

# Croydon Safeguarding Adults Board

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Annual report  
2023 / 2024

“Working together  
safeguarding, supporting and  
making services better for  
adults in Croydon who are at  
risk of abuse and neglect.”



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## Foreword – David Williams, CSAB Independent Chair



As the Chair of the Croydon Safeguarding Adults Board, I am pleased to introduce the Annual Report for 2023/2024. Through this report we hope to reflect on what services and work of the Board and its Sub-Groups have done to support and protect some of the most vulnerable members of our community. With that in mind we are still conscious of what still needs to be done and improvements required, set against the backdrop of continued pressures on services both locally and nationally, where demand for support continues to grow.



The data on page 7 and throughout offers information and narrative that highlights that demand, as we continue to regularly review our data set so that it offers a true reflection of the work that is done and identifies work and themes where further input is required. This Quality Assurance work would not be possible without the continued effort and diligence shown to the board and Partnership from the new local authority Head of Adult Safeguarding and Quality Assurance, Clement Guerin, and his team.

We are also grateful to have the independent voices of both the lay member, David Congdon, and Nicky Selwyn, Chair of the Voice of the People Group. Both have a critical role in giving oversight to the work of the Board and ensuring those with lived experience are at the heart of our drive to improve practice (page 5/6).

During this report period we have published one Safeguarding Adult Review (SAR), a tragic case which highlighted the need for clear care pathways across all agencies and continued development/assurance around training to support professionals in dealing with those with complex needs (pages 11 and 12). One of the key elements of the SAR process is to ensure that we develop various methods of sharing learning from such cases, which I am pleased to confirm we continue to do.

You will also see throughout the report, the work of the Voluntary sector and service user groups represented, as the Board continues to increase our footprint across Croydon and increase both the knowledge and awareness of good safeguarding practice to all areas of the community. I am also pleased to reflect the ongoing work within all agencies to support the VAWG Delivery Plan, the first of its kind, that not only acknowledges the vital resource that the Family Justice Service provides but demonstrates that partners are creating new workstreams and posts to try and ensure that Croydon is a place where violence and abuse is tackled from within a true partnership approach.

That partnership approach working is featured heavily within this report, which is a core role of the board, its sub-groups and their respective Chairs/Vice-Chairs, who continue to tirelessly to help build and strengthen those relationships to improve outcomes for vulnerable adults. As part of this work, we continue to embrace and improve representation across all areas of the partnership. The work of Andrew Brown and the BME Forum and Vice Chair of this board, is just one example of many, that I am pleased to highlight.

Closing, I strongly believe this report reflects the continuing strengths of the Board and of the partnership, yet as a Board we still recognise there is more that needs to be done and this recognition is one of its strengths. This report is to be commended and I am very grateful for the submissions, continued determination and hard work of all sectors and staff, including voluntary, who work together and focus on making Croydon and its residents safer.

## Foreword –Vice Chair

As the Vice Chair of the Croydon Safeguarding Adults Board, I am honoured to contribute to the Annual Report for 2023/2024. This year's report highlights the dedicated efforts of the Board and its Sub-Groups in safeguarding and supporting our most vulnerable community members.

Our independent voices and lay member, Nicky Selwyn and David Congdon, play a crucial role in keeping the perspectives of those with lived experience at the forefront of our efforts and page 5 demonstrates how their input and expertise is regarded both locally and regionally. Their contributions are invaluable in guiding our work towards more effective and compassionate outcomes.

Partnership is at the heart of our approach. The collaborative efforts highlighted in this report, particularly in supporting the VAWG Delivery Plan, showcase our collective commitment to addressing violence and abuse in Croydon. The contributions from all agencies, including the voluntary sector, are vital in creating a safer community.

I am particularly proud of the strides we have made in enhancing representation and building stronger relationships within our partnership. The work of Croydon BME Forum and other community groups exemplifies our commitment to inclusivity and diverse representation. This work is further highlighted later in the report on page 34 providing examples of partnership working.

In conclusion, while we recognize there is always more to be done, this report demonstrates our ongoing commitment and the strength of our partnership. I am deeply grateful for the hard work and dedication of everyone involved in our mission to protect and support vulnerable adults in Croydon.

Thank you for your continued support and collaboration.

**Andrew Brown**  
CSAB Vice Chair



## The Role of the Lay Member

A Lay Member will act as an independent voice and offer a wider perspective that recognises the diversity of our local communities in Croydon. Croydon SAB currently has one Lay Member who provides this contribution to the Annual Report and sits on both the Board and the SAR Sub Group. Lay Members play an important role in the oversight, scrutiny, decisions and policies made by the Croydon Safeguarding Adults Board.

I am a member of the Croydon Safeguarding Adult Board and the Safeguarding Adult Review (SAR) Sub group. I find the work of the SAR group very valuable, looking at some of the most challenging cases.

As a member of the SAR Group, I find the work to determine whether cases should be subject to a SAR particularly interesting. In a sense the crucial issue is whether the recommendations from a completed SAR lead to real improvements in practice. We still see too many cases of neglect/self neglect highlighting that face to face visits are vital and particular problems can occur when the GP is in another Borough. We have also considered a number of cases where difficulties have been exacerbated because the person has been placed in Croydon by another Borough.



**David Congdon**

## Croydon VOTP/London Safeguarding Voices



**Nicky Selwyn**  
**Chair**  
**Voice of the People**

My personal contributions to this work locally, regionally and nationally include:

- ❖ Lay member of the LondonADASS peer review teams which has involved me evaluating other boroughs websites to see how easy it is to report a safeguarding concern.
- ❖ Co-delivery and co-design of LondonADASS National Safeguarding Week Conference, development materials to share with practitioners, highlighting challenges faced by people with lived experience.
- ❖ Part of the West Sussex University research into self neglect, this has been extended to December 2024.
- ❖ Invited to present to other SABs, NQSWs, and Older People Team.
- ❖ Currently sits on the LeDeR Steering Group
- ❖ Outside of the safeguarding work I also sit on other groups sharing my lived experience knowledge which includes being a member of the People's Academy which has involved work around the co-design of Social Worker apprenticeship degree. Also on the advisory board for the London Alliance for the Co-Production of Evidence Synthesis Project to bring lived experience into the design and evaluation of research into various aspects of health and social care.

## What has been done

- The VOTP continued to grow with new members from SLaM and Advocacy for All (AfA).
- The VOTP provided feedback on usability of the new ASC safeguarding referrals portal pre-launch and ongoing as it embeds.
- VOTP group have received presentations from across the partnership which helps to strengthen/expand networks and improve inter-agency understanding and effective collaboration, these have included AfA and LFB.
- The CSAB Referral Workshop arose from the 'Keeping You Safe' work of the VOTP.
- AfA were able to raise community awareness of safeguarding using contacts from the VOTP sub group meetings. These meetings have included attending two Croydon events and presentations to the Asian Resource Centre.
- AfA worked with 25 residents providing advocacy to clients going through the safeguarding process, clients were happy and grateful for the support and empowered them to have a voice central to decision making about their lives.
- Seven new safeguarding concerns were raised by AfA with consent from clients and they were grateful that these concerns were raised to keep them safe from harm.
- Hear Us continued to have representation at the Voice of the People sub group, it opened up opportunities to be part of a SAR by attending a practitioners meeting. Hear Us is a service-user group supporting mental health clients.

### AfA

*"Thank you for your support, I'm not sure I would have got through the process without you"*

*"Thank you for being on my side and helping me understand"*

*"The Advocate was really helpful and friendly"*

## What needs to be done

- Recruitment of more ethnic minorities to the CSAB for the purpose of cultural diversity and delivering the safeguarding message.
- Increase the opportunities for Community Policing to get more involved in assisting vulnerable adults.
- Plans for the VOTP sub group to support the evaluation and further development of post-SAR follow up with families involved in the SAR process.
- Keeping You Safe leaflet is close to completion so the aim will be to launch and share widely.
- Develop and production of new resources such as videos and audios in order to share learning and raise awareness of safeguarding.
- Inclusion in next year's report AfA data providing a year on year comparison eg number of residents using the service.

**Safeguarding Adults 'Keeping you Safe'** involves helping people to protect themselves when they are experiencing or at risk of abuse, neglect or self-neglect.

It can help people with an age-related frailty, learning or physical disability, long term illness, mental health condition, substance dependency or another condition like this to be safe.

Some people may not be able to speak up about what is happening to them.

This leaflet gives examples of when Safeguarding Adults can help and contact details you may need.



"I'm safe because support staff know and understand me"

### Help and Advice

If someone is experiencing or at risk of abuse, neglect or self neglect, there are people who can help.

**Please note: if a person is at immediate risk of harm or danger call the police straight away on 999.**

If you are worried about someone in a care home, hospital, hospice you can speak to a member of staff or the manager. You can also contact Adult Social Care

**Contact Croydon Adult Social Care:**

Tel: 020 8726 6500 between 8:30 am – 5:00 pm Monday to Friday  
Out of Hours 020 8726 6500 and ask for Duty Social Worker

Email: [CroydonAdultSupport@croydon.gov.uk](mailto:CroydonAdultSupport@croydon.gov.uk)

**Supporting people to be safe in Croydon**



**Supporting people to be safe in Croydon**



# Safeguarding Statistics

## 2023 / 2024

## Safeguarding Data 2023/24: to demonstrate good compliance with the Board's S42 statutory duty

	2023/24	2022/23	% change
Number of adult safeguarding concerns referred to Croydon Council	1916	1786	7%
Number of s42 Care Act adult safeguarding enquiries concluded	626	599	5%

Age profile of people who were subject of an adult safeguarding concern	18-64	65-74	75-84	85-94	95+
2023/24	39%	9%	23%	24%	4%
2022/23	44%	14%	17%	20%	5%

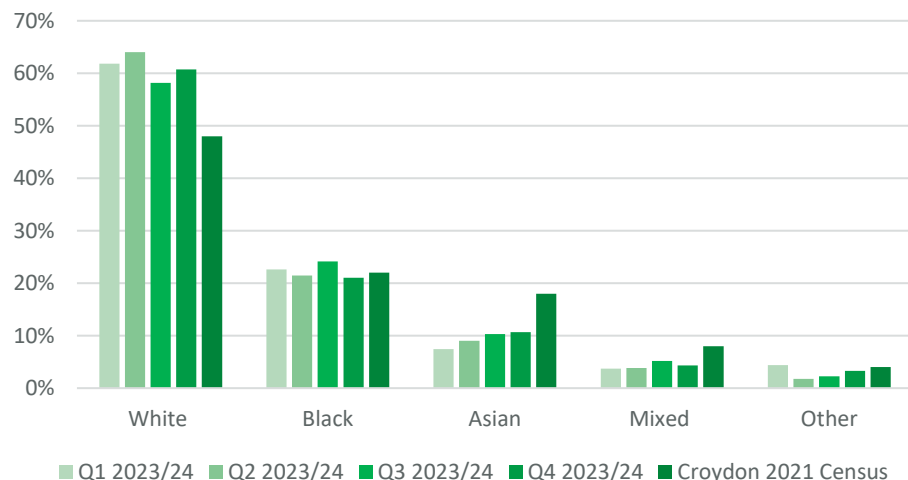
Making Safeguarding Personal: Was the person asked what outcomes they wanted from the adult safeguarding work?	Yes they were asked and outcomes were expressed	Yes they were asked but no outcomes were expressed	No	Don't Know	Not Recorded
2023/24	83%	5%	7%	1%	4%
2022/23	82%	5%	9%	1%	3%

Of those who expressed what outcomes they wanted, were these achieved?	Fully Achieved	Partially Achieved	Not Achieved
2023/24	70%	26%	4%
2022/23	65%	31%	5%



## Safeguarding Data 2023/24: to demonstrate good compliance with the Board's S42 statutory duty

Ethnicity



The ethnicity data now includes a comparison to the general population of Croydon. There is a higher proportion of adult safeguarding referrals concerning white people compared to the overall population, and a lower proportion for Asian people.

Location of Concern	
Community Health Services	0.4%
Day Centre	1%
Education/Training/Workplace Establishment	1%
Hospital	4%
Nursing Care Home	0.1%
Other Persons Home	2%
Own Home	50%
Public Place	3%
Residential Care Home	30%
Service Setting Within Community	3.5%
Sheltered Housing / Supported Living	5%

The **source of risk** and **location of concern** data has been sourced from the adult safeguarding enquiries completed in 2023/24

Source of Risk	
Relative or family carer	23%
Other individual	27%
Social care service provider	22%
Health care service provider	17%
Other services	11%

# Safeguarding Adult Reviews [SARs]



## What is a SAR?

Safeguarding Adult Boards (SABs) as a mandatory duty under Section 44 of the Care Act 2014, must arrange for there to be a Safeguarding Adult Review of a case involving an adult in its area with care and support needs (whether or not the local authority has been meeting any of these needs) if:

- There is reasonable concern about how the SAB, partner agencies or other persons with relevant functions worked together to safeguard the adult AND
- The adult died as a result of abuse or neglect (or suspected abuse or neglect) OR
- The adult experienced serious abuse or neglect.

However, the overall purpose of a Safeguarding Adult Review is to promote learning and improve practice, not to re-investigate or to apportion blame.

The CSAB published one SAR during this year and the summary for this review outlining the background and recommendations are within this Annual Report. The link below will take you reports and 7 minute briefings for the SARs undertaken in Croydon.

<https://www.croydonsab.co.uk/about-us/safeguarding-adult-reviews/>

## About Anthony

Anthony was a 58 year old black British man who completed suicide in July 2021. Anthony had been a successful business and family man for most of his life and was an owner of his own business.

## What Happened?

In July 2017 he had a collapse which involved him hitting his head and having some form of seizure. In 2018 Anthony was under the care of the Home Treatment Team following a suicidal overdose. Also at this time he also split from his partner and moved into a Holiday Inn where his behaviours continued to get more erratic and there was an alleged further suicide attempt.

In 2019 Anthony suffered a stroke and his daughter was very concerned about his welfare and following the stroke in 2020 he was diagnosed with frontal lobe syndrome however, he did not meet the criteria for transfer to neuropsychiatry services and it was unclear if any alternative plan was considered. He was discharged from hospital into the community with limited support. In mid 2020 he was admitted to the Bethlem Royal Hospital and at the end of 2020 he was discharged to his own flat with support from the Trust and then a Lookahead support worker and his GP.

In June 2021 contact was lost with Anthony and after visits by the family, the police were called and Anthony was found dead in July 2021.

## Recommendations

- A. CSAB needs to reassure itself that the local General Hospital Trust, Mental Health Trust and Adult Social Care have clear pathways and procedures at each point of transition in care and that there is training to support practitioners to support people through transitions.
- B. CSAB should seek assurance from those reviewing the local Section 75 agreement, that they are considering the concerns highlighted in this SAR (and other local SARs), e.g. about the recording of action in response to safeguarding concerns.
- C. CSAB should request both the Mental Health and General Hospital Trusts to review whether a care pathway is required for people with significant cognitive impairment but which is at a level that does not meet the current Neuropsychiatry criteria.
- D. CSAB should seek assurance from all partners that guidance and training is available to support professionals to use the Mental Capacity Act. In particular this should include reminders about the importance of considering executive capacity.
- E. CSAB should ask all key partner agencies to ensure that they have guidance and training to support professionals who are working with individuals who are refusing family involvement. This will include how to escalate concerns about this and if appropriate work consistently to encourage family involvement as much as is possible.
- F. CSAB should seek assurance that all professionals in relevant partner agencies are aware of the need for clear leadership in the care of complex clients: i.e. a care coordinator and ongoing multi-agency management and CSAB should continue to raise awareness of the potential role of the local Risk and Vulnerability Multi-agency Panel.

## Key Learning

- The most specific concern is the adequacy of the ongoing support he received at points of transition in his care.
- The interface between safeguarding and mental health under a Section 75 agreement. It was not possible to track what action was taken in response to the safeguarding concerns that agencies raised.
- Anthony's family were concerned about their level of involvement and the degree of support available to them. This picture is complicated because he placed limits on the sharing of information with family.
- A gap in the care pathway for people with lower level, but nonetheless significant, cognitive damage.
- The SAR raises questions about the use of the Mental Capacity Act. In particular, the importance of considering executive capacity.
- The need for clear leadership in the care of complex clients: i.e. a care coordinator and ongoing multi-agency management.

## Good Practice

Most professionals appear to have worked appropriately with him within the framework of their individual disciplines. Some of the work with Anthony was during the period of the Covid-19 restrictions and it is clear that agencies continued to work and to maintain services during that difficult period. Some of the IMRs received, e.g. from the Mental Health Trust, the General Hospital Trust and the Police were very open and honest about practice and how it can be improved.

Two specific points of good practice did emerge:

- His GP Practice was positive in supporting Anthony in the last months of his life after discharge from Mental Health Services and,
- the local user led voluntary organisation Hear Us appears to have built a good relationship with Anthony at one point in his care.

## Learning from SARs

The CSAB have continued to identify ways in which to share the learning from SARs across the partnership, to be assured the recommendations have been taken forward and evidence of how this has led to changes in practice and services. The following are examples of shared learning either which has already taken place or planned for 2024/25 and therefore will be reported on in the next annual report:

The Older People/Occupational Therapist Teams developed a Microsoft Form in July 2024 which asks simple short questions including: has it been a S42, if not is there another network going on eg S1 Meeting, RVMP? This will provide a one service snapshot and can feed into the CSAB.

The OP/OT team is keen to connect to the learning from SARs and arranged for the CSAB to present at their Service Plan Launch on the 4<sup>th</sup> June 2024 to raise the profile of SARs and to understand how this work fits into their service plans going forward.

CSAB working with the Principal Social to present at Practice Workshops and Social Work Forums around the learning from SARs during 2024/25..

Engagement with GPs via the GP Forum where surgeries are represented but also with groups of practices.

To hold Bitesize training sessions either looking at specific SARs or around themed SARs.

Learning from the second National SAR Analysis – sharing of the report and briefings.

Develop resources such as videos, briefings around for example Self-neglect and working with partners to produce these with particular emphasis on those with lived experience.

Continue improving and developing the CSAB SAR Action Plan which will be used as a bi-annual audit tool to evidence the progress on recommendations made. The refreshed document will be circulated for completion in September 2024.

CSAB to hold a workshop where agencies provide case studies which also celebrate good practice as this is a key part of learning, planned for early 2025.

Continue to share reports and 7 Minute Briefings - communications regarding SARs across the partnership to be regularly shared. CSAB to present at agencies/team meetings as requested.

The SAPAT (Safeguarding Adult Partnership Audit Tool) is being completed by partners in the summer 2024 and this will also focus on the the learning from SARs.

## Safeguarding Adults

“Everyone's responsibility”



# CSAB Priorities 2023/2024



**CSAB Priorities 2023/24** The Safeguarding Adult Partnership Audit Tool (SAPAT) is being completed by partners in the summer 2024 and this will be followed by a Challenge Event in the Autumn of 2024 at which the CSAB's priorities will be reviewed and agreed.

Prevention	Commissioning	Quality and Improvement	Cross Sector Working
<p><b>Ambition:</b> Making safeguarding everybody's business. Improve awareness of safeguarding across all citizens, communities and partner organisations. Systems are in place which prevents abuse and neglect from happening.</p>	<p><b>Ambition:</b> Services reflect the needs of the Croydon residents. Where abuse occurs we remove or reduce the abuse from re-occurring. To improve and sustain quality of care providers in all sectors in order to improve safeguarding</p>	<p><b>Ambition:</b> Data is used appropriately to understand where risk exists within the system, robust multi-agency safeguarding data which is used to inform planning and practice. We use learning to enhance practice.</p>	<p><b>Ambition:</b> Vulnerable young adults are transitioning safely into adult services, including preparing for adulthood workstreams in Croydon. To work together to share the learning from SARs and other projects.</p>

### What we will do

<ul style="list-style-type: none"> <li>• Raise public awareness: types of abuse, how to keep themselves safe, how to refer.</li> <li>• Learning from SARs and hold learning events.</li> <li>• Improve professional awareness and response around the complexity of health &amp; care needs within the homeless cohort.</li> <li>• To continue to proactively seek feedback from people who experience safeguarding and their carer's and this is acted upon.</li> <li>• Continue the work of the VOTP sub group developing leaflets and publications with the involvement of citizens.</li> </ul>	<ul style="list-style-type: none"> <li>• Provider market oversight from Commissioning Team and the Intelligence Sharing Group.</li> <li>• Oversight of initiatives across the partnership regarding integration and new ways of working.</li> <li>• Work with partners around unregulated services learning from planned work taking place across London.</li> <li>• Work in partnership developing any new strategies which will improve outcomes for care home residents.</li> <li>• To support providers through information sharing at forums, training and updates on policies and procedures.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement and monitor a multi-agency quarterly performance dashboard and to continue to review indicators.</li> <li>• Work together to make sure adult safeguarding standards keep people safe and minimise risk of harm.</li> <li>• Work together to make sure adult safeguarding standards keep people safe and minimise risk of harm.</li> <li>• Improve multi agency response to self-neglect and how to improve practice.</li> <li>• Commission, participate in and support SARs ensuring learning from both local and national reviews is widely shared.</li> </ul>	<ul style="list-style-type: none"> <li>• Sharing learning from Safeguarding Adult Reviews with the CSCP where appropriate.</li> <li>• Seek assurance that young people experience a safe transition to adult services.</li> <li>• Seek assurances that vulnerable young adults are transitioning safely into adult services, including preparing for adulthood workstreams.</li> <li>• CSAB to continue to engage with colleagues on a regular basis with the CSCP.</li> <li>• CSAB should consider providing more extensive information and guidance around Transitional Safeguarding.</li> </ul>
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# CSAB Priorities 2023 - 2024

## PREVENTION



### What has been done

- Hear Us Designated Lead delivered a presentation on advocacy, this was following a VOTP sub group meeting and shared with a total of 31 staff and volunteers. This led to more signposting and referrals to advocacy services (increase of 25%). Hear Us will run an open forum and invite advocacy services to attend as guest speaker – this will reach approximately 30 residents.
- Age UK continues to emphasise Making Safeguarding Personal throughout their training sessions which all staff and volunteers attend as a core topic. Where appropriate they get feedback from the service user to ensure they remain at the centre of all/any decision making.
- SLaM has invested in its safeguarding provision to improve patient experience and ensure effective engagement with partner agencies and response to safeguarding concerns. Launch of a Centralised team in October 2023 which has strengthened Trust wide safeguarding governance with centralised oversight, management and consistency, ensuring that the Trust meets its statutory duties and responsibilities.
- SLaM has reviewed Safeguarding Adult Level 3 in line with the Intercollegiate Document (2019) with a focus on Think Family and incorporating cuckooing, contextual safeguarding including county lines, sexual exploitation, radicalization to extremism, self-neglect/hoarding, fire risk and Familial elder abuse, domestic abuse in the older adults and Adolescent Parent Violence and Abuse. The half day workshop complements the e-learning modules and this has increased uptake and training compliance above the Trust set target of 85%. This has also improved staff knowledge, concerned curiosity in relation to safeguarding.

### What needs to be done

- Increase promotions of advocacy services further to adult social care teams ensuring advocacy is offered to all eligible residents.
- Many Croydon services that promote social interaction and help reduce isolation have been closed due to lack of funding so how can we improve on this?
- Continue to support staff with any potentially complex safeguarding concerns [Age UK].
- Continue to work hard on preventative work, helping the public to have a greater understanding of what abuse is, how to recognise it (particularly amongst ethnic groups) and how to report it 'Safeguarding is everyone's business'. [Age UK].
- Continue to be assured that partner agencies have embedded themes that have come out of the National SARS especially around poor Mental capacity Assessments, poor recording of ethnicity, evidence of unconscious bias, limited consideration of impact of race, culture, gender, sexuality, ethnicity, concerned curiosity.
- In response to the Right Care Right Person (RCRP) initiative CHS set up a T&F group to better understand the potential challenges and to support the system. Collating relevant data/intelligence across the health sector.
- The Police are capturing all learning from Safeguarding Adult Reports and making sure this is disseminated across the BCU to provide tools and experience to maximise opportunities to safeguard adults. To further understand how this learning is audited or shared?
- Police to continue to monitor and drive VAWG initiatives with the aim to work towards eradicating VAWG in London, and for every woman and girl to be able to participate fully in life in our city without experiencing or fearing harassment, abuse or violence from men



# CSAB Priorities 2023 - 2024

## PREVENTION



### What has been done

- A CHS template/checklist has been developed to support practitioners in the actions to consider and take where an adult who may be at risk leaves hospital without receiving care or absconds. This includes the THRIVE model as an appendix to the CHS missing person policy.
- Safeguarding Adult Awareness week, the CHS SG team led a public/staff facing stall, provided training and shared key resources. Data summary including feedback was received.
- CHS Discharge paperwork – this has been updated to include considerations around the time of discharge, any risks or vulnerabilities and communication needed. Improved paperwork from a safeguarding perspective.
- The CSAB, following a recommendation from the PCH Peer Review, Advocacy for All are represented on the Voice of the People (VOTP) sub group. This engagement has raised awareness of safeguarding duties to Adult Social Care teams,.
- The Police provided increased data sharing with partners to share information and identify opportunities to work smarter and more efficiently. This includes data on areas such as Modern Day Slavery and Exploitation. This has proved useful for partner initiatives around safeguarding projects including self-neglect. Data Packs available to partners to share in joint meetings. This data is compared with data from other agencies to ensure that strategies are targeted in the right place.
- Implemented fortnightly Performance meetings with Police and Partners where Police performance in terms of Public Protection is assessed and graded giving partners a chance to have an input and also an assessment of ongoing work. This meeting provides an opportunity for partners to assess the interaction Police have with vulnerable children and adults and have an input into the tools and processes we use at BCU level.



South West  
London  
Integrated  
Care System

### What needs to be done

- Accessible standards – including translation services to embed the learning from statutory reviews.
- Self-neglect and Hoarding – guidance and multi-agency working.
- Supporting SWLICB in the NHS England as to embed MCA Practice Oversight and Quality of MCA application across all specialisms and work programmes.
- SWL ICB and CHS continue to engage with national task and finish groups/workstreams and share learning and good practice at a local, regional and national level.
- SWL ICB is fully engaged with the pan London health led network and CHS is compliant with providing Information Sharing to Tackle Violence (ISTV) data.

# CSAB Priorities 2023 - 2024: Commissioning



## Croydon Provider Ratings

The Care Quality team continue to work in partnership with care homes to improve the quality and especially around homes that are rated Requires Improvement/Inadequate. The below shows the continued work in striving for excellent care, working in partnership with key stakeholders and that person centred care is at the heart of what we do. They speak to residents and staff to ensure that their voices are heard, captured and lessons learnt. This shows at the last point of data review we have more homes rated good and above.

	No. Of Care Homes	No. Rated good/Outstanding	% Rated good/Outstanding
May-23	124	108	87.10%
Nov-23	123	109	88.62%
Mar-24	122	106	86.88%

The Care Quality team monitor Home Care providers. Whilst predominately they visit the offices of the provider, as this is where the paperwork is kept, we are also speaking to residents about the care that they received. This is early days and we are looking at how we bring the residents voice back into this work. This is helping when we have concerns over care providers and being able to speak to them of their lived experience of their care and develop improvement plans.

## What else needs to be done?

- The care market within Croydon is the largest within London. To help monitor the market we plan to create a risk dashboard which will help show early signings of possible provider failure or if care quality is falling.
- We have residents that are cared/support for who live outside the borough. As part of the new risk matrix and improved care provider reporting we will be able to report daily on some key risk indices to look at the quality of care and make earlier interventions if required.

## What is the data telling us?

Whilst there are concerns around the quality of care from some providers, the work of the Care Quality team and how they link into various professional networks is helping improve quality for care and deal with risk earlier.

## What is the adult at risk saying/what is the person with lived experience telling us?

Residents are overall pleased with the quality of care that they receive when spoken to. However, further work is needed around capturing the voice of residents who receive care at home.

# CSAB Priorities 2023 - 2024



## QUALITY & IMPROVEMENT

### What has been done

- Age UK completed an internal audit using Ann Craft Trust document as guidance and the audit was of a satisfactory standard.
- Hear Us were part of a forum to provide input into the CSAB Review and then able to feed back to staff and volunteers about some of the issues faced when reporting safeguarding.
- Hear Us Designated Lead delivered a workshop on the new referral portal to staff who have been able to make referrals but also provide feedback on the issues about the changes in the system.
- Staff members in Age UK are encouraged to discuss any complex safeguarding cases with their manager and if necessary the safeguarding lead to ensure there is a clear understanding of processes. Staff are now more confident when making safeguarding referrals.
- The Charity Quality Standard reviewed Age UK's safeguarding policy and procedures and was deemed was of a satisfactory standard.
- SWL ICB hosted lunchtime learning sessions and promoted the London Safeguarding Adults Conference organised by the London Safeguarding Adults Board. Topics included learning from SARs, importance of a trauma informed approach and the importance of engagement with community safety. This provide increased awareness and knowledge of staff.
- SWL ICB at Croydon Place achieved an overall performance of 79.2% against the 75% target for the undertaking of annual health checks for people living with a Learning Disability.

### What needs to be done

- Advocacy for All would like staff and volunteers to better understand safeguarding processes by training and development.
- Hear Us would like to see better feedback and updates after a safeguarding referral has been made.
- Age UK will continue to work in order to ensure that all staff and volunteers receive training as a core topic and send offers of any external training relating to safeguarding to all staff.
- Improving the quality of referrals of adult safeguarding concerns made to the local authority.
- Reducing the incidence of neglect and/or organisational abuse of adults with care and support needs within adult social care and health within Croydon.
- Reducing the time it takes to respond across the partnership to domestic abuse of adults with care and support needs.
- Designated professionals at SWL ICB fully engaged with work done by NHSE regional leads to drive improvements with the application of the Mental Capacity Act particularly with staff who work with 16- and 17-year olds

# CSAB Priorities 2023 - 2024



## QUALITY & IMPROVEMENT

### What has been done

- Implementation of the Safeguarding Health Outcomes Assurance Framework [SHOF] to capture and evidence safeguarding assurance. The SHOF is likely to be adopted for use by other health partners.
- Patient Safety Incident Response Framework (PSIRF) replaced the Serious Incident Framework. PSIRF is the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.
- Age UK's policy is to report any disclosures of abuse or neglect regardless of consent and as a form of good practice they inform service users of their intention to report, update and support where they can. All staff and volunteers attend training and confirm they have read and understood the policy and procedure relating to safeguarding.
- The Pressure Ulcer Appendix 2 tool has been incorporated into the investigation part of RADAR (CHS incident reporting system). This increased the compliance with the safeguarding and pressure ulcer protocol.
- The CHS Safeguarding Team attend all Directorate Incident Reporting Groups and participate in Patient Safety Incident Investigations and Post Action Reviews (where there is a SG, MCA or DoLs concern identified). Positive feedback has been received.
- SWL ICB secured funding for the Identification and Referral to Improve Safety (IRIS) programme which is a gold standard domestic abuse training programme for clinical and non-clinical staff in GP practices. Positive feedback from survivors of domestic abuse and reporting improved quality of life. Practitioners working in GP practices are DVA aware and resourced. Increased referrals to domestic abuse specialist services.

### What needs to be done

- Streamlining safeguarding dataset on electronic patient record and referral processes as well as capturing data for assurance. [SLaM]
- The CHS MCA and DoLs audit (including a small sample size of the 16 and 17 years old) identified areas for improvement including:
  - Recognition of where an MCA assessment is required
  - Quality of MCA assessments and use of the MCA assessment form for evidencing practice
  - Recognition of the Acid Test being met
  - DoLs applications being completed in full and accurately
  - CHS has identified MCA as a Trust priority for 2024, a Task and Finish Group is being arranged.
- The Police to provide increased data sharing with partners to share information and identify opportunities to work smarter and more efficiently. This includes data on areas such as modern day slavery and exploitation with the data tailored for external partners. This will prove useful for partner initiatives around safeguarding projects including self-neglect.

# CSAB Priorities 2023 - 2024



## QUALITY & IMPROVEMENT

### What has been done

- MPS Implemented a new IT system (CONNECT) that brings together several existing tools into one format. CONNECT is the largest IT transformation project we have ever undertaken in the Met. It is not simply an IT refresh: it will transform how we record and use our data, and ultimately improve how we police London. CONNECT will bring most of the data we capture into a single, integrated platform so that links between different information can be added, understood and interpreted. This will help us investigate crime and improve our ability to manage risk quickly and effectively. Data and working groups internally monitoring impact of new system for MPS. Impact with local partners looked at through MASH working group to ensure that right information is provided with in the required timescales.
- Implemented Right Care, Right Person by the Police. This is aimed at making sure the right agency deals with health related calls, instead of the police being the default first responder as is currently the case in most areas. It has been shown to improve outcomes, reduce demand on all services, and make sure the right care is being delivered by the right person. Since it was implemented in November 2023 the plan has worked effectively as the Police have worked in partnership to deliver on this. Data shared with external partners at meetings to provide reassurance at local BCU level, Performance and implementation is managed with senior partner leads at Pan London level.

### What needs to be done

- RCRP escalation plan continues to be in place for any feedback or concerns to be raised with MPS.
- Use data to increase training and adopt a problem solving approach with partners to Self-Neglect.
- Would like more accountability to understand the role of anyone involved in the safeguarding process. Residents are pleased Age UK are part of the process to support and assist where necessary.
- Advocacy for All would like to continue to get more feedback from residents/clients they have supported through the safeguarding process.
- Designated professionals continue to work collaboratively with commissioners and contracts team to ensure safeguarding oversight throughout the commissioning cycle from procurement. Safeguarding representation at Procurement Oversight Group. Designated professionals proactively involved in the monitoring of safeguarding assurance from providers of health services.

# CSAB Priorities 2023 - 2024



## QUALITY & IMPROVEMENT – Adult Social Care

### What is the data telling?

For every adult safeguarding enquiry we carry out, we collect information that can help us know whether we are making a difference. This includes information about:

- The impact the adult safeguarding work had on the risks the person was facing
- Whether the person feels safer following the adult safeguarding work we have done with them
- Whether we asked the person during the course of the adult safeguarding work about the outcomes they want to achieve and whether we have helped them to do so.

#### Our data shows:

- Of the adult safeguarding enquiries where we identified that there was a risk to the person of abuse or neglect, we were able to remove that risk completely in 36% of instances and reduce it in a further 61%.
- Over 60% of our adult safeguarding enquiries result in people feeling safer as a result of that work. Of the remaining 40%, most involve situations where the person did not feel unsafe. Only around 1% of our adult safeguarding enquiries result in the person not feeling safer.
- Of the people we carried out an adult safeguarding enquiry for, we asked 83% what outcomes they wanted, and they told us. Another 5% were asked but they did not say what outcome they wanted. Of those that did say what outcome they wanted, these were fully or partly achieved 96% of the time.

### What else needs to be done, how will we do it?

- The Peer Review carried out during 2023 – 24 set us the challenge of reviewing our operational model for adult safeguarding to ensure it remains fit for purpose. That will be a key piece of work for us in the first half of 2024/25.
- In 2024 – 2025 our Principal Social Worker and our Professional Practice team will be launching practice forums for our staff. Our Head of Adult Safeguarding and Quality Assurance will work with them so that there will be sessions that will help support our staff to deliver improved adult safeguarding practice. This will include putting the learning from local and national Safeguarding Adult Reviews into practice.
- We will review our adult safeguarding learning and development offer for our staff, to help support them to deliver the practice that we expect.
- We have identified that we need to improve our adult safeguarding work relating to domestic abuse. We will put in place a programme of work to help address that, so we can do better at recognising and responding to instances where an adult with care and support needs in Croydon is experiencing, or is at risk of, domestic abuse.

Partners in Care and Health  
Independent evaluation of  
safeguarding practice in Croydon

Recommendations: Update



Safeguarding Circle

**DATA/CSAB SCORECARD**

Recommendation/Findings	Action/Progress	RAG
<p>CSAB does not receive, as part of their integrated scorecard, data on all SAC key performance indicators (KPIs). For example, the type of harm, source or location of abuse, primary support reason or age of the adult at risk is not reported to the SAB as part of the integrated scorecard. It also doesn't receive data on whether the concern was raised by a member of the public, practitioner, provider or another safeguarding partner agency, limiting CSABs ability to understand possible training needs or the impact on its awareness raising activity.</p>	<p>CSAB members have agreed to review only certain KPI Data which might provide insight into issues previously identified in SAR reports as requiring improvement. Work progressing and discussions being arranged with all partners. However, the data now being presented includes the KPIs identified in this recommendation.</p> <p>Many meetings have been held with statutory partners to explore ways of how to improve data, timeliness and how to be able present the data ensuring it is fit for purpose and able to demonstrate if improvement is happening and what are the challenges. The Performance and Quality Assurance sub group with the Head of Safeguarding and QA have an agreed a new process/format with a shift from data board members requested to a focus to demonstrate good compliance with the Board's S42 statutory duty. The data can be used to prompt trends, see anomalies or to enable a further deep dive into the detail. Data has moved away from being presented as an excel spreadsheet to a more visual format with narrative.</p>	
	<p>CSAB to receive quantitative data from closure forms showing percentage where feedback has been provided at the closure of S42 enquiry. S42 manager working on ensuring referrer receives feedback.</p> <p>Quantitative data from closure forms showing percentage where feedback has been provided at the closure of S42 enquiry is being collected and presented to the CSAB at the quarterly meetings. Feedback is asked and provided by the person on what outcomes they wanted from the adult safeguarding work and also of those who expressed what outcomes they wanted were these outcomes achieved? The 2023/24 data shows a small increase in those asked of their outcomes to 2022/23 and a 5% increase in those who said their outcomes were fully achieved.</p> <p>The Safeguarding team are working to ensure that ethnicity data is included where possible ie to reduce the number of cases where this information is not recorded. Also looking at the closure form so it can include more prompting to complete the ethnicity information but it will need to be a mandatory field. Some enquiries relate to a provider and not a specific adult therefore the ethnicity question is not applicable and inclusion of these cases can skew the data.</p>	



**DATA/CSAB SCORECARD**

Recommendation/Findings	Action/Progress	RAG
<p>CSAB does not receive, as part of their integrated scorecard, data on all SAC key performance indicators (KPIs). For example, the type of harm, source or location of abuse, primary support reason or age of the adult at risk is not reported to the SAB as part of the integrated scorecard. It also doesn't receive data on whether the concern was raised by a member of the public, practitioner, provider or another safeguarding partner agency, limiting CSABs ability to understand possible training needs or the impact on its awareness raising activity.</p>	<p>CSAB to explore how designated safeguarding leads across the partnership provide feedback to their staff on the quality of referrals and their own decisions regarding raising concerns to the local authority. Meetings planned to discuss quality of referrals with partners. A Referrals Seminar took place on the 23<sup>rd</sup> November 2023 and the audience included the 3<sup>rd</sup> sector and partners. Further sessions planned.</p> <p>CSAB to agree a simple reporting format for chairs of quality assurance panels and practitioner forums to report key qualitative data to the CSAB. Fiona Bateman shared a template to assist in collecting data from each of the panels/consultation meetings etc already in existence and managers are in agreement to take this forward.</p> <p>Using the sub group meetings and quarterly board meetings partners have reported on their specific areas by sharing data, examples included the Police on the Right Care Right Person data, FJS on Domestic Abuse and Modern Slavery. We are also working closely with Advocacy for All who since the review have become members of the Voice of the People Sub group sharing data and information on their role.</p> <p>The LGA ASC peer review referenced qualitative data and the Performance agrees that richer data would be positive and the Professional Standards Team in the local authority has ongoing audit work taking place, CHS and SLaM also will be undertaking audits.</p>	<p align="center">RAG</p>
<p>Health Data not reported and during discussions for this review identified difficulties in working alongside GPs as safeguarding partners.</p>	<p>CSAB with the ICB leads should urgently explore how to best assist health practitioners recognise and report safeguarding concerns and that, when required, they are active within strategy meetings and protection plans.</p> <p>Due to capacity issues GPs attending strategy meetings and case conferences is a challenge for GPs for safeguarding adults and children. Social workers often liaise with the designated nurse when they experience some difficulties getting information from GPs. The designated nurse worked closely with the primary care team in the ICB and has an up-to-date contact list for all GP practices. Years ago the safeguarding team in the ICB (Croydon) requested that each GP practice identify leads for safeguarding adults &amp; children as well as DASV. The safeguarding team in the ICB (Croydon) hosts quarterly safeguarding training sessions and group supervision for GP safeguarding leads. The designated nurse added the gap of the named doctor for SGA on the risk register and presented a business case for funding. Due to current financial pressures in the NHS the business case was not approved but it will be presented again in the future.</p>	<p align="center">RAG</p>

<b>DATA/CSAB SCORECARD</b>		
<b>Recommendation/Findings</b>	<b>Action/Progress</b>	<b>RAG</b>
The police also make available data on the number of Merlin reports made to the local authority, though it should be noted that this does not presently distinguish those adults at risk and requiring safeguarding from those who may benefit from assessment or care management functions.	Police have moved back to more localised figures although there is a lack of analysts however, have moved to a new Connect system which will be easier to interrogate and Croydon was a pilot site for the new MASH Connect System. The work around the challenge of Merlin data continues with discussions taking place at the London SAB Chairs network.  South BCU have been chosen as a DAPO pilot (Domestic Abuse Protection Orders) around monitoring and tracking offenders.	
Currently CSAB does not receive any data or assurance reports from members regarding availability of advocacy or interpreters, including when the s42 safeguarding enquiry function is delegated to SLAM practitioners under the s75 agreement.	CSAB to pursue this with the agency commissioned to provide advocacy support. SLAM colleagues agreed to take this forward and following the review the VOTP sub group invited Advocacy for All to be part of their membership.  Agreed that advocacy data should be included within the CSAB Dashboard however, to concentrate on the advocacy data related to S68 of the Care Act 2014 therefore the Advocacy for All data and similarly ethnicity data related to the Care Act.	
<b>ASSURANCE/RISK ASSESSMENT</b>		
To provide assurance that the safeguarding risks assessment guidance is utilised during referral and triage, it would be prudent to identify means by which concerns are graded against green, amber and red descriptors and report on the timeliness of response within those categories.	CSAB to promote the assessment tool on the website and raise awareness across the partnership, partners also have shared this widely across their organisations.	
KPIs would also enable CSAB to demonstrate improvements to practice across member organisations in response to local SAR reports, for example involvement of the adult at risk/ their wider informal support network, use of advocacy, use of high risk escalation protocol or risk mitigation for waiting lists	CSAB to use these KPIs to demonstrate improvements to practice across the partnership in response to SAR reports. Discussions around indicators at the PQA meeting and how to include themes and recommendations from SARs. The Learning and Practice Development sub group also has shifted its focus in order to look at the themes from SARs and how the work in response to the recommendations have improved practice and the experience of the residents but also what are the challenges and barriers.  Improvements have been made with safeguarding supervision (CHS, SLAM, GPs, CHC). The CHC team invites the ICB Designated Adult Safeguarding Lead to their quarterly peer review group meetings.	

**COMMISSIONING**

Recommendation/Findings	Action/Progress	RAG
<p>Whenever a new service is commissioned by the Council or ICB, especially if this is intended to provide statutory functions within the safeguarding process (e.g. advocacy), the contract of service should provide clear obligations for senior management to induct key personnel within the new services and will also need to be introduced to senior leaders and significant persons within partner agencies.</p>	<p>The designated nurses represents safeguarding at the procurement oversight group and safeguarding frameworks are inserted in all contracts commissioned by the NHS SWL ICB.</p>	<p>Green</p>
	<p>CSAB partners should consider providing assurance about how, within their own organisation, they maintain up to date information about key personnel.</p>	<p>Yellow</p>
	<p>The designated nurse for safeguarding adults is proactively involved in the commissioning cycle and support from procurement to contract monitoring.</p> <p>The NHS standard contract requires a provider’s written policies for safeguarding children and adults should be appended in Schedule 2K and may be varied from time to time in accordance with SC32. The policies should reflect the local multi-agency safeguarding policy. The expectation is that the name and contact details of the Provider’s Safeguarding Leads / named professionals for safeguarding must be inserted – separately for adults and children.</p> <p>The designated nurse reviews information submitted by all bidders which then support the decision making about which provider service the contract is awarded to. All provider services submit a self-assessment which the designated nurse evaluates against the safeguarding requirements stipulated in the NHS standard contract. QA reports are written by the designated nurse which feed into the safeguarding governance processes.</p>	<p>Green</p>

# CSAB Priorities 2023 - 2024

## CROSS SECTOR WORKING



### What has been done

- Hear Us Designated Safeguarding Lead now feels confident in supporting staff and volunteers who identify safeguarding issues through their various projects. Evidence of this has been sharing information and learning with staff (11) and volunteers (20). Hear Us feel connected to the community and have increased awareness about safeguarding.
- Age UK completed a training session on Croydon's new on-line safeguarding referral system, they made it part of an away day to ensure all staff were clear on how the new referral process works. Staff and Volunteers have a clearer understanding of the ASC new referral system.
- SLaM recruited a Domestic Abuse and Exploitation lead to improve the Domestic Abuse strategy within the Trust and work along the IDVAs/VAGM Leads in the different DA support services in different Boroughs. This will play a pivotal role in ensuring that DA and exploitation work is enhanced in SLaM.
- The CHS Safeguarding Team attend the High Intensity User Group and CHS Mental Health Group. Ensuring safeguarding representation.
- Joint delivery of MCA and Court of Protection session (Legal and CHS Safeguarding team) at Croydon Cares. A CoP flowchart was developed by the CHS safeguarding team. Improvement of process.
- The Police have continued to provide support and advice with Health partners to make sure officers are delivering an effective service with inputs to improve service delivery. An internal mental health dashboard is used to monitor performance, identify trends and provides input to a dedicated central improvement team to determine what training and inputs are required to assist front line staff.

### What needs to be done

- Strengthen the interface between the network of safeguarding resources within SLAM/LBC- re-establish the Mental Health Governance meeting.
- CSAB to engage with the Neighbourhood Policing team and partners to continue to work closely with the Police Mental Health team.
- Police to maximise the new BCU Organisational Learning hub that has been set up to capture learning, feedback and results of reviews and also inputs from partners. This will be put into a specific format where it can be captured, evaluated and disseminated. This tracker will also mean that we can continue to monitor learning over a longer period of time and check is has been delivered in an effective manner. A new "app" for officers has also been developed that can deliver this learning.
- Commitment to tackling Serious Youth Violence and ensuring violence reduction means putting communities, young people and their families at the heart of tackling the issue.
- Continue to strengthen the relationship with housing colleagues, working together to review the proposed new homeless and rough sleeper's strategy.
- The CSAB to continue having case studies presented at the board enabling members to hear the voice of the practitioner and show reduction in risk through partnership working. Case studies would also celebrate good practice.
- CSAB to build relationships with the Coroner's using the SARs & Coronial Process Best Practice Guidance by embedding the processes within the SAR Guidelines and SAR processes.

**“Work together to make sure adult safeguarding standards keep people safe and minimise risk of harm”**

Adult Social Care and Health are the lead agency for the safeguarding of adults in Croydon who have care and support needs, as section 42 of the Care Act 2014 places this duty on us. This means all referrals of adult safeguarding concerns come to us, and when those lead to an adult safeguarding enquiry either we take that forward or, where the person is known to adult mental health services, we do that in partnership with South London and Maudsley colleagues in the integrated mental health services we deliver in partnership with them.

In 2023 – 24 we saw an increase in the number of adult safeguarding concerns referred to us and in the number of adult safeguarding enquiries that resulted from these. Despite this, we maintained the timeliness and quality of that work.

**“Making safeguarding everyone’s business. Improve awareness of safeguarding across all citizens, communities and partner organisations. Systems are in place which prevents abuse and neglect from happening.”**

In November 2023, we worked with the Local Government Association to have a peer review of all our work, including our adult safeguarding work, to help us better understand how we are performing and what we can improve. At the end of 2023 – 24 we have begun working with a delivery partner to take this forward, and this work will continue into 2024 – 25.

**“Vulnerable young adults are transitioning safely into adult services, including preparing for adulthood workstreams in Croydon.**

We have improved our arrangements for receiving and responding to referrals, including referrals of adult safeguarding concerns. We launched an online referral form for adult safeguarding concerns, which has resulted in better quality information being included in referrals. We have secured funding for some additional posts at our front door which will focus on the areas of younger adults, including those at risk of exploitation, and of adults with care and support needs who need a different type of response than mainstream adult social care services offers. These are often people who, without the right type of support, can be at risk of abuse or neglect.

# CSAB Priorities 2023 - 2024

## CROSS SECTOR WORKING



### VAWG – Family Justice Service [FJS]

The Tackling VAWG Delivery Plan, the first of its kind, outlines the councils three-year plan to end VAWG in Croydon. It acknowledges that VAWG can affect anyone, with women, girls and children being disproportionately affected. The Delivery Plan emphasises that certain groups face extra challenges in seeking help and are at a higher risk of specific types of abuse. These groups include older individuals, specifically older women, LGBTQ+ individuals, Black, Asian, and minority ethnic communities, refugees, and adults requiring care and support. We are dedicated to ensuring that our services are comprehensive and available to everyone.

The Council want Croydon to be a place where VAWG is no longer tolerated and where everyone can expect to live free from abuse. This can only be achieved by collaborative working with not only victim/survivors but with partner agencies and the VCFS. The Council needs to build trust and acknowledge intersectionality in order to meet our priorities.

### ARE YOU SUFFERING DOMESTIC ABUSE?

Staying at home isn't safe for everyone

The Croydon FJS is there to support you  
Call 020 8688 0100

Or call the 24hr National Domestic Abuse Helpline  
0808 2000 247

#YOUARENOTALONE 



*The professionalism and empathy exhibited by X and nurses at Hospital were truly remarkable. From the moment I sought help, I was met with compassion, understanding, and a genuine desire to ensure my safety and well-being. Their commitment to supporting survivors like myself went above and beyond what I could have imagined, and I am immensely grateful for their efforts*

### Health

SWL ICB secured funding for the Identification and Referral to Improve Safety (IRIS) programme which is a gold standard domestic abuse training programme for clinical and non-clinical staff in GP practices. Since the implementation of the IRIS programme there has been an increase in referrals to domestic abuse specialist services.

The DVA champion surveys indicate increased knowledge and skills following their induction and the Q4 the referrals were made by the champions into the FJS.

The Safeguarding team have received positive feedback on the back of DVA support provided by our DVA Support Worker:

Domestic Abuse and Sexual Violence (DASV) Support Worker (Charity funded year long role) 60 Champions (acute and community) have been trained and recruited. Data evidenced an increased number of champions. The DVA champion surveys indicate increased knowledge and skills following their induction, and in the Q4 10 referrals were made by the champions into the Family Justice Service.

SWL ICB engaged with a health summit organised by MOPAC and committed to VAWG pledges. NHSE requested that all NHS Trusts and ICBs appoint a DASV lead for the organisation and engage with the national programme.

*“Very informative, learned lots of new things and tips which will help me to identify the victims of DVA in my career as GP”*

## CROSS SECTOR WORKING: Violence Against Women and Girls – Met Police

- Police continued to support plan for tackling local violence against woman and girls in line with the MPS strategy. The creation a new proactive syndicate will provide a new tool to tackle some of the high harm offenders. This unit has had some outstanding success in targeting some high harm offenders. <https://www.met.police.uk/police-forces/metropolitan-police/areas/about-us/about-the-met/vawg-action-plan-summary/overview/>
- Carrying out a minimum of 6 walk and talks every month across Croydon and Bromley. Going forward SNTs have been mobilised to carry out one walk and talk per quarter as part of their VAWG work.
- Utilising information from Streetsafe and Walk and Talks to fix ongoing problems through partnership work carrying out a you said, we did approach.
- Working to increase the usage of Streetsafe through Op Gwen (focusing on working with seldom heard groups) and launching an awareness campaign utilising SNTs. Streetsafe feeds into our tactical deployments through the TTCG meetings and Op Verona patrols.
- Creating self-defence workshops to empower women and girls. Currently there have been around three sessions for girls in Bromley and one session in Croydon with the women who are staying in the Hestia refuge. There are plans to run a session with the women from Hestia refuge every 6 months to continue to empower these women.

- A new VAWG workshop has been created that is being presented to schools to open the conversation with young people through the Schools team and SNTs. The workshop focuses on bystander training, Streetsafe and includes wider conversations about VAWG.
- WAVE training has begun across the BCU to allow staff in licensed venues to know how to spot vulnerable people and what to do when they do. This is part of our focus on the night time economy.

### Feedback

Feedback direct from participants in schemes and acting on information provided during interactions. This information is captured on detailed quarterly returns. This is discussed at TT&C which is a part of the police response to operational priorities. The process enables senior managers, through a tactical tasking and coordination group (TT&CG), to consider and agree tactical options and align resources to priorities.

This means we can allocate resources effectively and make sure we are supporting victims, targeting perpetrators and having the right conversations with seldom heard groups to deliver an effective response.

## Mind in Croydon

We actively feed in comments when safeguarding referral process / form was updated this year and commented on how barriers could be reduced . Hope this would increase accessibility.

Mind in Croydon work/strategy is informed by lived experience and hold quarterly Lived Experience Panels.

All Mind in Croydon Staff, Volunteers and Trustees receive annual mandatory safeguarding training. We log this as a report to Mind as part of the quality assurance process and renewed our Mind Quality Mark in 2024 and our Safeguarding training process formed part of this.

Mind are members of the VOTP sub group and are able to contribute to the discussions and follow up emails. The new ASC online referral form was updated and Mind were able to provide feedback

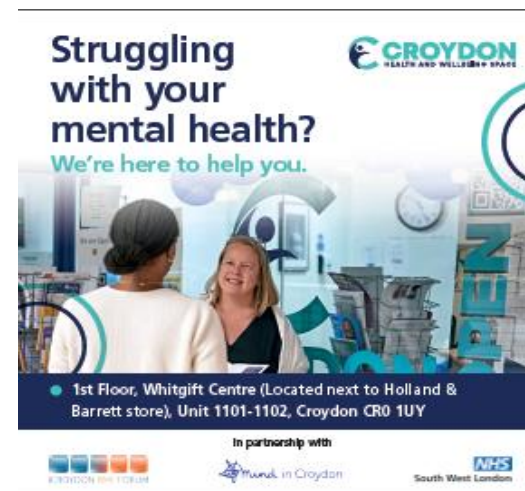
In 2022-23 Mind in Croydon made 20 safeguarding referrals. This has grown to over 30 in 23-24. An increase in 50%.

Safeguarding referrals made by Mind in Croydon are overwhelming focused on self-neglect / risk to self.

Safeguarding referral process is labour intensive, with lots of information requested upfront and mandatory questions where each member of public may not have information, may stop someone completing form. A concerned stranger may not have this information and may decide not to estimate or have access to a postcode/age/ gender/ ethnicity. These are mandatory on the public form.

Two genders available on safeguarding form. We work with people where safeguarding concern may be in relation to gender or transitioning gender.

Discussions have taken place around the need to have follow up to referrals made. This puts additional pressure on our teams as they are not aware if they have made a correct referral or if it has even been read.





# CSAB Priorities 2023 - 2024



## COMMUNICATION & ENGAGEMENT

### What has been done

- Development of a statutory review model on RADAR (CHS incident reporting system/ replaced Datix) this will support communication, robust review, action planning and storing of information.
- MPS have been linking with partners and the community to ensure partnership working and early intervention – Working with partners including London’s Violence Reduction Unit, the Probation Service and community groups as well as supporting efforts with safer school’s officers.
- Through meetings, shared intelligence and Tactical Groups, the MPS will target Gangs, County Lines Networks and the most prolific offenders and habitual knife carriers who they continuously work to identify and arrest.
- The Police have deployed officers in town centre teams to target problematic behaviour and violence, and are working with Croydon Council to design out crime. The MPS will also support the MyEnds programme which gives communities the backing they need to develop their own initiatives to bring about change in their neighbourhoods, and to provide positive opportunities for young people living in the area.

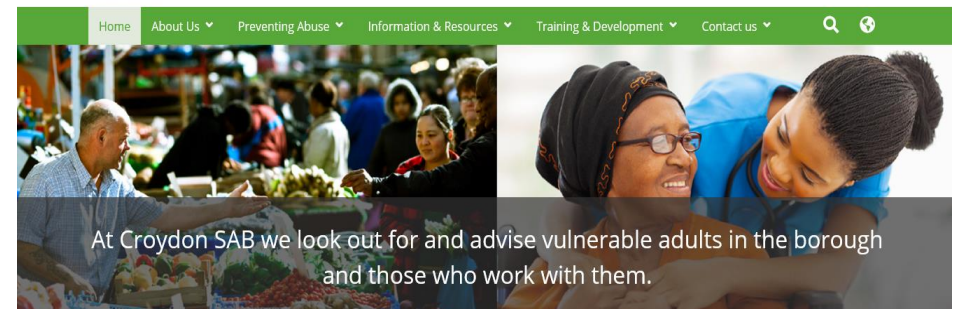
### What needs to be done

- Strengthening the Think Family Strategy and ensuring implementation in practice. [SLaM]
- SWL ICB to sign-up to the NHSE sexual safety charter for staff & patients and implement an action plan to support the delivery.
- The Met is also determined to improve its detection rates for violent offences, such as robbery.
- Continue to engage with the community and raise awareness with regards to referrals as the data is indicating that there is higher proportion of adult safeguarding referrals concerning white people compared to the overall population and a lower proportion from the Asian community. The CSAB are working with the BME Forum and ARC to meet to discuss workshops.



020 8726 6500

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# CSAB Priorities 2023 - 2024

## Partnership Working: BME Forum

Working with the CSAB VOTP sub group to find ways that we can reach the wider BME Croydon Community as evidential finding showed us that the BME group was not being represented to its full capacity. We are looking at action planning in reaching this demographic through advertising, speaking to members within the BME forum about safeguarding needs, seeking their approval “GDPR” on capturing photographic snapshots and short quotes to put on brochures, posters and website content, within BME Forum and throughout the community with partnership work.

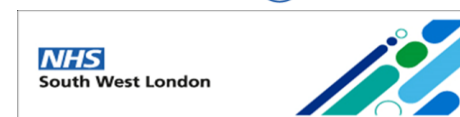
Planning events to help in safeguarding and offering support to reaching a wider audience throughout the borough. We looked at working in a Person-Centred way where the people will inform the work, their needs and ideas will be heard, supported and implemented throughout to build stronger meaningful and supportive ways to help those who may have been under-represented and overlooked in the past.

The BME Forum also work with Off The Record attending meetings to support and deliver cultural competency training to staff in SLaM.

The Community Development Workers [CDWs] service reduces mental health inequalities in BME populations by being Change Agents, Service Developers, Capacity Builders and Access Facilitators. In fulfilling this service the CDWs devised a series of events to achieve its objectives which included Games Hour, Sip and Paint and an online men’s group. Furthermore, a series of partnerships with both statutory and community organisations were successfully established to do the same. The Games Hour provided a space where attendees keep their minds positively engaged, thus preventing the onset of mental health issues and/or reduced the negative impact of any existing mental health issues. This was attended by approximately 60 % men and 40% women.



Andrew Brown  
Chief Executive BME Forum  
CSAB Vice Chair  
[www.Cbmeforum.org](http://www.Cbmeforum.org)





## Examples of Joint Working

Continue to strengthen interface working and formulating pathways around risk of suicide, knife crime and transitional /contextual safeguarding. In the process of developing a suicide and self-harm cluster policy with the PH team and CSCP.

The CHS Safeguarding Team is a core member at the Transitional Safeguarding Panel, this is in support of Children and their transition through to adult services.

Increase data sharing opportunities with partners, sharing the learning from partners data.

CSAB to launch joint working with Safer Croydon Partnership Board to define the process and criteria for statutory reviews – DHRs and SARs, when there are overlaps and need for joint consideration when the person has care and support needs.

Continue to Support efforts to tackle Serious Youth Violence working in Partnership with Croydon Council and the Violence Reduction Unit. The Police have and will continue to engage with local initiatives such as My Ends project this includes young people, Croydon Council, local police and head teachers. Engagement is key as the Police and Local Authority continue their commitment to working with grassroots organisations to deter young people from youth violence.

Adult's voice to be part of the discussions taking place at the children's MASH Improvement Group.

Working together around asylum seekers and displaced people in Croydon. The CSAB have been kept updated on the planned work taking place in Croydon with a visit to accommodation for asylum seekers taking place in August 2024. This is also on the the Joint Executive Partners Network agenda.

Joint Executive Partners meetings have been introduced bringing together statutory partners from the CSAB, CSCP and SCP. These will be held bi-annually with the purpose to seek assurance across the partnership with regards to safeguarding and to identify areas of joint working.

The CSCP review summary always include adult SARs, the CSAB shares SAR recommendations and the learning to be taken forward.

The CSAB Manager attends the CSCP Learning and Improvement Group meetings.

Sharing of information – one example was sharing the London Fire Brigade training across teams and agencies on fire safety.

The designated nurses for Safeguarding Children and Children Looked After work closely with the designated nurse for Safeguarding Adults and they have an integrated approach.



# Governance & Accountability

**Safeguarding Adult Board [SAB]**

**Statutory Partners are:**

Local Authority, Police, SWL CB



Care Act  
2014

**Core duties of the SAB**

- Publish an Annual Report
- Develop and publish a Strategic Plan
- Undertake Safeguarding Adult Reviews

**The SAB will embed the requirements of the overarching Care Act to:**

- Assure that local safeguarding arrangements are in place as defined by the Act and working well across all relevant agencies.
- Prevent abuse and neglect where possible
- Provide timely and proportionate responses when abuse or neglect is likely or has occurred

**CSAB**  
Chair: David Williams  
Vice: Andrew Brown

**Chairs/Vice Chairs**  
Chair: David Williams  
Vice: Andrew Brown

**Safeguarding Adult Review**  
Chair: Dr Shade Alu – CHS  
Vice: Anna Reeves - SLaM

**Performance & Quality Assurance**  
Chair: Clement Guerin- LBC  
Vice: Estelene Klaasen – SWL ICB

**Voice of the People**  
Chair: Nicky Selwyn  
Vice: Vicki Blinks

**Learning & Practice Development**  
Chair: Stuart Hart - Police  
Vice: Sean Olivier - LBC

**Intelligence Sharing**  
Chair: Estelene Klaasen, SWL ICB  
Vice Chair: Steve Hopkins - LBC

**Task & Finish Groups**  
**Health:** Estelene Klaasen – SWL ICB  
**MCA/DoLS:** Ernest Johnson - LBC

# CSAB Sub Groups

All sub groups will have a Chair & Vice Chair agreed by the Board to ensure governance and accountability. Each Sub group develops a work plan reporting to the board on progress against the strategic priorities, themes from SARs and this will inform the Safeguarding Annual Report. Both the Health and MCA Task & Finish Groups undertake specific projects as and when required.

## Chairs/Vice Chairs Sub Group

The Chairs monitor and review the CSAB Strategic Plan progress and priorities. Have oversight of the Board's work through its sub groups.

## Performance & Quality Assurance

Working together to oversee, support and monitor the quality of care across the partnership in order that safeguarding standards keep people safe and minimise risk.

## Safeguarding Adult Review

Considers requests which may meet the statutory criteria, to make arrangements for and oversee all SARs. Key element of the group is to seek assurance that recommendations are acted upon and learning is shared widely.

## Learning & Practice Development

The group to have a clear focus around themes from SARs looking at how the learning from SARs can be shared and embedded. How do we measure outcomes and can we evidence this, what difference has it made to practice and for our residents.

## Voice of the People

Support a person centred approach and focus on demographic groups which are under represented in safeguarding data. Raise awareness of safeguarding and what it means to the resident with the voice of the resident heard and acted on.

## Intelligence Sharing

Support the CSAB with regards to prevention by managing the provider market through frequent market oversight. It allows colleagues from all aspects of health and social care, including CQC representation, to share good practice and concerns.

# Six Safeguarding Principles



**Empowerment**  
Talk to me,  
hear my voice

**Protection**  
Work with me  
to support me  
to be safe

**Prevention**  
Support me to  
be safe now  
and in the  
future

**Proportionality**  
Work with me, to  
resolve my concerns  
and let me move on  
with my life

**Partnership**  
Work  
together with  
me

**Accountability**  
Work with me,  
know you have  
done all you  
should

## Types of Abuse

<b>Physical abuse</b>	Might involve being hit, slapped, kicked, hurt in other ways, being locked in a room or held down, or misuse of medication.
<b>Emotional abuse</b>	When you are made to feel sad, afraid or not important. This could be by shouting at you, calling you names, making fun of you, not letting you see your family or friends or bullying you on social media.
<b>Sexual abuse</b>	Made to take part in a sexual activity when you don't want to. Includes sexual harassment, inappropriate looking or touching or being shown sexual videos or pictures when you don't want them to.
<b>Financial or material</b>	If someone takes something that belongs to you without asking, or makes you give them things. It might involve theft, fraud and exploitation.
<b>Neglect</b>	When you don't get the help you need. It might be someone not giving you your medication or not providing your care needs, not giving enough food or denying your religious or cultural needs.
<b>Discriminatory [Hate Crime]</b>	When someone treats you badly because you are different to them based on your age, gender, sexuality, disability, race or religious belief.
<b>Modern slavery</b>	Includes human trafficking and forced labour. When someone is forced to work with little or no pay, or threatened with violence if they do not work.
<b>Self neglect</b>	When a person is unable to care for themselves & feels unable to accept support, significantly affecting their health and wellbeing.
<b>Organisational</b>	If abuse is caused by an organisation
<b>Domestic Violence/Abuse</b>	When abuse happens between partners or by a family member

## Funding arrangements for the CSAB update figures

The Safeguarding Board is jointly financed by contributions from partner agencies and it is acknowledged that organisations give their time and resources to support the functioning of the board. The Board has again successfully managed a balanced budget, despite there being no increase in member contributions however, moving forward these conversations are now taking place.

### Income 2023/2024

£15,000	South London & Maudsley
£21,670	South West London ICB
£21,670	Croydon Health Services
£129,328	Croydon Local Authority
£5,000	Police
<b>£192,668</b>	<b>TOTAL</b>

### 2023/204 Expenditure:

£129,328	Staffing [Chair, Manager, Co-Ordinator]
£3048	Website design & ICT support
£3657	Legal charges
£20,350	SARs [Anthony, Sylvia, Natalie]
<b>£156,383</b>	<b>TOTAL</b>
£36,285	Paid into reserves Reserves carried forward to be utilised for future SARs as the national/local picture shows a trend of commissioning SARs is increasing.



<b>ADASS</b>	Association of Directors of Adult Social Services	<b>LSV</b>	London Safeguarding Voices
<b>AfA</b>	Advocacy for All	<b>MASH</b>	Multi agency Safeguarding Hub
<b>ARC</b>	Asian Resource Centre	<b>MCA</b>	Mental Capacity Act
<b>ASC</b>	Adult Social Services	<b>MPS</b>	Metropolitan Police Service
<b>BME</b>	Black and Minority Ethnic	<b>MSP</b>	Making Safeguarding Personal
<b>CAMHS</b>	Child & Adolescent Mental Health Service	<b>NQSWs</b>	Newly Qualified Social Workers
<b>CDWs</b>	Community Development Workers (BME Forum)	<b>OP/OT</b>	Older People/Occupational Therapist
<b>CHS</b>	Croydon Health Services	<b>PCH</b>	Partners in Care and Health
<b>CSCP</b>	Croydon Safeguarding Children Partnership	<b>PSIRF</b>	Patient Safety Incident Response Framework
<b>CUH</b>	Croydon University Hospital	<b>RCRP</b>	Right Care Right Person
<b>CSAB</b>	Croydon Safeguarding Adult Board	<b>RVMP</b>	Risk and Vulnerability Management Panel
<b>CQC</b>	Care Quality Commission	<b>SAC</b>	Safeguarding Adult Collection
<b>DASS</b>	Director of Adult Social Services	<b>SANN</b>	Safeguarding Adults National Network
<b>DASV</b>	Domestic Abuse & Sexual Violence	<b>SAR</b>	Safeguarding Adult Review
<b>DoLS</b>	Deprivation of Liberty Safeguards	<b>SCP</b>	Safer Croydon Partnership
<b>DVPN</b>	Domestic Violence Protection Orders	<b>SHOF</b>	Safeguarding Health Outcomes Assurance Framework
<b>GDPR</b>	General Data Protection Regulation	<b>SLaM</b>	South London & Maudsley NHS Foundation Trust
<b>IDVAs</b>	Independent Domestic Violence Advocates	<b>SWL</b>	South West London
<b>IRIS</b>	The Identification & Referral to Improve Safety	<b>SWL ICB</b>	South West London Integrated Care Board
<b>KPIs</b>	Key Performance Indicators	<b>SWL ICS</b>	South West London Integrated Care System
<b>LAS</b>	London Ambulance Service	<b>TTCG</b>	Tactical Tasking & Co-ordination Group
<b>LD</b>	Learning Disabilities	<b>VAWG</b>	Violence Against Women and Girls
<b>LeDeR</b>	Learning Disability Mortality Review	<b>VCFS</b>	Voluntary and Community Frontline Sector
<b>LGA</b>	Local Government Association	<b>VOTP</b>	Voice of the People

# How to contact the CSAB



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