient involvement.</p> <p>In September 2013, CHS completed a Joint Health and Social Care Self-Assessment Framework for Learning Disability (LD) with Health, Adult Social Services and Commissioners. The document was submitted to NHS England. The report highlights the performance, achievements and gaps in the LD services of Providers and Commissioners. CHS submitted information and evidence on the following areas:</p> <ul style="list-style-type: none">Number of alerts received by the Named Nurse (n=184) of which 3.8% were clients who have a learning disability.Mandatory Safeguarding and Tissue Viability (TV) training to prevent TV neglect and weekly pressure ulcer meetings ongoingFamily and Friends (FF) cards to obtain the views of patients and carers.Dementia friendly Zones in the Emergency Department and specific wards

- Falls Management initiatives e.g. non-slip socks and mats
- Audit for Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS)
- Safeguarding training compliance for the organisation
- Training Development and safer recruitment

A new safeguarding adult at risk self-assessment audit tool for adults at risk has been completed and will be discussed with the Safeguarding Adult Board Chair within a Challenging Event meeting to be held June 2014.

2. Internal policy development and links to other structures or Boards within the organisation:

In September 2013, a new Safeguarding Adult at Risk Policy and Procedures was ratified by the Trust, to ensure staff are informed of the changes due to the Protection of Freedoms Act 2012, which created the Disclosure and Barring Service (DBS). All staff prior to employment receive DBS checks and those who work with adults at risk receive an enhanced assessment to ensure they are suitable. These checks are repeated every 3 years for those who are in current employment. The policy explains staff members' safeguarding responsibilities for; recognising abuse, raising an alert, using the safeguarding reporting process flowchart, protecting the adult at risk and working in partnership with Adult Social Services to investigate the alleged abuse. The policy is accessible to staff on the Trust intranet.

There is a CHS Safeguarding Child and Adult committee in place that has strategic responsibility to ensure adults at risk are safeguarded. There is a CHS safeguarding adult steering group in place, which is accountable to the CHS Safeguarding committee. The steering group has a multi-agency membership. The group discusses, disseminates learning and information obtained from all Safeguarding subgroups and the Multi-agency Safeguarding Adult Board (SAB). Board reports are presented quarterly to the Safeguarding committee, the Quality Board; and annually reports are presented to the CHS Board and SAB; to give internal assurance, showing the safeguarding activity and achievements throughout the year.

3. How safeguarding of adults in the organisation impacts on individuals or groups i.e. what are the outcomes?

The CHS Safeguarding team has been working across the organisation; providing advice to staff and practical support by attending complex SVA strategy and case conference meetings as required.

Staff are required to report all pressure ulcers grade 1 to 4 on Datix to improve the monitoring of patients with pressure ulcers that are admitted into the organisation or have developed ulcers in the organisation (healthcare acquired pressure ulcers). A

pressure ulcer meeting convenes weekly to verify the grade and condition of the wound, to establish the origin, to identify patient non-compliance, to appropriately raise grade 3s, 4s and multiple grade 2 pressure ulcers as safeguarding concerns and for Root Cause Analysis reports to be sent to NHS England. For grade 2 ulcers the ward managers are expected to complete a root cause analysis and to present at the meeting the care provided. Challenging care problems are discussed, to ensure the quality of care is increased to prevent the ulcer from deteriorating further. With increased scrutiny of the grade 2 ulcers, the numbers of hospital acquired grade 3 ulcers have reduced. The use of the skin damage tool has greatly increased. Last year the tool successfully stopped two inappropriate safeguarding alerts but this year 38 alerts were not raised directly due to the skin damage tool (see table four).

Training and awareness:

All staff receive an induction for safeguarding adults at the beginning of employment. Induction training which is delivered fortnightly, consisting of a 30 minute basic level 1 safeguarding adults training. All new nursing staff receive a five day induction programme, which includes Level 2 safeguarding adult training. The course is run once a month.

There are three levels of safeguarding adult training available for CHS staff in accordance with the Bournemouth University Competency Framework categories. Each staff member is required to attend the most appropriate level every 3 years.

- Level 1 (group A category) contains the basic safeguarding adult training, which is mandatory for all staff, to ensure everyone is able to recognise and report abuse promptly and all staff are encouraged to work collaboratively with multi-agency partners to assist the investigative process. (30 to 90 minutes).
- Level 2 (group B category) contains the basic safeguarding training and an introduction to Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS), which is mandatory for all clinicians. This 3.5 hour course aims to equip staff with the confidence and competence to complete informal MCA assessments and raise appropriate DOLS referrals.
- Level 3 (group C category) contains advance safeguarding adult awareness, MCA & DOLS information. The one day course also discusses the managerial responsibility in complex safeguarding issues e.g. Forced Marriages, Human trafficking, PREVENT etc. This course is for managers who manage adult services.
- Level 4 (group D category) is for those who are leads in Safeguarding, which including the Named Nurse, trainers and Associate Director with the

Safeguarding Portfolio. Level 4 is not delivered within the Trust and thus participants of this group must seek external updates yearly.

A shortened module at level 2 is also provided as an update for clinicians who received training 3 years ago and only require a 2-hour refresher.

All courses have been updated this year and have been ratified by the Multi-agency Training subgroup.

The staff training compliance for this year has increased from 71% in April 2013 to 83% in March 2014 (n=2700).

To improve the uptake the following strategies will be deployed.

- The re-launch of the NHS Skills for Health ELearning package which ensures the compliancy databases (OLM/ESR) are immediately updated for Basic SVA Level 1 training.
- Bespoke ELearning package for level 2 to be created by September 2014
- Extra ad hoc training provided for specialist teams when required

During April 2013 to March 2014:

- 126 face to face training sessions were offered at Level 1, 2 and 3, which provided 3655 places (excluding Corporate Training).
- 1055 participants attended the Level 1-3 sessions (see table one)
- The Named Nurse delivered training highlighted in the Table One below, with occasional support from other trainers.

Table One: shows training delivered by The Named Nurse and others for April 2013 to March 2014

Type of SVA Training	Type of Participants	Total No of people trained for Apr 2013 to June 2013 (Q1)	Total No of people trained for Jul 2013 to Sept 2013 (Q2)	Total No of people trained for Oct 2013 to Dec 2013 (Q3)	Total No of people trained for Jan 2014 to Mar 2014 (Q4)	TOTAL
Directors/ Executives	Board Members	0	0	9	0	9
Corporate Induction Level 1 (30mins)	CHS Newcomers	201	214	222	170	807
Level 1 SVA	CHS	34	78	68	62	242

(90mins)	Non-clinicians					
Level 2 SVA including MCA & DOLs training (3hrs)	CHS Clinicians	149	172	202	93	616
Level 2 Refresher (new in 2013) 90mins increased to two hours in Jan'14	CHS Clinicians who attended training 3 years ago	50	13	92	31	186
Level 3 SVA Managers Full day	CHS Adult service managers	0	5	6	0	11
MCA & DOLS (3hrs) Level 2	CHS Clinicians	0	0	3	0	3
Pre-registration Students L1	Kingston University	0	0	0	0	0
Safeguarding to prevent Tissue Viability neglect	Ward Nursing staff	67	21	39	22	149
Human Trafficking course (3hrs)	All staff	0	0	15	0	15
TOTAL		501	503	656	378	2038

Please note: the training figures held on OLM/ESR are different to that seen above because these figures include agency, bank staff (NHS Professionals) and other stakeholders who were able to attend.

Table two shows the staff numbers who have completed the basic safeguarding and Mental Capacity Act e-Learning courses at Level 1. Due to the shift to encourage staff to complete the NHS Skills for Health e-Learning package the numbers using the Kwango package has diminished.

Table Two shows the staff numbers who have completed the basic safeguarding Kwango e-Learning course at level 1

ELearning Package	Apr to June 2013	July to Sept 2013	Oct to Dec 2013	Jan to March 2014	Total
Basic SVA Level 1	13	2	1	0	16

Basic MCA Level 1	5	0	6	0	11
Total	18	2	7	0	27

- **Please say how you measure the effectiveness of training and what outcomes/benefits you have seen from training?**

After all training sessions, participants are asked to complete an evaluation sheet. The results are correlated on a spread sheet. On average the training has been rated 'very good'. No other effectiveness outcome measure is used. Currently the measurement process is being discussed at the Learning and Development Multi-agency subgroup.

Please include any data collection or monitoring carried out in your organisation on safeguarding adults:

1. Number of safeguarding referrals

There were 166 patients referred to the Named Nurse during April 2013 and March 2014. Each patient referred to the Named Nurse requires advice, fact finding and allocation to the appropriate staff member (Health Representative). The Health Representative is responsible for liaising closely with the care manager investigating the safeguarding concern, collating the evidence, writing the appropriate health report, attending the strategy and case conference and finally disseminating the lessons learnt.

Due to the complexities of the health representative's role there are delays in the process, which increases the involvement of the Named Nurse and administrator to chase evidence and prompt actions via several emails and telephone calls. Table three below shows the type of abuse referred and the highest type of abuse referred is neglect (n= 72), which includes Tissue Viability (TV) neglect.

Table Three:					
Shows the number of cases referred to the Named Nurse and the Types of Abuse					
	April – June 2013	July – Sept 2013	Oct – Dec 2013	Jan – March 2014	Total
Total No. of cases allocated	42	30	37	57	166
Male	18	13	14	20	65
Female	21	17	23	37	98

Unknown		3	0	0	0	3
Types of Abuse	Neglect	7	12	23	30	72
	Physical	7	1	3	10	21
	Sexual	0	1	3	2	6
	Financial	0	0	0	1	1
	Emotional	2	0	0	2	4
	Institutional	0	1	0	1	2
	Discrimination	0	0	0	0	0
	Type unknown / Self neglect/ no abuse	11	6	3	4	24
	Domestic Violence	8	3	3	6	20

2. Number of Accusations of abuse

There were 59 accusations of abuse against CHS (the same number as last year); of these cases 25 were for tissue viability neglect as shown in table four. The Named Nurse continues to work with Heads of Patient Safety and the Tissue Viability (TV) Team to raise awareness. Safeguarding training to prevent abuse by tissue viability neglect is on-going, targeting ward and community nurses. The Named Nurse also attends the weekly Pressure Ulcer meeting when possible. There has been an increase use of the skin damage tool, which means that inappropriate SVA alerts have not been raised for 38 tissue viability cases. So far 6 cases of abuse have been substantiated against CHS (see table four).

Table Four						
Shows the No of allegations against CHS, the investigation outcomes and the cases still open on the safeguarding team database						
		April – June 2013 (Q1)	July – Sept 2013 (Q2)	Oct – Dec 2013 (Q3)	Jan – March 2014 (Q4)	Total
No of	Tissue Viability	4	4	8	9	25

Accusations against CHS	Others Abuses *	3	7	11	13	34
TOTAL		7	11	19	22	59
Outcome of Closed CHS cases	Substantiated	0	2	3	1	6
	Unsubstantiated	2	2	2	1	7
	Inconclusive	0	2	0	1	3
	Outcome unknown	0	1	1	0	2
	SAM** Discussion	2	1	3	4	10
TOTAL		4	8	9	7	28
	Skin Damage tool evidence accepted thus SVA Alert not required	11	5	8	14	38
	Independent Management Review/ Audit Case Review	0	1	0	1	2
Cases still open	Against CHS	1	3	9	15	28
	Against others ***	7	2	10	20	35

*Others Allegations of abuse were: Drug error (x2), Poor Discharge (x10), sexual abuse(x4), Infrequent DN visits (x1) unexplained bruising (x3), multiple complaint (x1), foreign body (x1), poor care (x7) institutional (x2) MCA & Best interest challenged (x2), poor nutritional care (x1)

** SAMs (Safeguarding Adult Managers) are responsible for coordinating all safeguarding activity in an organisation, responding to safeguarding alerts. After discussion with a SAM the case maybe de-escalated at the fact finding stage.

***Some of these cases 'against others' require information from CHS staff to assist the investigation. The safeguarding team is working with the Local Authority to seek closure of these cases and to cleanse the CHS safeguarding team's patient

database.

3. Number of Deprivation of Liberty Safeguards (DOLS) referrals

During April 2013 to March 2014 there were four patients that were discussed with the Local Authority DOLS team, in order to request a legal authorisation to restrain and detain the adult at risk in hospital. With the new acid test for DOLS it is expected that the number of DOLS will increase considerably (see table five).

Table Five: shows the numbers of patients referred to the Croydon Council's DoLS Team				
Apr to June 2013 - Q1	July to Sept 2013 - Q2	Oct to Dec 2013 - Q3	Jan to March 2014 - Q4	Total
0	1	2	1	4

All four cases were declined by the Local Authority. Quarter One DOLS referral was declined because the patient was deemed fit for discharge before the DOLS assessment was completed. The other three cases were declined after the full DOLS assessments were completed.

Please include any data collection or monitoring carried out in your organisation on safeguarding adults

a) Internal Audit

CHS MCA and DOLS Audits were required as a part of the monitoring process to identify whether the policies put in place in 2011 have been implemented by CHS staff. The audit is required due to a case reported in MENCAP's 74 Deaths and Counting publication, which lead to an Ombudsman enquiry.

The audit included a DOLS record audit and an awareness questionnaire for clinical staff; which was correlated by using Survey Monkey during November 2013. The audit report was completed February 2014. The staff questionnaire was completed by 99 clinicians out of 1120. The response rate was 8.8%. The majority of clinicians felt confident and competent to work in line with the MCA (71%) but less than half (48%) knew how to conduct a capacity assessment. Approximately half (53%) knew how to engage the services of an Independent Mental Capacity Advocate (IMCA) and to undertake the necessary actions to make a decision in the patient's best interest (56%). 64% of clinicians understood when a DOLS might be required. Over a third (36%) knew the process for applying for a DOLS authorisation. Over half (55%) knew who to contact for advice about DOLS and knew where to access the DOLS Code of Practice (51%). Approximately three-fifths (57%) had completed a MCA and DOLS

training course in the last three years.

For the records audit the response rate was 76.6% (23 out of 30 records obtained from April 2012 to March 2013). All the DOLS cases (n=5) had the correct DOLS documents filed. The two DOLS cases, which had obtained a legal authorisation, had the full Croydon Council outcome filed. There was evidence that the mental capacities of patients were undertaken but only one case had a completed assessment using the CHS MCA Policy document. In all the DOLS cases (n=5) carers were fully involved in the process. There were six cases that showed evidenced that a DOLS referral should have been raised because there was a combination of restrains imposed during the patients' stay in hospital. Recommendations and an action plan have been drawn up. A re-audit is required June 2014.

b) External Multi-agency Audit

This audit was carried out by Croydon Adult Social Services who employed an external auditor. It follows an audit of Adult Social Services files in 2012 to 2013. The aim of the new audit is to look at files from a multi-agency perspective, to identify learning from joint practice and improvement on how we are working together to keep people safe. The original plans was to look at 10 joint cases, but due to the amount of work required to analyse the cases only two CHS cases were audited. The Trust submitted documents to answer the lines of enquires posed by the auditor in March 2014. A Multi-agency post audit meeting was held on the 21st March 2014, and an action plan was agreed to work on the following areas of joint concern; 1. Pressure ulcers, due to the number that are raised as safeguarding and the referral could have been avoided. 2. Poor discharge protocol. 3. To decrease the delay in the fact finding safeguarding process.

How does your organisation ensure that it links its safeguarding work to national developments?

National Drivers and Local response:

In light of the Francis and Berwick reports and the recent media coverage about care in care homes; the following organisational changes has been implemented

Duty of Candour and Whistleblowing:

March 2014, the Secretary of State Jeremy Hunt wrote to NHS Trusts to notify staff to create a more patient-centred and compassionate NHS, by ensuring staff members are able to raise their concerns about patient care and safety. In response, CHS have made a number of changes:

- A 'Being Open' Policy has been created, to instruct staff to identify when things have gone wrong, to inform and apologise to the patient and /or carers, and to tell them what has happened.
- National Helpline for Whistleblowers has been circulated. The helpline is completely confidential to all employers to encourage staff to raise concerns about care.
- The whistleblowing policy has been updated
- Family and Friends (FF) cards have been in place since April 2013 to capture, analyse and report on patient satisfaction with CHS services. From the 1st April 2014, the FF cards are launched for staff who work within NHS England. The system enables staff to make suggestions and voice their concerns to enable management to respond quickly to improve service delivery and provide swift feedback.

Has there been any preventative work carried out in your organisation in the last year?

Falls Prevention

The Falls Prevention Group led by Dr Wallace Tan and the Head of Nursing for patient safety has introduced several changes. The changes are: the non-slip socks rolled out to all appropriate wards, weekly dedicated elderly care ward rounds are in place, to identify those at risk of falling, to review the care provision and to check the progress weekly. Also the introduction of non-slip mats beside ward beds of patients at risk, improved equipment in ward bathrooms and toilets. A pilot in-patient exercise rehabilitation programme BEST (Balance, Exercise, Strength, Training) is now introduced for suitable in-patients to prevent falls. As a result of these changes, the number of falls by in-patients has reduced by over 30% in the last 18 months.

Dementia Nurse

A Dementia Nurse Specialist was appointed last year to improve experience and outcomes for people with dementia. As part of the new CHS strategy for caring for people with dementia, a network of Dementia Champions and Dementia Link Practitioners are in place. A dementia friendly zone in the Emergency department is in place and the refurbishment scheme has been rolled out to place dementia friendly zones on Wandle wards. The changes have been successfully completed on Wandle 1.

What have been your key achievements?

- Increased the overall safeguarding adult training compliance from 71% to

83%

- Improved Whistleblowing systems for staff
- Dementia Friendly Zones completed on Wandle 1
- Safeguarding Adult at Risk Policy and Procedures ratified
- A decrease in the number of in-patient falls
- Successfully increased electronic recording of patient safeguarding information by the SVA Team for monitoring purposes.

What are your priorities for the coming year?

- Revision of the MCA and DOLS policy to include the new Acid Test
- Revision of Skin Damage tool
- Commence safeguarding supervision of staff
- Improve knowledge of clinical staff in MCA and DOLS.
- Bespoke e-learning programme to be created for Level 2.

Agency Report to the Croydon Safeguarding Adults Board

Name of Organisation : South London and Maudsley NHS Foundation Trust

Role of organisation: Mental Health Trust

Is there a designated lead officer for safeguarding? Neil Brimblecombe, the Director of Nursing.

How does your organisation fulfil its role in safeguarding adults from abuse in Croydon?

South London and Maudsley NHS Foundation Trust is committed to the safeguarding agenda and has recently reviewed how it should best support this into the future. The Board level lead for both Adult and Children's Safeguarding will now sit with one person, Neil Brimblecombe, the Director of Nursing.

The newly appointed South London and Maudsley NHS Foundation Trust Director of Social Care, Cath Gormally, will provide the strategic leadership for safeguarding and she will have a particular focus on developing and maintaining excellent working relationships with our many partners and supporting best quality standards of practice within our services.

In addition, we are currently in the process of recruiting two substantive posts to lead the daily work on Safeguarding within the Trust: an Adult Safeguarding Lead and a Children's Safeguarding Lead. Until the substantive appointments are made, the current secondment into the Safeguarding Children Lead (named nurse) will continue and an interim appointment to the Adult Safeguarding Lead position has been made to cover this vacancy.

The Trust also has a named doctor for safeguarding children, Dr Sarah Bernard.

Each of our CAGs (Clinical Academic Groups) will continue to have nominated leads to provide day-to day advice and represent the CAG at internal and external events. We believe that this structure will strengthen our current arrangements and give the focus on Safeguarding and working in partnership into the future.

There are currently a number of initiatives underway for Adults Safeguarding within the Trust in order to create greater awareness of staff and ensure performance and practice is embedded within the day to day operational teams linked to each Local Authority's needs.

Training and awareness:

Safeguarding training is available to staff under the Core Skills Framework training. Equality, Diversity and Human Rights are also now part of the mandatory skills suite. SLaM's mandatory training requirements conform to the National Skills Training Framework (NSTF) which has set the minimum national standards for the NHS in 10 core subjects. Safeguarding Adults training is also dictated and locally governed by the Safeguarding Adults Board.

Safeguarding Adults training is mandatory for all staff with no exceptions but the levels of training are dictated by the individual's role to ensure that the standards are met according to the NSTF & Safeguarding Boards.

Training requirements:

- Safeguarding Adults Alerters' Training is for all non clinical staff.
- Safeguarding Adults Alerters' Plus Training is for all clinical staff.
- Mental Capacity Act Training & Deprivation of Liberty Safeguards training is mandatory for all inpatient qualified nurses, junior doctors and ward managers.
- Equality, Diversity and Human Rights became mandatory for all staff in April 2014.
- Evidence of training is monitored monthly by the Education and Training department. Monthly reports are sent to all departments and Quarterly reports go to the Safeguarding Boards.
- Compliance with mandatory training is monitored through the Mandatory Training Committee. Low compliance is highlighted and monitored by both Education & Training and Strategy & Business.
- Action plans are required to be in place to address areas of concern and how they can be improved.
- Annual training targets are set at the beginning of each year in order to ensure that we can achieve the compliance targets and reported on quarterly at the Education and Training Trust Committee.

Please include any data collection or monitoring carried out in your organisation on safeguarding adults

The Trust collects data on safeguarding adults and provides regular 'AVA' returns to the local authorities on safeguarding adult's activity. It is proposed to develop a performance data set with Croydon in order to report on key requirements linked to the new zero based performance information required.

As part of the s75 Delivery Board, Social Care indicators will be agreed together with a comprehensive social care dashboard to ensure that we are meeting the Local Authority's expectations of safeguarding performance indicators.

The Safeguarding Adults at Risk Audit Tool identified key areas of development which include developing a transparent, consistent and robust quality assurance system. The Trust will work with Croydon to develop a quality assurance system that will ensure a consistent approach with the Local Authority returns.

A report will be submitted to the Clinical Systems Programme Board to recommend the creation of a Safeguarding tab on the Electronic Patient Journey System (EPJS). The safeguarding tab will have the relevant forms and documents relating to safeguarding work embedded. This will enable detailed, effective reporting of safeguarding data to both The Trust and partners. It will also ensure transparency and integrate safeguarding into workers' daily professional practice.

How does your organisation ensure that it links its safeguarding work to national developments?

In view of the Care Act 2014 (live from April 2015) The Trust Wide Safeguarding Policy will be revised in partnership with the Local Authorities. The new guidance to be developed and ratified at the Trust Safeguarding Vulnerable Adults Committee and Local Safeguarding Adults Partnership Boards.

Following the Cheshire West ruling on Deprivation of Liberty Safeguards (DoLS), the Trust has set up a working group in anticipation of increased DoLS applications. A screening tool has been designed for staff to assist them in identifying deprivation of liberty in light of the new thresholds and this has been linked to the safeguarding agenda via the Safeguarding Adults Committee.

Has there been any preventative work carried out in your organisation in the last year?

This is an area identified for development for The Trust:

1. Contract monitoring – to ensure that all CAG-held contracts are reviewed and checked for compliance.
2. Organise a Safeguarding event for service users; families and carers; staff and partners.
3. Quality Assurance Audit tool to be developed in line with Croydon and other Local Authorities.
4. External website to be reviewed and leaflets developed for service users to advise and inform on safeguarding adults.

What have been your key achievements?

Trust Wide Safeguarding Arrangements

1. The Trust recognised that there is a need to strengthen its safeguarding adults arrangements and so has embarked on the following service improvement and development activities in order to fulfil its role in safeguarding adults from abuse:
 - The Trust Assistant Director of Nursing (Trust Named Nurse Safeguarding Children) completed a scoping exercise into Trust safeguarding adult arrangements designed to strengthen Trust arrangements and governance and increase internal and external assurance and clarity.
 - Consistent Trust representation at Local Safeguarding Adults Partnership Boards and their Subgroups. Agree reporting arrangements to each Local Authority.
 - Successfully recruited to a Trust Safeguarding Adult Lead (initially on a six month secondment from 19th August 2013) to provide Trust lead on safeguarding adults; as well as to assist the Assistant Director of Nursing Trust Named Nurse Safeguarding Children with the scoping exercise into Trust Safeguarding Adults arrangements. The secondee has now returned to her substantive post and an interim appointment has been made until the post is recruited to substantively.
 - Created (with the Directors of Adult Social Care) a new Director of Social Care post across the four boroughs of Lambeth, Croydon, Lewisham and Southwark to increase interface and collaborative working. The post holder Cath Gormally starts in post in April 2014.
 - Revised Trust Safeguarding Adults Training Model and Strategy 2013-14 has been agreed and commenced.

- Commenced a revision of the Trust Safeguarding Adults, MCA and DoLS Policies. The revised Trust Safeguarding Adult Policy has been ratified by the Trust Executive and launched across the Trust.
- A new Trust Safeguarding Adults Intranet Site (accessible to all 5000 Trust staff) created to collate, and increase staff access to, national and local guidance, policy, contacts and support (as well as including a specific section to enable increased awareness of local protocols and ways of working).

Safeguarding Governance

2. The Trust has strengthened its governance arrangements and has an established Safeguarding Adults Committee and Safeguarding Children Committee. Both will now be chaired by the Director of Nursing and are attended by internal and external partners. Both these committees will report to the Quality Sub Committee which is a sub-committee of the Trust Board. This will provide enhanced transparency, oversight and scrutiny. Linked to this is the Trust's Domestic Violence Working party which produced a revised Trust policy on domestic violence and developed an e-learning package, tailor made for mental health. This will be launched when approved by the Royal College of GPs.

Infrastructure and Practice.

3. Progress has been made on the infrastructure to enable the delivery of good safeguarding practice:
 - The development of the Trust intranet site enabling staff access to information, guidance and policy. Further development planned to hyperlink guidance via EPJS (Electronic Patient Journey System).
 - Trust Safeguarding Policy ratified and launched across the Trust.
 - Safeguarding adults training is mandatory for all staff with no exception and the mandatory training is compliant with the National Skills training Framework.
 - Significant changes have been made to the electronic patient record system, EPJS to include a prompt for staff to consider safeguarding and the need for further action.

What are your priorities for the coming year?

1. The Safeguarding Adults at Risk Toolkit was completed in February 2014. This is a first draft of Safeguarding Audit and has identified amber and red areas for development / improvement. This was carried out in consultation across SLAM but further work will need to be done to update the progress.

The intention is to provide a local action plan for Croydon services from this Audit so progress can be monitored by this Board.

2. The Trust needs to continue to increase awareness and expertise in MCA and DoLS across all staff.
3. Ensure there is clarity between Serious Incident reporting and safeguarding reporting referrals to the Local Authorities.
4. Further clarification is required across all boroughs with Local Authority Safeguarding Adult Leads and Heads of Social Care processes and systems of alerts, referrals and investigations to enable improved consistency and quality of response. To put in place a pathway so Clinical Academic Groups (CAG) and service areas / teams can be clear who is responsible for the Safeguarding process. This will be addressed by the awareness training as part of the planned strategy and workforce development plan.
5. The Prevent agenda and having a strong focus on service user outcomes as part of the quality assurance process needs to be developed. Structures, systems and training are required to be embedded around Prevent – how to refer and when to be alerted, to improve the reporting response and data collection. The Trust Safeguarding Adult Lead will complete a mini audit of prevent referrals and work with the Education and Training department to develop this.
6. Identify a clear Governance structure for operational services based in each Local Authority area (via CAG and Service areas) and agree locally key priorities based on local needs.
7. Quality assurance audit tool to be developed on outcomes for service users and whether they feel safer as a result of the safeguarding process.
8. “Making Safeguarding Personal” to be incorporated into policies and training.
9. The Trust to ensure that service users, families and carers have access to information about Safeguarding Adults including whom to contact if they are concerned about an Adult at Risk. The SLaM external website to be reviewed and leaflets to be developed.

Agency Report to the Croydon Safeguarding Adults Board

<p>Name of Organisation : Metropolitan Police</p>
<p>Role of organisation:</p> <p>Criminal investigations</p>
<p>Is there a designated lead officer for safeguarding?</p> <p>Detective Chief Inspector Sian Thomas and Inspector Helen Barling</p>
<p>How does your organisation fulfil its role in safeguarding adults from abuse in Croydon?</p> <p>We follow legislation and borough procedures to investigate criminal allegations and ensure relevant referrals are made to Croydon Adult Social Servicers.</p> <p>Merlin reports are also completed for vulnerable adult incidents, this is then processed through the Public Protection Team who are co-located in the Multi Agency Safeguarding Hub (MASH).</p> <p>Close working relationship with mental health lead, to ensure safeguarding is met. Visits to mental health homes, hospital. We ensure procedures are met when a vulnerable adult is reported missing.</p>
<p>Training and awareness:</p> <p>Training is due to take place to all Community Safety Unit officers in the near future. Currently all officers have initial training and then specific where issues are raised. Training sessions for all staff regarding MERLIN (an electronic reporting system) and reporting incidents with vulnerable adults. Training in relation to mental health awareness and also to managing detainees in custody.</p>
<p>Please include any data collection or monitoring carried out in your organisation on safeguarding adults</p> <p>All reports are flagged as vulnerable adults and have close supervision during investigation. Reports are also monitored centrally. MERLIN reports are recorded for every incident with a vulnerable adult and this is sent to the MASH.</p>
<p>How does your organisation ensure that it links its safeguarding work to national developments?</p> <p>There is a central team that conducts this in conjunction with the college of policing. Officers also attend the Case Review and Audit subgroup. Learning is taken from this and passed to the Borough Operational Command Unit (BOCU). We have reviewed practice to ensure we have learnt from Winterbourne. We learn from adult and child serious case reviews and homicide reviews.</p>

What have been your key achievements?

A number of successful charges with some leading to prosecutions. A very good working relationship with Vincent Doherty, Safeguarding Coordinator in the Council, and others to ensure information sharing is quick and easy. Also good attendance at the Adult and Children's Safeguarding Boards. Officers also sit on other sub groups to ensure a good working relationship with partners.

What are your priorities for the coming year?

To ensure all investigating officers have training regarding safeguarding and vulnerable adult investigations.

Agency Report to the Croydon Safeguarding Adults Board

Name of Organisation : Early Intervention and Support Services – Children, Families and Learners, Croydon Council
Role of organisation: Early Intervention and targeted family support.
Is there a designated lead officer for safeguarding? Dwynwen Stepien: children Paula Doherty: adults
How does your organisation fulfil its role in safeguarding adults from abuse in Croydon? Prevention is a cornerstone of our service principles and there is a direct relationship to safeguarding adults and vulnerable adults, this is evident when we are working with children who will transition to adult services, or where there are children whose parents come under this category. Early Intervention and Support Services is a broad service area. We have acknowledged that we have to establish adults safeguarding as a priority area. More recently and as the result of the Family Justice Centre coming under our directorate this has sharpened our focus.
Training and awareness: This is an area for coordinated action and we have not had a systemised approach to this area of need, so this is a current priority for our service. All training is evaluated and impacts measured through peer group work, supervision and case management. Staff in the young adults difficulties and disabilities service have recently undertaken safe handling training, and some staff have had training on the Mental Capacity Act.
Please include any data collection or monitoring carried out in your organisation on safeguarding adults: At present this is not collated in any systemised way across the whole service although tracking and monitoring is in place for the Multi Agency Risk Assessment Committee (MARAC).
How does your organisation ensure that it links its safeguarding work to national developments? Generally through information sharing networks, an observation is that across

children's services we need to improve knowledge on national developments.

Has there been any preventative work carried out in your organisation in the last year?

There has been no specific preventative work across the whole service although there are examples of good practice with Health Partners through the Family Engagement Partnerships, and MARAC as a prevention panel. Additionally the work with young adults with learning difficulties and disabilities has a prevention focus.

What have been your key achievements?

The key achievement is becoming a proactive part of the Safeguarding Adults Board and prioritising this issue within the service.

Development of the Family Engagement Partnership with Health.

The MARAC.

What are your priorities for the coming year?

To develop a systemised approach to safeguarding adults requiring a shift from the single perspective of children's safeguarding. We plan to embed training on safeguarding adults across all facets of our service and ensure Operational Managers are well equipped to respond to safeguarding adults' issues.

Agency Report to the Croydon Safeguarding Adults Board

Name of Organisation: Croydon Mencap
Role of organisation: To provide advice, support, information and activities to adults and children with learning disabilities, their families and carers.
Is there a designated lead officer for safeguarding? Ray Hautot
How does your organisation fulfil its role in safeguarding adults from abuse in Croydon? We ensure that all staff are DBS checked with Mencap National and references taken up. Staff receive regular supervision and support by their line managers who in turn report to me as Chief Executive Officer and I report to the Board. We have internal policies and procedures to ensure that staff are up to date and aware of safeguarding and how to report it. All staff will sign to say they have read and understood policies relating to their 'duty of care', risk assessing and appropriate support of Service Users as well as safeguarding as part of their overall induction. We make it clear to staff, service users and their families and carers that if we have any concerns, we will refer the matter on. This has sometimes been difficult as it may be a parent or family member but we explain that we are 'duty bound' to do this and overall we have managed to work through such situations. We promote dignity within the environments in which we support Service Users and get their feedback whenever we can. Also, as we are a voluntary sector organisation we can sometimes be a 'listening ear' and Services Users are often willing to share their feelings with us which can be a route for them to disclose.
Training and awareness: Staff attend courses run by Adult Social Services and during supervision we may, if appropriate, discuss issues which may be causing concern.
Please include any data collection or monitoring carried out in your organisation on safeguarding adults This year (April 2013 – March 2014) we referred 4 safeguarding issues. 1 related to physical and verbal abuse by a support worker, who was suspended. 1 related to a support worker. The outcome was that the support worker needed more training.

1 related to neglect.

1 related to an adult living alone with dementia.

How does your organisation ensure that it links its safeguarding work to national developments?

By linking to the Safeguarding Board in Croydon, at Croydon University Hospital in Croydon and via the Public Awareness and Information Dissemination (PAID) sub group meetings. Also we are updated through our affiliation to Mencap National.

Has there been any preventative work carried out in your organisation in the last year?

We have included updates within our Newsletter and the Learning Disability Forum and we talk to Service Users about issues such as bullying, transport safety, appropriate touch and their feelings in general.

What have been your key achievements?

Keeping our members as safe as we can when in our care and as far as we can alert Care Managers to any potential for safeguarding arising due to their behaviours and situations. Ensure our Service Users know that they can speak to us. Being approachable – this is important as many Service Users cannot read and so it can be doubly difficult for them to tell others when issues arise.

What are your priorities for the coming year?

- Continue with training for our staff. This to include new staff from Croydon Opportunity Pre-School Group who will become part of Croydon Mencap in September 2014.
- Build on the improved relationship with officers and managers when working on safeguarding issues.
- Maintain awareness of safeguarding and reporting lines to our members and the learning disability community in general
- Review our policies in the light of changes and/or experiences of safeguarding cases.

Agency Report to the Croydon Safeguarding Adults Board

Name of Organisation : Age UK Croydon
Role of organisation: To provide information, advice and support to adults with care and support needs and/or those people 50 + living in the borough of Croydon, their family, friends and carers
Is there a designated lead officer for safeguarding? Stuart Routledge
How does your organisation fulfil its role in safeguarding adults from abuse in Croydon? Age UK Croydon: <ul style="list-style-type: none">• Are represented on the CHS Safeguarding Adults at Risk steering group• Are represented on the Croydon Council Safeguarding Adults at Risk Board• Ensure all staff and volunteers receive Safeguarding Adults at Risk training and are able to access further training around specific issues relating to this• Has a Safeguarding Adults at Risk policy which is reviewed annually• Was audited and awarded the Age UK Quality of Advice Standards Charter Mark for our Information and Advice service. This will be passported to the national Advice Quality Standard• Is currently being audited for the Age UK Organisational Standard Charter Mark• Ensures all staff and volunteers have an enhanced DBS check• Work within the Pan London guidance• Work jointly with the local authority in Adults at Risk Awareness raising events• Work with Trading Standards and Victim Support <p>Staff and volunteers are made aware of their and the organisations responsibilities in relation to safeguarding.</p> <p>For clients who have been financially abused, where appropriate, we offer on-going support to reduce the risk of further abuse. With this ongoing input, clients are able to live more independently.</p>

We work closely with the statutory, health and voluntary sector agencies to promote awareness raising.

We work with a number of universities to take Student Social Work placements and work closely with the Safeguarding team to promote awareness raising and joint working with them.

Staff are regularly asked to attend best interest and strategy meetings to support and/or speak up on behalf of clients.

Training and awareness:

Staff, volunteers and student social workers undertake Safeguarding Adults at Risk training as part of the core training within Age UK Croydon (AUKC), both online and via training sessions with support from the Safeguarding Adults at Risk Coordinator. We are also able to access more in-depth training via Croydon Council and other organisations. We attend networking groups such as Dignity in Care Forums.

- **Please say how you measure the effectiveness of training and what outcomes/benefits you have seen from training?**

Staff and volunteers feel confident in taking and making safeguarding referrals and are aware of the procedures and processes required.

Staff feel confident in challenging decisions regarding safeguarding referrals.

Please include any data collection or monitoring carried out in your organisation on safeguarding adults

- We have a Database which enables us to capture a range of data.
- As part of the new Advice Services Croydon funding, we undertake regular monitoring and evaluation of our work.
- Our statistics for the enquiries records data on safeguarding.
- Safeguarding is on the agenda for supervision, staff and volunteer team meetings and Board meetings.

How does your organisation ensure that it links its safeguarding work to national developments?

We have continued links and partnership working with the Safeguarding Team and Co-ordinator; available training and updates (local and national); Department of Health and Government policy updates; Action on Elder Abuse; Pan London Safeguarding Adults at Risk procedures; Age UK national policy updates

Has there been any preventative work carried out in your organisation in the last year?

During the last year, we have received referrals from Adult Social Services to work with clients who have been abused. This has included supporting social services staff through investigations; attending strategy, best interest meetings and review meetings; working with clients to identify their support needs; providing ongoing support in relation to client finances.

What have been your key achievements?

- Ensuring that all staff, volunteers and Social Work Students are knowledgeable and confident in Safeguarding Adults at Risk procedures and aware of the role and responsibilities of other agencies and organisations
- Providing support to vulnerable clients to prevent abuse and/or through Safeguarding investigations

What are your priorities for the coming year?

- To set up the new 3 year funding which will continue the work that we do *and*
- Develop services to include an 'Access to cash project' which will support people who are not able to get to the bank
- To ensure older people are less vulnerable and support those who have been or are at risk of being abused

Appendix 3

Croydon Safeguarding Adults Board Membership

Age UK – Croydon

Cabinet Member – People and Communities

Care Provider Representatives

Care Quality Commission

Croydon BME Forum

Croydon Clinical Commissioning Group

Croydon Council’s Adult Services Commissioning Division

Croydon Council’s Children Family and Learners Division

Croydon Health Services

Croydon Health Watch

Croydon Human Trafficking Group representative

Croydon Imagine – Mental Health

Croydon Neighbourhood Care Association

Croydon Health Services

Croydon Voluntary Action

Development and Environment – Crime and Anti-social behaviour

Early Intervention and Support Services

Executive Director of Adult Social Services, Health and Housing

Family Justice Centre – Domestic Violence

Home Office – UK Visas and Immigration

London Ambulance Service

London Fire Brigade

Mencap

Metropolitan Police Croydon

MIND in Croydon

NHS England (London Region)

Croydon Planning and Environment

Professional Standards, Department of Adult Services

South London and Maudsley NHS Trust

Supporting People Commissioner

Trading Standards

