



CROYDON MULTI-AGENCY
SAFEGUARDING ADULTS BOARD

Croydon Multi-Agency Safeguarding Adults Board Annual Report April 2011 – March 2012



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Foreword

This annual report of the Croydon Safeguarding Adults' Board covers the period up to the end of March 2012. I took over as Independent Chair of the Board in January 2012 from Hannah Miller, Executive Director, Adult Services, Health & Housing. Hannah has led the partnership in the developments and achievements outlined in this report. The report represents a great deal of commitment and hard work across agencies in Croydon in support of the safeguarding adults' agenda.

I write this foreword to the Croydon Annual Report as a report is released of the Serious Case Review into issues highlighted last year at Winterbourne View hospital and in the month following the publication of the Draft Care and Support Bill and White Paper: *Caring for our Future*. These reflect a growing commitment and a heightened profile nationally in respect of safeguarding adults at risk. The focus is broad including: increasing awareness, prevention, service quality and dignity agendas as well as a focus on personalised arrangements for intervening in situations of abuse and on personalised outcomes. The government's stated intention to place Safeguarding Adults' Boards on a statutory footing highlights an emphasis on accountability and responsibility across agencies for taking action where adults are at risk. These and other developments will influence the direction of our work in safeguarding adults in the coming year.

The growing membership of the Croydon Safeguarding Adults Board is committed to ensuring robust partnership responses to safeguarding adults at risk, bringing a range of contributions to strengthen safeguarding in all areas of the community. This is demonstrated in initiatives outlined in this report and in the reports of individual agencies. The importance of partnership is underlined by the range of activity in safeguarding adults. There is a need to respond to a range of abuses, in a range of situations and to do so in a person centred way. This calls for the partnership to bring its combined resources to bear on both preventing and intervening in such situations.

The focus on dignity in care and the growing strength of the care support team as well as the care home forum are contributing significantly to increasing quality of care, increasing awareness of safeguarding issues and to ensuring development of safer services and responses. Other initiatives across a range of agencies illustrate the breadth of this agenda. They are outlined in detail in this report and include: enhanced awareness and engagement within Community Safety Teams in safeguarding adults; greater recognition of the need to identify fire safety issues in the lives of adults at risk; identification of and intervention in doorstep crime and fraud ; Age UK Croydon are actively seeking resources to support isolated older people at risk of financial abuse; the work of Croydon MIND in supporting individuals who use services to understand what abuse is and that it is something that they do not have to tolerate or acquiesce in; similar work in Croydon MENCAP; nutritional awareness and prevention of malnutrition initiatives in Croydon Health Services; identification of key staff with responsibility for

safeguarding adults; a commitment to ensuring that safeguarding adults is embedded in the Clinical Commissioning Group priorities.

There is an emphasis in Croydon on innovation and on learning from national and local experience. The readiness to undertake reviews both within and across agencies in situations where things have gone wrong, or indeed where things have gone well, demonstrates this commitment to development. The stated priorities for the year ahead set out in this report reflect the national context as well as addressing issues of local significance. They reflect a commitment to balancing the rights of individuals to safety from abuse and neglect, with their right to independence, choice and wellbeing.

Jane Lawson
Independent Chair, Croydon Safeguarding Adults Board

Executive summary

The safeguarding annual report 2011-12 sets out key aspects of the work of the Croydon Adult safeguarding board over the past year.

The report sets out the Croydon context as now being the most populated of the London boroughs with a population of 363,400 people and 61,500 people being aged over 60 years of age and therefore who may be at need of community care services. Croydon also has a large number of people with a learning disability (over 6000) and nearly 5000 residents have a serious physical disability and over 4000 with a severe mental health problem. The presence of around 200 residential and nursing care homes in the borough means that safeguarding referrals for people living in these settings are comparatively high and that many investigations are coordinated by Croydon Safeguarding teams on behalf of people placed in Croydon by other local authorities.

The annual report sets out comparative data on safeguarding referrals and outcomes. The number of safeguarding referrals reported during 2011/12 is lower than in previous years and marks the first downturn in activity for some years following year on year increases. The largest number of referrals in the younger age groups (18 to 64) were for people with a learning disability and as age increases (65 years plus) , the largest numbers of referrals are for older people with physical disability, sensory impairment or frailty. The outcomes of all investigations are described as either substantiated (harm has occurred), not substantiated (no harm has occurred) or inconclusive (on the available evidence it is unclear whether any harm has occurred). The most likely outcome was that no harm had occurred (245 cases) compared with 224 cases when harm had occurred and 187 cases that remained inconclusive.

The report sets out some of the prevailing national context for safeguarding and prevention. In May 2012 the Queen's speech included a draft bill to modernise adult social care by enabling local authorities to fit services around people's needs and outcomes and giving people more control over services via personal budgets. The Croydon Adults Safeguarding board is taking measures to ensure that people at risk of harm achieve the outcomes they wish and are fully involved in all decision making.

The past year has also seen the Pan London multi-agency safeguarding policy and procedure being imbedded into practice with the production of a Croydon 'at a glance' guide aimed at service users, which is now on the Croydon safeguarding website. The Pan London guidance brings in a range of terminology changes – 'vulnerable adult' is now referred to as an 'adult at risk', 'alleged perpetrator' is now the 'person who may have caused harm' and the term 'abuse' has been replaced by 'harm'. These changes came about because of the views of adults at risk who felt that earlier terms had been stigmatising.

The Winterbourne scandal came to the public's attention in May 2011. This was as a result of the Panorama programme featuring undercover reporting at Winterbourne private hospital for people with learning disabilities and mental health issues in South Gloucestershire. As a consequence Croydon learning disability service reviewed all its clients living in a hospital setting. In reality this work was already underway prior to Winterbourne as Croydon's policy is to ensure that people with learning disability who need hospital care are regularly reviewed and enabled to move back into community living as soon as they can.

Croydon adult services, health and housing have also worked hard during 2011/12 to promote dignity in care. The 10 dignity standards, including zero tolerance of all forms of abuse, have been widely promoted by the work of the Care Support team, which focuses its attention on preventative work with care providers. The Care Support team, which comprises nurses and a social worker, specialises in skin care, infection control, dementia and delivering quality in line with dignity standards and the principles of the mental capacity act. Together they provided training on a range of topics, including skin care and dementia awareness, to 1710 staff members across all sectors during 2011/12. The care support team worked closely with the contract compliance teams, and the Care Quality Commission (CQC) whenever poor practice was uncovered.

The annual report also includes summaries of the work undertaken during the past year by partner agencies of the safeguarding board. These include reports from :

- NHS Croydon and Croydon Health services (both hospital and community services) covering areas such as monitoring quality

standards for patients in nursing homes, safeguarding training provided to nursing and medical staff and ensuring that recommendations from serious case reviews are implemented across the health settings.

- South London and Maudsley NHS Trust which is working hard to raise safeguarding awareness amongst its staff and appointing safeguarding leads for each of the clinical academic groups.
- MIND – supporting people with mental illness, by helping them to understand their rights and entitlements and to gain confidence in seeking support with abusive relationships
- London Fire Brigade – working to increase the fire safety awareness of people at risk in their own homes, including people who hoard, and provision of smoke alarms.
- Age Uk, working to support older people through information, advice (including welfare benefits) and advocacy.
- Croydon Mencap, supporting people with a learning disability and their carers to know how to prevent or report abuse.
- Trading standards and their success in tackling financial scams which frequently affect older people.
- Planning and environment department which deploys patrol officers to work in public places and deal with anti social behaviour complaints often affecting adults at risk.

The annual report also features individual reports from the subgroups to the safeguarding board, including best practice, public information and awareness, case review and audit, learning and development and mental capacity act implementation.

Protecting adults at risk - the Croydon context

Croydon is an outer London borough, located in the south of the capital. With 363,400 residents (2011 census) , it is now 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 more likely to be in need of community care services, 61,500 people are aged 60 and over (2011 census) , 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.

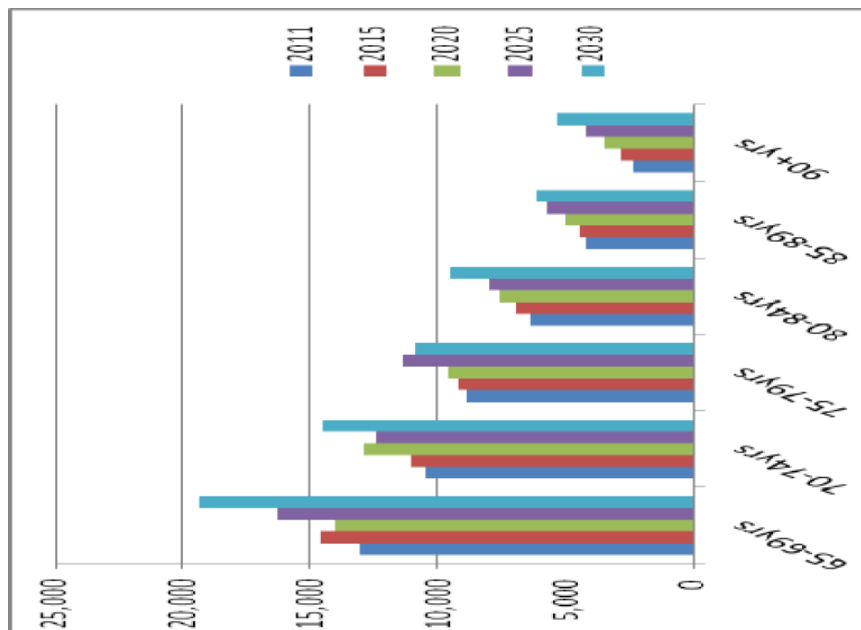
People who are elderly, who have a disability or mental health problem and those who are dependent on others for support from family carers or by paid carers either at home or in a residential or nursing care setting , are all at particular risk of being the subject to abuse. It is therefore important that Croydon has robust safeguarding policies and practice and adheres to the Pan London Safeguarding Adults procedures. The safeguarding of adults at risk is an issue that must be owned on a multi-agency basis with the statutory, voluntary and private sector and local communities working closely together.

Older people

Older people aged 60 years and over, make up 16.9% of the Croydon population and residents aged 85 years and over make up 1.9%. These proportions are projected to increase to 16.27% and 2.91% respectively by 2030.

Life expectancy has increased over the last 10 years for both females and males. In 2000 – 2004 females were living, on average, 4 years longer than males. Over the ten year period males have seen a 3 year extension to life on average whilst female life expectancy has increased by 2 years. So the greatest projected population increase over the last 10 years is for male residents over 90 years of age – with an increase of 78%, from a total of 900 residents to 2,500. This compares to female residents for this age group where the projected increase is 87% from 1,500 residents to 2,800.

The diagram below shows the projected population from 2011-2030 for older people by age band (data source – ONS population projections)



Adults with a learning and/ or physical disability

There are 5,379 adults (aged 18-64yrs) in Croydon with a learning disability; this is projected to increase to 5,790 by 2030. Around 321 residents with learning difficulty (5.5%) are predicted to have a severe learning disability. There are more people in Croydon with learning disabilities than would be expected for a population our size. This is due in part to the location of a large former long stay NHS hospital for people with a learning disability. Although this hospital closed several years ago, many of the people who lived there were rehoused into community housing or residential care homes in Croydon. This provides additional financial and other challenges to social care services and necessitates the need for robust safeguarding services to ensure the safety of this vulnerable group of adults. During 2011/12 a total of 1064 residents with a learning disability received social care – 958 of whom were aged 18 to 64 and 106 were aged 65+.

Of those residents with a learning disability receiving support from the council, 259 of them are in permanent residential care and 7 are in permanent nursing care. Otherwise 668 (72.8%) of them were in other settled accommodation but only 70 of them (7.6%) were in paid employment. A further 79 (8.6%) were in unpaid voluntary work.

An estimated 16,579 adults (aged 18-64yrs) in Croydon have a physical disability; this is projected to increase to 18,416 by 2030. 28.7% (4,771) of residents with a physical disability have a severe disability. Consequently, around 10,000 residents of working age have disabilities where we would expect them to need some level of personal care in 2011 and, in fact, 1048 people with a physical disability were receiving social care services in

Croydon at any one time during 2010/11. This number increases to 5,518 when older age groups are included. 65.7% of these people were female. Over all numbers are expected to rise to 11,117 by 2030 as we live longer with more serious disabilities.

People with mental illness

There are 54,253 adults (aged 18-64yrs) in Croydon with a diagnosed mental health problem. Of this group 66% have less limiting mental health issues such as emotional distress, depression, anxiety and obsessive compulsive disorder. However 1,411 residents (18-64yrs) with a mental health problem received social care services during 2010/11, or 2,058 including older people with mental health issues.

People with substance misuse issues

In 2010-11 there were 869 drug users in treatment in Croydon, of which 718 were described as 'problematic drug users'. There were 488 alcohol users in treatment. 44% of people completed their treatment programme. 16% were in paid employment, 16% had improved or stable health and 5% had re-offended.

The above demographic details set a context for the numbers of adults who may potentially be at risk of abuse or harm and who experience some form of disability or are older and frail. This section of Croydon adults are more likely to be at risk and less able to protect themselves or may be fully reliant on the support provided by others. Croydon Council and partner agencies must focus on keeping individuals safe both prevention and protection and working with these groups of adults to achieve their empowerment.

Croydon care homes:

The housing configuration in Croydon, with many houses in the south of the borough, featuring large detached or semi detached properties has led to Croydon hosting the largest number of residential care and nursing homes for adults with disabilities and for the elderly compared with other London boroughs. Croydon now has in the region of 200 residential care, nursing homes and small private hospitals for adults. Many of the adults placed in these establishments are funded by other boroughs but if there are safeguarding issues, Croydon takes the lead in coordinating the investigation of these issues and ensuring that the funding authority takes appropriate action to make the person safe.

This factor is relevant with regard to the number and nature of safeguarding referrals for adults. With so many people living in care homes in Croydon compared with other local authorities, one would expect to see a greater

number of safeguarding referrals from care homes, with regards to both incidents between residents and allegations concerning care staff.

The direction of adult safeguarding

In May 2011 Paul Burstow, care services minister outlined the government's vision for safeguarding adults at risk as being based on six key principles:

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.

Other intentions include strengthening the law to protect the most vulnerable in society and placing safeguarding adult board on a statutory footing and to include the local authority, police, NHS and other local groups concerned with supporting people at risk.

In Croydon we have already begun to respond to these proposed changes. We have appointed an independent chair, Jane Lawson, who has extensive experience of safeguarding adults and who commenced her role in January 2012. Jane has contributed to national development of the safeguarding agenda and had a lead role in strategic safeguarding adults work with Hampshire for a number of years. Since 2010 she has worked independently within the field of safeguarding adults. Her work includes: working on serious case reviews; developing policy on safeguarding adults and on risk assessment and risk management; training front line staff; work on the role of advocacy in safeguarding adults. Jane also chairs the Greenwich Safeguarding Adults Board.

In May 2012, the Queen's speech, outlining the government's programme for the forthcoming year, included a draft bill to modernise adult care and support in England. This set out what support people can expect from government and what action the government will take to help people plan, prepare and make informed choices about their care. This includes:

- modernising care and support law to ensure local authorities fit their service around the needs, outcomes and experience of people, rather than expecting them to adapt to what is available locally
- putting people in control of their care and giving them greater choice, building on progress with personal budgets

- consolidating the existing law by replacing provisions in at least a dozen Acts with a single statute, supported by new regulations and statutory guidance
- simplifying the system and processes, to provide the freedom and flexibility needed by local authorities and social workers to allow them to innovate and achieve better results for people
- giving people a better understanding of what is on offer, to help them plan for the future and ensure they know where to go for help when they need it
- modernising the legal framework for care and support, to support the vision of the forthcoming White Paper on care and support
- responding to the recommendations of the Law Commission which conducted a three-year review into social care law and which included the creation of a new legal framework to protect adults at risk from abuse and harm.

The Law Commission has proposed that new legislation would not provide a precise definition of well-being, but would set out a checklist of factors that must be considered before a decision is made in relation to an individual.

Thus the decision maker would be required to:

- assume that the person is the best judge of their own well-being, except in cases where they lack capacity to make the relevant decision
- follow the individual's views, wishes and feelings wherever practicable and appropriate
- ensure that decisions are based upon the individual circumstances of the person and not merely on the person's age or appearance, or a condition or aspect of their behaviour which might lead others to make unjustified assumptions;
- give individuals the opportunity to be involved, as far as is practicable in the circumstances, in assessments, planning, developing and reviewing their care and support;
- achieve a balance with the well-being of others, if this is relevant and practicable;
- safeguard adults wherever practicable from abuse and neglect;
- use the least restrictive solution where it is necessary to interfere with the individual's rights and freedom of action wherever that is practicable.

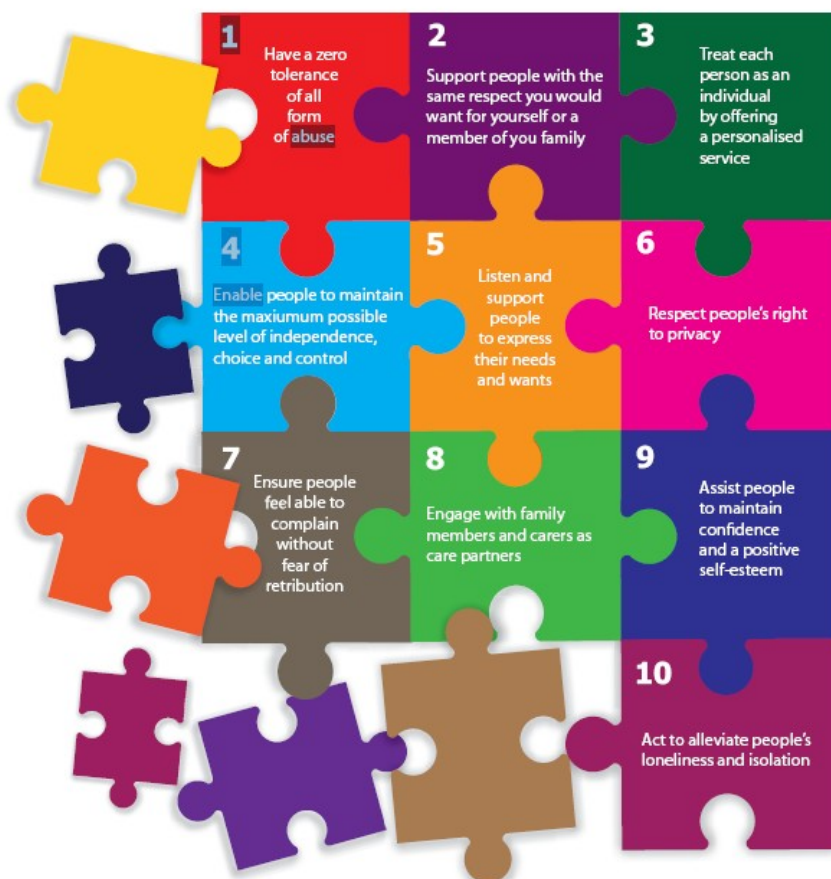
Croydon safeguarding board and Croydon council is already taking measures to ensure that safeguarding practice is in line with these principles. We are reviewing current safeguarding processes to consider the extent to which adults at risk who have experienced harm are fully engaged in the process of

protecting them. The board is determined to ensure that adults are supported to engage fully in decision making and risk assessment in respect to any issues of abuse. They should have their choices and wishes taken fully into account, or if they lack capacity to make such decisions, their views should be sought as far as possible and family members, carers and advocates should be involved in supporting them. To this end we seek to empower people to take control of their life and of potential harm and to support them to manage risks in a way that achieves a sensible balance alongside how they wish to live their life.

A survey of people who have been the subject of a safeguarding investigation was carried out in 2011 and revealed that in general people who had been through the safeguarding process felt protected and felt safer from harm than before. However they often did not fully understand the safeguarding process as it occurred and were not adequately consulted and their views sought during the course of the investigation and in respect to decision-making and risk taking. This survey has led Croydon Council to commission an external audit of safeguarding cases, looking specifically at outcomes for the service user and the level of engagement throughout the whole process and client satisfaction.

The council and partner agencies need to ensure that when we act to protect people, the outcomes are overall beneficial and that risks are quantified and decisions proportionate. A stance which is too risk averse may lead to a person being made safe but may so impact on the things that are important to them in their life, that the outcome is negative. This is especially true when the person causing harm is a family member or other significant person and the balance must be struck between ensuring safety whilst preserving valued relationships. As one elderly man put it, when his grandson stopped visiting him following a safeguarding investigation: 'you have made me safe but you have also made me miserable'. The results of this audit and the changes to practice that occur will be reported to the safeguarding board during 2012 and be included in next year's annual report.

Dignity in care standards



The dignity in care campaign launched initially in 2006 has continued to gain momentum. The concept is simple – that anyone receiving care should be treated with dignity and this is encapsulated by 10 key standards:

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

The independent commission on dignity in care 2012 speaks of putting human rights at the heart of the way care services are designed and delivered. The experiences of patients and staff must reflect values of fairness, respect,

equality, dignity and autonomy. People have a right not to be treated in an inhuman or degrading way and have a right to privacy.

This is enshrined in the Equalities Act of 2010 which requires public bodies and those carrying out public functions to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and foster good relations between people from different equality groups. The act underlines that everyone has right to dignity/respect and it prohibits discrimination in respect of “protected characteristics”, which include most adults at risk will and encompasses direct/indirect discrimination, harassment and victimisation.

Commissioners of care homes must incorporate dignity into standards and requirements. Those standards reflect the need for care homes to involve residents, families and carers in decision-making so that relationships between residents and staff are based on interaction rather than dependence.

During the last two years reports have been published following research into standards of care that highlight how much there is still to be done to make dignity in care a reality.

In March 2012 , the Kings Fund published a report on ‘Continuity of care for older hospital patients’ which focuses on the experiences of older people with multiple health problems in hospital. The research found a worrying lack of continuity with patients moved from ward to ward, lack of involvement of patients and carers in decision making about their treatment and a lack of information about key matters such as medication. Too often there was no named person with whom to discuss the patient’s needs and poor or absent care planning.

The report found that part of the problem is that too often staff in hospitals believe that hospitals are the right place only for younger patients who are acutely ill and that the hospital culture merely tolerates older and frail patients, who may be referred to pejoratively as ‘inappropriate admissions’, ‘bed-blockers’ and ‘social admissions’. Treatable illnesses may go untreated because of this approach.

The Equality and Human Rights commission published a report in November 2011 on the quality of standards of domiciliary care ‘Close to Home’. This found that whilst many older people were satisfied with the care and support they received in their own home, in other instances people’s basic human rights were not being respected. ‘In the worst cases we heard of older people not being fed, or being left without access to food and water, or in soiled clothes and sheets. In numerous other instances older people were ignored, strip washed by care workers who talked over them, confined to their home or bedroom, put to bed in the early afternoon and unable to participate in the community.’

Yet another report focused on people with a learning disability. ‘Death by Indifference, 74 and still counting’ follows up on the first Death by Indifference

publication of five years ago which focuses on the treatment of patients with a learning disability in hospitals. Although the new report has found areas of real improvement, the improvement is patchy with still significant failings in the hospital system. The Mencap report makes several recommendations –

- annual health checks to become a permanent part of the GP contract,
- all health professionals to act within the law and get training around the Equality Act and Mental Capacity Act,
- regulatory bodies to conduct rigorous investigations and deliver appropriate sanctions where health professionals have failed in their obligations to patients with a learning disability,
- a standard hospital passport for all people with a learning disability.

These reports follow in the wake of the Winterbourne scandal revealing serious institutional abuse of people with a learning disability in a private hospital.

The safeguarding board recognises that if we can gain full adherence to the dignity standards and ensure that compassion and respect remain key to supporting people at risk, then the numbers of safeguarding cases will fall significantly.

Key national safeguarding documents produced in 2011-12

This year saw the unprecedented publication of guidance documents with respect to safeguarding issues.

The Social Care Institute for Excellence(SCIE) has been leading on this work and all of the documents below can be downloaded either from the Croydon safeguarding website of –

<http://www.croydon.gov.uk/healthsocial/sva/sginfo> or direct from www.scie.org.uk

The documents all have the title Adults Services SCIE Report and then a number –

Report number 39 – Pan London Guidance

Report number 44 – At a glance guide to Pan London Guidance

Report number 46 – Self neglect and adult safeguarding – findings from research

Report number 49 – Assessment: Financial crime against vulnerable adults

Report number 50 – Safeguarding Adults At Risk of Harm – A legal guide for practitioners

SCIE Report (not numbered) Common Safeguarding Concerns within Residential Settings

The report number 49 is pertinent at present as Croydon – along with other local authorities has seen a marked rise in the reporting of financial and material abuse.

A detailed response to financial abuse within Croydon was put together by a multi-agency working party in 2011. This document maps out the roles and responsibilities of all agencies involved in the prevention and response to the financial abuse of adults at risk. It is work in progress as more and more agencies identify that they have a role to play in preventing financial abuse occurring.

In December 2011 a working party was formed to produce a protocol for addressing the challenges posed when Croydon citizens self neglect. The SCIE guidance number 46 raises some very interesting points whilst acknowledging that there are no “magic bullets” to the issues. The coming year will see the completion of this work as the working party produces an agreed multi-agency protocol. This will be posted on the safeguarding website and disseminated widely.

The Care Forums held in the latter part of the year has taken a close look at the research findings on the common safeguarding issues within residential and other provider settings. This research has informed the redrafted content of our advance safeguarding course for providers and the work of the Care Support Team.

The coming year will see the formal response of the Government to the recommendations made by the Law Commission on adult safeguarding practice. As and when the White Paper is enacted Croydon will need to ensure we meet the demands of the new Health Care Bill.

The Care Support Team

The role of the Care Support team (CST) in raising awareness of and standards in Dignity in Care

The Care Support Team is comprised of a senior social worker funded through Croydon Council , a community nurse specialising in dementia and funded through South London and Maudsley trust and a community nurse specialising in tissue viability and infection control funded by Croydon Health Services. The team works closely and collaboratively with other professionals in the Council and other statutory, voluntary, and private agencies to influence best practice including the Dignity Agenda. The Dignity Agenda is promoted by all the teams in DASHH as an integral part of their approach of assessment, interventions, care planning and reviews. The Social Work teams practice dignity in care as part of their overarching Code of Practice

promoting person centred care, human rights and independence as part of their work with service users and their families.

The role of the care support team is to support providers of care to improve and maintain good practice. The team plays a key role in preventing abuse by assisting care providers to provide care in a safe, person centred and effective way. All initial visits to provider services and teams of staff by the CST involve raising awareness; asking about how Dignity in Care is delivered and how many Dignity Champions are currently signed up. Reminders are made to provider services of the significance for LBC of this as a central and integral part of the expectations of delivering services.

In addition the Care Support Team links with LB Croydon's staff:

- Safeguarding Coordinator
- Commissioning teams for adult provider services
- Learning & Development including Skills for Care training for providers
- Social work, care management and Community Mental Health Teams

Key partner agencies in dignity in care:

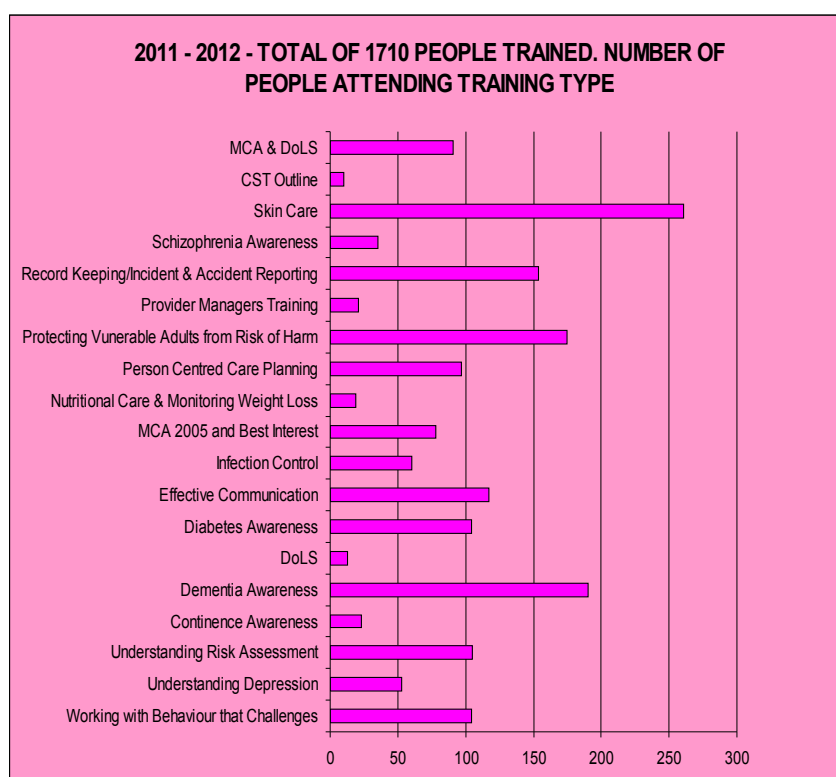
- Anna Butt is raising awareness of End of Life Care via her work at St Christopher's Hospice. This includes a focus on Cardiopulmonary resuscitation(CPR) issues in the context of the Mental Capacity Act and Dignity agenda.
- Barbara Jesson – Community Pharmacy Advisor NHS Croydon and 12 local pharmacists who have a service level agreement to audit nursing and care homes with respect to their management of people's medication.
- Croydon Voluntary Action through Health Watch is training volunteers to inspect care homes and their delivery of dignified care to residents.
- London Ambulance Service – who report incidents of poor practice in dignity to the Care Support Team through a feedback form

Events have been arranged by other lead staff within Croydon to raise awareness and to encourage staff to sign up to Dignity Championship. A multi agency event was jointly held at CVA in February 2012 on Dignity in Care. The Care Support Team are attending team meetings within Initial Contact Service to raise awareness and offer support to new staff around the Dignity Challenges. Vincent Docherty, safeguarding coordinator has a programme of training specifically around Dignity and Safeguarding which is available to providers

The Care Support team works with providers of care services across a number of themes to assist them to raise standards of care. The themes focus on safeguarding, understanding of the mental capacity act, deprivation of liberty safeguards and capacity issues in general, tissue viability, infection control and supporting people with dementia. Dignity is a golden thread that runs through all this training and is at the heart of all human transactions between care giver and the person being supported. The training delivered

by the Care Support Team is tailored to the individual needs of the service and is service based. The Care Support Team workers go to the provider and not the other way round. This makes the delivery very specialized and encourages take up when releasing staff for training may otherwise be problematic. Work based training often has more relevance to staff than training in a formal setting elsewhere and helps to embed the learning into practice.

A total number of 1710 staff have attended training by the Care Support Team Between April 2011 and March 2012



Examples of how the Dignity Agenda is integrated into the training and workshops provided by the Care Support Team include:

- Helping staff to talk with service users reinforcing the importance of listening as a skill to develop.
- Reminding staff of the importance of getting to know individuals, developing rapport and trust in order to appreciate their uniqueness - the keystone of dignified approaches to care
- Taking time to engage by asking simple questions such as 'Do you have everything you need?' or 'Is there anything you would like me to explain?'
- Talking through the steps of a task before and while it is being performed allowing the person to express themselves and allay anxiety

and giving the person more control over their personal care needs, treatment and environment.

- Responding to individual's request which should never be ignored; reassuring the person that they have been heard.
- Offering assistance in the way that you would wish to be treated yourself.
- Remembering to consider nutrition and hydrations needs.
- Encouraging formal and informal feedback to improve practice, challenge poor or inappropriate practice observed by others and learn as a staff team from analysis of suggestions made by service users.

Along with this is the message of what the consequences of poor or inappropriate practice can result in such as breach of human rights leading to compensation claims, safeguarding (actions considered as abusive), challenges for breach of contract, illegal acts under s.44 of the Mental Capacity Act for wilful acts of neglect or omission, disciplinary measures or deregistration from professional regulatory associations.

Further key messages to staff & managers of provider services incorporated into training and workshop sessions

- Caring for others is skilled, demanding and rewarding work. Staff who feel valued and encouraged by their line manager towards professional development will feel valued by the organisation and are more likely to acknowledge that they perform a valuable and important role. The work of care home staff can be challenging and accompanying the challenges are high levels of responsibility for dignity and safety.
- While existing 'dignity champions' perform an important role, everybody involved in the professional care, assistance or support to another person must feel personally responsible for championing dignified care.
- All members of staff need to be clear that it is their responsibility to challenge neglectful, insensitive and discriminatory behaviour towards a service user as soon as it occurs, and need to make compassion and kindness an integral part of their everyday vocabulary and practice.
- Challenging undignified care needs to be done in a constructive manner, rather than in a confrontational way, as this is far more likely to engage staff in understanding the right approach and to bring about lasting change.

The message that it is individual decisions to do the right thing that ultimately changes an organisation's culture.

Key messages to managers of provider services :

Managers of services and proprietors must recognise that a culture of personal responsibility is grounded in:

- clear expectations of performance

- both mandatory training and development opportunities to enhance practice
- that the organisation is responsible for putting into place policy, operational procedures and other mechanisms that enable staff to highlight and correct poor care
- that encouragement and recognition of good practice will be a support for staff who highlight shortcomings.

Overall Messages which supports the model and methods of training provided by LBC

There is evidence that traditional training, often based in lecture rooms, does not always bring about the kinds of changes in attitude and behaviour that are required; in contrast, there have been major advances in learning and development carried out in workplaces. Evidence provided from researchers at the University of Ulster, Sheffield University and Edinburgh University and locally from the research carried out by Kings College London (of the work of the Care Support Team) which demonstrates the benefits of integrated learning and development strategies, which take place in the work-place. This has been termed Active Learning which essentially means 'learning through doing; (Professor Jan Dewing Canterbury Christchurch University and East Kent University Hospitals NHS Foundation Trust)

Building and commissioning dignified caring care:

- Local authorities are responsible for commissioning care home placements, alongside those commissioned privately by people themselves and their families and carers.
- It is therefore important that a shared vision articulates an understanding across the care system of what dignified care means.

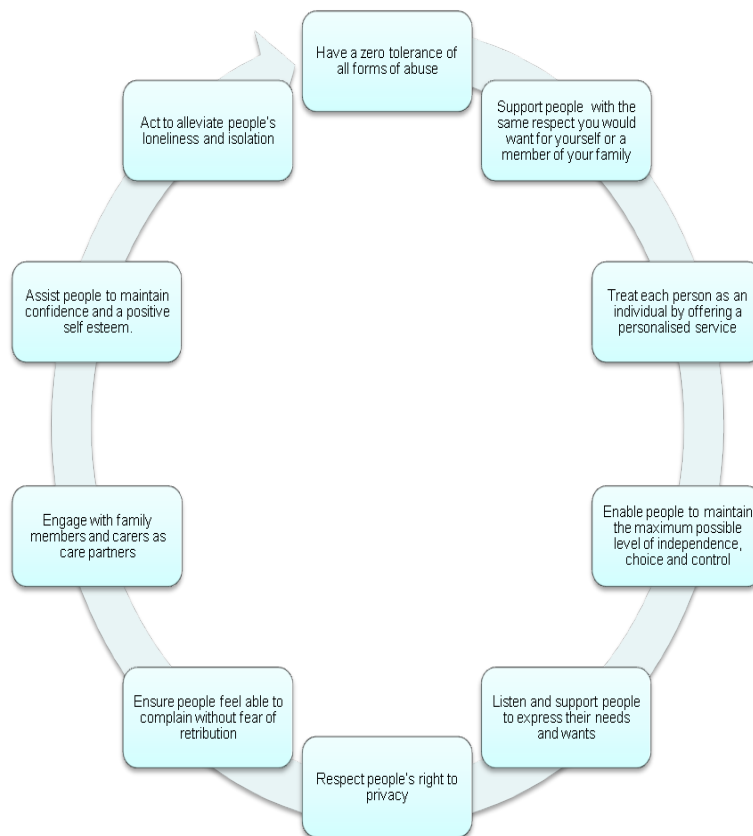
Commissioning care services involves, among other aspects:

- developing a shared vision of high-quality care with service users and providers
- working with providers to improve quality and integrate more effectively with other services
- listening to feedback from services users and their representatives
- holding providers to account for any shortcomings.
- robust contracts and contract compliance that place dignity to the fore

Dignity in Care in Croydon is taking place and being promoted in a wide variety of ways with the involvement of a range of professionals and teams. Dignity in care is not a task or set of tasks; it is a philosophy which is translated into an approach supported by values. A number of people in the

Council are taking strong action to promote champions who shine a light on the importance of sharing the values and aspirations of the ten dignity challenges.

A circle of dignified care



Service level concerns

Safeguarding work completed in relation to serious concerns about service providers, termed service level concerns under the Pan London safeguarding procedure, has been a significant aspect of work over the last year. This reflects the development of safeguarding practice and understanding of service level concerns. It also reflects the sheer numbers of providers that operate within the borough.

The service level concern protocol describes how Croydon DASHH and its partner agencies respond to reports of serious concerns about named service

providers. The protocol will be revised over the coming year in order to capture the learning gained from both providers and practitioners in this work. We continue to benefit from the national research findings published by the Social Care Institute for Excellence – see key documents section.

All service level concerns either have or will be referred to the Case Review and Audit sub group of the Safeguarding Adults Board. This is with a view to reviewing each case, identifying and disseminating lessons to be learned. Where appropriate recommendations for change/improvement in practice are made to the Best Practice and Procedures sub group and lead practitioners group.

An on going theme in Croydon service level concern work has been the need for strong and effective leadership and recruitment practice within providers. The Care Forum has proved to be increasingly popular with providers and it is used to disseminate learning and research findings. Due to the economic climate of the last year serious concerns have been more explicitly linked than previously to the financial collapse of providers.

Arising out of the service level concern work a specifically commissioned course has been further developed for providers on identifying establishments likely to develop abusive practice.

It is hoped that in the coming year the Pan London guidance on service level concerns will be further developed. As of April 2012 Pan London has very little practice and policy guidance across the London regions on how concerns at a provider level should be dealt with.

Within Croydon a service level concern is addressed with a multi-agency response. The following Croydon and London regional agencies have played a key role in turning around poor practice within provider settings:

- The Croydon Care Support Team
- The Croydon DASHH Contract Compliance Team
- The Care Quality Commission
- Commissioners
- The NHS SW London
- UK Border Agency
- London Fire Brigade

In the coming year presentations will be made to national conferences on the work of the Croydon Care Support Team and Care Forums in preventing serious concerns developing within provider settings.

Reports were received at the part B of the Safeguarding Adult's Board from the safeguarding coordinator. These updated members on the work that has been completed and make recommendations as to whether the organisation should remain within the process. In the next year the use of part B of the board meetings is being reviewed. It is likely that the actual reports will be discussed in detail at the internal DASHH safeguarding project board meetings.

The referrals that were received covered all categories of service user bar physical disability where the number of providers is very low. Residential nursing homes for older people have been most commonly the subject of referrals. A growing trend has been the referrals made with respect to the work of private hospitals post the high profile TV expose of Winterbourne.

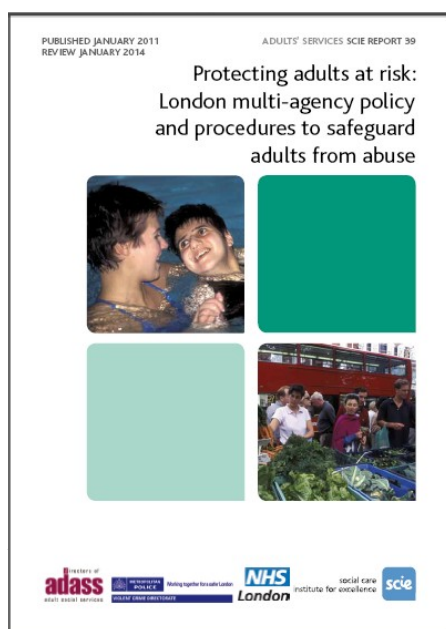
The number of referrals made with respect to providers working with people with learning disabilities has reduced significantly. This has been linked with the robust actions of the commissioning team within the LD service in addressing issues at an early stage with providers.

The pressure that service level referrals have had on review teams has been once again noted.

Over the next year the processes and documentation associated with service level concern work will be aligned with what little guidance is available in the Pan London document.

Close working relationships will continue with the CQC and the Care Support Team, DASHH Contract Compliance and DASHH social work safeguarding teams.

Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse



The new London multi-agency safeguarding adults at risk policy and procedures, referred to often as the 'Pan London' guidance, was published in January 2011 by the Social Care Institute for Excellence (SCIE) and developed with input from all the London Councils. It went live in April 2011. It has been progressively implemented throughout the last year.

Croydon, as part of the London region, is taking an active part in this pilot scheme, coordinated by the Social Care Institute for Excellence, which may lead to the Pan London guidance being adopted across the country. Alongside the full London multi agency policy and procedure is an 'at a glance' guide for the public detailing the key themes around adult abuse, what it is and how to report it.

Croydon safeguarding board in conjunction with Croydon People First and the service users forum has since developed a Croydon 'At a Glance' guide to the Pan London procedures aimed specifically at service users. This is an easy read summary of the key themes in the multi agency procedure and aims to help people at risk and the general public to recognise abuse, to know how to report it and what help to expect. This work was completed late in the year and the dissemination of this material will be a key task in the future.

This document is already on the Croydon safeguarding website. The London multi agency procedure brings in a number of changes to terminology. We no longer talk about 'vulnerable adults' but use the term 'adults at risk'. This change came about because of views expressed by adults at risk who felt that being called 'vulnerable' was stigmatising. We no longer talk about 'perpetrators' or people who have been 'abused' but instead refer to people who may have or have caused harm and those who have or may have been harmed. The multi-agency procedure also brought in a new role of 'safeguarding adult manager' who takes on a coordinating role for each case of abuse under investigation and gives guidance to the 'alerting manager'. The alerting manager is the named person in an organisation who takes responsibility for guiding staff with regard to making safeguarding alerts to the local authority for investigation. The safeguarding adult forms have all been amended in line with the requirements of the multi-agency policy.

Training has been offered to providers and practitioners throughout the year on the new procedures. This training took the format of bite size sessions for practitioners and line managers. In addition 16 half day events were organised for providers and the sessions were structured around the roles and responsibilities of the new 'alerting managers' within the Pan London guidance.

The training focus for providers in the next year will focus on practice guidance for providers in producing 'investigators reports' for case conferences.

Details of the training opportunities for providers on all aspects of the London Multi-agency policy and procedure is available from Sophia.Braithwaite@croydon.gov.uk

This year will hopefully see the publication by SCIE of the practice guidance for social workers and care coordinators in interpreting the policy document. The head of the professional service regularly attends the London Safeguarding Adults Network meetings at which the Pan London guidance is discussed.

It is hoped that the guidance will clarify –

- Timescales for the completion of work,
- The scope and process to be followed with respect to appeals
- The agreed process for dealing with “service level concerns”

Updates on the London Multi-agency policy and procedure will continue to be given a high profile through the work of the Lead Practitioners Group, Care Forum Meetings and the newsletter.

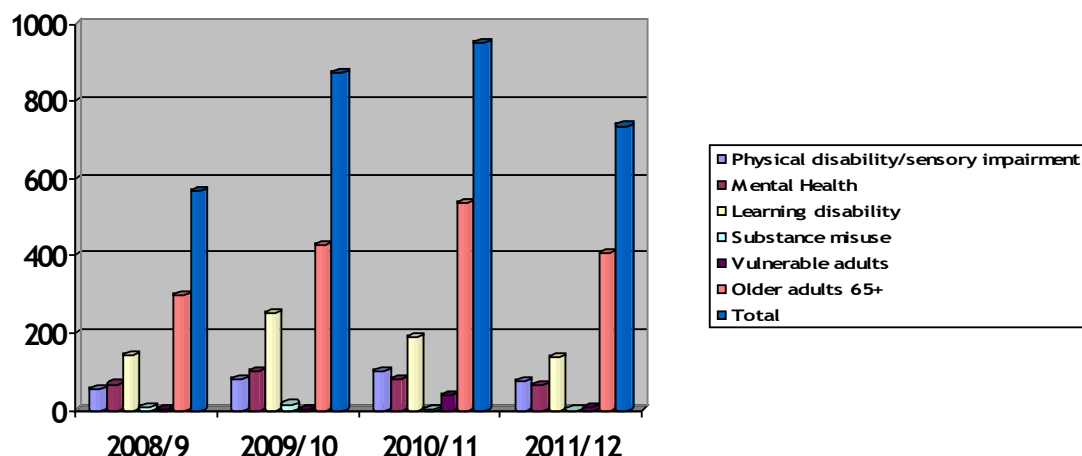
Key trends in safeguarding activity during 2011/12 and comparisons with earlier years

For the first time in the past 10 years there has been a fall in the number of safeguarding referrals. This would appear to show that the rapid increase in referrals following ‘No Secrets’ in 2001 and the consequent increasing awareness of safeguarding concerns that led to more referrals is at last leveling off.

Also in the past 10 years much has been done to prevent abuse from occurring, such as the work of the Learning and Development team in making multi-agency training in safeguarding available to care providers and the work of the Care Support team with care providers to improve their standard of practice.

In 2011/12 there were a total of 736 safeguarding referrals compared with 949 in the previous year and 875 in 2009/10.

Comparative data over the past 4 years Number of referrals of alleged abuse 2008 to 2012



Data breakdown for 2011/2012

The data given below is broken down by categories under the following groupings:

- People with a physical disability, sensory impairment or frailty
- People with a learning disability
- People with a mental health illness
- People with a substance misuse problem
- Other vulnerable people.

The vulnerable adult group comprises people who are in need of social services input but do not fall under the other categories. Some for example may suffer from an autistic spectrum disorder without a learning disability.

The data also breaks down by age cohort – 18 to 64, 65 to 74, 75 to 84 and 85+

The data also breaks down into male and female subjects of abuse allegations.

It should be noted that as age increases, the proportion of people with frailty who fall within the physical disability, sensory impairment (hearing or visual disability) and frailty group increases compared with those people with a physical disability. Thus within the 18 to 64 age group, a greater proportion of adults who are subject of allegations of abuse might be expected to have a physical disability or sensory impairment. As age increases more people in this group will be frail with, in some cases, associated sensory impairment due to age related failing sight or hearing. The younger age group – people aged 18 to 64 will also include people who acquire, rather than who are born with, a physical disability through progressive conditions such as multiple sclerosis, Parkinson's, heart failure or chronic obstructive pulmonary disease (COPD). The data shown below however does not separate out these distinctions under the physical disability, sensory impairment and frailty category.

Numbers of adults, aged 18-64, who were the subject of an abuse investigation – 2011/12 :

There were 282 referrals for adults aged 18 to 64 subject to a safeguarding allegation. Of that number there were 41 referrals which were repeat referrals for the same people so the actual number of people subject to allegations that they have been harmed is smaller.

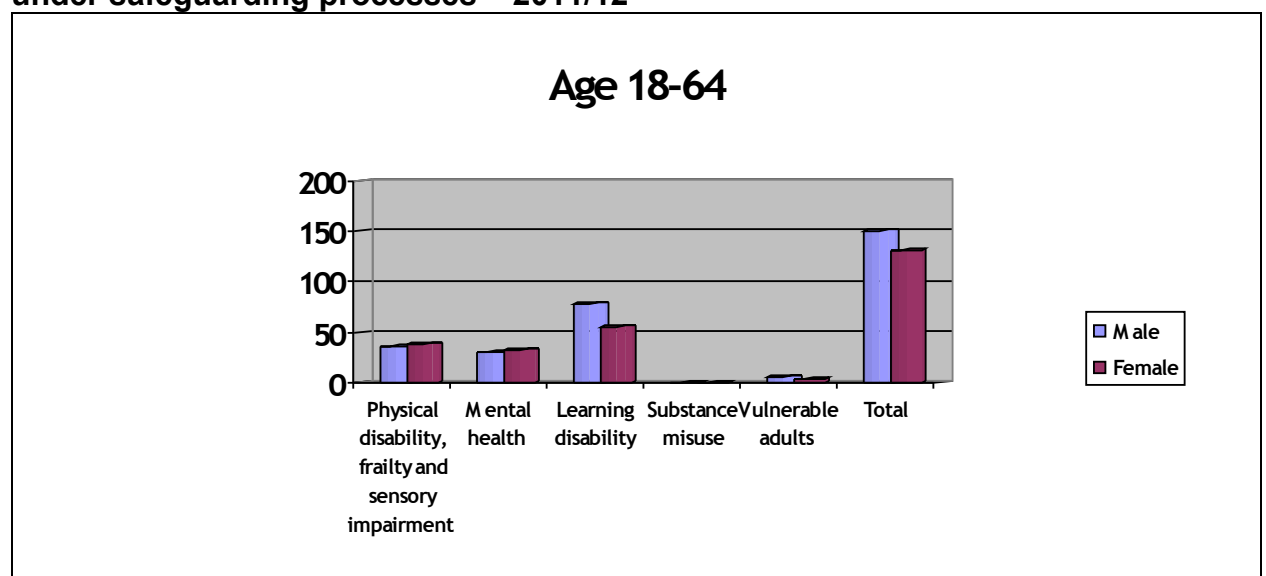
The graphs show the number of allegations referred for investigation and does not distinguish between single or repeat referrals for the same person.

The largest number of people in the 18 to 64 age group to be the subject of an allegation of abuse are people with a learning disability – 135 people compared with 75 people in the category of physical disability, sensory impairment and frailty. The numbers of referrals for people with a learning disability has to be set in the context of Croydon having a larger than expected number of people with a learning disability living here, due to the former long stay hospitals and because Croydon offers properties suitable for use as residential homes and supported living. This makes Croydon a popular location for people with a learning disability who have been placed here by other funding authorities.

Sixty three people with a mental health problem were subject of abuse allegations with no individuals within the substance misuse category and 9 people classified as vulnerable adults. The very low numbers of referrals for people who have substance misuse/ addiction problems is unlikely to be an accurate representation of need within this client group. We know that substance misuse workers have been supporting people with addiction problems without necessarily referring on for formal safeguarding investigations when needed. Further work will be taking place during 2012/13 to work with mental health addiction teams to raise awareness of safeguarding issues within this client group so that they are brought more fully within safeguarding practice. We should expect to see an increase in the numbers of referrals in subsequent years as a result.

More men with a learning disability have been subject of an abuse allegation compared with women. This may reflect the greater prevalence for males to have a learning disability, associated more frequently with autism, compared with women.

Numbers of referrals for adults, aged 18-64, which were investigated under safeguarding processes – 2011/12

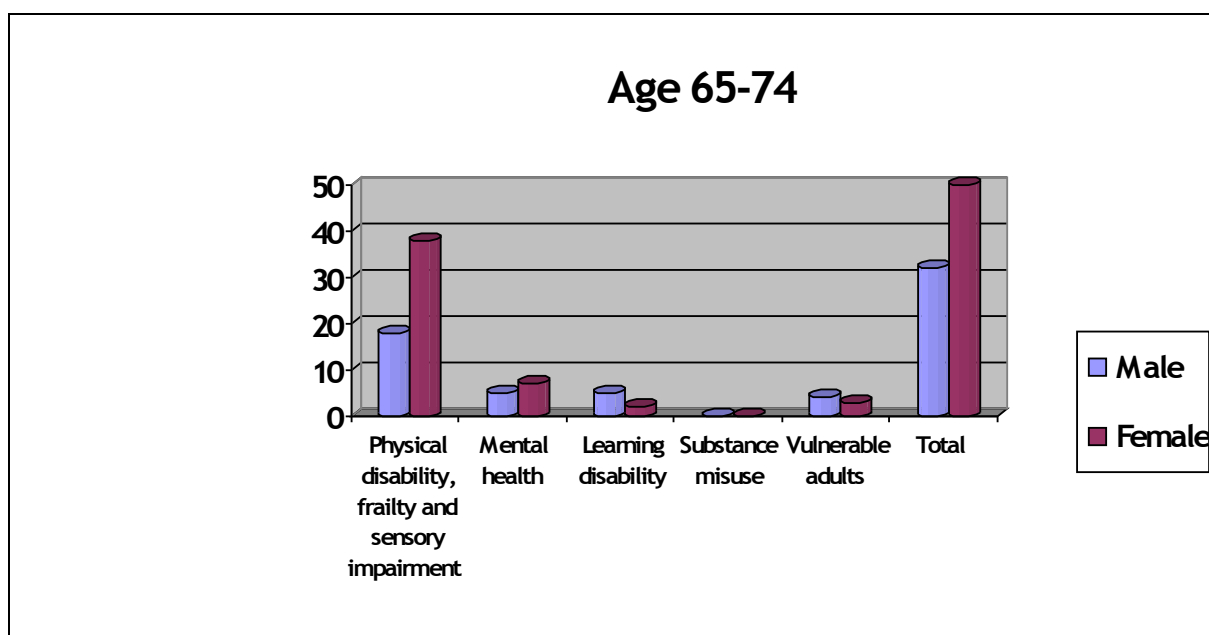


Numbers of adults, aged 65-74, who were the subject of an abuse investigation – 2011/12

The chart below demonstrates that as age increases, so does the proportion of people falling within the physical disability, sensory impairment and frailty category (56 people) compared with other client groups (26 people across all other client groups) . This is largely self evident since age alone is sufficient to bring people within the adult at risk category who may then be subject of allegations of abuse.

The numbers of people referred with a learning disability decreases proportionately with age reflecting that people with a learning disability tend not to live as long as people from the general population, although with better health care for people with learning disabilities, this gap is beginning to reduce.

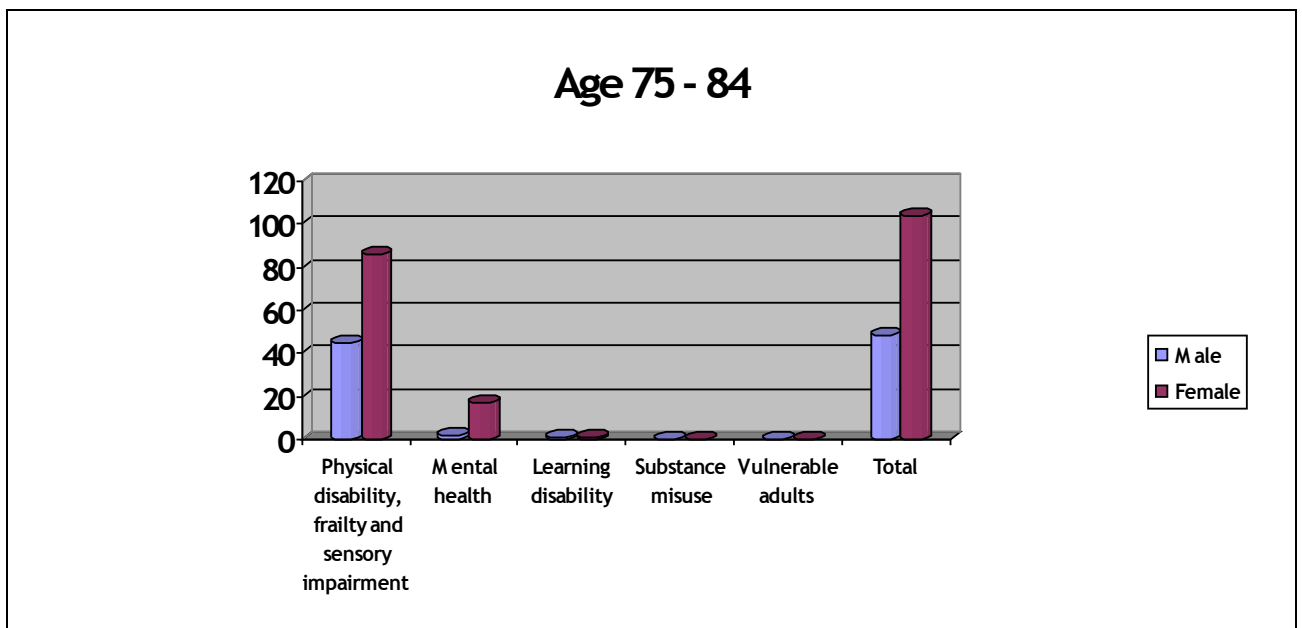
Also as age increases, the proportion of females (50 females) subject to an abuse allegation increases compared with men (32 men) . This may reflect longer life expectancy for women compared with men but more research would be needed to know whether this is the only factor at work.



Numbers of adults, aged 75-84, who were the subject of an abuse investigation – 2011/12

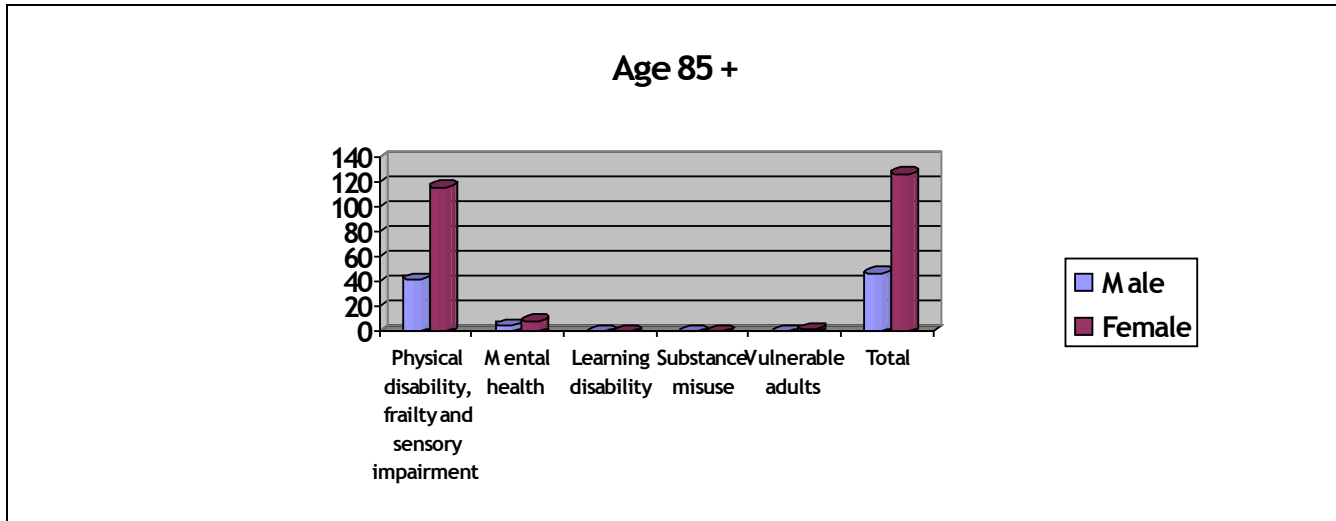
It will be noted that there is a significant increase in women with mental health problems being referred as subjects of alleged abuse – 17 allegations of abuse for women with mental health problems compared with only 2

allegations of abuse for men in this age group. This is likely to reflect the fact that the mental health category for older people includes people with dementia. For younger people with a mental health problem the issues are more likely to be mental illnesses such as schizophrenia, bi polar disorder or severe depression, anxiety or other mood disorder. Additionally women tend to live longer than men. However it should be noted that some older people with dementia will also feature within the category of physical disability, sensory impairment and frailty. It depends largely whether their support is being provided by the older people’s teams or mental health teams. In this group the breakdown is 45 referrals of suspected abuse for men compared with 86 suspected abuse referrals for women.



Numbers of adults, aged 85+, who were subject of an abuse investigation – 2011/12

As age increases so does the disproportionate number of women (127) referred as subjects of alleged abuse compared with men (47) . Within this age group there are no longer any referrals for people with a learning disability.



The next chart shows where alleged abuse occurs.

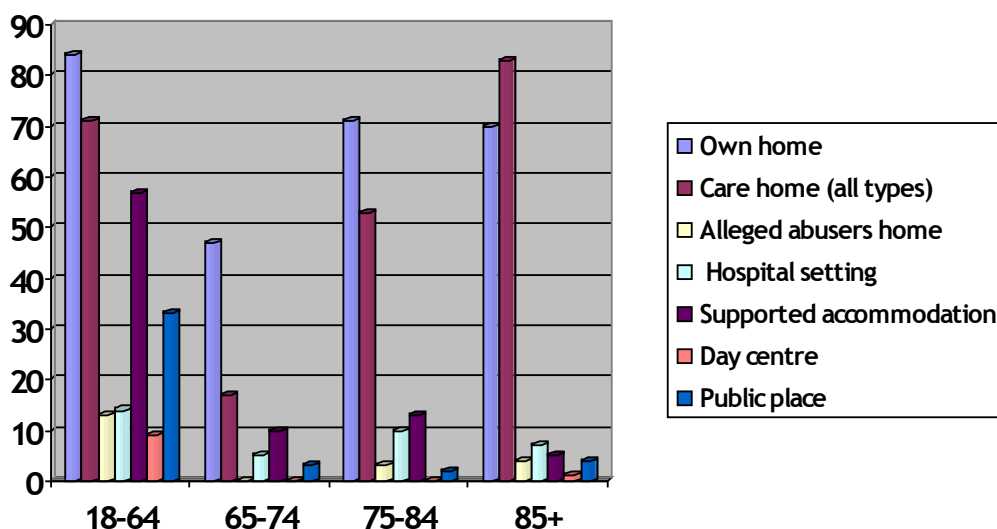
The most likely place for abuse to occur is in one’s own home - 272 referrals were made for people living at home. The next most likely place for alleged harm to occur is in a residential or nursing care home - there were 224 incidences of alleged abuse which occurred in care homes of all types. This compares with 42 incidents in a public place and 20 incidents of alleged abuse in the alleged abuser’s own home. Ten incidents of alleged abuse occurred in a day centre setting and 36 in a hospital setting which includes both acute and private hospitals.

It must be remembered that these figures relate to *allegations of harm* and not actual harm. The numbers of actual substantiated incidents of harm is far fewer than the numbers of concerns raised. This reflects the good awareness of safeguarding issues in Croydon and that people are alert to referring incidents that they perceive as being potentially harmful but when, after investigation, it is found that no harm has occurred.

The figures also include allegations made by a care worker against another care worker. These incidents are sometimes the result of an unhappy staff member who may have left the organisation making allegations about existing staff members which turn out to be unfounded.

Croydon Adult Services, Health and Housing recognises the potential for safeguarding issues generated by having so many residential and nursing homes in the borough and for this reason has established the care support team. The Care Support Team works with providers to support continuous improvement of practice. Croydon Commissioning also provides extensive multi-agency training for care provider staff.

Location of abuse 2011/12



Nature of alleged abuse 2011/12

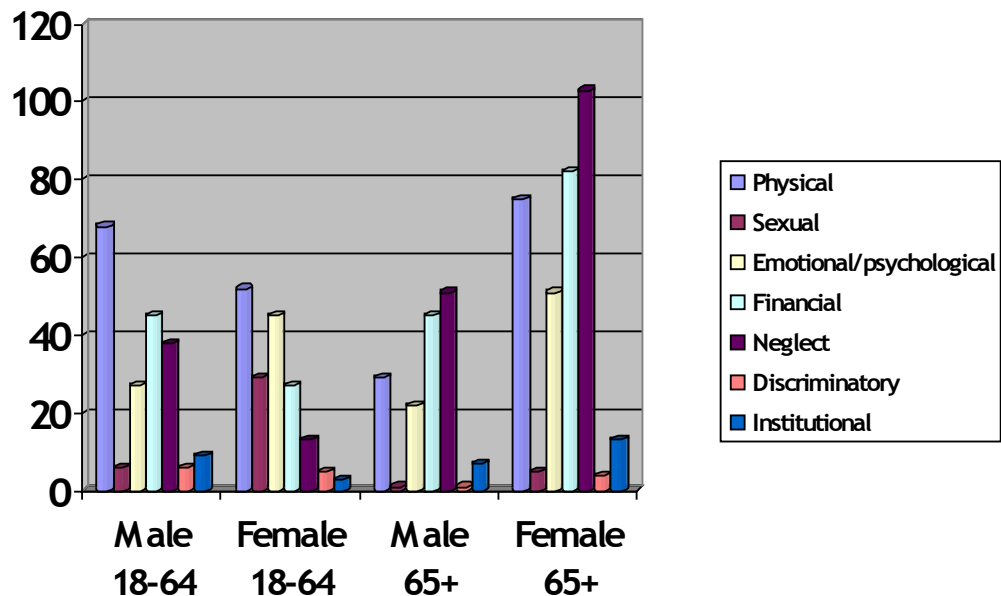
Amongst younger adults, physical abuse is the most likely type of alleged harm reported with males being more affected than females (68 allegation of physical harm against men compared with 52 allegations for females). A significant proportion of physical harm will include harm caused by another person at risk. It is important to note that Croydon has a very low threshold for investigating allegations of harm of any type. Therefore low level incidents of conflict between two people in a care home will be contained within these figures.

Financial abuse is the second category of alleged harm for the 18-64 age group (45 men and 27 women were subjects of allegations of financial abuse). It is noteworthy that trading standards and the police have done much during the past year to work with people who are victims of financial abuse by way of fighting scams and organised crime which is often targeted at older people. Awareness raising leads to the identification of more incidents of potential harm for investigation and in turn more opportunity to support people to keep them safe from harm when this is needed.

In the older age groups – 65+ neglect becomes the most likely cause of alleged abuse (103 females and 51 males) with financial abuse second and physical abuse third. Discriminatory and institutional abuse do not feature strongly but it should be borne in mind that they may be factors in the other types of abuse, such as financially abusing someone because they are an easy target due to a learning disability or confusion which could indicate discriminatory abuse. Similarly some allegations of neglect or physical harm in care homes may have an institutional basis to it.

In the older age groups females are the more likely subjects of alleged harm compared with men - 333 incidents against females compared with 156 against men.

Nature of alleged abuse 2011/12

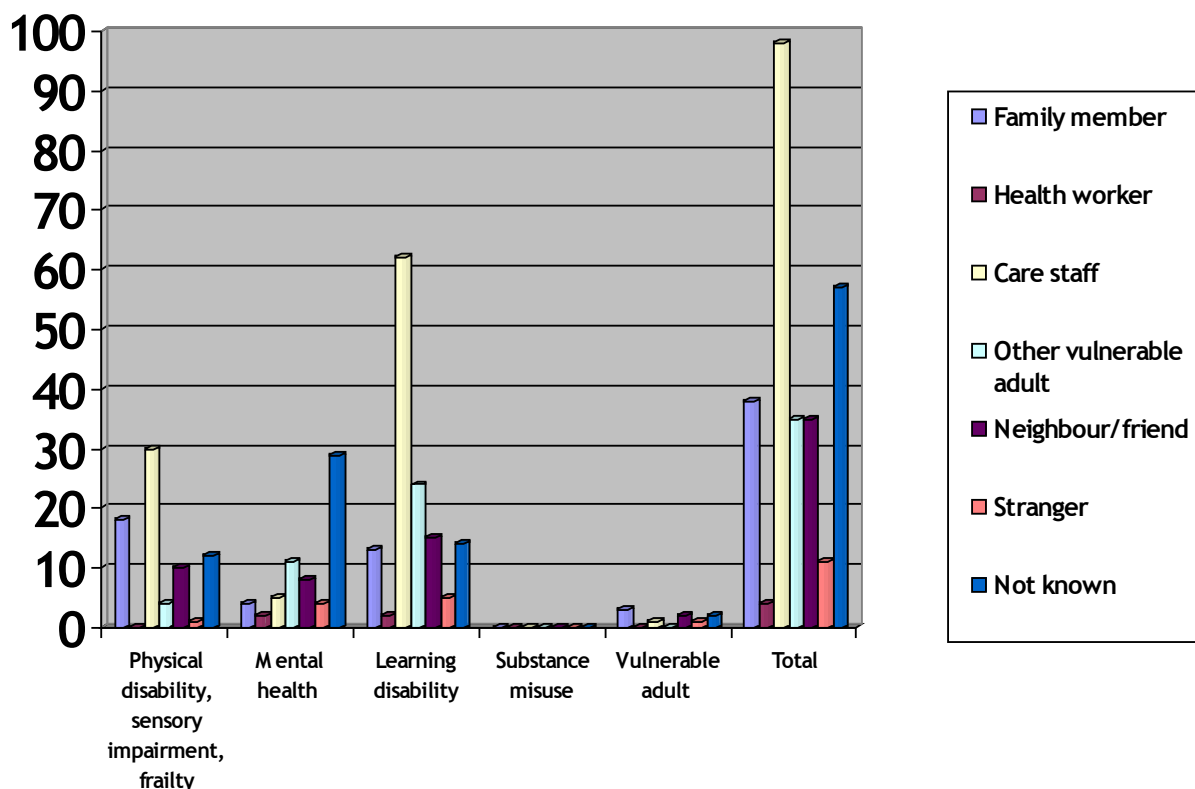


Relationship of the alleged abuser for the 18 to 64 age group

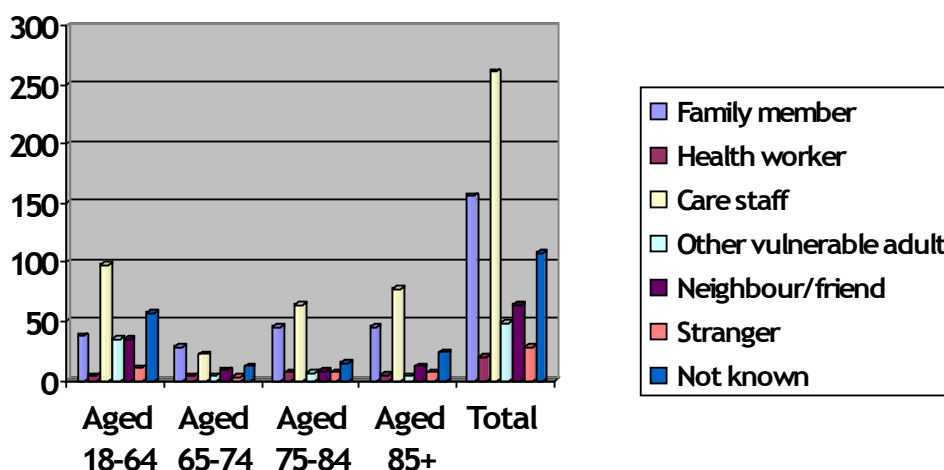
The most frequent category of person alleged to have caused harm to an adult at risk between the ages of 18 and 64 is a care worker. This category includes domiciliary, day care and residential staff. Most concern domiciliary and residential staff (98 allegations in total with only 3 allegations against day care staff.) The group in the 18-64 age brackets most likely to be the subject of alleged abuse by a care worker are people with a learning disability. As mentioned above, these figures will be influenced by the high number of care homes in Croydon and the large number of people with a learning disability placed in Croydon by other local authorities. Also as mentioned earlier, not all allegations of harm that are investigated are substantiated and this reflects the high degree of safeguarding awareness in the borough.

People with a physical disability, sensory impairment or frailty are more likely to experience abuse from a family member than other groups. This includes people living in relationships where there is domestic violence, incidents of carers abusing the cared for person's finances and verbal or physical aggression on the part of the carer, sometimes as a response to the challenges posed by the caring responsibility. It is acknowledged in Pan London safeguarding procedures that sensitivity is required in response to carers who may be alleged to have caused harm. In some instances this will be a response to carer stress and what is needed is more support for them and for the person they are caring for.

Relationship of the alleged abuser for the 18 to 64 age group



Relationship of the alleged abuser for all ages combined, 18 years upwards



Ethnicity of person alleged to have been abused

By far the most common ethnicity for people subject of an allegation of harm is of white origin (508 people) . Black and black British form the largest group of the other ethnicities (85 people) . The discrepancy between the white group and other ethnic groups does not reflect the multicultural composition of Croydon. The reason why white people may be more often the subject of an abuse allegation may be many and various. It is known that some ethnic groups face barriers in reporting abuse such as mistrust of the authorities who may investigate it and fear of bringing shame on the family by disclosing abuse. It may also be that statistically Croydon has an older ageing white population compared to other ethnic groups. Further investigation is needed to obtain a clear picture but we have enough evidence to show that more work is needed amongst ethnic groups to raise awareness of abuse.

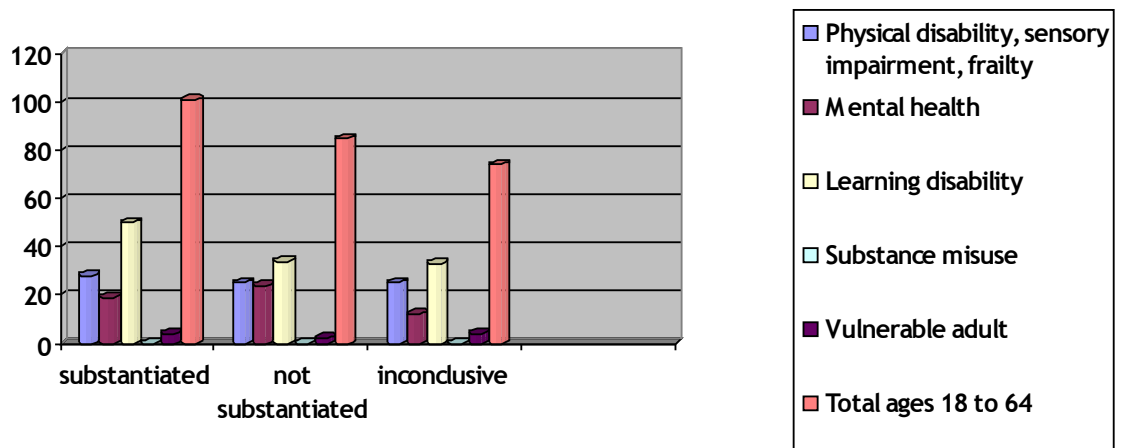
Focus group work with people from the BME community is being carried out currently to find the reasons for this group not raising concerns about safeguarding and to find ways to ensure greater awareness and support to report abuse. Progress will be updated in next year's annual report.



Outcome of cases

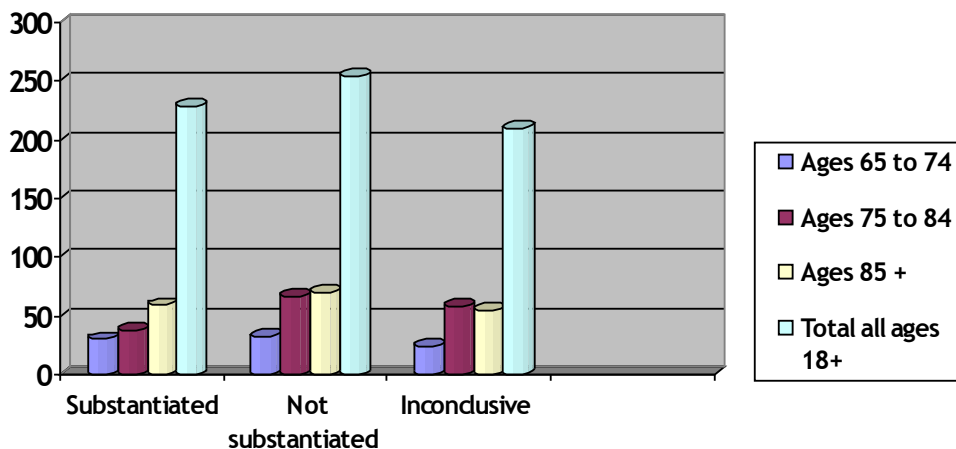
For the 18 to 64 age group 101 cases of alleged abuse were substantiated, 85 cases were not substantiated and 74 cases were inconclusive – this means that no clear outcome could be determined from the evidence gained during the investigation. The total number of cases where the outcome was either not substantiated or was inconclusive (159 cases) exceeds the numbers of substantiated cases of harm (101 cases).

These figures demonstrate the high awareness of safeguarding amongst the community and all groups and organisations working with people at risk. In the case of care homes, most of the incidents of reported harm are reported by the care homes themselves, which underlines the fact that in general care homes are knowledgeable about safeguarding issues and are open and transparent in following correct procedures to report perceived harm, allegations of poor practice against a care staff member or incidents of harm between residents.



Outcome of cases for ages 65 + and total of all outcomes aged 18+

When outcomes are measured for older age categories it is interesting to note that a higher proportion of allegations of abuse are not substantiated (254 reported incidents) compared with those that are (228 reported incidents). There were 210 reported incidents that were found to be inconclusive. This may be because older adults may experience health problems, such as pressure wounds, that may present as potential neglect but turn out to be linked to their failing health rather than to harm caused by another person.



Progress report in respect to the objectives in the safeguarding adults' strategy 2010-2015

The following is an update on the progress during 2011/12 in reaching the aims set out in the five year strategy:

Increasing awareness of abuse and safeguarding in the community:

In 2011 safeguarding awareness week was planned to coincide with elder abuse day on 15 June. Stalls were held and information and leaflets distributed from the libraries across Croydon and at Croydon university hospital. In 2012 we are planning an awareness day in the Autumn using the pop bus to reach a wider section of the Croydon population.

On 28 November 2011 a day event was held to publicise the work of the care support team which works with providers of care to raise standards. This day also highlighted current new work ongoing to improve standards of pharmaceutical delivery via reablement initiatives. The correct administration of medication and advice to patients is critical in avoiding unnecessary hospital admissions and also to advise care homes in safe administration of medicine to their residents.

On 1st February 2012 , a day was held in conjunction with CVA to promote Dignity in Care. A variety of speakers including service users spoke about experiences and shared good practice in meeting the dignity standards which underpin safe practice. The event was well attended and included people from a wide range of professional agencies and the community.

A new safeguarding adult on line referral form has now been set up.

4 newsletters are produced each year – two which focus on safeguarding and two on mental capacity act and deprivation of liberty safeguards. These newsletters are distributed to all care providers across Croydon and are also posted on the Croydon safeguarding adults website. From July 2012 these newsletters will each combine both safeguarding and mental capacity act issues in recognition of the frequent cross over of these issues.

Current information leaflets on safeguarding have been reviewed and updated to make them compliant with Pan London changes in terminology and we have also used the services of the 'Make it Clear' group to proof read leaflets for accessibility.

Care Home Forum events continue to be held on a quarterly basis – two of them focus on safeguarding and two on mental capacity issues and deprivation of liberty safeguards. We are currently considering whether to combine these topics which often overlap whilst continuing with quarterly sessions to cover these combined subjects. The events are attended by a wide range of providers of care in Croydon.

Regular sessions for providers of care are also held to disseminate training and good practice under SCILS and to promote the NDM requirements that returns are made on the training and qualification of staff working in care sector.

Quarterly meetings with a service user group have continued to take place with the recent focus being on Dignity in Care and planning for the Dignity in Care day.

Working with people to arrange care in their own homes:

Support for people arranging care for themselves via a Direct Payment has been successfully transferred to Penderells agency. The Penderells staff work closely with care managers to ensure that the client receives a safe service and that risks are identified and managed. Penderells are acquiring a new DVD produced by Action on Elder Abuse. This has been developed with financial assistance from Skills for Care, and with the involvement and support of Sue Bott, former Director of the National Centre for Independent Living . It is a simple guide and DVD to help people overcome their concerns and make the process of recruiting and retaining a personal assistant a safe and straightforward one. It covers all aspects of planning to recruit, recruiting, supervising, and addressing poor practice. In addition, the DVD contains three scenes of possible abuse, to be watched by both the end-user and their Personal Assistant together, to stimulate discussion on self-protection.

Investigate reports of abuse :

In July 2011 a major restructure of DASHH led to the creation of separate assessment and case management and safeguarding services. The decision to focus safeguarding work in specialist social work teams was made in order to strengthen safeguarding standards and practice and separate lead responsibility for safeguarding from managers focused on assessment and case management. An internal auditor has maintained continuous auditing across all teams of safeguarding cases and monthly feedback reports to the safeguarding project board. This has demonstrated continuous improvement in the quality of recording, decision making and practice.

A safeguarding service user survey was carried out late 2010 into 2011 which included both a written survey form and face to face interviews revealed that whilst people felt on the whole protected and safe as a result of the process, their involvement in and understanding of the safeguarding process needed to be strengthened. This in line with national research has led us to begin to shift our focus from one which is process driven to a more outcome focused approach which places the service user, their wishes and objectives, at the centre of the process.

We are now embarking on an external audit of our safeguarding practice in order to further help us understand the strengths and weaknesses of the current systems and facilitate greater outcome focused approaches.

This work will add to the internal knowledge of safeguarding work captured on an ongoing basis through the work of the adult safeguarding quality assurance officer.

Continuing to review local practice:

Extensive bite size training sessions were set up early in 2011 to disseminate information about the new Pan London safeguarding practice. It is noteworthy that the Pan London processes largely echoed the processes already in place via Croydon's own existing policy and practice developed after No Secrets in 2001 and the primary changes concerned terminology and some of the detail such as the establishment of a safeguarding adult manager lead for each case. Pan London training continues to be rolled out on a regular basis as part of multiagency awareness training. A separate strategy has been developed just to address the challenge of implementing Pan London guidance throughout the borough.

The steps model of training is now firmly in place with training ranging from the recognition of abuse and how to make an alert for partner agencies to investigate interviewing, chairing and minute taking and training in managing financial abuse for those engaged in safeguarding investigations. A new e learning course – amended to take on board the suggestions of the private and voluntary sector has been disseminated in April 2012.

Throughout the year the case review and audit subgroup of the safeguarding board continues to meet quarterly to ensure that learning from individual, anonymised cases is disseminated on a multiagency basis. The most recent case study focused on the joint work between care management, safeguarding and trading standards to protect an elderly and lonely man who had become the subject of large scale financial abuse through telephone and postal scams. Focussed, multidisciplinary work with this man enabled systems to be put in place to intercept the callers, liaise with his bank and support him. Trading standards continue to provide extensive community engagement and information dissemination to warn people at risk and the banking industry of potential frauds and to investigate with the police actual cases.

The lead practitioners subgroup also meets quarterly to disseminate learning and best practice across the social work and case management teams. This group has addressed the plethora of best practice guidance sent out in association with the No Secrets refresh document and the Pan London guidance.

In the past year a serious case review, following the death from a fall of an elderly resident in a care home, has looked closely at the multiagency partnership arrangements in place in order to make recommendations to improve practice in joint risk assessment and risk management.

Also in the past year, three care homes have been the subject of service level concerns which has led to intensive work with them by the Care Support Team, in liaison with the Care Quality Commission, to improve standards of care and full engagement from the owners or managers of the homes concerned. In one case the home was transferred to new ownership in order that standards could be improved.

Supporting informal carers:

The SVA coordinator has presented to the quarterly carers partnership board on ADASS guidance and Pan London protocols addressing safeguarding and carers issues.

Training power points have been amended to address changes resulting from Pan London guidance.

A carers day was held in July 2011 with the focus on the safeguarding response to carers under stress and support available to them.

A wide range of carers support services are available commissioned from the voluntary sector as well as respite support for the carer for person via case management and assessment.

No Secrets review:

The safeguarding coordinator and head of professional standards are active participants in the London Safeguarding Adults network. This group feeds into the review of the Pan London safeguarding arrangements, taking on board a range of recent publications and research coming from the department of health, ADASS and social care institute for excellence which continue to shape practice. In turn this underpins an ongoing scrutiny of practice, procedures and training in Croydon.

Enhancing professional practice within the safeguarding process – mental capacity act and deprivation of liberty safeguards.

Courses are offered to council and partner agency staff on an ongoing basis on MCA and DOLS. The safeguarding co-coordinator and MCA/DOLS lead has also worked jointly with NHS Croydon and Croydon health Services to deliver training to hospital staff, to GPs and dentists.

Croydon council currently has 20 social work staff trained as Best Interest Assessors and regular BIA sessions are held to promote ongoing learning from case law.

The MCA/DOLS subgroup meets quarterly and this multiagency board ensures that training needs across partner agencies are identified and met to and that information on changing case law is disseminated. The board also reviews the contract with Voiceability to provide Independent Mental Capacity Advocacy to those people who require it.

The Winterbourne abuse scandal of 2011 - Implications for Croydon

On 31 May 2011 Panorama broadcast a programme evidencing shocking abuse of patients with a learning disability at Winterbourne View private hospital in South Gloucestershire. The abuses uncovered are the subject of criminal investigations.

The discovery of abuse on this scale within a learning disability private hospital shocked all who saw it. Croydon was quick to establish that it had no clients placed in this service. Over the past few years Croydon LD services have been taking a very proactive role with regard to people placed in both long stay NHS and private hospital provision.

The White Paper, 'Our Health Our Care Our Say (2006)' made a commitment to close NHS Campuses by 2010. Campus provision refers to people who have been living in long stay hospitals for more than 12 months and who are not detained under the Mental Health Act. NHS residential campuses do not offer the best possible support and opportunities for independence and choice for people with learning disabilities.

The policy aim is for people not to live in NHS facilities, but to receive the best possible support and treatment from NHS services. Where appropriate, this should include specialist services which are as close to home as possible.

Because of this clear policy direction as well as a professional view that people should be enabled to live independently in the community wherever possible, Croydon LD service has ensured that the needs of all clients living in a hospital setting, including those detained under section, or in active assessment and treatment units, have been closely reviewed and care managed. All clients who were previously subject of the 'Campus' definition have been reassessed and re-provided for. Croydon now has no Campus clients.

Croydon LD team has also acted to ensure that any client living in a hospital setting and who is unable to give consent, is there either under section of the mental health act or in one case, a deprivation of liberty safeguard has been set in place to authorise the placement via the mental capacity act. This is subject to regular review. There is a small group of clients who are all living in provision run by Surrey and Borders partnership NHS Trust. These clients have been actively case managed and the learning disability team has actively worked with the NHS Trust and their families and advocates to review all their needs and consider options for closer community integration.

Serious Case reviews

There has been one serious case review commenced in 2011 and nearing completion in 2012. The review concerned an elderly woman with dementia, placed in a Croydon residential care home by a neighbouring borough,

Bromley. After a series of falls, linked to her dementia, this resident died following a fall down a flight of stairs.

All the agencies involved produced individual management reports and Croydon and Bromley Adult Safeguarding Boards jointly commissioned an external overview report in order to gather the learning from this case.

The key learning points focus on:

- The primacy of robust risk assessment and risk management by all agencies concerned.
- The risk of falls is one of the primary causes of accidents and safeguarding issues in residential care homes for older people and must be carefully managed.
- GP's need to be more aware of the option to refer patients who fall frequently to the falls clinic and/ or to highlight the risks to the care manager.
- Hospital accident and emergency units need to keep track of patients who frequently present in A and E with the same issues and raise concern. Staff must not assume that someone living in a care home necessarily has sufficient support. They should ensure appropriate discharge planning.
- The critical role of the continuing health care panel for both Croydon NHS and South London and Maudsley trust and the need to ensure that both organisations work seamlessly when a patient referred to them has both physical and mental health care needs. This includes a focus on their role in risk assessing patients who become eligible for continuing health care and ensuring that they receive the appropriate support.
- The need for all agencies to coordinate their work and ensure that no agency loses sight of a client during handover of responsibility for their care.
- The greater risk to clients placed outside the funding authority area because of the number of different agencies involved and reduced contract compliance role with the out of borough care provider.

These learning points are being translated into an action plan.

Multi-agency partnership reports

Agency report to the Croydon Safeguarding Adults Board

Croydon borough Team – NHS South West London

2. Role of organisation:

Health - Commissioning

3. Is there a designated lead officer for safeguarding? Yes
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During 2011-12: Dow Smith, Executive Lead and Medical Director
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For 2012-13: James Slater, Head of Commissioning
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4. How does your organisation fulfil its role in safeguarding adults from abuse in Croydon?
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Safeguarding vulnerable adults continues to be a high priority for Croydon Borough Team (CBT) as in the past and 2011/12 saw a period of further improvements and development.
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Croydon Borough Team (CBT) plays a key role in raising awareness of safeguarding issues across primary care. CBT contributes to the governance arrangements to safeguard adults through executive level representation on the Safeguarding Vulnerable Adults Board (SVAB) and clear internal governance processes; close working with multi-agency partners such as Social Services, Acute and Mental Health in the management of safeguarding adults issues including monitoring and management of serious incidents and serious case reviews; quality assurance and governance; completion and submission of self assessment and assurance framework – and identifying areas requiring further development.

CBT continues to support and fund joint initiatives with Croydon Council and South London and Maudsley NHS Foundation Trust (SLAM) through work undertaken by the Care Home Support Team in care and nursing homes.

The Local Enhanced Service piloted during 2010/11 which involves GPs carrying out individual assessment and management of complex patients in care homes has proved successful. This service also incorporates medication reviews by pharmacists. All participating GPs are required to undertake safeguarding adults training.

Internally, regular updates and reports on Safeguarding Adults are fed into our Senior Management Team, Clinical Commissioning Group, SWL Cluster Integrated Governance Committee and other appropriate committees or groups as necessary. Safeguarding responsibility is embedded within the CCG board and strategic level Terms of Reference and Job description.

Our Operating Plan includes a domain on safeguarding adults reflecting (Dept of Health requirements) encompassing the following:
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- | |
|--|
| <ul style="list-style-type: none"> ▪ Ensure a sustained focus on robust safeguarding arrangements. ▪ Work with developing CCGs to ensure they are prepared for their safeguarding responsibilities |
|--|

<u>Further actions planned</u>

- | |
|--|
| <ul style="list-style-type: none"> ▪ Joined up approach in quality monitoring of Care Homes – ongoing discussions with commissioning leads and the Practice Nursing Team to undertake relevant training in association with the Care Support Team. An action plan will be drawn |
|--|

up to this effect

- CCG to work collaboratively with the local authority in safeguarding adults work to ensure an integrated model of care is maintained
- Joined up approach in response to the Action Plan on the Multi-agency audit that had been done on Tissue Viability Management

CBT contributes to review of serious cases, investigations and strategy meetings. Depending on the issues within each case, support and advice are provided by multi-disciplinary staff in CBT, ie, the medical director, chief pharmacist, head of quality, senior commissioning leads, mental health lead, etc. This includes cases relating to pressure ulcer management, allegations of abuse, incident in care homes / nursing homes, multi-organisation case reviews. Our complaints and PALS management systems also take into account safeguarding adults' issues and requirements – where necessary appropriate links are made to ensure any underlying safeguarding issues within complaints are effectively managed.

5. Please describe how the safeguarding of adults in your organisation impacts on individuals or groups ie what are the outcomes?

GP Local Enhanced Service

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. 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 inputs 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 management.

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. Successful establishment of the care support team and evident impact of their work in developing safeguarding adults work across care and nursing homes in Croydon. The Care Support Team has led on a Dignity in Care initiative resulting in a number of dignity champions being identified across the Borough. The team supports in quality monitoring and self assessment of care homes.

Self Assessment and Assurance Framework

Croydon Borough Team completed the Safeguarding Adults Self-assessment and Assurance Framework for Health Care Services. Our self-assessment and assurance status was rated as 'Effective' and 'Excelling'. However, there are areas that require further development such as embedding robust systems within all contracting and procurement process; and workforce development in safeguarding.

As part of our CCG taking over commissioning responsibilities, safeguarding function will form part of the portfolio of the clinical leadership group to ensure that national agenda and requirements are progressed and that historical successes are maintained and developed.

The findings and learning points from the NHS London-wide overview report on safeguarding adults indicate that generally, organisations appeared to have systems and processes in place to meet their responsibilities. This is demonstrated in the commitment of senior leadership and the organisation as a whole in safeguarding adults work.

Areas of development as indicated in the overview report include:

- ensuring that safeguarding is embedded as ‘everybody’s business’
- developing stronger strategies that link safeguarding, quality and workforce development
- strengthening the relationship between commissioners and service providers on safeguarding
- embedding good practice in mental capacity securely with safeguarding
- developing the range and quality of local partnership working

6. Training and awareness:

Please describe training offered to staff or others in the safeguarding of adults and in awareness raising

Safeguarding adults training has proved successful in the last one year, with good attendance by GPs and their practice staff; Croydon Borough Team; Dentists and their practice staff. We are now sending out invitations to Optometrists and Community Pharmacists. The training is being facilitated by the Local Authority who are the lead for safeguarding in Croydon. Our active involvement in training also supports one of the recommendations made by the CQC in their inspection of Croydon during 2009/10, that there is a need to continue the training programme across Croydon.

Safeguarding training attendance records during 2011-12

Independent Contractors	Number of Attendees
GPs and Practice Staff	52
Dentists and Practice Staff	78

Croydon Borough Team	Number of Attendees
Management and Staff	104

Evaluation from the training undertaken to date show that:

- a) borough teams and independent contractors have found the contents of the sessions useful;
- b) are aware of the process to follow in reporting a safeguarding issue;

c) participants were also able to recognise and understand how their roles fitted into the safeguarding process

The training team within Social Services provide regular training to staff in nursing and care homes across Croydon.

Safeguarding training and other quality standards are discussed and reviewed at the SVAB, the multi-agency quality assurance and governance group led by the Social Services; as well as the Best Practice and Procedure Sub-Group at Croydon Health Services (CHS). Croydon Borough Team contributes to these meetings.

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

Training evaluation: Evaluation from the training undertaken to date show that borough teams and independent contractors have found the contents of the sessions useful; are aware of the process to follow in reporting a safeguarding issue; participants were also able to recognise and understand how their roles fitted into the safeguarding process.

Self-Assessment rating: Our self-assessment and assurance status was rated as 'Effective' and 'Excelling'. However, there are areas that require further development such as embedding robust systems within all contracting and procurement process; and workforce development in safeguarding.

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

Self Assessment and Assurance Framework

The Safeguarding Adults Self-assessment and Assurance Framework for Health Care Services, was developed by SHAs in collaboration with the Department of Health, commissioners and clinicians within their regional networks. The framework draws on existing standards and other inspection frameworks including The Care Quality Commission Essential Standards for Quality and Safety; national standards for Adult Protection; and the NHS Outcomes Framework.

The primary aim of the framework is to support health services to meet safeguarding adults' responsibilities and achieve improved outcomes in:

- Preventing harm occurring
- Effective, patient centred responses where harm has occurred

As previously noted: The findings and learning points from the NHS London-wide overview report on safeguarding adults indicate that generally, organisations appeared to have systems and processes in place to meet their responsibilities. This is demonstrated in the commitment of senior leadership and the organisation as a whole in safeguarding adults work.

Areas of development as indicated in the overview report include:

- ensuring that safeguarding is embedded as 'everybody's business'
- developing stronger strategies that link safeguarding, quality and workforce development
- strengthening the relationship between commissioners and service providers on safeguarding
- embedding good practice in mental capacity securely with safeguarding

- developing the range and quality of local partnership working

CBT Action Plan on the Self-Assessment and Assurance Framework will be developed alignment with national agenda on safeguarding adults and the areas identified within the NHS London overview report.

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

To summarise the above:

- **Training and awareness raising:** please refer to section 6 and 7
- **Contribution to case reviews:** please refer to section 4
- **Care home support:** please refer to section 5
- **Clear governance processes:]**
- **CCG responsibilities:**] please refer to section 1
- **Strong multi-agency working:]**

10. What have been your key achievements?

To summarise the above:

- comprehensive training of local staff and independent contractors
- local enhanced service supporting care home patients management
- clear governance accountability and processes
- strong multi-agency relationship and joint working
- integrated approach to serious case review
- forward thinking and involvement of the CCG
- inclusion in our operating framework and commissioning plans

11. What are your priorities for the coming year?

- **Training for CCG members:** CCG Board and the Clinical Leadership Group will need to be trained to ensure that they understand their role in the strategic management of safeguarding in Croydon.
- **Integrated working:** Joined up approach in quality monitoring of Care Homes; Joined up approach in review of Action Plan on the Multi-agency audit of Tissue Viability Management (pressure ulcer monitoring and management)
- **Embedding robust systems within all contracting and procurement processes:** Working to the requirements of the London Multi-agency Policy and Procedures for Safeguarding Vulnerable Adults

Croydon Health Services (CHS) - April 2011 to March 2012

Role of organisation:

- To provide acute and community health services for the people of

Croydon.

Is there a designated lead officer for safeguarding?

Please provide name:

The safeguarding adult team is as follows:

- The Director of Nursing is the executive director for safeguarding (Zoe Packman)
- Associate Director of Nursing for Children, Young People and Families in the Health and Wellbeing Directorate (Christina Hickson)
- Head of Safeguarding Adults and Children (Emelia Bulley)
- Named Nurse Safeguarding Adults (Patricia Leigh)
- Learning Disability Acute Liaison Nurse (Susan Dunn)

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

Our safeguarding responsibilities are:

1. To safeguard vulnerable adults at risk as stipulated in Outcome 7 of the Care Quality Commission Regulations.

Board reports are presented quarterly to the Integrated Governance and Clinical Governance committee and annually reports are presented to the CHS and Safeguarding Adult Boards (SAB); to give internal assurance, showing the safeguarding activity and achievements throughout the year. An Internal audit was completed this year as part of the Trust internal audit plan to give the assurance of the effectiveness of the safeguarding function. The audit action plan created has been presented to the Audit Committee in July 2012. The Care Quality Commission (CQC) is due to make inspection of our services at Croydon University Hospital. Self-Assessment Assurance Frameworks (SAAF) were completed for Learning Disability (LD) and for Adults at risk and were submitted to NHS London. The SAAFs highlighted the safeguarding achievements and identified the gaps. These gaps are highlighted in an action plan and are being implemented for example, increasing staff awareness of the whistleblowing process (i.e. The Speak Up policy)

2. To ensure robust systems and policies are in place and are followed consistently.

The Pan London Policy and procedures were officially appointed by the CHS Board in April 2011. Local policies and procedures have been developed for Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2007 which were ratified by the CHS' Policy Committee. A restraint policy has been developed, which will be ratified in August 2012. The effectiveness of the policy implementation will be audited in 2012-13.

3. To provide training and supervision, to enable staff to recognise and report incidents of adult abuse

Safeguarding training programme has been in operation since 2009. The uptake in training has improving this year; with a considerable increase in the use of the Kwango ELearning system. Different levels of training have

been defined to match the role requirements of each staff (see Training and Awareness section below) All changes to the programme were discussed and ratified by the Multi-agency Training subgroup.

4. To provide expert advice

Since the integration of services, the safeguarding team has been working across the organisation; providing advice to staff and practical support by attending complex SVA strategy and case conference meetings as required.

5. To reduce the risks to vulnerable adults

There is a CHS safeguarding adult steering group in place, which is accountable to the CHS Integrated Governance and Clinical Governance committee (IGCG) and is a subgroup of the Multi-agency Board. The steering group has a multi-agency membership. The group discusses, disseminates learning and information obtained from all safeguarding subgroups and SAB. The group has a part 2 section where clinicians are able to discuss actual client cases, to highlight potential risks and to agree a way forward to prevent harm. The function of the group is currently under review to strengthen its effectiveness.

Please describe how the safeguarding of adults in your organisation impacts on individuals or groups ie what are the outcomes?

There are four Serious Case review action plans currently in place. During the implementation of the actions, there have been a number of improvements made which has had an impact on how staff treat and provide care for learning disability patients, patients who have been harmed by domestic violence, patients prone to falls and patients who lack capacity to make decisions about their health and well-being. All training sessions have been redesigned to raise awareness of these areas of concerns. New policies and protocols have been put in place around Falls management. All falls re monitored weekly. The number of falls has reduced from 70 to 54 per month (June 2012). A new MCA and DOLs level 2 training sessions has been created in collaboration with the Council MCA manager; to ensure staff are more confident to assess mental capacity and work in the best interest of clients, who do not have capacity to make specific decisions. An MCA and DOLs audit will be completed this year to monitor the implementation of these polices.

Training and awareness:

- **Please describe training offered to staff or others in the safeguarding of adults and in awareness raising**

There are three levels of safeguarding adult training available for CHS staff. Each staff member is required to attend the most appropriate level every 3 years.

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

All staff receive an induction for safeguarding adults at the beginning of employment

Induction training which is delivered fortnightly, consisting of a 30 minute basic safeguarding adults training since Jan 2012. Also in Jan 2012, a 5-day induction course was started for all new nursing staff which now includes Level 2 safeguarding adult training. The course is run once a month.

Training achievements

- From 1st April 2011 to 31st March 2012 732 people received training provided by the Named Nurse at various levels (see Table One below).
- March 2012, in total 858 current staff members achieved level 1 competency in the past 3 years (29%). To improve the training compliant a training trajectory was drawn up. The trajectory aims is to obtain 55 % compliancy by 1st September and 80% compliancy by 31st December 2012. To achieve these targets the following strategies were deployed.
 1. Revision of safeguarding training programme with addition dates and places
 2. An email to all managers promoting the attendance to a safeguarding adult session appropriate to job role or to complete an e-learning programme, which is freely available from the Croydon Council via www.kwango.com.
 3. Ad hoc level 2 training provided to specific teams etc. (The full trajectory is available on request.)

- On 1st July the staff compliancy with training was 42% (n=1245).

Table One: Shows Safeguarding adult training delivered within CHS from April 2011 to March 2012.

Type of SVA Training	Type of Participants	Total No. of people trained for April 11 to March 2012
Induction (20 minutes)	Corporate	278
Induction Level 1 (30mins)	CHS	115
Level 1 (90mins)	CHS	31
Level 2 Awareness (3hrs)	Community	32
Level 1 including MCA & DOLs training (4 hrs)	All Hospital staff	110
Level 1 Medical Staff (90 mins)	Elderly Care Doctors	12
Level 2 (3hrs)	CHS	58
Pre-registration Students L1	Kingston University	73
Good Record Keeping & Processes within Safeguarding	Band 6s & 5s	9
Level 1 Croydon Council Awareness (one-day course)	All partner organisation	14
TOTAL		732

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

An electronic risk management system called Datix is in operation for staff to report all incidents and near misses that have occurred within the organisation. The system is used to record, investigated and identified learning, to influence change in practice and to prevent similar incidents occurring. The system is used to identify adults at risk, safeguarding concerns, pressure ulcer development and potential incidents that may require a DOLs response. The analysis of information recorded has shown a 25 % reduction in grade 3 and 4 pressure ulcer development.

Any Learning Disability patients who are admitted to Croydon University Hospital are recorded on the LD register and the LD Acute Liaison nurse is informed to provide support to the patient and staff. All alleged safeguarding concerns are reported to the Named Nurse and safeguarding leads.

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

Each national safeguarding issue that has arisen are shared with the CHS' Board via the IGCG committee and are discussed at the CHS Steering Group.

From the recommendations of the Commission for Dignity in Care for Older People, CHS has requested to be a pilot site for observational reviews of care. The pilot commences in August 2012.

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

This year, there was a re-launch of protected meal times and red trays for patients who are at high risk of malnutrition. Volunteers have been re-introduced to assist patients who require help with eating and drinking. Three wards are taking part in this initiative. All ward staff have received the Age Concern booklet 'Still Hungry' to raise awareness and assist CHS to prevent malnutrition. Also by appointing link nurses on each ward, nutritional awareness has improved, ensuring patients are not Nil by Mouth for unacceptable periods of time.

What have been your key achievements?

- During the early part of the year, senior staff made unannounced inspections on the wards especially targeting periods at weekends, evenings, early morning and nights. As a result of these inspections gaps were identified and improvements were made for example, improved Vitapak recording of observations and improved restraint practices.
- During the restructure this year, the Head of Nursing Patient Safety and Patient Experience was appointed to lead on areas to improve patient care for example, pressure relieving equipment, pressure ulcer management, and to reduce catheter infections (see the priorities below for Harm Free care)

What are your priorities for the coming year? (2012 to 2013)

1. To improve the data collection for the Four Harms. The Four Harms are defined as an absence of:
 - Catheter related infections
 - Patient Falls
 - Healthcare acquired pressure ulcers
 - Venous thromboembolism (VTE)
2. To improve the training uptake for basic safeguarding to achieve 80% of staff trained.
3. To audit the implementation of MCA and DOLs policy within CHS.
4. To ratify the Restraint policy and provide a training course for specific senior staff.
5. To improve training on wound management in relation to safeguarding in order to reduce the number of concerns raised as safeguarding.

Name of Organisation : S. London & Maudsley NHS Trust
Role of organisation: Provision of NHS mental health services
Is there a designated lead officer for safeguarding? Yes Theresa Joyce
How does your organisation fulfil its role in safeguarding adults from abuse in Croydon? The Trust has an obligation to safeguard vulnerable adults under its care, and to work, as a partner, with the Local Authority and other agencies in ensuring this. Staff have a professional duty to provide good care, and to notify safeguarding concerns both internally and externally to the Local Authority (and any other agencies as appropriate e.g. the police). The Trust follows the Pan-London procedures for safeguarding adults at risk. The Trust has a Board Member with responsibility for Safeguarding Adults (Dr Martin Baggaley). The trust has a policy for staff on Safeguarding Adults (currently under revision) and also a policy on the MCA 2005 and the Deprivation of Liberty Safeguards (also under revision) The Trust has a Safeguarding Adults committee, chaired by Dr Martin Baggaley. The service leads and the Local Authority leads sit on this committee.
Please describe how the safeguarding of adults in your organisation impacts on individuals or groups ie what are the outcomes? The aim of the safeguarding work is to ensure that vulnerable people are protected. Within community services, this is managed with the relevant Local Authority and cases are identified, investigated and managed within that framework. Within inpatient services, the trust takes a larger role in investigation and management and this has resulted in increasing awareness of, and action on, issues to do with safeguarding vulnerable people from other patients.
Training and awareness: Safeguarding adults awareness training is part of induction for all new staff. Staff also use an e-learning package. More advanced training is offered by the Local Authorities, and staff access this. Specific training for Safeguarding Adults Managers will be made available to

inpatient managers within this financial year.

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

Safeguarding incidents are reported on the Datix system. Each Clinical Academic Group (CAG) - major service area) has either appointed, or is the process of appointing, a Safeguarding Adults lead who record all safeguarding incidents, action taken and outcomes. Incidents are investigated under the Serious Incident policy (in accordance with the NHS guidance on safeguarding adults and clinical governance), and outcomes monitored by the SI panel in the CAG

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

The trust has links with the London network and also the LA leads. The trust has links with the London network on MCA/DOLS

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

The Trust is currently working on developing its internal structures, especially in relation to inpatient services

What have been your key achievements?

The Trust has worked hard to raise awareness of safeguarding issues, especially in inpatient services and there has been an increase over time in the number of alerts. Key people are being identified with responsibility for safeguarding adults which again has raised awareness; this results in quicker and more robust action in relation to safeguarding incidents

What are your priorities for the coming year?

To further develop internal structures, to agree reporting structures with the 4 main local authorities, to increase awareness of safeguarding issues and ensure that staff in inpatient services are trained in overall management of the safeguarding process

Age UK Croydon

Role of organisation: To provide information, advice and support to people 50 + living in the borough of Croydon, their family, friends and carers

Is there a designated lead officer for safeguarding?

Stuart Routledge

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

Age UK Croydon:

- Are represented on the CUH Safeguarding Adults at Risk steering group
- Are represented on the Croydon Council Safeguarding Adults at Risk Board
- Ensure all staff and volunteers receive Safeguarding Adults at Risk training and are able to access further training around specific issues relating to this
- Has as Safeguarding Adults at Risk policy
- Is currently implementing Age UK's Quality Standards
- Ensures all staff and volunteers have an enhanced CRB check
- Work within the Pan London guidance
- Joint working with the local authority in Adults at Risk Awareness raising events
- Work with Trading Standards and Victim Support

Please describe how the safeguarding of adults in your organisation impacts on individuals or groups i.e. what are the outcomes?

All staff and volunteers are aware of their and the organisations responsibilities. We are able to identify clients who have been abused or are at risk of abuse and make appropriate referrals.

Clients are offered support through the advocacy service and able to access other support through in-house and external referrals.

Staff are asked to attend a range of meetings with the Safeguarding and Care Management teams to offer information, advice and to speak up on behalf of clients.

Clients tell us that they feel supported and less vulnerable.

Pilot project funded by Action on Elder Abuse to provide support to clients who had been abused to enable them to become survivors rather than victims of abuse

Training and awareness:

- All staff and volunteers undertake Safeguarding Adults at Risk training as part of the core training within AUKC. This can be done online (e-learning module), in-house AUK training, external via Croydon Council and the Safeguarding Co-ordinator.
- We can access additional training e.g. DOLS; Mental Capacity; Identifying Financial Abuse; Scams; Financial & Material Abuse; Mental

Health Law;
<p>Please include any data collection or monitoring carried out in your organisation on safeguarding adults</p> <ul style="list-style-type: none"> • We have recently installed a new Database which will enable us to capture a range of data. • As part of the DASHH funding, we pick a number of clients at random and evaluate the service. • Our statistics for the enquiries records data on safeguarding
<p>How does your organisation ensure that it links its safeguarding work to national developments?</p> <ul style="list-style-type: none"> • Through links to the Croydon Council Safeguarding Team and Co-ordinator; available training and updates (local and national); Pan London; Department of Health and Government policy updates; Action on Elder Abuse; Pan London Safeguarding Adults at Risk procedures
<p>Has there been any preventative work carried out in your organisation in the last year?</p> <ul style="list-style-type: none"> • We have identified a number of clients who have been or were at risk of being abused. • We have referred clients on to the Safeguarding team and/or police • We have worked with and supported Care Managers and other local authority staff to put in place preventative measures to ensure clients are safe • We have represented clients at best interest, review and investigative meetings
<p>What have been your key achievements?</p> <p>Ensuring that all staff and volunteers are knowledgeable and confident in Safeguarding Adults at Risk procedures and aware of role and responsibilities of other agencies and organisations</p>
<p>What are your priorities for the coming year?</p> <p>To access funding to support isolated older people who are housebound and at risk of abuse because they are unable to access their cash. Often, these are the people who are financial abused as they give their card and PIN numbers to anyone who will help them to get at their money.</p>

Planning and Environment
Role of organisation:
Planning and Environment provides a wide range of environmental

services in a variety of settings.

Is there a designated lead officer for safeguarding?

Anthony Brooks
Director of Public Safety & Public Realm
Planning & Environment department

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

Visible patrol officers work in public places (e.g. CCTV staff, neighbourhood enforcement officers, park rangers, area enforcement officers, waste and recycling collection staff, bereavement services staff, parking attendants, and car park staff). We deal with Anti Social Behaviour (ASB) complaints involving a range of people, adults and young people

We receive numerous complaints relating to safeguarding vulnerable adults – some examples are:

- Self referral from the vulnerable adult
- Referral from residents and neighbours who witness or hear abuse such as domestic violence or verbal and physical abuse
- Complaints about anti-social behaviour that flag up safeguarding issues when investigated
- Referrals from other internal and external agencies such as trading standards who sought consultation to obtain an ASBO against a father and son who are
- Targeting elderly people and overcharging them for simple repairs
- Safeguarding issues come to light due to Mental Health issues

On all of the above a case conference/team around the family meeting is held with the relevant agencies to discuss the difficulties and prepare an action plan for support. This includes support from Care Co-ordinators in the Mental Health Teams, Social Workers, Family, GP, Counselling services such as MIND, Key Workers when the whole family are referred to the Family Resilience Service, Acceptable Behaviour Agreements, Mediation and Restorative Justice for low level concerns, Mental Health Psychiatric assessments when a person is deemed a danger to him/herself and others and in some instances it is necessary to use enforcement sanctions such as Anti-Social Behaviour Orders/Injunctions and Closure Orders when the vulnerable adult has mental capacity to understand their actions but refuses to control their behaviour.

In serious cases the Witness Support Service is used and this enables reassurance visits to be carried out by dog handlers once the police have attended on the victim.

Cases with the potential to escalate are flagged up with senior officers and the police.

All cases where there are safeguarding concerns relating the adults and

children are referred to the Safeguarding Adults Co-ordinator and Social Care and where mental health is an issue a referral is made to South London and Maudsley Trust (SLAM). The case conference picks up any other relevant agencies such as Housing Associations, the police, Care Line Co-ordinator, Drug and Alcohol Team where there is a substance misuse element, Housing, the Youth Offending Service, Probation, the London Fire Brigade where there is an arson element and many other agencies.

The managers are the designated safeguarding leads but staff are aware of emerging safeguarding cases/issues and make the appropriate referrals to relevant agencies. Other partnership training undertaken thus far to multi-agency groups including Safeguarding from Gangs, Vol sector Housing providers, School Heads & Safeguarding Leads.

Please describe how the safeguarding of adults in your organisation impacts on individuals or groups ie what are the outcomes?

Officers presented on hate crime to lead practitioners in Adult Safeguarding in May 2012. The presentation looked at how hate crime legislation has developed, significant criminal cases and how it might develop in future.

We would still like to implement the Safely Together scheme that the central Metropolitan Police Community Safety Unit has proposed. This is a scheme that firstly gives vulnerable adults (and their carers) the opportunity to meet all appropriate partners who can contribute to their safety in public places and inform the partners of their concerns and any specific problems and secondly seeks to establish a number of locations within Croydon whereby organisations make their premises available to vulnerable adults should they need to seek shelter or refuge and enable contact to be made with their carers.

We agree with the police Dispersal Notices to tackle ASB that have an impact on people engaged in anti social behaviour. Our key partner agencies are Police and Probation. There is an identified lack of engagement with health related professionals through the partnership arrangements.

In relation to our other service functions, the noise team officers and trading standards officers visit private residential dwellings and could witness safeguarding issues (doorstep crime perpetrated against the elderly and vulnerable would be one good example) . Similarly, the Environmental Health Officers (EHOs) and Trading Standard Officers (TSOs) visiting commercial premises could also see evidence of sexual and economic trafficking. All of the officers have been made aware of what to look for and who to report it to.

In relation to our gang intervention project approximately 60 individuals across a wide range of adults and young people, have been offered 1:1 support since Jan '12. All identified nominals are put through the 'Connect matrix' to establish frequency and type of (criminal) behaviour, in order to formulate risk-led responses.

Training and awareness:

In January 2012 managers attended the ***Protecting Adults at Risk: Self-neglect and adult-safeguarding – Bitesize Training to Practitioners*** – the information was passed on to staff and more training should be arranged when the CST/Housing Anti Social Behaviour team amalgamation is completed.

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

From January 2012 to date the Community Safety Team has handled around 15 cases where there were adult safeguarding issues.

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

Tasking meetings held weekly with YOS, Police Gangs Unit & Probation to allocate new referrals, and to risk-assess top 50 gang nominals in response to new information or change in circumstances. All 157 gang members have been recorded onto the matrix and have all received a copy of our partnership letter offering them a chance to leave the gang. Police have had no uptake and no disputes re them being a gang member received.

- All adult nominals have received call-ins (home visits by Police and/or YOS or Probation)
- Prohibitive Licence conditions agreed with Police
- 5 gang-related ASBOs obtained thus far & 5 pending
- Proactive targeting of the top 10 gang nominals and top 10 most at risk (there is some overlap between the two). This will hopefully enable us to reduce the number of incidents and either convict or disrupt their gang activity.

Referrals & links to other agencies

- Housing support-9
- Further Training/Apprenticeships-10
- Employment-6
- Positive activities-19
- Mentoring-3
- Drug support-5
- Social Care (vulnerability/safeguarding)-4
- CAMHS-4
- Two women supported into refuge (OOB)
- Young Women's Workers (exploitation)-3

London Fire Brigade

Role of organisation:

Within the context of membership of this board, to advise on services offered by LFB available to partner agencies and their clients and to participate in consultation, discussion and debate around adult safeguarding and community safety matters related to the board's terms of reference.

Is there a designated lead officer for safeguarding?

Station Manager Robert Penny

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

London Fire Brigade follows its internal policy relating to the safeguarding of vulnerable adults. This policy outlines the roles and responsibilities of London Fire Brigade staff in relation to the safeguarding of adults at risk. This includes operational staff who may come into contact with adults at risk while responding to fires (and other emergencies) or carrying out community safety work, and staff in specialist teams who work directly with adults at risk.

The policy also sets out what action must be taken where there are concerns relating to the safeguarding of adults at risk from harm or abuse. For staff that require a more detailed knowledge and understanding, appropriate training is provided.

It is recognised that LFB is not the primary authority in relation to safeguarding adults at risk – that responsibility rests mainly with the local authority. However LFB does have a responsibility to ensure that all its staff, many of whom come into contact with members of the public as part of their normal duties, are aware of the issues associated with safeguarding adults at risk and what they should do if they become aware of situations involving these issues.

In addition to the adult safeguarding policy there exists a memorandum of understanding between Croydon LFB and Croydon Department of Adult Services Housing and Health (DASHH) to facilitate a two-way referral process for persons suspected to be vulnerable. The majority of referrals from LFB relate to persons demonstrating self-neglect, such as hoarders, which is an area now being examined closely by the CSAB and to which LFB hope to be able to substantially contribute.

The Deputy Commissioner of LFB is currently reviewing extant policy concerning vulnerable and at risk adults following a number of fire deaths nationally, involving such people.

Please describe how the safeguarding of adults in your organisation impacts on individuals or groups ie what are the outcomes?

Adults thought to be at risk are referred to DASHH who will determine the most appropriate agency or agencies to deal and forward appropriately. Similarly, referrals can be made by agencies within Croydon to LFB to ensure that Home Fire Safety Visits or other appropriate fire preventative action can be taken. This ensures that both individuals and groups who are known or thought to be at risk or vulnerable can receive fire safety advice and the free installation of smoke alarms.

Training and awareness:

It has been identified that, outside of familiarisation with LFB policy, training for watch personnel (the staff and fire-fighters who work on front line fire fighting and community fire safety duties) could improve. Work is currently ongoing to find the most appropriate training method.

Multi-agency training courses in safeguarding awareness and the application of the Mental Capacity Act offered by London Borough of Croydon have been taken up by uniformed managers with responsibility for community safety.

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

There is no routine data monitoring concerning referrals made with London Borough of Croydon. Information can be researched and provided on request.

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

This work is carried out centrally by LFB Community Safety Policy Department.

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

Fire Safety Visits were carried out by LFB in 3,490 homes in Croydon in financial year 2011/12. Over half of these were with people categorised at being most at risk from fire (Priority 1 people). The Priority 1 target for 2012/13 is 70%.

Priority 1 people are those identified by historical fire data, census and market research information which indicates post codes where people may be at higher risk of accidental fires and where the consequences are likely to be more serious. There is a distinct correlation between people with disabilities, those living in social housing and /or having drug, alcohol or mental health issues and higher incidence of fire. In these cases we call door to door offering home fire safety visits.

High risk individuals are identified as having three or more of the following:

- One or more infants in the household
- Mental health service users
- Physical disability and/or impairment of mobility, vision or hearing
- Drug use both prescribed and illegal
- Alcohol abuse
- People living alone
- The elderly
- Smokers
- People in socially deprived housing areas.

Referrals from alcohol and drug care teams, mental health teams and adults safeguarding teams will automatically qualify a person for the receipt of a priority 1 service.

These people may receive an individually tailored home fire safety visit and installation of specialist smoke alarms.

What have been your key achievements?

1. The achievement of volume targets set for Home Fire Safety Visits across all stations
2. Achieving recognition of the need for protocols to deal with persons demonstrating self-neglect, such as hoarders

What are your priorities for the coming year?

1. To achieve or exceed targets set in relation to volume of HFSVs conducted and the percentage of these that take place with people most at risk from fire
2. To participate in the establishment of protocols to safeguard persons demonstrating self-neglect and to work with partner agencies to ensure that vulnerable and at risk persons are made safer by LFB intervention.

Trading Standards

Role of organisation:

Croydon Trading Standards section forms part of the wider Regulatory Services Division in the Planning and Environment Division. The team comprises of 7 trained criminal investigators who enforce a wide range of consumer protection legislation.

One of our main priorities is the combating of rogue traders and the protection of vulnerable people who have or who may fall victim to such criminals.

Is there a designated lead officer for safeguarding?

Trish Burls is Principal officer in trading standards with direct lead responsibilities for doorstep crime and scams and as such plays lead role in safeguarding .

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

Rogue trading may take the form of a doorstep deception – a bogus workman calling at a targeted house and persuading the resident to have ‘work’ done – typically to the roof, driveways, gutters or fascias or gardening work. The price will start low and then will rapidly escalate and the resident may be harassed into paying even more money out. Many workmen leave once they have been paid leaving unfinished work and broken promises. On the occasions that they complete any work, this normally turns out to have been to a very poor standard and often is found to have been totally unnecessary. The criminals that carry out this type of crime target the elderly or more vulnerable members of society, specifically targeting those that may live alone, be socially isolated, often living in a property that needs care and attention and so is easy to spot to the trained eye.

Another form of rogue trading is the mass marketing scam - which may take the form of a letter, e-mail or telephone call in which the victim is led to believe that she or he has been specially selected to win a prize, or a lottery win. The victim is asked to send a release fee in order that their winnings can be ‘activated’. In doing so they are placed onto a ‘suckers list’ which triggers other letters/demands for payment. Some victims are known to receive in excess of 40 such letters a day and their whole way of life becomes focused on their winnings – which they will never receive. In some extreme cases victims have been known to sign over property to fraudsters as well as losing life savings.

Croydon Trading standards work pro-actively to prevent this type of crime from taking place – and in identifying and locating and bringing to justice the perpetrators of such crimes. We raise awareness of these crimes – and how to report them – with a number of partners both internally and externally including colleagues in DASHH, local police, Neighbourhood Watch, Age UK, and Victim Support. We have a strong relationship with most local banks and building societies and regularly re-educate them on the dangers of doorstep crime and have introduces a reporting method for them to report any suspicions that they may have regarding an older or vulnerable client to us. We are currently rolling out training to pharmacies, Meals on Wheels and postmen.

Any relevant doorstep crime referral or scam victim that is referred to trading standards is referred by the investigating officer to the duty social worker in the Older Adults team, via the SWIFT system. The Vulnerable Adults co-ordinator is also made aware.

Training and awareness:

All staff have attended a training session provided by Vincent Docherty and Trish Burls has attended a further session on financial abuse training (in-house). We plan to access refresher training over the next year.

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

Basic victim profile data is collected in relation to every Trading standards investigation into doorstep crime – this includes age, gender, amount lost/saved

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

We work closely with colleagues in the Older Adults team and take guidance from them in ensuring national guidelines are met.

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

Trading standards carry out monthly 'residents days' whereby together with the police, officers target homes which appear to be run down or in need of attention and offer crime prevention advice to residents. A number of cases have come to light through this pro-activity. All of our community talks and partner training sessions are viewed as preventative and proactive.

What have been your key achievements?

Timely interventions saved residents in excess of £190,000 in 2011/12. Individual achievements include safeguarding one vulnerable adult and preventing him from losing his home to fraudsters.

What are your priorities for the coming year?

Identification of and prevention of doorstep crime/fraud
Increased awareness of partners
Identification of new partners

Mind in Croydon

Role of organisation:

Mental health charity providing a broad range of service to people with mental health problems and their carers and families. Also provides independent advocacy.

Is there a designated lead officer for safeguarding?

We consider this to be everyone's responsibility.

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

We have a comprehensive policy which links to the Pan London procedures. This policy is available on our website at www.mindincroydon.org.uk

Please describe how the safeguarding of adults in your organisation impacts on individuals or groups ie what are the outcomes?

All staff and volunteers are made aware of the policy and the duty that this places on them to report abuse

Training and awareness:

All staff and volunteers attend safeguarding training. In addition, the Safeguarding adults co-ordinator has attended our agency to provide bespoke training to our team of volunteer counsellors.

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

By linking to the Pan London procedures and by the attendance of the CEO on the local Safeguarding Board and chairing of the PAID sub-committee.

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

We do preventative work every day with the people with whom we work. This ranges from supporting people to understand their rights and entitlements and helping people who have acquiesced in abuse to gain the confidence and self-esteem to change certain situations and relationships.

What have been your key achievements?

We have supported a number of services users to understand what abuse is and that it is something that they do not have to tolerate or acquiesce in.

What are your priorities for the coming year?

To ensure that we maintain high levels of awareness amongst all staff and volunteers. To make sure that the people we work with avoid abuse and exploitation.

<p>Croydon Mencap</p>
<p>Role of organisation:</p> <p>Provides advice information, support and activities to children and adults with learning disabilities living in Croydon.</p>
<p>Is there a designated lead officer for safeguarding? Please provide name:</p> <p>Vanessa Hosford</p>
<p>How does your organisation fulfil its role in safeguarding adults from abuse in Croydon?</p> <p>We have a duty of care in the services we are commissioned to provide and all staff are made aware of their responsibilities and attend relevant Safeguarding training. CRBs are carried out for all staff and volunteers every 3 years. We also take up references for all staff and volunteers and check their identities in line with good employment practice.</p> <p>Internally policies are updated in line with legislation and reviewed regularly to ensure that they are effective. When issues arise of a more general nature these can be taken to the Safeguarding Board or its sub groups to be considered and as a learning point for other organisations.</p>
<p>Please describe how the safeguarding of adults in your organisation impacts on individuals or groups i.e. what are the outcomes?</p> <p>We believe that overall staff have an increased awareness of Safeguarding issues and the many forms it can take. We have developed a culture of 'if in doubt – speak to your line manager'.</p> <p>In general we have always had a good and easy rapport with our Service Users as much of our work is 'hands on' and happens on a regular basis. In turn this creates a feeling of trust and safety in that Service Users are willing to share their experiences with us.</p> <p>We provide a resource base for young adults with a learning disability at Leslie Park. We raise awareness about safeguarding issues with these young people so that they are empowered to protect themselves and report abuse should it occur. We encouraged these service users to take part in a focus group to put forward their views about how best to raise awareness of safeguarding with other adults at risk. As people at the centre of service provision, it is important that they know what to do and have some degree of understanding about the safeguarding process.</p> <p>We also provide an older carers support service. This support for older carers service continues to uncover potential safeguarding issues. This group of</p>

<p>older people are often isolated due to their caring roles and do not have a strong voice. Also by the very nature of the home visits carried out by our older cares workers safeguarding issues can be picked up.</p>
<p>Training and awareness:</p> <p>All staff are offered training at the council run sessions, including staff involved with children's services.</p>
<p>Please include any data collection or monitoring carried out in your organisation on safeguarding adults</p> <p>Safeguarding records are kept confidentially and at each project base. All referrals are reported to me, Vanessa Hosford.</p>
<p>How does your organisation ensure that it links its safeguarding work to national developments?</p> <p>By receiving updates via the Safeguarding Board; from Mencap National to whom Croydon Mencap are affiliated and by attending meetings of the Safeguarding Board and training events and briefings.</p>
<p>Has there been any preventative work carried out in your organisation in the last year?</p> <p>We have included Safeguarding in our bi monthly newsletter. Due to the level of understanding of many of our members we try and ensure, as far as possible, that they are aware of what is acceptable and unacceptable in terms of how they are supported and treated in general.</p>
<p>What have been your key achievements?</p> <p>A better understanding and awareness by staff and volunteers.</p>
<p>What are your priorities for the coming year?</p> <ul style="list-style-type: none"> • To continue to make our Service Users and families aware of Safeguarding and its importance in keeping people safe. • Continue with training for all staff new and old. • Review policies to ensure that they 'work well' bearing in mind the Service Users understanding

Reports from the Safeguarding Board Subgroups

Public awareness & Information Dissemination sub group (PAID)

The PAID group is chaired by the Chief Executive of Mind in Croydon and its objective is: "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. It has been particularly helpful to have input from the local Trading Standards Department who have helped to make sure that members of the group are kept up to date about scams and doorstep crime which targets vulnerable people.

This year the group has focussed on making sure that Croydon's Safeguarding literature was clear and accessible to the public and in particular to some groups considered "hard to reach", those with learning difficulties and older people from Croydon's BME communities. This was an issue as it had become clear that much of the Safeguarding language seems to be aimed at health and social care professionals and was too technical and obscure to be easily understood by members of the public. The PAID group worked very closely with the local BME Forum and they produced a piece of work based on extensive interviews with large numbers of older people from BME communities that showed that 90% of people did not know how to report abuse and that the phrase "safeguarding" was not understood. It was felt that the language would need to be changed to use more "everyday" language. It was also felt that posters and leaflets themselves could be made clearer by simplifying things and using appropriate colour schemes. Croydon Mencap also undertook some focus groups with people with learning difficulties and lessons have been learned as to how the messages could be put across to this group of people.

Another significant piece of work this year has been to continue to draw the Council's attention to the need for a more strategic approach to the provision of advocacy in order that people who need such help can be directed to suitably qualified agencies in the Borough that can support them. A draft report was considered by PAID, numerous comments were made and members of the group have detailed input into a new Advocacy Strategy for Croydon.

The PAID group made strong recommendations to the main Board that a system of on-line reporting of Safeguarding issues should be introduced in Croydon. This was partly to help those for whom the use of telephone communication was problematic and partly to help with making out-of-hours referrals. This recommendation was agreed and during the year a system

was introduced. The PAID group will be reviewing the use of this service next year.

During the year the group worked closely with other Safeguarding colleagues in health, particularly those working in primary care to help ensure that these front-line staff (including G.P.s) could access training on Safeguarding issues.

Colleagues from Trading Standards organised a very helpful presentation from a company that provided a range of telephone call screening equipment that could be used to help protect vulnerable people from unwanted calls and/or calls from unscrupulous people that were involved in the financial abuse of vulnerable people.

Actions planned for 2012-13

The sub-group will produce a range of new materials based on the findings of the work with people from BME communities and those with learning difficulties.

The sub-group will present the findings of the work with people from BME communities to the main Board in order to represent those peoples' views. In particular, it will highlight that people have requested an 0800 number, a fully staffed (including out-of-hours) phone line and the ability to report abuse to trusted professional such as a G.P., rather than using the Council system.

The group will monitor the use of the on-line reporting system.

The group will enable and develop its role in promoting Safeguarding in health settings. This will include close working with colleagues in primary care and those in Clinical Commissioning Groups.

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

The group will continue to liaise with colleagues over Advocacy developments.

Best Practice and Procedures Subgroup

Introduction:

The attendance to the group has been 12 members on average per meeting. To improve the membership spread across the partnership organisations; at the beginning of the year the group reviewed the terms of reference and new members were successfully recruited to the group to include, the Croydon Community Safety Unit (Police), Direct Payment, Care UK Providers, Adult in Need.

Key Achievements

Anna D'Agostino, a Community Development worker completed a survey of an elderly Black and Minority Ethnic (BME) group's understanding of safeguarding. The report identified the following in brief:

- poor respect amongst young people
- poor engagement with the Police and lack of advocacy support were noted
- safeguarding leaflets were seen as misleading
- fears were raised of ringing the adult abuse line and the expectation that GPs and practice nurses would be the individuals that BME elderly would disclose to.

An action plan was created covering specific areas e.g. Training, Advocacy and Publicity. The former was monitored by this Group, advocacy was monitored by Safeguarding Adult Board and the latter area was monitored by Public Awareness and Information Dissemination (PAID) subgroup.

The BME report highlighted that training was required for GPs and Nurses who delivery care at surgeries, to ensure they are able to meet the expectation of BME communities. Work with the NHS Croydon Borough team produced a safeguarding level 1 programme for GPs and Practice Nurses, which is facilitated by Vincent Docherty, the Safeguarding Co-ordinator. Trading Standards provided training for BME communities, raising awareness of rogue traders and scam letters.

Discussions about advocacy revealed BME communities held a view that if they disclosed abuse they would be removed into care, which highlighted the need to circulate factual accurate information for service users. Hence the safeguarding guides were updated and re-launched.

Information was circulated to lead practitioners to raised awareness about how to refer to the Independent Safeguarding Authority (ISA), using the ISA toolkit.

A useful presentation was greatly received from the Croydon Community Safety Unit (Police). The presentation was used to inform organisations of the referral data required to report a crime, how the Mental Capacity Act is used within the Police and who to contact for advice.

In response to the Winterbourne View Hospital abuse case, a special conference for private hospitals and care homes in Croydon was presented to raise awareness of the issues within the Panorama programme.

Training Sub Group

Role of organisation:

The Training Sub Group are part of Croydon's Safeguarding Board and have a key role to play in ensuring that staff trained to recognise and report abuse. The sub group fulfils this role by producing 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 and awareness:

Training Steps Model

The multi-agency learning and development plan comprises a programme of events that supports the implementation of Pan London procedures and the training steps model. 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 their practice to meet 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 and Pan London Safeguarding Procedures for all staff in the Department for Adult Services, Health and Housing (DASHH), Health, Private and Voluntary Organisations, Carers 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, OTs, team managers and care co-ordinators who are involved in and/or are responsible for leading a safeguarding investigation

Level 5 Chairing and minuting 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.

What have been your key achievements?

For 2011/12

Safeguarding Adults Awareness – level 1

13 multi-agency safeguarding adults awareness courses were provided to staff where there is likely to be contact with vulnerable adults. 255 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 Adults Co-ordinator provided awareness raising sessions to:

- 176 people from private and voluntary organisations
- 137 people from BME community groups
- 28 GPs
- 29 dentists
- 54 health staff from community and hospital settings and dentist surgeries

The Safeguarding Adults Co-ordinator also provided information, training and support through the Care Forums which were attended by 74 care home staff.

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

- Induction session (20 minutes) provided to 278 staff (corporate)
- Induction session level 1 (30 minutes) provided to 115 CHS staff
- Level 1 awareness (90 minutes) provided to 31 CHS staff
- Level 1 awareness (3 hours) provided to 32 community staff
- Level 1 awareness (90 minutes) provided to 12 medical staff
- Level 1 safeguarding awareness including Mental Capacity Act and Deprivation of Liberty Safeguards was provided to 110 hospital staff

Pan London Briefings

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

- 134 people attended Pan London Guidance Practitioner briefings to support the implementation of the procedures
- 13 people attended Pan London Guidance briefings for Practitioners – investigators training
- 198 people attended Pan London Alerting Managers briefings which focused on the roles and responsibilities of alerting managers

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 logins was 949.

Domestic Violence Awareness – level 1

5 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. 58 people attended these.

Safeguarding Adults Advanced Awareness for Provider Managers – level 2

Two multi-agency Advanced Awareness courses were provided which were attended by 19 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.

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. 32 people attended the course.

Recording and investigation skills – level 4

Four 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. 41 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. 20 people attended these.

Human Trafficking Introduction

Seven multi-agency introduction to human trafficking sessions were provided to 157 staff. The programme included the identification of victims of trafficking; Referral processes and support systems available (including how to complete an NRM referral) and the return and reintegration of victims of trafficking.

What are your priorities for the coming year?

One of the key tasks for the sub group will be to continue to implement the Training Steps Model. Key national standards influence this model and dictate the range of learning and development opportunities available in Croydon to ensure staff have the appropriate knowledge and skills to safeguard adults at risk in line with the Pan London safeguarding protocols.

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 well as providing “underpinning knowledge” against relevant national standards that health and social care staff are expected to meet.

Following an evaluation of the 2011/12 programme the plan for 2012/13 has incorporated the following changes:

- The basic awareness and advanced awareness for provider managers will be revised and updated
- Continue with the provision of Pan London Guidance briefings for social workers, care managers and care co-ordinators which are focused on a current theme / issue e.g. self neglect
- The addition of Pan London Managers Briefings Training on Provider Led Investigations for senior staff within organisations who have to conduct safeguarding investigations
- The addition of sessions for care home managers focusing on developing a zero tolerance to abuse to promote the Dignity Challenge, meeting the 10 principles of care
- The addition of safeguarding issues for children programmes to raise awareness around the fundamental issue of safeguarding and promoting children’s well-being for all staff in DASHH, Health, the police and voluntary and private organisations
- The safeguarding adults at risk from financial and material abuse will be offered at two levels i.e. level one basic for staff in health, private and voluntary organisations; and level 2 advanced for care managers, senior practitioners and CALAT
- The addition of multi-agency events on feedback from serious case reviews to provide an opportunity to focus on the key learning points for practitioners

The Safeguarding Adults at Risk Learning and Development Plan 2012/13 makes provision for the following events:

Level 1 Safeguarding Adults at Risk Awareness

14 x 1 day courses providing 320 places

These will be complimented by the e-learning programme.

Pan London Alerting Managers Briefings

6 x ½ day sessions providing 270 places

Pan London Managers Briefings – Provider Led Investigations

6 x ½ day sessions providing 270 places

Developing a zero tolerance to abuse to promote the Dignity Challenge

6 x ½ day sessions providing 270 places

Level 1 Keeping Safe training package

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

DVD and game.

Level 1 Domestic Violence Adults Awareness

6 x 1 day courses providing 108 places

Level 1 Safeguarding Issues for Children

6 x 1 day courses providing 108 places

Level 2 Safeguarding Adults at Risk Advanced Awareness for Provider Managers

2 x 1 day courses providing 40 places.

Level 2 Care Home Forums

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

Safeguarding Adults at Risk from Financial and Material Abuse

2 x 1 day level 1 basic courses providing 32 places

2 x 1 day level 2 advanced courses providing 32 places

Level 4 Recording and Investigation Skills

4 x 2 day courses providing 64 places

Level 5 Chairing and Minuting Strategy Meetings

1 x 1 day course providing 16 places

Multi-agency events on feedback from serious case reviews

Programme to be developed for practitioners to provide an opportunity to focus on the key learning points from serious case reviews

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

Human Trafficking

10 programmes providing 200 places

CRAG REPORT FOR ANNUAL REPORT 2010/11

Case Review and Audit Group (CRAG)

CRAG is a multi-agency group which meets quarterly. It's brief 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 to ensure the learning points are disseminated throughout their own organisations management and front-line structures.

Examples of the work of the CRAG include:

- a. A resident in a nursing home had been prescribed a psychotropic drug. A few months later the GP reduced the dosage of this drug and left it to the care staff in the nursing home to decide if the resident needed the drug or not re PRN. However, although this was recorded in the nursing home records this was not recorded in the surgery records.

Key learning points for the safeguarding adults at risk process:

1. To ensure consistency of recording the same information when recording in different files in different location i.e. care home notes/hospital medical records and service used files.
2. To give due consideration and value to listening to family members/carer/people able to detect changes in behaviour/mood.
3. Referring to an “expert” i.e. a pharmacist in order to assist in clarifying complicated drug information.
4. Service-users must be made aware a safeguarding referral has been made and about the safeguarding process; i.e. give people Guide no. 4 available from www.croydon.gov.uk/sgap

- b. A resident in a sheltered housing flat had been subjected to domestic violence by their partner.

Key learning points for the safeguarding adults at risk process:

1. Strategy meetings and case conferences need to consider the Family Justice Centre as part of the protection planning process
2. Strategy meetings and case conferences need to consider if a referral to the Multi Agency Risk Assessment Committee (MARAC) is appropriate and to record this in the minutes and action plans.
3. The Adults at Risk of harm, their family, neighbours and advocates need to be given information about the Family Justice Centre, refer to leaflet ‘Family Justice Centre’ available on the Croydon Council Website: www.croydon.gov.uk/community/dviolence/fjcentre
4. An individual who has the mental capacity to make a decision and chooses voluntarily to live with a level of risk is entitled to do so.
5. Ensure the adult at risk is talked with on their own in order to raise awareness of engagement with the risks they face.
6. Identify with the adult at risk their strengths and strategies in managing the risks.
7. Be clear with the adult at risk about the contingency plans when/if the risks increase.

Deprivation of Liberty Annual Report 2011-2012

Zowina Green, MCA Manager and DoLS Lead

Introduction

This Deprivation of Liberty Safeguards (DoLS) Annual report will provide the board with a break down of activity for 2011- 2012 and an overview of the developments within the service to meet the demands of the local authorities' responsibilities. The quantitative statically information used in this report has been collated by the DoLS administrator from the data requested quarterly by the Department of Health. It does not afford an insight into the complexities of the assessments that have been undertaken by the Best Interest assessors (BIA), this will be expanded upon later on in this report.

As we local authority has undertaken the role for the overall management for the DOLS process since April 2009 ; this has not been the case for other local authorities and health organisations, however following organisational changes from the PCT to local health clusters to GP funding groups the role will now solely be under the control of the local authority. This is now the case since 2012 which will enable ease of communication between DoLS leads and the co-ordinator in London and surrounding County Councils.

In the past year we have held three home care forums on the following themes

- Practice policies and procedures - the role of the managing authority and governance guidance.
- The court of protection – Lasting power of attorney and how to resolve conflict.
- IMCA and Recent Case Law – the role of the RPR and Cheshire West

Levels of awareness still need to be improved upon as the numbers are still low.

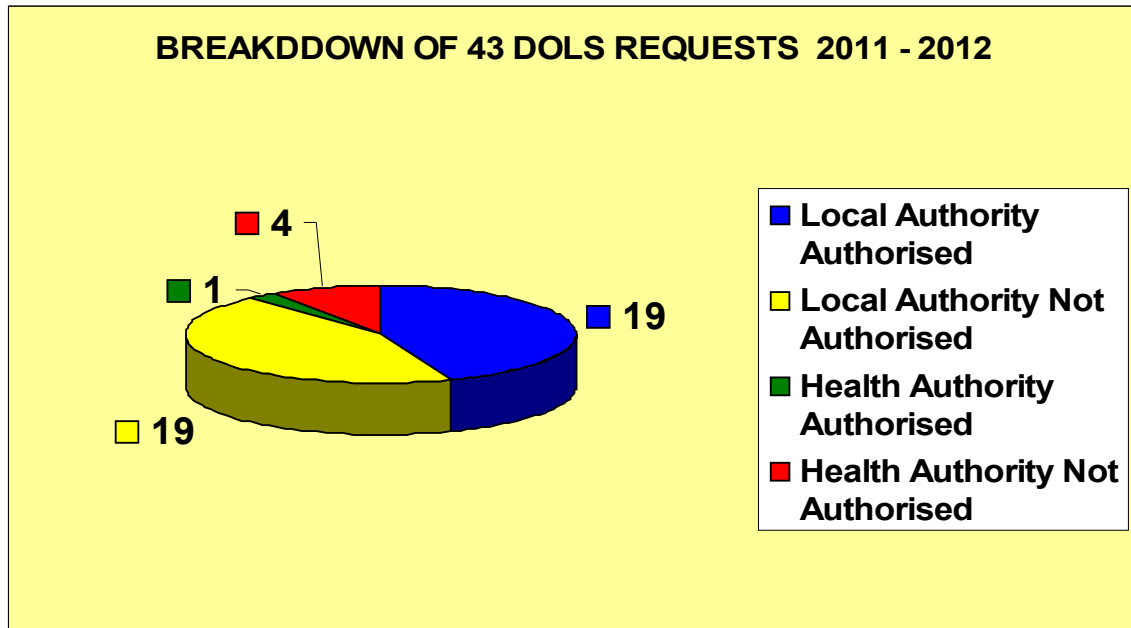
This finding was supported by the research conducted by the Mental Health Alliance (June 2010) who had been monitoring the use of DoLS they also found:

- *much lower numbers the predicted rates of applications and authorisations, wide disparities in the activities between comparable supervisory bodies*
- *lack of knowledge and understanding, among care providers and their staff in particular of the meaning of 'deprivation of liberty'*
- *resistance to use the DoLS among care providers in part because of lack of understanding of the process, but also due widespread anxiety and defensiveness about care standards and practice*
- *a high level of legal and procedural errors caused by the complexity of the scheme coupled with inadequate training.*

Statically Information 2011-2012

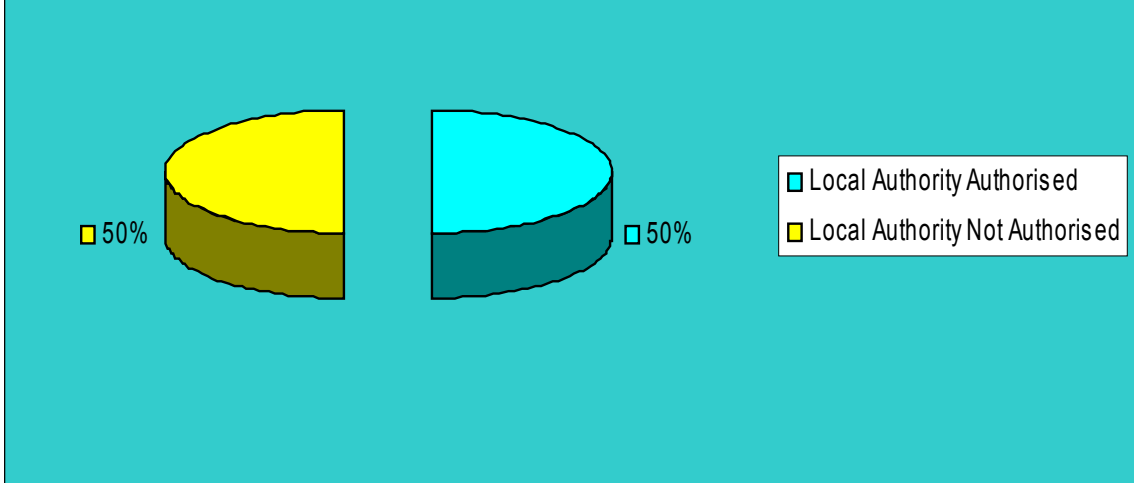
This year we received 43 requests this is lower than the previous year when we received 45, as the graph below shows 20 came from the health authority which is an increase of 4 from the previous year.

The increased requests from the hospital although small is an indication that the training provided by the Safeguarding lead nurse and MCA manager to increase awareness has paid dividends as the request for authorisations have been appropriate with one resulting an the authorisation being granted.



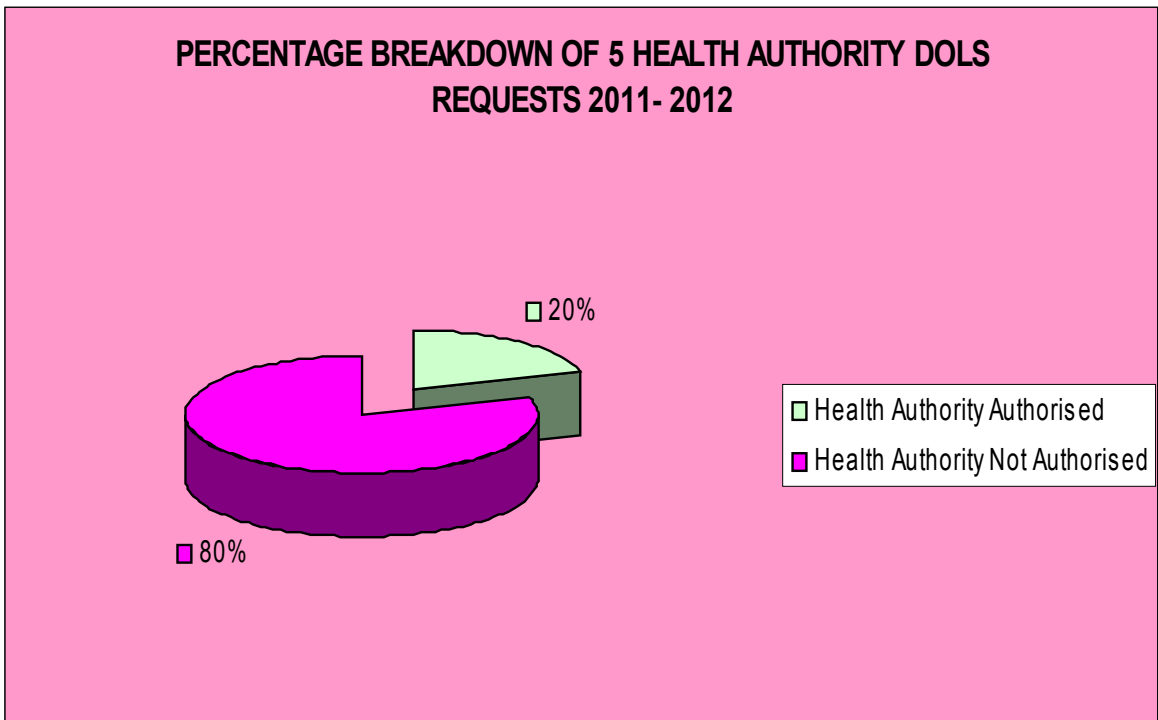
The number of authorisations that have been granted has now reached, in 2009/10 only 19% of requests were granted in 2010/11 49% .

PERCENTAGE BREAKDOWN OF 38 LOCAL AUTHORITY DOLS REQUESTS 2011 - 2012

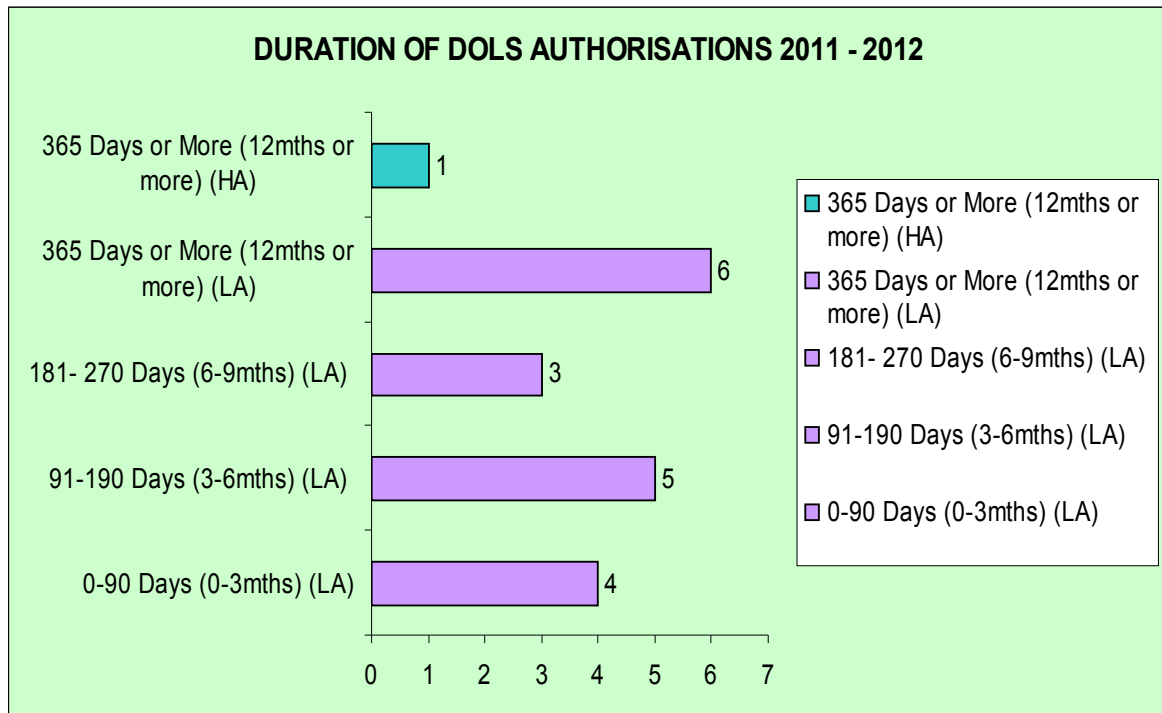


This is not the case within the hospital setting as a large number of the requests are not authorised, this may be as a result urgent requests being made when the patient is still mentally unwell and this improves during the seven day assessment period. In a number of cases patients have been discharged before the assessment can be concluded

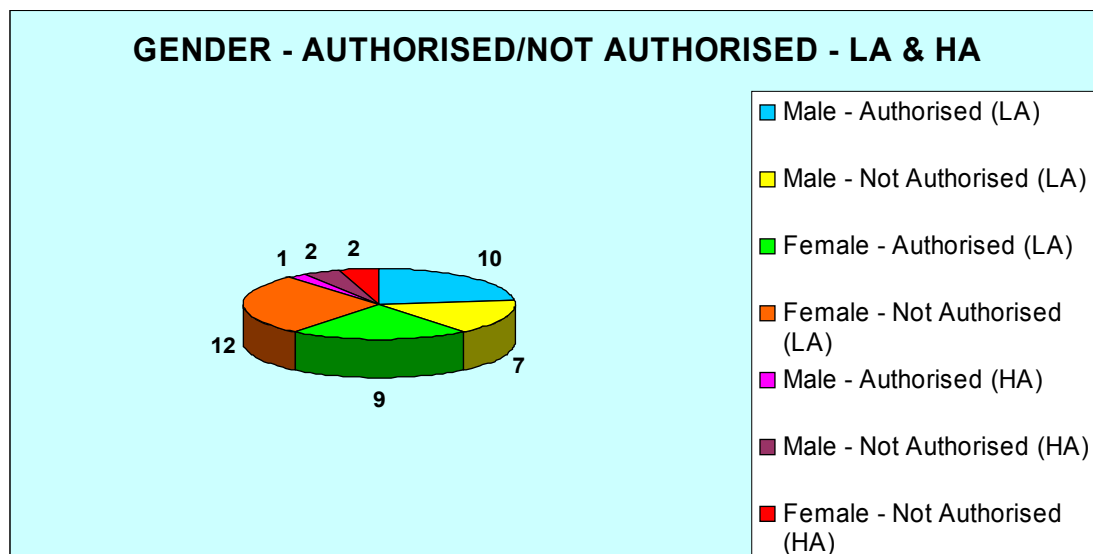
PERCENTAGE BREAKDOWN OF 5 HEALTH AUTHORITY DOLS REQUESTS 2011- 2012



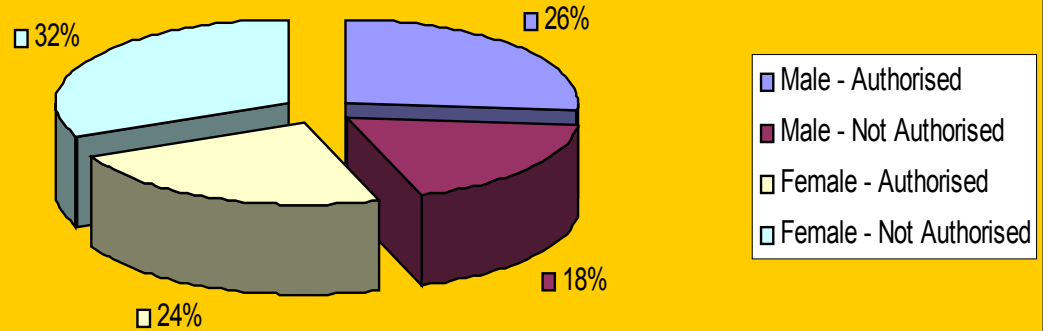
The maximum time that a standard authorisation can be granted is a year, as the graph below shows only one authorisation has been granted for another year, this was for a client placed in a



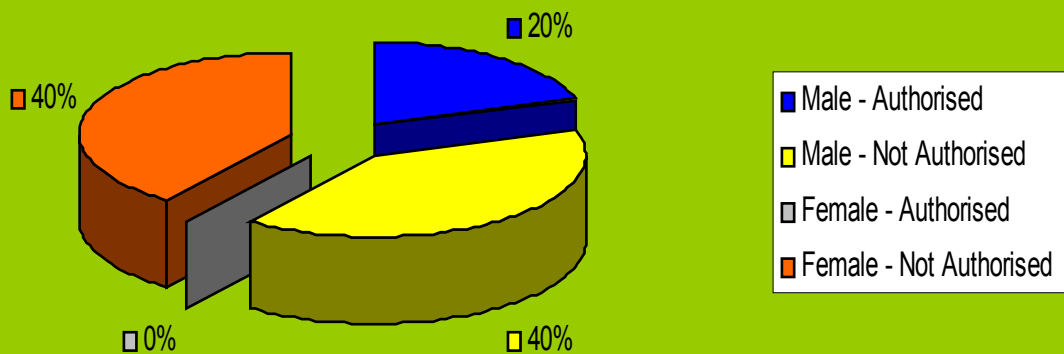
The trend over the past three years has remained the same, requests for women has been consistently higher, there is no explanation for this and will need to be monitored in the coming year.



**2011 - 2012 PERCENTAGE BREAKDOWN OF LOCAL AUTHORITY
DOLS REQUESTS GENDER TYPES**

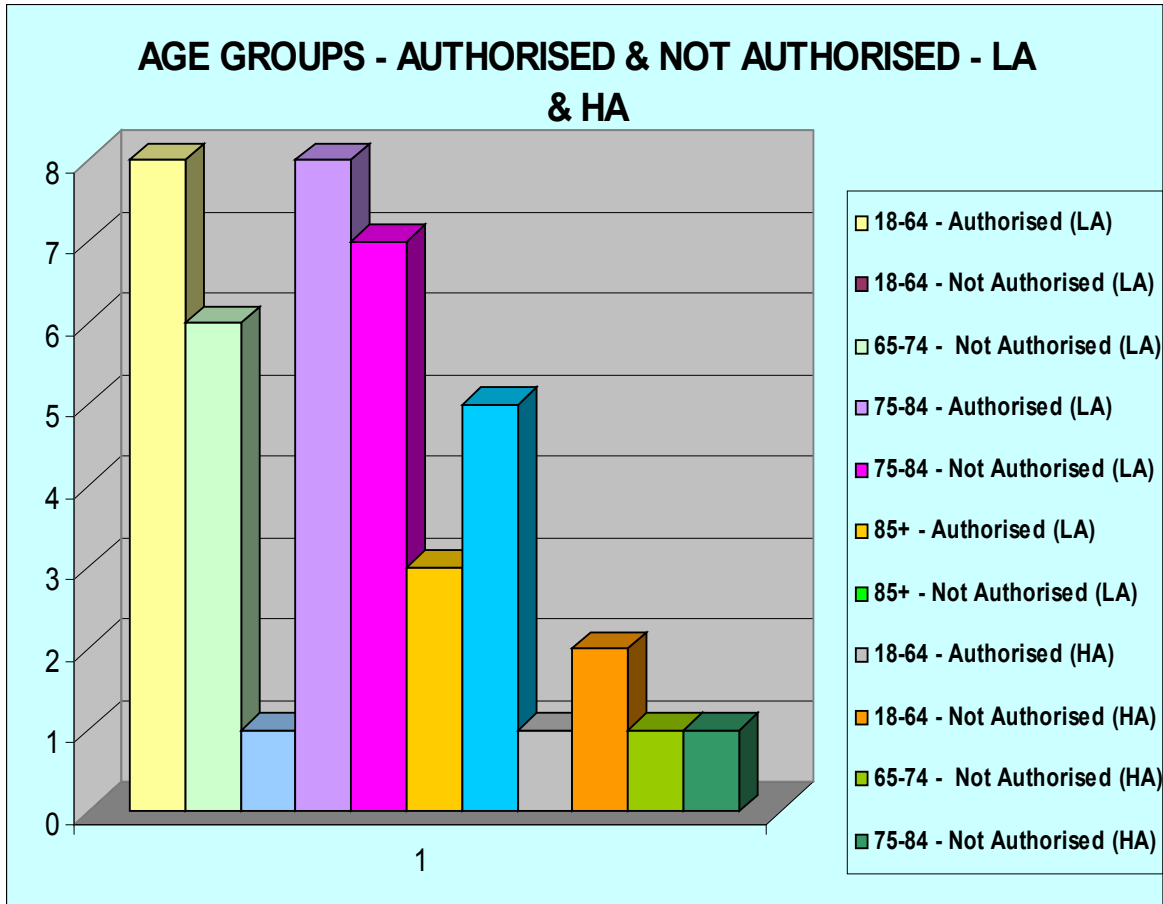


**2011 - 2012 PERCENTAGE BREAKDOWN OF HEATH AUTHORITY
DOLS REQUESTS GENDER TYPES**

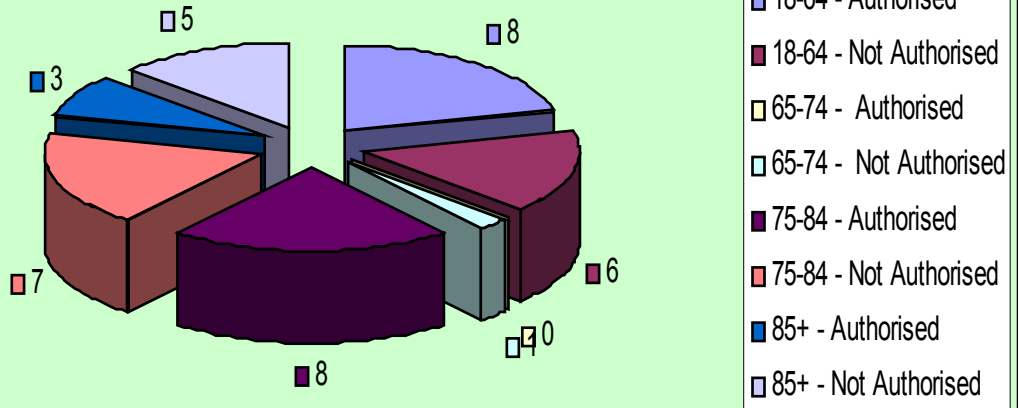


The number of requests that have been authorised from local authorities is highest in the 18-64 age group the same as in previous years. The noted difference is the decrease in the older age group 75-84 and 85+ . This

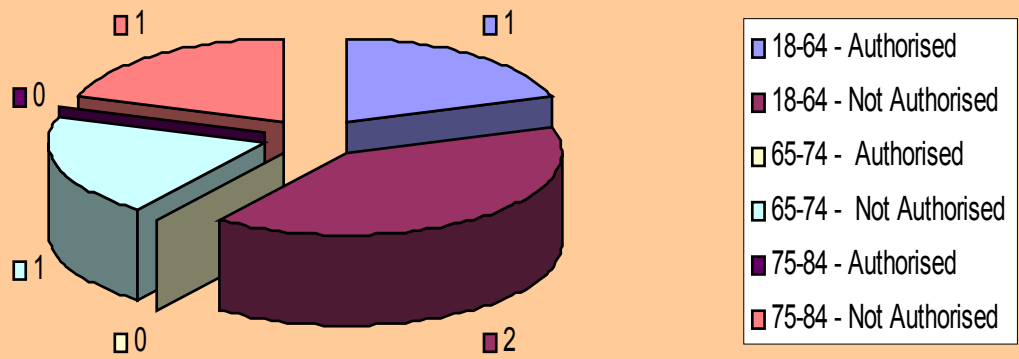
indicates that there is considerable training that is required to raise awareness in services catering for this age group.



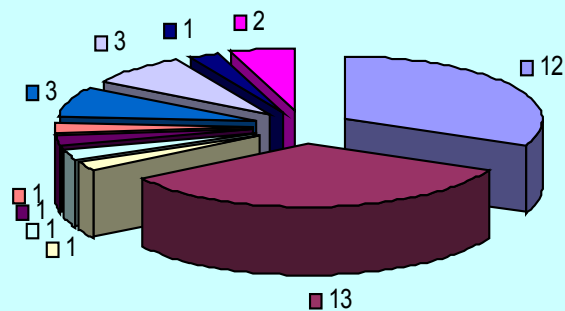
2011 - 2012 DOLS REQUESTS - LOCAL AUTHORITY - AGE GROUP TYPES



2011 - 2012 DOLS REQUESTS - HEALTH AUTHORITY - AGE GROUP TYPES



2011 - 2012 DOLS REQUESTS - LOCAL AUTHORITY - ETHNICITY



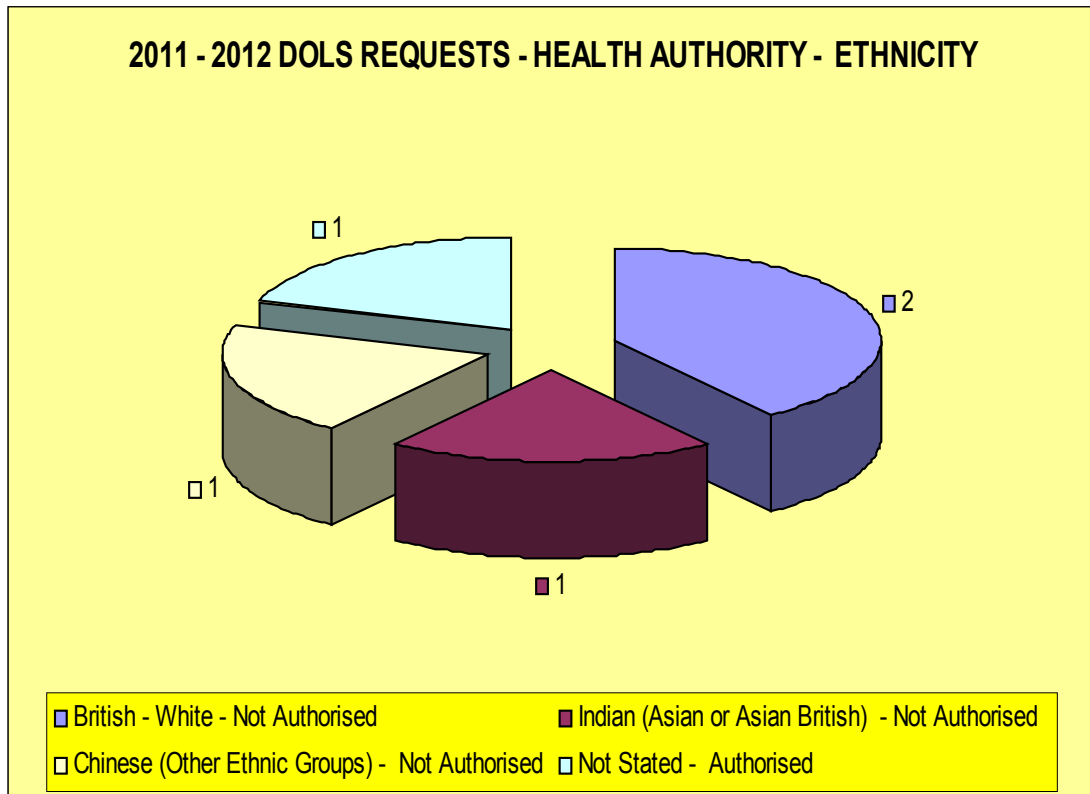
- British - White - Authorised
- British - White - Not Authorised
- Irish - White- Authorised
- Irish - White - Not Authorised
- Any Other White Background (White, inc Travellers of Irish heriatage & Gypsy/Romans - Not Authorised)
- White & Asian (Mixed) - Not Authorised
- Indian (Asian or Asian British) - Authorised
- Caribbean (Black/Black British) - Authorised
- Caribbean (Black/Black British) - Not Authorised
- Not Stated - Not Authorised

White British remains the largest group as is previous years, this is not representative of the BME mix of the borough, and further investigation is required to explore the ethnicity of service users in care homes and this can be gained from commissioners and home managers for future reporting.

One of the complex cases involved a afro- Caribbean service users who had been evicted from her hostel placement due to her inability to address her care needs, vulnerability due to inappropriate relationships she had maintained and sexual exploitation. Her capacity was formally assessed by the allocated social worker in the Vulnerable adults team and was placed in Croham place, the manager requested an urgent authorisation. The medical assessor was of the opinion that the client would be better served under section 7 Guardianship order of the Mental Health Act, and sent a request to mental health for an assessment under this act. The service user had been previously known to mental health services, and had been referred to the alcohol team. Unfortunately she was deemed unable to connect with this service due to her inability to engage with the model of worker, she wanted to continue to drink and did not understand the damage to her health and mental state.

The assessment under the MHA took place a week later and she deemed not to meet the criteria for detention.

Following a best interest meeting it was agreed that she should remain in the home, supported in activities that would be considered unwise but this enabled her to make choices which staff could support her with.



Best Interest Assessors

The numbers of Best interest assessors (BIA's) has increased over the past year and will continue to do so in coming months. The course commissioned at London Metropolitan was successfully completed by two social workers, one nurse and an occupational therapist. The next course is due to run in September and three more places have been commissioned.

Last year a specially commissioned Master class was offered to BIA's in other boroughs

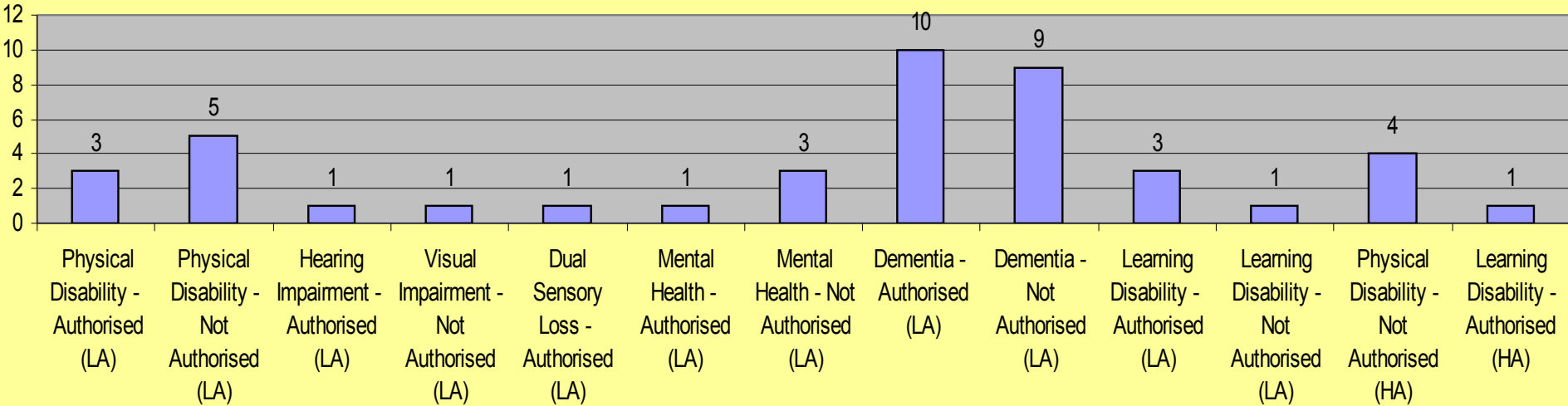
Each year the BIA's must attend mandatory annual refresher, a legal refresher as well as attend the bi-monthly best practice meeting.

Service development for 2012-2013

- A programme of visits to the larger care home providers, to ensure that they have access to training to support staff and raise awareness.

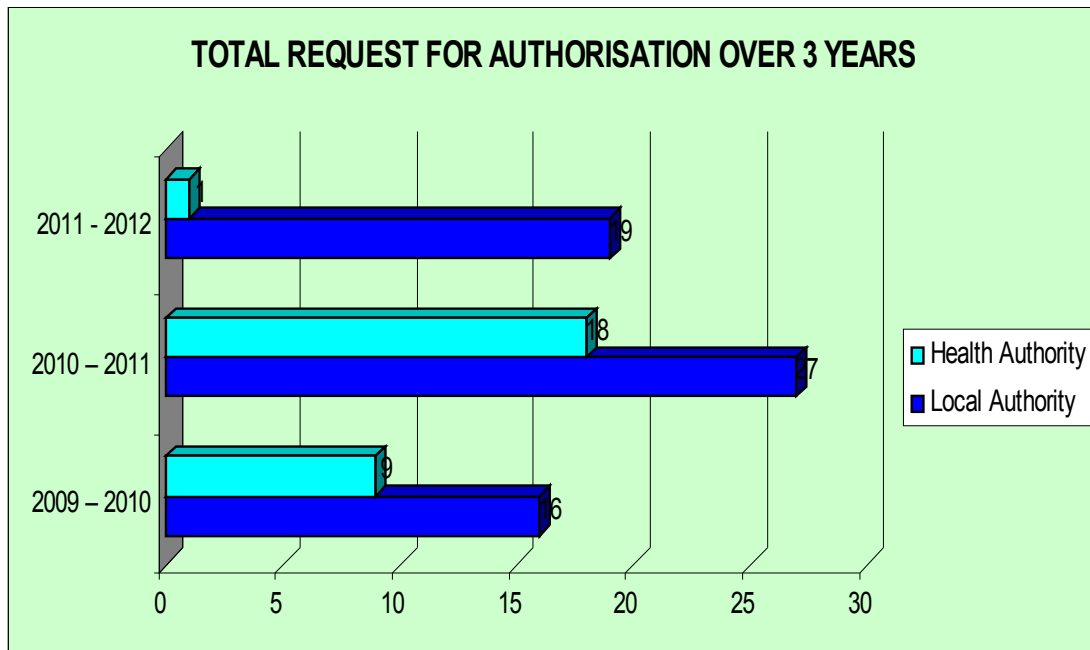
- Care Matter article to give guidance of the legislative requirements of MCA and DoLS.
- Each BIA will be issued with a copy of the Mental Capacity Manual written by R Jones, giving them a reference book.
- Increase governance of Best Interest meetings and decision.
- Bi-monthly best practice meetings to continue with increase focus on practice case law and quality assurance.
- Home care forums to raise awareness and address practice issues
- Updated training programme for all CSH staff which is now mandatory.
- Permanent appointment to the MCA Managers and DoLS Lead post.

DISABILITY AUTHORISED/NOT AUTHORISED - LA & HA



TOTAL REQUESTS FOR AUTHORISATION OVER 3 YEARS

	2009 – 2010	2010 – 2011	2011 - 2012
Local Authority	16	27	19
Health Authority	9	18	1
Total	25	45	20



Specific safeguarding board objectives for 2012/14

In June 2012 the partnership board and subgroup members met to agree priorities for the next two years. This is the result of a day's working group and these priorities will be kept under review and progress monitored by the Board through the following two years.

- 1. Develop the Croydon Safeguarding Adults Board partnership and quality assurance processes.**

This means:

- Establishing common aims and objectives and a common purpose to be developed within individual organisations and across the partnership.
- Ensuring representative presence of provider organisations on the Board.
- Engaging new partners on the Board as appropriate.

- Achieving clarity in respect of the relationship of the subgroups to the Board.
 - Making effective links with other partnerships and other key national bodies with the purpose of improving outcomes.
 - Developing a quality assurance framework linked to stated aims and objectives.
2. **Develop involvement and empowerment of service users and carers in safeguarding, both strategically and in individual cases of abuse.**

This means:

- Representation of service user views at the Board.
- Developing a measurable action plan so that service user experience and knowledge is captured and informs practice, processes and quality assurance.
- Ensuring robust understanding of and response to the requirements of the Equalities Act and Human Rights Act in this context.

3. **Workforce development.**

This means:

- Developing a strategy and action plan which focuses on and promotes common standards in organisational culture and leadership, supervision of staff, recruitment, performance management and learning.
- Underlying this will be a focus on evidence based practice, drawing on and reflecting the increasing body of research/ knowledge in safeguarding adults (including learning from serious case reviews).

4. **Continue to develop the dignity agenda**

This involves articulating clear actions and outcomes in the context of safeguarding adults.

5. **Develop clear and consistent practice across organisations in respect of commissioning and contracting.**

- This includes supporting the use of consistent statements and expectations in respect of safeguarding in all contracts across agencies and consistent and robust processes for monitoring those expectations.
- It also includes implementing the learning in respect of commissioning from the Winterbourne View inquiries and subsequent inspections.

6. **Develop a common approach across the partnership to risk assessment and risk management based on a commitment to multi-agency working and shared principles.**
 - This includes person centred and positive risk taking principles as well as a shared working understanding of the relevant legislation including the Mental Capacity Act; Human Rights Act; Data Protection Act.
 - This approach should support good practice in balancing choice and safety and in working with challenging situations such as situations of self neglect and will draw on the learning from Serious Case Reviews.

These actions will support realisation of the core safeguarding objectives of empowerment, protection, prevention, partnership, proportionality and accountability. Progress in meeting these objectives will be reported in next year's annual report.