**For general release**

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<th>Health, Social Care and Housing Scrutiny Sub Committee 4 October 2011</th>
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<td>SUBJECT:</td>
<td>The draft Annual Report of the Safeguarding Adults Board</td>
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<td>LEAD OFFICER:</td>
<td>Head of Professional Standards</td>
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<td>CABINET MEMBER:</td>
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<td>PERSON LEADING AT SCRUTINY COMMITTEE MEETING:</td>
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<td>ORIGIN OF ITEM:</td>
<td>Part of the ongoing work programme of the Sub Committee, this item is presented annually</td>
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<td>BRIEF FOR THE COMMITTEE:</td>
<td>To review the work of the Safeguarding Adults Board</td>
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1. **EXECUTIVE SUMMARY**

This report presents the Annual Report of the multi-agency Safeguarding Adults Board. The draft report attached as an appendix, which is being presented to the Safeguarding Board for approval on the 26th September.

2. **The Safeguarding Adults Board Annual Report for 2010/11**

2.1 The Annual Report summarises the work and achievements of the multi-agency Board and its sub-groups in 2010/11 and outlines key targets and plans for 2011/12.

2.2 The Committee will be aware that, under the ‘No Secrets’ Department of Health guidance, the council is the lead organisation for co-ordinating the work of all agencies in the Borough to safeguard adults at risk. The Board is the means by which the council carries out this responsibility.

**Summary of the report.**

3.1 The Report reflects the work of the Board through 2010/11 and in the appendices it includes key actions for 11/12.

Adult safeguarding remains a government high priority, and this commitment was reiterated in a government statement in May. One commitment made by the government was to put Boards on a statutory footing. In Croydon, it has also been decided to recruit an independent chair of the Safeguarding Board to
enhance multi-agency collaboration and hold all partners to account, matching developments in Children’s Safeguarding Boards governance.

The Association of Directors of Adult Services (ADASS) published an advice note in April 2011 that supported both these developments.

3.2 Among the highlights of the Board’s work:

- There has been a continued emphasis on raising awareness among care staff and the general population. This is to help promote an understanding of what is abuse, what can be done to prevent it both by means of self-protection, safer care, reporting and investigation.

- Responding effectively to allegations of abuse and ensuring a consistent multi-agency response. This has been aided by the introduction of pan-London policies and procedures, developed and endorsed by all councils, police, NHS fire and ambulance services. These have been widely distributed in Croydon.

- Continued work on Dignity in Care programme with over 43 dignity champions now identified. This work to improve care standards is supported directly by the Care Support Team working with care providers in residential and supported living

- Monitoring and responding to trends in activity. The last year has seen a continued, but slowing growth in safeguarding referrals and growth in the number of Mental Capacity Act, deprivation of liberty assessments.

- An extensive training programme, with short and longer courses, differentiated to needs of roles and making use of varied means of delivery, such as e-learning and DVDs.

- Service user surveys have helped to identify ways in which the service could be more accessible and supportive.

- Development of new protocols with the Police, the Fire Service, the Ambulance Service and NHS colleagues for good co-ordinated response to risks.

- A strengthened council staffing structure to meet the needs of adult safeguarding.

- Critical self-examination of practice, through case review, to ensure that good practice is promoted and consolidated across all agencies.

3.3 The appendices include data from the first full year annual return to the Department of Health Information centre on safeguarding adult activity. In future years this will provide a better basis for comparing trends and patterns between Croydon and other councils.

3.4 On the national scene there were some significant events that raised the profile of adult safeguarding. The BBC Panorama programme on Winterbourne View
in Bristol revealed the abuse and poor standards of care in a residential home for adults with a learning disability. This demonstrated the need for continuing vigilance by all agencies concerned with the care and protection of adults at risk, and for clearly agreed responsibilities for robust action by agencies involved in adult safeguarding.

There was also a significant legal case in respect of the Mental Capacity Act. The Court of Protection ruled that a person had been wrongfully detained (Neary v LB Hillingdon) and the council had breached the European Convention on the Human Rights, in not exercising proper scrutiny to protect the best interests of the detained person.

Both of these cases highlight the risks to individuals, and to the council and partners, of not effectively meeting responsibilities in this area of work.

Financial implications

NHS contribute £36k towards the costs of the Safeguarding Adults Board and £65k towards the cost of the MCA/DoLs service.

Appendices

Appendix 1 The draft Croydon Safeguarding Adults Board Annual Report 2010/11.

CONTACT OFFICER: David Vowles Interim Head of Professional Standards

BACKGROUND DOCUMENTS:
Croydon Safeguarding Adults Board Annual Report  
April 2010 – March 2011.

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  3. Case review and Audit  
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**Appendices**

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1 Foreword

By current chair of the Board, Hannah Miller

The Croydon Adults Safeguarding Board continues to enjoy strong membership from all agencies across Croydon. Joint working has strengthened and there are several examples in the report of developments reflecting multi-agency co-operation to improve safety for adults who may be at risk.

At a national level, following a review of No Secrets, government guidance on multi-agency policies and procedures to protect vulnerable adults from abuse, the government issued a statement of government policy on adult safeguarding in May. The statement emphasised that safeguarding is everyone’s business and that local multi-agency partnerships should support and encourage communities to find local solutions. It also included a commitment to legislate to put adult safeguarding boards on a statutory footing.

The alarming Panorama programme at the beginning of June about Winterbourne View in Bristol brought clearly to everyone’s attention that abuse can still be missed by the agencies responsible for preventing it and dealing with it. This is a warning that all agencies need to continue to be vigilant.

The Board produced its first Safeguarding Adults Strategy to prevent and tackle abuse through public information, training of staff and partners, and stronger processes. Actions include improving information on the web and on leaflets, holding a safeguarding awareness week, training staff at Croydon University Hospital NHS Trust and completing training of community mental health teams.

From 1st April 2011 all London Boroughs adopted the new pan-London safeguarding policy, Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse initiated through the Pan London Safeguarding Adults Network, and developed through an editorial board comprising senior representatives from local authorities, the Association of Directors of Adult Social Services (ADASS), the Police, NHS London, London Councils, and the Social Care Institute for Excellence. This will provide greater consistency in practice across the London region. Much work has already been done to disseminate and train people on the new procedures. The restructure within the council’s department of adult services, health and housing will ensure a strengthened response to safeguarding through a dedicated social work team and an enhanced professional standard team to ensure high quality of practice.

2 Summary of the Board’s work in the past year

The Board produced a multi-agency strategy for 2010-2015 to set a medium term direction, which was endorsed by the Council’s Cabinet on 13 June. It details how a number of different approaches will be used to spot and deal
with abuse. Drawn up by the Council’s department for adult services and housing, it is designed to help protect and safeguard the small number of people who are at risk. They include people who because of their age, a disability or a mental health condition could be abused in some way by others. Abuse can take many forms, including physical, sexual or emotional abuse, financial exploitation, discrimination and abuse or neglect.

Among the other main achievements of the Board in 2010/11 are

- Research commissioned on the views of people who had experience of the safeguarding service, and of the views about accessibility for people from black and minority ethnic groups
- Commissioned two Serious Case Reviews (SCRs) and approved recommendations and action plans to ensure the learning from these reviews is consolidated
- Contributed to the development of, and adopted the pan-London policies and procedures for adult safeguarding
- Discussed in Board and sub-groups, and endorsed local procedures for safeguarding and skin damage protocols with health services
- Discussed Croydon’s response to the Pilkington SCR conducted by another council following the death of vulnerable adults subject to harassment/anti-social behaviour,
- Received a presentation from the Fire Service on fire safety and vulnerable adults and approved a joint protocol
- Worked on developing a financial abuse protocol with the Police, Age Concern and Trading standards
- Extended the work of the Care Support Team to promote good standards of care in residential and nursing homes and sheltered housing schemes
- Published four newsletters, to strengthen community and service awareness of safeguarding and the role of the Mental Capacity Act (MCA), deprivation of liberty safeguards

3 Context

3.1 Croydon
Croydon is an outer London borough, located in the south of the capital. With 341,800 residents, it is the most populous of the London boroughs, and this population is projected to increase by 16,000 residents by 2026. The population is highly mobile with large numbers of people moving into and out of the borough each year. Croydon’s population is also very diverse; black
and ethnic minority residents make up almost 42% of the population and more than 100 languages are spoken.

Amongst those groups likely to be in need of community care services, 60,000 people are aged 60 and over, over 6,000 people have a learning disability, nearly 5,000 a serious physical disability, and over 4,000 a severe mental health problem. The number and proportion of older people is growing, as is the number of younger adults with disabilities because of an even greater increase in life expectancy than across the whole population. At the last census, over 29,000 people were providing informal care to relatives or friends.

3.2 Legal context for safeguarding vulnerable adults

On the 16th May of this year, the Department of Health released a statement of government policy on adult safeguarding. This included an immediate response to one of the recommendations in the Law Commission’s review of Adult Social Care Law, published the preceding week. The statement included an intention to seek to legislate to make existing Safeguarding Adult Boards (SABs) a statutory requirement, to make clear the duties of agencies to cooperate through the Board.


The statement builds on the Department of Health Guidance, ‘No Secrets’ which has provided the framework for safeguarding adults services since 2000. The guidance

• states that agencies must work together within local authority boundaries
• gives the framework for prevention of abuse
• requires robust procedures to be followed should abuse happen
• gives Local Authorities the coordinating role in developing Policies and procedures.

The May 16th statement importantly gives six guiding principles for all agencies to follow in developing and assessing the effectiveness of their safeguarding arrangements.

**Empowerment** - Presumption of person led decisions and informed consent.
**Protection** - Support and representation for those in greatest need.
**Prevention** - It is better to take action before harm occurs.
**Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.
**Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
**Accountability** - Accountability and transparency in delivering safeguarding.
With some suggestions for translating these principles into outcomes for individuals and organisations.

3.3 Board structure
The terms of reference, structure of the Board & sub-groups and membership can be found in Appendices 3, 4, 5

4 Key trends in safeguarding activity during 2010/11
All figures subject to final return & Information Centre validation
The upwards trend in referrals of alleged abuse over the past three years has started to level off, and there was a smaller year on year increase in 2010/11. There was a total of 999 reported allegations of abuse of vulnerable adults aged 18 and over during the year from beginning of April 2010 until end of March 2011.

Table 1 Number of referrals of alleged abuse over the last 3 years

<table>
<thead>
<tr>
<th></th>
<th>08/09</th>
<th>%</th>
<th>09/10</th>
<th>%</th>
<th>10/11</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Disability</td>
<td>54</td>
<td>9</td>
<td>81</td>
<td>9</td>
<td>99</td>
<td>10</td>
</tr>
<tr>
<td>Sensory Impairment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>67</td>
<td>11</td>
<td>100</td>
<td>11</td>
<td>82</td>
<td>8</td>
</tr>
<tr>
<td>Younger Adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Disability</td>
<td>141</td>
<td>24</td>
<td>251</td>
<td>27</td>
<td>189</td>
<td>19</td>
</tr>
<tr>
<td>Substance Misuse</td>
<td>7</td>
<td>1</td>
<td>15</td>
<td>2</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Other adults in need</td>
<td>2</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>37</td>
<td>4</td>
</tr>
<tr>
<td>Older People</td>
<td>296</td>
<td>50</td>
<td>427</td>
<td>46</td>
<td>538</td>
<td>54</td>
</tr>
<tr>
<td>Total</td>
<td>597</td>
<td>925</td>
<td>999</td>
<td>100</td>
<td></td>
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</tbody>
</table>

Around 54% of referrals related to people aged 65 and over. The gender balance leans towards women being the subject of allegations of abuse as they get older, in the 85+ group there were nearly four times as many allegations relating to women as men, whereas with the 18-64 year age range, the gender balance is roughly the same. This is probably reflects the fact that women live longer, but the imbalance may be worth some further investigation.

The number of allegations relating to people with a learning disability fell in 2010/2011 after significant increases year on year in the past three years. This could be, tentatively, an encouraging sign that safeguarding risk awareness and prevention among learning disabled service users, carers and staff is proving effective in reducing risks of abuse.

The response to referrals has been strengthened by a re-structuring to create two teams rather than one of social workers who carry out assessments and investigate safeguarding referrals. By the year end, over 80% of outstanding safeguarding referrals had been investigated and completed.

Most referrals are made by social care staff as in previous years. This is staff in the council’s services, or working in the private and voluntary sector in any
care setting, from day service to residential. Much smaller numbers come from self-referral, other family members or friends.

Table 2 source of referral

<table>
<thead>
<tr>
<th>Source of referral</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social care staff</td>
<td>575</td>
<td>61</td>
</tr>
<tr>
<td>Health staff</td>
<td>168</td>
<td>18</td>
</tr>
<tr>
<td>Self-referral</td>
<td>32</td>
<td>3</td>
</tr>
<tr>
<td>Family member</td>
<td>70</td>
<td>7</td>
</tr>
<tr>
<td>Police</td>
<td>31</td>
<td>3</td>
</tr>
<tr>
<td>Other sources</td>
<td>72</td>
<td>8</td>
</tr>
</tbody>
</table>

Nature of alleged abuse
There is a changing pattern of the types of abuse alleged. Some allegations may involve more than one type of abuse. (Definitions of abuse are based on DoH data collections and can be referenced via the Information Centre at www. ...)

The table below shows the types of alleged abuse over the past three years recorded on safeguarding referrals.

Table 3 Nature of alleged abuse

<table>
<thead>
<tr>
<th></th>
<th>Physical</th>
<th>Sexual</th>
<th>Emotional/ Psychological</th>
<th>Financial</th>
<th>Neglect</th>
<th>Institutional</th>
<th>Discriminatory</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/09</td>
<td>175</td>
<td>37</td>
<td>104</td>
<td>132</td>
<td>117</td>
<td>30</td>
<td>9</td>
</tr>
<tr>
<td>09/10</td>
<td>243</td>
<td>40</td>
<td>107</td>
<td>195</td>
<td>197</td>
<td>31</td>
<td>12</td>
</tr>
<tr>
<td>10/11</td>
<td>323</td>
<td>59</td>
<td>191</td>
<td>265</td>
<td>268</td>
<td>35</td>
<td>14</td>
</tr>
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</table>

During the year, allegations of neglect and financial abuse increased. In this report there are examples of the Board’s response to the risks of financial abuse and work to prevent this occurring. The training programme has focussed on this and has further training identified in 11/12. There has also been work with the Trading Standards Service and the Police to improve awareness of risks of certain types of financial and material abuse, such as door step sales and illegal money-lending. Key partner agencies working in collaboration have produced a practice document. This identifies the roles and responsibilities of council teams and partner agencies in responding to financial abuse.

Abuse can take place in many settings, though as in previous years, the most frequent reported location is in the person’s own home (40%). The next most frequent location is in a care (25%) or nursing home (9%). These three locations account for 74% of referrals.

A significant proportion (31%) of safeguarding referrals were of people not receiving a service from a council at the time of the allegation and 5% were receiving a service from another council at the time. Many of these are likely
to be people placed in care homes within Croydon by another council, reflecting the significance of the care home sector in Croydon, which has more registered care homes than any other London borough. Self-funded service users were involved in 11% of alleged abuse referrals and 53% of referrals involved people receiving Croydon commissioned services. Analysis of the figures in relation to the alleged perpetrator of abuse reveals that 30% were by social care staff, of which the major proportion was staff in care homes. 23% were alleged to be by other family members.

**Summary of outcomes of completed investigations.**

The balance of conclusions has remained roughly the same as last year, with 36% of investigations substantiated on the balance of probability, 26% inconclusive and 38% not substantiated.

The types of action taken in response to safeguarding can be drawn from the record of outcomes. More than one line of intervention may be used; increased monitoring is used most frequently with re-assessment of care needs, change of service and restriction of access by the alleged perpetrator being other often taken courses of action. In many cases though there is no further action when the allegations are not substantiated. Other less frequent but important interventions include referral to advocacy or counselling, management of finances and the use of Guardianship under the Mental Health Act.

The majority of people (75%) accept a protection plan designed to safeguard them. People who have capacity can decide for themselves whether they wish to make use of the service offered to improve their safety. Actions taken in respect of the alleged perpetrator include 24 occasions of a formal caution or criminal prosecution and a total of 95 instances of police action, reflecting the close co-operation of the police in investigating the more serious allegations. On 27 occasions, people working in care services were referred to the Protection of Vulnerable Adults/Independent Safeguarding Authority, which administers the system to control people considered unsuitable for working with vulnerable adults.

**Ethnicity**

Most referrals (74%) are in relation to people of white British or European heritage with 12.2% relating to Caribbean, African or other Black heritage, and 6.4% to Asian heritage. These proportions do not reflect the composition of the general population of the Borough and suggests the possibility of under-reporting by members of minority ethnic communities, as identified by the Board last year. In response, the Board has commissioned research by the BME Forum into accessibility; the research findings are summarised in section 8 and highlights some of the barriers to reporting, and the report indicates means to improve accessibility.
The first full year statistical return for the Department of Health is being completed for 2010/11 and in due course will provide scope for comparing aspects of activity between councils.

5 Reports from the Safeguarding Adults Board Sub-groups

5.1 Public Awareness and Information Dissemination (PAID)
The PAID group is chaired by the Chief Executive of Mind in Croydon and its objective is to “To raise public awareness and understanding of Adult Protection issues in Croydon so that abuse is prevented and reported wherever possible”. The sub-group enjoys good representation from a range of agencies, including local third sector organisations, colleagues from NHS Croydon, the council and the local police service. This year the group has increased its membership to include representation from Croydon’s Trading Standards Team and from the Croydon BME (Black and Minority Ethnic) Forum.

Previous monitoring data had shown that there were fewer referrals from health colleagues that might have been expected, so this year the group decided to focus some of its attention at promoting the awareness of Safeguarding amongst colleagues in health, including GPs and pharmacists. During 2010/11 the following actions were taken:

- Worked with colleagues to improve the accessibility of Safeguarding information on the Council’s website, in particular looking at the use of language that would be as “user friendly” to a range of audiences as possible

- Worked closely with Trading Standards to raise the issue of doorstep crime (which is often targeted at vulnerable people) and developed a new advisory leaflet entitled “Crime Prevention after Bereavement - Doorstep Crime and Bogus Callers.” It was developed as part of the overall programme aimed at protecting people from falling victim to doorstep crime and suggests ways in which people can avoid falling victim. Older adults who are left alone following bereavement are at their most vulnerable and may even be targeted by some criminals in falling victim to doorstep crime and distraction burglary. It has been established that victims are often targeted by ‘rogue traders’ shortly after their relative (usually a spouse) has died.

- Developed stronger relationships with colleagues in health settings so that the profile of Safeguarding could be raised in those areas

- Worked with the BME Forum to produce a report looking at the understanding of Safeguarding within BME communities, including understanding some of the barriers to reporting

- Developed awareness materials for example, the use of bookmarks which have the abuse reporting line number printed on.
• Provided support for Croydon’s first ever Safeguarding Week

• Worked with the Inclusive Forum, CroyCILL (Croydon Coalition for Independent Living and Learning) and Croydon Independent Support Brokerage Service around Safeguarding issues (risk enablement etc) for personal budget holders.

• Ensured information is disseminated to all voluntary and private agencies via groups such as Community Voluntary Action, Mind, MENCAP, Age UK Croydon, Croydon Neighbourhood Care Association, Victim Support and Churches Together in Croydon.

• Lobbied the Council for the introduction of on-line reporting of Safeguarding issues

• Began work on the publicising of the Pan London Safeguarding Procedures

• Continued to raise awareness of the need to look more strategically at the provision of advocacy within safeguarding.

Action and response for 2011-12

The sub group will work with colleagues in the Council and those on the Best Practise sub-group to help produce a review and strategy for advocacy in relation to Safeguarding.

Linked to the above, the sub group will work to publicise the work undertaken by the BME Forum looking at how Safeguarding messages can be better communicated to those from BME communities. This report has, inter alia, stressed the importance of advocacy.

The group will continue to work with colleagues from the BME Forum to produce materials, including exploring the possibility of using radio and video materials, to communicate Safeguarding messages in an effective way to people from BME communities.

The group will continue to develop a range of written materials utilising the new language of Safeguarding and will promote this widely.

The group will continue to work with the Safeguarding Team to publicise and raise awareness of the Pan London Safeguarding procedures.

The group will work with the Safeguarding Team to produce a guide for writing a Safeguarding Policy for local voluntary organisations.

The group will continue its work with Trading Standards, the local police service and others, such as bereavement services to raise awareness of doorstep crime and “scams” which are often targeted at older people and other vulnerable people such as the recently bereaved.
During the year there have been major structural changes in both the Council and the local NHS. The changes in the NHS have created some challenges in terms of promoting better understanding of Safeguarding. However, much of the hard work of the sub group and the Safeguarding team has started to pay off and there will be more opportunities now to move this work forward.

During the year the group will work with G.P. commissioning colleagues, the local transition board and the Shadow Health and Well-being Board to ensure that the issue of Safeguarding is considered by these groups.

The Council has now agreed to implement on-line reporting of Safeguarding issues and the sub group will work to monitor and evaluate the impact of this new initiative.

The chair of the group will continue to liaise with colleagues in self-directed support and brokerage to ensure that awareness of safeguarding is raised with personal assistants, brokers and other relevant people.

5.2 Best Practice and Procedures
During the year there was a change of chairperson for the group. Joannah Weightman, the joint Commissioner for Learning Disability stepped down and Pat Leigh, the Named Nurse for Safeguarding Adults became the chairperson in December 2010.

Work of the group included updated existing documents and developed new areas of safeguarding. For example, concerns were raised by many agencies about the duplication of efforts when investigating a safeguarding alert using the safeguarding process, which sometimes triggered a simultaneous Serious Incident Health investigation. Therefore a multi-agency integrated process for Health care related incidents reporting and safeguarding vulnerable adults (adult at risk) protocol was developed. Also the document included a skin damage decision tool, used to decide whether to refer a tissue viability concern via the Local Authority Adult Abuse Reporting Line.

Guide 4 (guidance for people who have reported they have suffered abuse, harm or neglect) was reviewed, to ensure clients, who have reported they have suffered abuse, harm or neglect, receive clear information about the safeguarding process. Guide 4 can be found on the internet. Guide 5 was produced to provide information about the process for those who have caused harm and guide is being piloted by Social Work team. The Advocacy protocol was produced and the advocacy service is currently being reviewed.

Commissioning was improved by ensuring consistent terms of reference relating to safeguarding are within contracts, and guidance for suspension or termination of contracts in private care homes were completed. Liaison sessions with Primary Care Commissioners resulted in new plans to improve General Practitioners’ involvement and awareness of the safeguarding process.
Lead Practitioners group

The Croydon Safeguarding Lead Practitioner Group provides an opportunity in which practitioners with a role in safeguarding work within Croydon DASH and SLAM can meet in order to:

♦ **Share information:** A place to get up-to-date information on safeguarding matters locally and nationally. This year has focused on the response locally to the Pan London guidance and Department of Health safeguarding advice to NHS practitioners.

♦ **Collectively learn:** A chance to share ideas, concerns and collectively learn on safeguarding and related issues – specifically the lessons learnt from the serious case reviews and case review and audit group analysis.

♦ **Enhance understanding:** An opportunity to enhance understanding of different perspectives: the practitioner/manager and the different roles and responsibilities safeguarding practitioners have.

♦ **Address quality issues:** A supportive environment for the discussion of positive and negative aspects of safeguarding services and an opportunity to engage with service managers and practitioners. Over the year the purpose and usefulness of auditing case files was discussed.

♦ **Influence plans and services:** The group provides an opportunity for people who undertake safeguarding work to influence and have a say on the planning of safeguarding services and other related services in Croydon. The safeguarding strategy was taken to the group.

♦ **Gain knowledge:** Provides an opportunity for members to increase their knowledge of good practices in safeguarding through the participation of relevant speakers. Speakers have included the London Ambulance Service, the Safeguarding lead from Croydon University Hospital and the manager of the IMCA service used by Croydon.

The group’s work over the last year has however been dominated by the introduction the Social Care Institute for Excellence Pan London safeguarding adult policy and procedure. The adoption and roll out of this work will continue into 2011-12.

5.3 Case Review and Audit Group (CRAG)

CRAG is a multi-agency group which meets quarterly. Its brief is two-fold;
1. To look at anonymised completed safeguarding investigations in order to elicit the key learning points from each investigation, and
2. To disseminate the identified learning points to all partner agencies including the Best Practice and Procedures Sub-group, the Training sub-group (for any training issues) and the Lead Practitioners Group.
All partner agencies are expected in ensuring the learning points are disseminated throughout their own organisations management and front-line structures.

In addition to this, the Chair of the group co-ordinated and facilitated two specifically themed training workshops;

a) “Victims of Abuse who choose to return to abusive situations” and
b) “Children who are perpetrators of abuse against Vulnerable Adults”

Over 30 Managers and Practitioners from various agencies including the Council’s Children, Young People and Learners Department attended each of these workshops. The aim of these workshops is to develop guides for good practice to enable practitioners and managers to enhance their knowledge and techniques in undertaking effective investigations.

Both workshops incorporated excellent presentations of case scenarios from Croydon Police, Croydon Victim Support and Croydon Children, Young People and Learners Department.

As a by-product, these workshops also proved to be an invaluable opportunity for different agencies to “link” and “network” together.

Targets for 2011/12
1) To review four anonymised safeguarding investigations
2) The Chair of CRAG always welcomes suggestions for safeguarding issues/subject matters to be looked at in more detail for future workshops.

5.4 Training
The Training Sub Group has a key role to play in ensuring that staff are trained to recognise and report abuse. The sub group fulfils this role by producing and overseeing the delivery of the multi-agency learning and development strategy and programme of events.

The Training sub-group comprises representatives from LB Croydon, Croydon University Hospital, Croydon Health Services and the Private and Voluntary sector.

Training Steps Model
The implementation of the training steps model continued throughout 2010/11 and was also updated. This model identifies six levels of training interventions which are aligned to specific safeguarding roles and responsibilities as identified in the policy and procedure, and each level is linked with competencies to evidence that practice meets national standards. The model is therefore very practical in explicitly linking theory with changes in practice. The model identifies 6 levels of training –

**Level 1** Awareness Raising including e-learning for all staff in the Department for Adult Services and Housing (DASH), Health, Private and Voluntary Organisatons, Carers, Service Users and the Police.
Level 2  Roles and responsibilities – Safeguarding Adults at Risk Advanced Awareness for care home managers in Social Care, Health, Private and Voluntary Organisations and senior staff from domiciliary agencies

Level 3  Safeguarding Adults at Risk from financial and material abuse for care managers, senior care managers, appointee staff, finance, police, senior practitioners, team and practice managers.

Level 4  Recording and Investigation Skills for Investigators i.e. care managers, social workers, Occupational Therapists (OTs), team managers and care co-ordinators who are involved in and/or are responsible for leading a safeguarding investigation

Level 5  Chairing and minute-taking of strategy and case conference meetings for team managers, practice managers and senior care managers with their minute takers

Level 6  One-off bespoke specialist interventions for team managers, board members, commissioning managers and lead practitioners to promote best practice and professional development.

The achievements for 2010/11 were as follows:

Safeguarding Adults Awareness – level 1
18 multi-agency safeguarding adults awareness courses were provided to staff where there is likely to be contact with vulnerable adults. 310 people attended the 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.

In addition to this the Safeguarding Vulnerable Adults Service provided awareness raising sessions to 77 people for council employees and voluntary organisations.

The Safeguarding Adults Co-ordinator also provided information, training and support through the SVA Care Home Forums which were attended by 137 care home staff. These included specific sessions on:

- The Care Quality Commission (CQC) Essential Standards on Safeguarding - Outcome 7
- Dignity in Care - Developing a zero tolerance of abuse
- Identifying the risks of developing abusive practice

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

- Trust induction session (20 minutes) provided to 467 staff
- Level 1 safeguarding awareness including Mental Capacity Act and Deprivation of Liberty Safeguards was provided to 188 staff
Safeguarding Adults Awareness Refresher – level 1
7 multi-agency safeguarding adults awareness refresher courses were provided for health and social care staff who have completed the one day basic safeguarding vulnerable adults awareness course and are required by their organisation to attend a refresher course. 117 people attended these.

E-learning – level 1
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 log-ins was 1471.

Domestic Violence Awareness – level 1
Two 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; 22 people attended these.

Safeguarding Adults Advanced Awareness for Provider Managers – level 2
Six multi-agency Advanced Awareness courses were provided which were attended by 55 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.
In addition 14 people from Community Health Services attended a level 2 safeguarding for managers programme.

Safeguarding Vulnerable Adults from financial and material abuse – level 3
Four of these programmes were provided 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. 43 people attended the course.

Recording and investigation skills – level 4
Five courses were 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. 73 people attended the courses.

Chairing and minuting strategy and case conference meetings – level 5
Two courses were provided for Team Managers, Practice Managers and Senior Care Managers with their minute takers to develop their skills and confidence in chairing and minuting and to promote a standardised approach. 29 people attended these.
Bespoke training during 2010/11
Bespoke training was also provided by the safeguarding adult’s service to care managers, social workers and care co-ordinators as follows:

- 31 people attended a session on ‘Victims of abuse who choose to return to abusive situations’
- 17 people attended a session on ‘Children who are perpetrators of abuse against adults’

The training plan for 2011/12 and a summary of the planned events at the different levels can be found in Appendix 7

5.5 Mental Capacity Act (MCA) & Deprivation of Liberty Safeguards (DoLs)

The Mental Capacity Act Governance Board is the forum for monitoring and development of the service and continued consultation between partnership agencies. It is a sub-group of the Safeguarding Board to which the service reports through submission of statistical information and quarterly updates. Statistical information on deprivation of liberty requests and authorisations is tabled at the board to give members an understanding of the number of requests, the outcomes of assessments and service areas that have made requests.

Over the last two years, the number of requests for authorisation in Croydon has almost doubled, from 24 in 2009/10 to 45 in 2010/11. See table 4 below:

<table>
<thead>
<tr>
<th></th>
<th>2009-10</th>
<th>2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Authority</td>
<td>15</td>
<td>27</td>
</tr>
<tr>
<td>Health Authority</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>45</td>
</tr>
</tbody>
</table>

This increase can be attributed to awareness-raising by the team through two newsletters and two forums each year, specifically designed to provide information and advice to care home staff. In addition, training workshops are delivered by the council’s MCA manager and by the lead Nurse for Safeguarding within Croydon University Hospital.

The percentage of requests that were authorised has increased considerably in Croydon. In 2009-10, the first full year of the service, just under a quarter (21%) of requests were authorised; this has now increased to over half of requests (53%) and is evidence that the information and training is beginning to enable care staff to make more appropriate referrals.

The council employs and trains Best Interests Assessors (BIAs) from among its existing staff group. A BIA is responsible for undertaking the assessment to ascertain whether a deprivation of liberty would be in the best interests of a vulnerable person. They must have completed training that has been
approved by the Secretary of State and must complete further mandatory training on an annual basis to ensure that they “obtain the necessary skills to evaluate and analyse complex evidence and differing views and to weigh them appropriately in decision making” (section 4.60 Deprivation of Liberty Safeguards Code of Practice).

The MCA/DoLS manager convenes a practitioners group that ensures that BIAs are aware of relevant developments in case law and practice. There was a significant case decision in the Court of Protection earlier this year, (Neary v Hillingdon) which highlighted a number of issues for BIAs and councils in ensuring that proper consideration is given to applications to deprive people of their liberty.

5.6 Serious Case Review
During 2009, the Safeguarding Board established a sub-group to oversee the commissioning of Serious Case Reviews (SCRs), and in March 2010 approved procedures which included the criteria for holding reviews and the conduct of these reviews. These reviews are carried out when a serious incident occurs, such as the death, serious injury or neglect of a vulnerable adult, and the agencies involved believe a review will help to identify ways to improve services to protect individuals at risk. During 2009/10, the first two reviews were commissioned. In both instances an independent report writer was commissioned to draw together the reports from the individual agencies involved in the cases.

The purpose of reviews is to identify learning points for all agencies involved in safeguarding adults.

Case Review Ms J
This was a review of the care provided by a number of agencies to a woman with a significant learning disability who had lived for many years in a care home in Croydon. Her health deteriorated during 2009 and intervention did not appear to be effective in preventing that deterioration. She was admitted to Croydon University Hospital in October 2009 and died in November 2009.

The main learning points were

- the fact that J had a learning disability adversely affected the quality of medical and nursing care provided to her

- all agencies failed to take adequate account of her vulnerability as a person with a learning disability, and that of her husband, unable to fully express their wishes and feelings. The implications of the Mental Capacity Act were not recognised by any agency in recognising and responding to J’s declining health and capacity

- the care home tried for too long to manage J’s declining health without adequate support from health services, and the health services may not have been fully aware that as a residential home, staff were not able to provide nursing care
• J's GPs should have been more closely involved in assessing and managing her declining health

• the review found evidence of poor communication and delivery of community nursing services

• the continence service responded too slowly to referrals, and the podiatry service was also ineffective

• following admission, the hospital has recognised weaknesses in nursing care and nutrition.

Case Review Mrs I
Mrs I was an elderly lady who received care in two hospitals and two care homes over a period of 16 months in Croydon and Surrey. During this time her mobility decreased and her health was affected by worsening pressure sores that were deemed to be a contributory factor to her death. The review was conducted jointly with Surrey Safeguarding Adults Board. The main learning points were:

• Greater awareness was needed in identifying, recording and treating pressure sores in care home and hospital settings

• Clearer records are needed for people who are transferring between services to ensure that their care needs are fully understood

• More training on awareness of the Mental Capacity Act was needed for staff in hospital and social care settings. A particular issue was when people may lack capacity and make decisions that are not in their best interests of their health.

In both reviews, recommendations were made by the independent authors and agreed by the SCR panel. Action plans were drawn up by each agency to address the recommendations and collated into a combined action plan on which progress is monitored by the relevant Safeguarding Board for the area.

6 Dignity In Care – A Zero Tolerance of Abuse

Throughout the year work has been completed on the Dignity in Care initiative. The 10 dignity challenge statements begin with a commitment by the organisation of a zero tolerance of abuse.

Croydon safeguarding service has been working in partnership with a wide range of organisations that represent and work with people and those who care for them.

Croydon has a very high number of residential care and nursing homes and associated domiciliary care agencies. These specific providers have been targeted in driving up the number of providers committed to working in a dignified manner with service users.
Two care forums in the year were entirely focused on how organisations can adopt and affirm the 10 dignity challenges. A guidance document was produced and posted on the safeguarding website on how everyday examples of practice could evidence a provider's commitment to each of the 10 challenges.

Throughout adult social services and community health teams practitioners have signed up to be Dignity Champions. We want to raise this number even higher over the next year.

The Better Understanding Group put together an easy read version of the 10 dignity challenges – see below. This has been disseminated out to providers via both the regular care forums and provider partnership events.

**The Dignity Challenge**

1. **STOP** all abuse
2. **RESPECT** Vulnerable people
3. Care about each INDIVIDUAL
4. **Support people’s CHOICES and INDEPENDENCE**
5  LISTEN to need

what people and want

6  Respect people’s PRIVACY

7  Help people to COMPLAIN SAFELY

8  Include FAMILY and CARERS

9  Encourage people’s CONFIDENCE

10  Support people’s FRIENDSHIP
Over the next year we will continue this work by –
Holding further Dignity events in collaboration with all providers in the borough
Producing a dignity challenge strategy for adoption throughout the borough
Recruiting individual dignity champions for providers identified as presenting with quality issues

The Care Support Team (CST).
This team is part of the Croydon multi-agency programme to support good standards of care in care homes and supported housing in Croydon, and thereby helping to reduce risks to vulnerable adults.

The Care Support Team have delivered training sessions to 837 staff in 34 care homes during 2010/11. In the past year they have provided training to one home on two occasions repeating sessions following requests from the managers.

In this year 70% of the referrals have come directly from the care homes themselves and the remaining 30% as a result of an action plan following a safeguarding investigation.

<table>
<thead>
<tr>
<th>Table 5 Care Support Team work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of care staff attending Training and workshops</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subject</th>
<th>Learning disability home</th>
<th>Nursing home</th>
<th>Residential home</th>
<th>Residential / Nursing home</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>4</td>
<td>26</td>
<td>7</td>
<td></td>
<td>37</td>
</tr>
<tr>
<td>Dementia awareness</td>
<td>4</td>
<td>14</td>
<td>4</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>Depression</td>
<td>3</td>
<td>16</td>
<td>21</td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>Diabetes</td>
<td>5</td>
<td>34</td>
<td>10</td>
<td></td>
<td>49</td>
</tr>
<tr>
<td>Infection control</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCA &amp; DoLs</td>
<td>0</td>
<td>16</td>
<td>14</td>
<td>17</td>
<td>47</td>
</tr>
<tr>
<td>Nutrition &amp; weight loss</td>
<td>9</td>
<td>6</td>
<td>9</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>PCP</td>
<td>4</td>
<td>13</td>
<td>4</td>
<td>6</td>
<td>27</td>
</tr>
<tr>
<td>Person centred dementia training</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Records &amp; incident</td>
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<tr>
<td>Risk assessment</td>
<td>4</td>
<td>7</td>
<td>15</td>
<td>10</td>
<td>36</td>
</tr>
<tr>
<td>Skin care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working with challenging behaviour</td>
<td>7</td>
<td>18</td>
<td>9</td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>Grand Total</td>
<td>31</td>
<td>464</td>
<td>255</td>
<td>87</td>
<td>837</td>
</tr>
</tbody>
</table>

The pattern of activity in the past year has changed; there has been increased demand for the Person Centred dementia training. This is a three full day course or 6 half-days that is facilitated by a qualified nurse in the CST. Home managers have been able to commit staff to this level of training as they recognise the value this training adds to their service, particularly for staff who may be new to this field and require a comprehensive understanding of this specialist area. In addition for staff who have been working in this field, it
refreshes their understanding and knowledge. There has also been high demand for sessions on infection control and skin care, of particular significance in nursing homes which have requested input from the team regarding tissue viability and management of ulcers.

7 Personalisation, Self Directed Support and Safeguarding

The council’s drive to increase independence and choice has meant more people are receiving direct payments and manage their own personal budgets for services. This does create some possible risks. People who direct their own care have a responsibility to consider, through their support plan, how to manage any risks to their safety and work to address these.

Over the last year work has been aimed at promoting safeguarding work with service users by -

- Providing awareness information to all potential recipients – this was collated in the form of workshops during inclusion forums.
- The provision of safeguarding training to the support and finance teams
- The provision of safeguarding training to potential personal assistants and carers’ through the dissemination of the e learning and multi-agency courses.
- The provision of ongoing safeguarding information to brokerage, domiciliary providers, personal assistant groups – primarily through partnership board training events

The safeguarding service has worked closely with the self directed support service and has integrated safeguarding throughout the process. In the last year preventative safeguarding action that is offered to people who direct their own support has included -

- good information on safeguarding in general being available outlining what is abuse
- obtaining a Criminal Records Bureau (CRB) and career history checks and references for personal assistants
- recruitment support from a third party
- training and support on financial and employment issues and potential abuses for people directing their own support
- routine council checks on progress through care plan reviews
- organising inclusion forums of people directing their own support to share experience and good practice in safeguarding.

In April 2011 the borough adopted the Pan London policy and procedures for safeguarding adults at risk. Over the next year work will be focused on further ensuring that Croydon is compliant with the responsibilities outlined within the Pan London guidance in relation to personal budgets and self-directed support by -
• making sure that people who commission their own care are given the right information and support to do so from providers who engage with safeguarding principles and protocols.

• ensure that the commissioning of services such as Brokerage services includes information on safeguarding and dignity

• ensure that services are commissioned in a way that raises the service users and carers expectations in relation to quality of services

• commissioners will develop links with front line staff to review performance of providers in relation to complaints, standards of care and safeguarding.

8 Service User Engagement

Two surveys were carried out during the last year to gauge user views about some aspects of the safeguarding service. The first was by a Psychology Undergraduate to obtain feedback from service users and family members who had experienced the safeguarding process. This proved to be particularly complex as all vulnerable people find the experience of abuse distressing and many did not wish to discuss this further. The feedback was collated and presented to the service user’s forum group, the Best Practice and overall Safeguarding Board. Details of the survey and its results can be obtained through the safeguarding coordinator. The Croydon results reinforced the messages from other sources of service user engagement. The key messages from the survey were that -

• Service users and their families need more information to understand the safeguarding process
• Service users felt supported through the process
• That safeguarding should happen with adults at risk not to them.
• Case conference involvement should be clarified
• Service users felt safer afterwards
• Action plans not shared with service users
• But ....better understanding of safeguarding following the incident
The second research project was by Anna D’Agostino the Black & Minority Ethnic (BME) Community Development Worker. The BME forum survey aimed to engage with local BME older people groups to discuss how the process of reporting abuse should be improved in ways more appropriate to their needs and cultural background. In Croydon, only a very small percentage of BME older people report abuse.

Although all participants agreed on the importance of reporting abuse, there were major barriers that would need to be addressed:

- Embarrassment in creating a problem or bringing shame to their family
- Fear of retaliation from their family (physical or emotional abuse)
- Religion: in certain religious beliefs it is shameful to talk about what happens behind closed doors
- Fear of being taken away from the family by the Council, creating even more anxiety and conflict.

A personal approach was the preferred way to report abuse. Participants would talk in confidence about an experience of abuse with someone they can trust, who could find out about and help with the best course of action. Such trusted people could be:

- Their GP or nurse who care for them on a regular basis
- A trusted friend or neighbour
- Their spiritual leader/church group who could give them advice and support
- An experienced adviser within a local voluntary organisations such as Citizen Advice Bureau or AGE UK (especially in the case of financial abuse) or a Day Centre

The service user forum continues to meet on a regular basis and has considered the work from the surveys above. Recommendations from both surveys will be taken forward during the next year.
9 Reports from partner organisations

Croydon Borough Team, NHS South West London
Safeguarding vulnerable adults continues to be a high priority for Croydon Borough Team as in the past and 2010/11 saw a period of very rapid change and development.

Joint Working
Croydon Borough Team (CBT) play a key role in raising awareness of safeguarding issues across primary care. This is strengthened by our close working with multi-agency partners such as Social Services and the acute sector; executive level representation on the Safeguarding Board and clear internal governance processes.

CBT continues to work closely with Croydon University Hospital (CUH), Social Services and South London and Maudsley NHS Foundation Trust (SLAM) in the monitoring and management of Serious Incidents.

Care Home Support Team
CBT continues to fund the joint initiative with Croydon Council and SLAM which led to the establishment of the Care Home Support Team in 2009 following a successful pilot. The team plays an important role in ensuring that people in care and nursing homes are treated with dignity and respect at all times. The Care Support Team has led on a Dignity in Care initiative resulting in a number of dignity champions being identified across the Borough.

General Practice
A locally enhanced service (LES) piloted during 2010/11 which involve GPs carrying out a ‘Grand Round’ of Care Homes has been successfully assisting in the management of complex patients in Care Homes and achieving a reduction in emergency and planned admission for this care group. To date approximately 80% of GP practices have subscribed to this initiative. The ‘Grand Round’ also includes a pharmacist carrying out medication reviews of patients. This has been a great achievement and there are plans to expand this initiative to include sessional input from a mental health clinician. All participating GPs are required to undertake safeguarding adults training as part of the LES. The establishment and monitoring of the LES has ensured consistency in GP visits to care homes and maintenance of up-to-date medication reviews and patient care and management.

Priorities for 2011/12-13
Pending the outcome of the recent self-assessment and assurance framework, we will be working with our partners to agree priorities for 2012/13.

Ongoing work reflects the need to engage with and respond to the requirements of our Clinical Commissioning Group (CCG).

Croydon Health Services
Croydon Community Health Services and Croydon University Hospital (formally Mayday Health Care) integrated on 1st August 2010, creating an organisation called Croydon Health Services (CHS) NHS Trust. The safeguarding agenda has been progressed by the appointment of Emelia
Bulley, the Head of Safeguarding for Adults and Children, who manages the Named Nurse for Safeguarding Adults, Pat Leigh.

During the past year, the CHS Safeguarding Adults Steering group’s function and membership has been reviewed. The group has achieved several objectives successfully. The CHS Mental Capacity Act and Deprivation of Liberty Safeguards policies have been created and ratified via the CHS Policy Committee. Both policies are reflected in the 1st Level safeguarding training programmes for the trust, which is compulsory for all staff. The programmes were ratified by the Multi-agency Training subgroup and eleven trainers have been trained to deliver the training programme in the Hospital.

A reporting flowchart and template has been designed and circulated to assist staff to report safeguarding concerns appropriately and timely to Local Authority and to CHS managers. The reporting template ensures staff give relevant information to safeguarding strategy and case conference meetings. Also there has been a marked increase in senior nurses attending the safeguarding meetings.

Our major concern this year has been the increase of pressure ulcers, grade 3 and 4 raised as alleged abuse, which are reported to NHS London. This intensified our efforts to improve the recording systems for wound management, to evidence the quality of care provided, to highlight where wounds develop and to identify the underlying reasons why wounds deteriorated during care provision.

This year a new wound formula was launched in the community. Also a Pressure Ulcer Policy & Procedure has been created. The new policy will be supported by a bundle of wound care documents and a suite of standardised wound care plans, which also includes an ‘adult at risk’ care plan. The nursing risk assessment has been reviewed, which is used to assess patients on admission and weekly thereafter. These changes aims to assist nurses to prevent, detect, classify and manage pressure wounds effectively.

In addition to presentation of case review and action plans at the Trust Risk Management Committee, the steering group monitors the implementation of the action plan for CHS. The group continues to embed adult safeguarding in to daily practice throughout the organisation; by sharing lessons learnt from safeguarding cases to diverse forums, and by monitoring Datix, the CHS electronic incident recording system, to ensure adults at risk are identified early and appropriate actions are taken to protect them from further harm.

London Fire Service

Throughout the year there was close work with the London Fire Brigade and safeguarding services. Following the development of an agreed protocol, fire fighters in Croydon will help social services spot vulnerable adults and council officers will report people at risk of fire in the capital’s first joint initiative between the London Fire Brigade (LFB) and a local authority.
Over the next year officers from fire stations will be looking out for signs of abuse or neglect and reporting their concerns directly to Croydon Council. Similarly if the council’s frontline staff suspect someone they visit is at risk from fire - if they hoard things that could easily be set alight, have mobility problems, are a smoker or use oxygen tanks – they will refer them to the brigade for safety advice and to have a smoke alarm fitted.

The understanding was drawn-up after a review of three fire deaths between 2009 and 2010 found that all the victims were vulnerable adults known to care services like the council and NHS.

Many of the people coming into contact with the fire service may be adults at risk due to age, ill health and disability.

Fire fighters may observe situations where further steps may be required to safeguard and protect the individual.

Croydon Council is the first London borough to devise such a protocol and hopes with London Fire Brigade it will be extended across London. The LFB are signed up to the Pan London Safeguarding advice which came into action on the 1st April 2011.

Croydon DASH, environmental health officers and social workers gave presentations to fire fighters, showing them how to spot the signs of abuse and neglect and council staff have been shown how to recognise fire risks in the homes they visit.

London Ambulance Service

The London Ambulance Service (LAS) is committed to making a significant contribution to the health and wellbeing of children and vulnerable adults throughout Croydon and London. Following a number of enquiries the LAS received in the year, we reminded local authorities of the procedures the London Ambulance Service follows when the LAS becomes aware of a possible safeguarding issue.

This was followed up by attendance at the regular Care Forums – previously known as the care home forums held in the council chamber at Croydon Town Hall.

The LAS are not in a position to differentiate between how the issues raised are classified, and the management of a referral rests with the host local authority, as each has its own structure and we cannot expect our staff to be familiar with each local authority’s management process. This applies equally to referrals received out of office hours, which will be passed to the local authority social work departments out of hours contact.

In the coming year however the introduction of the Pan London safeguarding policy and procedure will make a significant impact across London in terms of consistency of response decisions.

The LAS in Croydon has assisted a great many SVA investigations by giving additional information following a referral from us, or in relation to any safeguarding issue. The LAS can and indeed have provided documents relating to the 999 call and the patient report form (the record of the care assessment and treatment provided, completed by the attending ambulance staff). This can however sometimes take several days as the forms are
collected from all 76 of our ambulance stations and collated at a central location.

The LAS can usually answer any queries you may have, for example to clarify clinical details, but it may sometimes be necessary for safeguarding colleagues to discuss the incident with the ambulance staff involved. This can be arranged, although as it involves taking a crew off operational duty this can take some time to arrange and should only be requested where there is no reasonable alternative.

We can also provide data about ambulance attendance to specific addresses. Queries can be addressed to our Patient Experiences Department preferably by emailing our secure NHS.net email address – which is widely known to all adult social service teams. Wherever possible, we obviously ask for the name of the patient, the location the crew attended and the CAD reference number, all of which should be known to the referrer.

We require an acknowledgement of any referral, and feedback on the outcome of a referral, which should be emailed to safeguarding.las@nhs.net. This allows us to complete the loop by updating the ambulance staff that placed the referral, and to develop best practice in terms of completing referrals.

Within Croydon the feedback loop has for example led to presentations to care and nursing homes on how to prepare for the attendance of an ambulance – particularly out of hours. Other feedback at Care Forums to providers has been in relation to the inconsistent use of Do Not Attempt Resuscitation protocols.

Over the next year in Croydon we aim to further embed the Pan London guidance and attending care provider forums.

For more information about our safeguarding practice and organisational structure, please see the links from http://www.londonambulance.nhs.uk/health_professionals/safeguarding-child_protection.aspx

Metropolitan Police

The investigation of crimes against adults at risk in Croydon by the MPS is in accordance with the Safeguarding Adults at Risk Standard Operating Procedures. Within Croydon work has been focused by DS Jason Grafham from the Croydon Borough Public Protection Unit and Wanted Offenders Unit, on how the operating procedures will be implemented in the borough.

The operating procedures give clear guidance to police officers and staff to ensure the safety and protection of adults at risk by providing a quality service to service users whether as employees, colleagues, victims, witnesses or strategic partners, and so on.

The MPS is resolute in its commitment to tackling all forms of crimes against ‘adults at risk’. Every member of the community deserves protection from exploitation and abuse by those entrusted with their care and the people they should be able to rely on to keep them safe.

As part of key prevention initiatives the police alongside the BME (Black and Minority Ethnic) forum development worker and the Safeguarding Vulnerable Adults (SVA) Coordinator set up a number of focus groups on the topic of
doorstep crime. These have proved extremely positive and will continue to be implemented throughout the coming year.

This work was useful in developing strong links between the police and other council teams – for example the Trading Standards Team.

Croydon police also signed up to the National Mencap campaign aimed at raising awareness of hate crime targeting people with learning disability – this was an important decision as not all police units did. People causing harm in a deliberate and targeted manner towards adults at risk because of “hatred” towards them will be covered within the Hate Crime standard operational procedures.

Croydon, like every other borough has a dedicated SCD2 Sapphire Unit – based at Sutton which has specially trained officers to investigate rape and other most serious sexual assaults and to look after victims who are also adults at risk. Police officers ensure adults at risk are provided with the information they need, including the details for any partner agencies, and kept up to date with developments in investigations. Through the Haven Project victims can be examined and treated with a view to a police investigation or may self-refer and remain anonymous whilst still receiving specialist treatment and support.

Over the last year Croydon Police fraud team (part of the Borough Investigation Team) made a significant contribution to the development of a resource outlining the roles and responsibilities of partner agencies in response to the increase in financial and material abuse of Vulnerable Adults.

Vincent Docherty - Croydon Borough Safeguarding Vulnerable Adults Coordinator held a seminar at Croydon police station in July. This was attended by the fullest range of Croydon police officers as possible including a response team PS and Police Staff from the Public Protection Team. The seminar was very well received and such matters as “wandering” care home residents were discussed. The meeting also resulted in the appointment of a SVA SPOC for Croydon Police - PC Nicola Middlemiss of Croydon Public Protection Desk.
## Appendices

### Appendix 1

Achievements on key targets for 2010/2011

### APPENDIX 1: KEY TARGETS FOR 2010-11

<table>
<thead>
<tr>
<th>Key target</th>
<th>TASK</th>
<th>Progress report as at August 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Prevent incidents of abuse and neglect by strengthening community awareness</td>
<td>Complete a 7 day programme of safeguarding awareness, Provide safeguarding newsletters &amp; MCA DoLs newsletters</td>
</tr>
<tr>
<td>2</td>
<td>Improve access to awareness materials</td>
<td>Develop posters with key information, how to report abuse, key telephone numbers, Mental Capacity Act 2005 principles, independent mental capacity act advocacy service, Ensure full range of awareness materials are available electronically</td>
</tr>
<tr>
<td></td>
<td>Ensure continued effective response to alerts</td>
<td>Continue to enhance the steps training module to include domestic violence</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>3</td>
<td>Use the learning from CRAG to identify bespoke training and cascade improved practice</td>
<td>Provide information to Lead practitioners group and best practice sub group to ensure improved practice</td>
</tr>
<tr>
<td>4</td>
<td>Improve response to financial abuse</td>
<td>Complete a protocol to provide a multi agency response to financial abuse</td>
</tr>
<tr>
<td>5</td>
<td>Have a strategic approach to safeguarding</td>
<td>Complete the first safeguarding strategy</td>
</tr>
<tr>
<td>6</td>
<td>Enable a coordinated London approach to safeguarding</td>
<td>Cascade the Pan London procedures once completed</td>
</tr>
</tbody>
</table>
8. Understand the requirements of service users  
   Complete a service user survey  
   The service user survey was completed and the findings were reported to the Best practice Group and SAB.

9. Address the growing number of referrals to the JCLDT  
   Review the structure of the Joint Community Learning Disability Team  
   Two new senior practitioner posts were created by converting existing senior care manager posts to enable more supervisory line management and chairing capacity of PAAR cases. Also an assistant care manager (finance) post and an admin post deployed for minute taking for PAAR.

10. Help organisations to improve standards and prevent safeguarding  
    Care Support Team will provide direct support to care homes within the service level concerns process  
    Develop guidance to ensure good practice when a client needs to be removed from a care home where concerns have been identified.
    The CST provided training to staff in 34 care homes across the borough.  
    The Safeguarding Adults Co-ordinator also provided information, training and support through the SVA Care Home Forums which were attended by 137 care home staff. These included specific sessions on:
        - The CQC Essential Standards on Safeguarding - Outcome 7
        - Dignity in Care - Developing a zero tolerance of abuse
        - Identifying the risks of developing abusive practice

11. Enable people to arrange their own care safely  
    Provide training and support to the direct payment support team, Disability Croydon.  
    Provide information for potential direct payment and self direct support service users.  
    - Providing awareness information to all potential recipients
    - Safeguarding training for the support and finance teams
    - Training for potential personal assistants and carers’
    - Provision of safeguarding information to brokerage, domiciliary providers, potential personal assistants and carers
    - Recruitment support eg on obtaining CRBs, references etc for personal assistants,
    - Routine council checks on progress through care plan reviews,
## Appendix 2
### The Safeguarding Adults Board

<table>
<thead>
<tr>
<th>Key actions for 2011/12</th>
<th>Objective</th>
<th>Actions</th>
<th>Date</th>
<th>Lead/Sub-groups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>Implement the pan-London policy and procedures</td>
<td>Distribute copies of procedures&lt;br&gt;Targeted training for various staff and organisations including care homes&lt;br&gt;Revise related documents and processes</td>
<td>Sept 2011</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Improve the accessibility of services to all sections of the community</td>
<td>Draft and implement an action plan with partner organisations</td>
<td>March 2012</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Introduce on-line reporting of safeguarding</td>
<td>Develop formats and amend system</td>
<td>December 2011</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Increase the internet profile of the Safeguarding Adults Board</td>
<td>Develop specific web pages for the SAB and review all content.</td>
<td>December 2011</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Implement new structure for council adult safeguarding services</td>
<td>Appointment of Head of Social Work and Safeguarding. Recruit 2 Independent reviewing Officers to chair strategy meetings and case conferences Recruit a second adult safeguarding co-ordinator</td>
<td>September 2011</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Consolidate the role of the SAB in response to the government statement on adult safeguarding</td>
<td>Recruit an independent chair of the SAB&lt;br&gt;Review membership</td>
<td>October 2011</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Provide quality assurance of the safeguarding work across the Borough</td>
<td>Develop a quality assurance framework. Revise the audit programme.</td>
<td>March 2012</td>
</tr>
<tr>
<td></td>
<td>Carry out a competence audit of staff in safeguarding roles to identify further training priorities Consider some external audit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Continue to promote the Dignity in Care programme and encourage more champions Care Support Team raise awareness through the training and support programme.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>March 2012</td>
<td>Care Support Team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Monitor the progress of each sub-group against their plans for 11/12 and review actions at year end Up-date to work plans reported quarterly to the Board</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>March 2012</td>
<td>SABoard and all sub-groups</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 3

CROYDON SAFEGUARDING ADULTS BOARD

Terms of reference

The multi agency safeguarding adults board is set up in accordance with the ‘No Secrets’ guidance (Department of Health 2000), which says that all agencies working with vulnerable adults living within a local authority boundary must work together to protect them from abuse.

STATEMENT OF PURPOSE

The board will provide a multi agency strategic approach to

- Provide guidance and strategic planning to promote the independence, wellbeing of vulnerable adults
- Preventing safeguarding incidents from happening
- Provide a robust response when safeguarding incidents are reported
- Ensure learning from safeguarding incidents is disseminated.
- Develop competent practitioners and managers from all agencies who work or who are involved in the safeguarding process.

THE AIMS

- Promote the human rights principles of Fairness, Respect, Equality and dignity in relation to ‘vulnerable adults’.
- Promotes the rights of individuals to make informed choices regarding their own independence, wellbeing and safety, even when this may involve a degree of risk.
- Ensures all safeguarding initiatives and services provide access to all regardless of faith, culture, gender, sexuality, age, disability or illness
- Work in partnership with all Croydon statutory, voluntary and private agencies
- Maintain and improve public awareness of safeguarding
- Develop clear procedures and protocols between partner agencies
- Provide a forum for discussion where agency responsibility for action can be identified, supported and monitored.
- Contribute to the reviewing of policies and procedures
- Works together to ensure new developments and/or requirements are enabled within a partnership framework.
MEMBERS COMMITMENT TO THE BOARD

- Ensuring consistent attendance and representation from their agency.
- Members have the authority to speak on behalf of the organisation they represent.
- Members will ensure feedback to their organisation in relation to safeguarding vulnerable adults and will recommend ways to implement necessary changes.
- Members are able to deploy resources to support safeguarding vulnerable adults work.
- Members will share knowledge and understanding with the Board.
- Represent the interest of vulnerable adults and safeguarding on other committees which they are members of.
- Contribute to the Annual Safeguarding Report.

MEMBERS COMMITMENT TO VULNERABLE PEOPLE

Individual members are committed to the dignity standards

- Zero tolerance of all forms of abuse
- Support people with the same respect you would want for yourself
- Treat each person as an individual by offering personalised service.
- Enable people to maintain the maximum possible level of independence, choice and control.
- Listen and support people to express their needs & wants
- Respect people’s right to privacy
- Ensure people feel able to complain without fear of retribution
- Engage with family members and carers and care partners
- Assist people to maintain confidence and a positive self-esteem
- Act to alleviate people’s loneliness and isolation

MEETINGS

The board will meet quarterly, and all members will ensure these meetings are given a priority for attendance.

CHAIR

The Director of Children Young People & Learners will chair the Safeguarding Adults Board; providing the Board with an independent Chair person.
APPENDIX 4: STRUCTURE OF THE SAFEGUARDING ADULTS MULTI AGENCY BOARD

AND SUB GROUPS

Safeguarding Vulnerable Adults Board

- Public Awareness & Dissemination Sub group
- Best Practice & Procedures Sub group
- Training Sub group
- Serious Case Review

- Case Review & Audit Sub group
- Mental Capacity Act/DoLS Board
## Appendix 5: Membership Lists of Croydon Safeguarding Adults Board and Sub Groups for 2010/11 (at 31/3/11)

### Safeguarding Adults Board

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization/Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miller</td>
<td>Hannah</td>
<td>Executive Director – DASH (Chair)</td>
</tr>
<tr>
<td>Abrahams</td>
<td>Richard</td>
<td>Metropolitan Police</td>
</tr>
<tr>
<td>Ali</td>
<td>Anuara</td>
<td>Solicitor LBC</td>
</tr>
<tr>
<td>Arnold</td>
<td>Sue</td>
<td>Director – Prog, Care Executive, Croydon PCT</td>
</tr>
<tr>
<td>Bayayi</td>
<td>Shaquille</td>
<td>Community &amp; Partnership Manager, SLAM</td>
</tr>
<tr>
<td>Bennett</td>
<td>Christine</td>
<td>Regulations Manager, CQC</td>
</tr>
<tr>
<td>Davis</td>
<td>Cynthia</td>
<td>Ass. Director of Nursing, Mayday Hospital</td>
</tr>
<tr>
<td>Dawkins</td>
<td>Pauline</td>
<td>Community Involvement worker, Croydon Voluntary Action</td>
</tr>
<tr>
<td>Doyle</td>
<td>Jane</td>
<td>Director, Strategy &amp; Performance LBC</td>
</tr>
<tr>
<td>Edward</td>
<td>Barbara</td>
<td>Service Manager, Surrey &amp; Borders Partnership NHS</td>
</tr>
<tr>
<td>Forbes</td>
<td>Tricia</td>
<td>PJ Community Services</td>
</tr>
<tr>
<td>Godfrey</td>
<td>Claire</td>
<td>Ass Director, Commissioning, Croydon PCT</td>
</tr>
<tr>
<td>Hannon</td>
<td>Jane</td>
<td>Community Services – Adult Mental Health</td>
</tr>
<tr>
<td>Hickson</td>
<td>Tina</td>
<td>Ass Director Nursing &amp; Workforce, Croydon PCT</td>
</tr>
<tr>
<td>Hosford</td>
<td>Vanessa</td>
<td>Chief Executive, Croydon Mencap</td>
</tr>
<tr>
<td>Hornsey</td>
<td>Sarah</td>
<td>Learning &amp; Development Consultant LBC</td>
</tr>
<tr>
<td>Ioannou</td>
<td>Maggie</td>
<td>Director of Community Health Service, PCT</td>
</tr>
<tr>
<td>Kelly</td>
<td>Diane</td>
<td>Commissioning Manager, PCT</td>
</tr>
<tr>
<td>Leigh</td>
<td>Pat</td>
<td>Named Nurse, Safeguarding, PCT</td>
</tr>
<tr>
<td>Maddison</td>
<td>Jill</td>
<td>Director, Family Justice Centre</td>
</tr>
<tr>
<td>Milliard</td>
<td>Joanne</td>
<td>London Ambulance Service</td>
</tr>
<tr>
<td>Mosses</td>
<td>Trevor</td>
<td>Commissioning Manager, (OP.PD.SI) LBC</td>
</tr>
<tr>
<td>Parmeswaran</td>
<td>Siva</td>
<td>Care home owner</td>
</tr>
<tr>
<td>Pacitti</td>
<td>Richard</td>
<td>Chief Executive, Croydon Mind</td>
</tr>
<tr>
<td>Routledge</td>
<td>Stuart</td>
<td>Chief Executive, Croydon Age Concern</td>
</tr>
<tr>
<td>Sanchez</td>
<td>Denise</td>
<td>General Manager, Oaklands House, - SAPB</td>
</tr>
<tr>
<td>Sonoo</td>
<td>Ted</td>
<td>Deputy Borough Manager, Mental Health Older Adults Service</td>
</tr>
<tr>
<td>Till</td>
<td>Norman</td>
<td>Coordinator, CNCA</td>
</tr>
<tr>
<td>Weightman</td>
<td>Joannah</td>
<td>Jnt Commissioning Manager, JCLDT</td>
</tr>
<tr>
<td>Biggs</td>
<td>Kevin</td>
<td>London Fire Brigade</td>
</tr>
<tr>
<td>Strang</td>
<td>Alison</td>
<td>Team Manager, Mental Health Older Adults</td>
</tr>
</tbody>
</table>

### Officers

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization/Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bartlett</td>
<td>Betty</td>
<td>Head of safeguarding adults</td>
</tr>
<tr>
<td>Docherty</td>
<td>Vincent</td>
<td>Safeguarding Coordinator</td>
</tr>
<tr>
<td>James</td>
<td>Richard</td>
<td>Quality Assurance officer</td>
</tr>
<tr>
<td>Vella</td>
<td>Kim</td>
<td>Minutes</td>
</tr>
</tbody>
</table>

### Safeguarding Adults Best Practice and Procedure Sub Group

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization/Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weightman</td>
<td>Joannah</td>
<td>Jnt Commissioning Manager, JCLDT (Chair)</td>
</tr>
<tr>
<td>Bayayi</td>
<td>Shaquille</td>
<td>Community &amp; Partnership Manager, Mental Health Older Adults</td>
</tr>
<tr>
<td>Brain</td>
<td>Joanne</td>
<td>Partnership Unit, Croydon Police</td>
</tr>
<tr>
<td>Davies</td>
<td>Cynthia</td>
<td>Ass. Director of Nursing, Mayday Hospital</td>
</tr>
<tr>
<td>Davies</td>
<td>Greg</td>
<td>Supporting people manager, LBC</td>
</tr>
<tr>
<td>Evans</td>
<td>Eileen</td>
<td>Team Manager, CMHT, SLAM</td>
</tr>
<tr>
<td>Frampton</td>
<td>Giles</td>
<td>Advocate Senior, Advocacy Partners</td>
</tr>
</tbody>
</table>

HSC 20111004 SVAB  Draft Annual Report
Gilbank Mary Team Manager, SLAM
Gooding Leon Senior Social Worker, SLAM
Hamilton Bernie Service Manager, Surrey & Boarders NHS
Kelly Diane Commissioning manager, Croydon PCT
Leigh Pat Named Nurse Safeguarding, PCT
Longman Brian Chairman, VOSPOP
Maskill Sandie Acting Team Manager, OP Care Manager LBC
Piper Mary Continuing Care Lead, PCT
Rivers Michelle Team Manager, Sensory Impairment LBC
Saines Jan Operational Manager, Mayday Hospital, LBC
Sammut Richard Manager, Assessment & Out of Hours, LBC
Sheikh Mohammed Corporate Risk Manager, NHS Croydon
Sonoo Ted Deputy Borough Manager, MHOA
Strang Alison Team Manager, MHOA
Whittingham Steve Director of Operations, Independence Homes.

**Officers**
Bartlett Betty Safeguarding Adults Service Manager
Docherty Vincent Safeguarding Adults Coordinator
James Richard Reviewing and Quality Assurance Officer
Vella Kim Safeguarding Adults Administrator (Minutes)

**Case Review and Audit**
James Richard Quality Assurance Officer, LBC (Chair)

Baker Paul Team Manager, Assessment Mayday
Bather Paul Advocacy Partners
Edward Barbara Service Manager, Surrey & Boarders Partnership
Gage Nicola Senior Care Manager, SSD
Gilbank Mary Placements Coordinator, SLAM
Heeley Susan Care Manager, OP South Team
Jenkins Roy LDD Manager, Croydon College
McBride Neil Support Worker, Sensory Impairment Team
McDonagh Mike Director, the Chestnuts
McPartland Annette Team Manager, Social Work Team
Namutebi Racheal Student Social Worker, PD
Rivers Michelle Team Manager, Sensory Impairment LBC
Standish Martin Care Manager, Start
Samuel John Area Manager, The Chestnuts
Strang Alison Team Manager, MHOA
Young Tracy Senior Care manager, JCLDT

**Officers**
Bartlett Betty Safeguarding Adults Service Manager,
Docherty Vincent Safeguarding Adults Coordinator
Vella Kim Safeguarding Adults Team Administrator (Minutes)

To contact the Chair of CRAG (Richard James, Audit and Quality Assurance Officer, Croydon Council) please telephone 020-8726-6500 extension 60175 or email Richard.james@croydon.gov.uk

**Public Awareness and Information Dissemination**
Pacitti Richard Chief Executive, Mind (Chair)
Allen Linda Community Liaison Worker, Police
Bermudez Victoria Service Development Officer, LBC
Brain Joanna Partnership, Croydon Police
Fitzgerald Tanya Older Carers Team, Mencap
Justice Mark Chief Executive - CNCA
Leigh Pat Named Nurse Safeguarding, PCT
Rivers Michelle Team Manager, Sensory Impairment, LBC
Routledge Stuart Chief Executive, Age Concern
Shah Parul Dietician, JCLDT
Theodosiou Andrea Support Worker to Michelle Rivers

Officers
Docherty Vincent Safeguarding Adults Coordinator
James Richard Reviewing & Quality Assurance Officer
Vella Kim Safeguarding Adults Administrator (Minutes)

Training
Hornsey Sarah Learning & Development Manager – (LBC) (Chair)
Adams Erika Senior Care Manager, Start, LBC
Davis Cynthia Assistant Director Nursing, Mayday Hospital
Edwards Barbara Service Manager, Surrey & Borders Partnership
Fritz Rob Team Manager, JCLTD
Hucks Kay Care Providers Trainer, Care Providers
Leigh Pat Named Nurse Safeguarding, Croydon PCT
McCardle Charles Development Manager, JCLDT
Robinson Sue Clinical Nurse Trainer PCT
Routledge Stuart Chief Executive, Age Concern Croydon
Strang Alison Team Manager, Slam
Terfry Michele Learning Consultant, Mayday Hospital
Till Norman Coordinator, CNCA

Officers
Bartlett Betty Safeguarding Adults Service Manager
Docherty Vincent Safeguarding Adults Coordinator
James Richard Reviewing and Quality Assurance Officer
Vella Kim Safeguarding Adults Administrator (Minutes)
Appendix 6

Safeguarding Adults at Risk Learning and Development Strategy 2011/12

One of the main tasks for the sub group will be to continue to implement the Training Steps Model. Key national standards influence the model and the range of learning and development opportunities available in Croydon. These are designed to ensure staff have the appropriate knowledge and skills to safeguard adults at risk. The model has been updated to take into account the launch of the Pan-London safeguarding policy and procedures.

The multi-agency learning and development programmes can be accessed by any relevant employees working within Croydon. These courses link directly to the local competencies as outlined within the Croydon multi-agency policy and procedures, as well as providing “underpinning knowledge” against relevant national standards that health and social care staff are expected to meet.

Following an evaluation of the 2010/11 programme, the plan for 2011/12 has incorporated the following changes:

- The basic awareness and advanced awareness for provider managers will be revised and updated to reflect Pan-London procedures
- The half-day domestic violence awareness programmes will be delivered as one day programmes at level one.
- The addition of Pan London Guidance briefings for social workers, care managers and care co-ordinators to provide them with information on how to use the new Pan London adult at risk procedures
- The addition of Pan London Alerting Managers Training for senior staff within organisations who have to make decisions about safeguarding issues. In reality this may mean proprietors who are also home managers as well as senior regional operational staff within the borough. The sessions will cover the roles and responsibilities of alerting managers as identified within the Pan London Safeguarding Policy and Procedures.
- The addition of bespoke sessions within the Care Home Forums to raise awareness of safeguarding and DoLS
- The addition of Achieving Best Evidence training for Team Managers, Social Workers, Care managers and the Police.
- The addition of awareness raising sessions on human trafficking
- The availability of an anti-social behaviour and adults at risk presentation on request which can be used to raise awareness on the links between anti-social behaviour work and safeguarding adults at risk.

Training events in 2011/12 will include:

Level 1 Safeguarding Adults at Risk Awareness
16 x 1 day courses providing 320 places
These will be complemented by the e-learning programme.

**Level 1 Pan London Guidance briefings**
11 bite size sessions

**Level 1 Keeping Safe training package**
The DVD has been distributed to every registered care home for learning disabilities in Croydon. Resources have been put aside to continue with the implementation, support, and roll out of the training package which includes a DVD and game.

**Level 1 Domestic Violence Adults Awareness**
4 x 1 day courses providing 72 places

**Access to the CSCB training programme – Safeguarding and Domestic Violence: Core Assessment within social care**

**Level 2 Safeguarding Adults at Risk Advanced Awareness for Provider Managers**
2 x 1 day courses providing 108 places.

**Level 2 Pan London Alerting Managers Training**
6 x ½ day sessions providing 180 places

**Level 2 Care Home Forums**
6 events to raise awareness of safeguarding and DoLS to care home managers

**Level 3 Safeguarding Vulnerable Adults from Financial and Material Abuse**
4 x 1 day courses providing 64 places

**Level 4 Recording and Investigation Skills**
4 x 2 day courses providing 64 places

**Level 5 Chairing and Minuting Strategy Meetings**
4 x 1 day courses providing 64 places

**Safeguarding Adults at Risk – Achieving Best Evidence training**
One programme to be developed for social workers, care managers and the Police

**Level 6 One-off bespoke courses for practitioners and service users** to promote best practice and on-going professional development.