

Croydon Adult Social Care and Health Adult Safeguarding Process

Version 1.0

13/11/2024

Version control

Version number	Date	Author	Purpose / Changes Made
0.01	October 2023	Siobhan Duignan-Murphy and Mel Davies	Initial drafting
0.02	November 2024	Clement Guerin	Redrafting for readability
0.03	November 2024	Clement Guerin	Amendments to flowcharts
1.00	13/11/2024	Safeguarding Adults Practice Improvement Board	Adopted by the Board

Contents

Safety is our key priority.....	5
Key responsibilities in adult safeguarding work in ASC&H	6
Responding to and recording an adult safeguarding concern	7
S42(1) Care Act 2014 criteria decision-making	11
Adult Safeguarding Enquiry.....	15
Closure Stage	19
Adult Safeguarding Processes for CUH and OOB Hospital Teams	24
Appendix A: Croydon Safeguarding Adults Escalation Protocol	27
Stages of the policy	29
Additional Notes	30
Complex High Risk Cases.....	30
Concerns about the practice of colleagues within teams, services and departments.....	30
Wider learning points or gaps in policies and procedures.....	30

Safety is our key priority

People being safe is our key priority in all our work. This is true of all the work we do with adults in Croydon with care and support needs, and this key priority is at the core of everything we do. It has a particular importance in our work in responding to adult safeguarding concerns and, where appropriate, carrying out adult safeguarding enquiries. This document relates to these areas of work and uses the term “adult safeguarding work” to relate to that work.

The Care and Support statutory guidance says adult safeguarding is about

“protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.”

(Care and Support statutory guidance, paragraph 14.7)

The member organisations of Croydon Safeguarding Adults Board (CSAB), including Adult Social Care and Health (ASC&H), have adopted the London Multi-Agency Safeguarding Policy and Procedures. These can be found on [the Policy and Procedures on CSAB’s website](#). This document sets out how we put those policies and procedures into practice in ASC&H.

This document sets out:

- Key responsibilities in adult safeguarding work in ASC&H
- Processes for the stages of our adult safeguarding work, including flowcharts where helpful
 - Responding to and recording an adult safeguarding concern
 - Making the decision if s42(1) Care Act criteria are met
 - Carrying out an enquiry under s42(2) Care Act
 - Closing adult safeguarding work
- Adult safeguarding work in the hospitals
- Guidance on recording adult safeguarding work on LAS
- Links to related documents such as guidance on Tri-X

Reference documents for this work

At all stages of adult safeguarding work, reference to these may be of use

- LAS recording guidance on TRI-X
- Safeguarding Risk threshold guidance tool on Tri-X
- All relevant legislation such as
 - The Care Act 2014
 - The Mental Capacity Act 2005,2007
 - Human Rights Act 1998
 - Mental health Act 1983, 2007

Key responsibilities in adult safeguarding work in ASC&H

Detail is given in the rest of this document, but this table gives a high-level overview of where adult safeguarding work sits in ASC&H.

Client Group	Work stage	
	<i>Responding to an adult safeguarding concern and determining if s42(1) Care Act 2014 criteria are met</i>	<i>Carrying out enquiries under s42(2) Care Act 2014</i>
People known to secondary mental health services aged 18 – 64	AEISS receive the concern and pass it to the mental health services adult safeguarding team for s42(1) Care Act decision making	Mental health services adult safeguarding team oversee adult safeguarding work within the integrated mental health services
People known to an Older People’s service locality team or a team in the Disability Service	The case holding team makes the decision if s42(1) Care Act criteria are met	S42 Adult Safeguarding Team carry out enquiries under s42(2) Care Act, working in partnership with the case holding team
Others	AEISS receive the concern, deal with any immediate risks, and gather any information required for s42(1) decision making. AEISS determine whether they will decide if the s42(1) Care Act criteria are met, or pass this to s42 Adult Safeguarding Team to do	S42 Adult Safeguarding Team carry out enquiries under s42(2) Care Act

Making an adult safeguarding referral

If anyone in ASC&H becomes aware of an adult safeguarding concern, they should make a referral in same way as any other professional in Croydon, by using [the online adult safeguarding portal for professionals](#). This referral with them come to the AEISS team to respond to in the usual way.

Responding to and recording an adult safeguarding concern

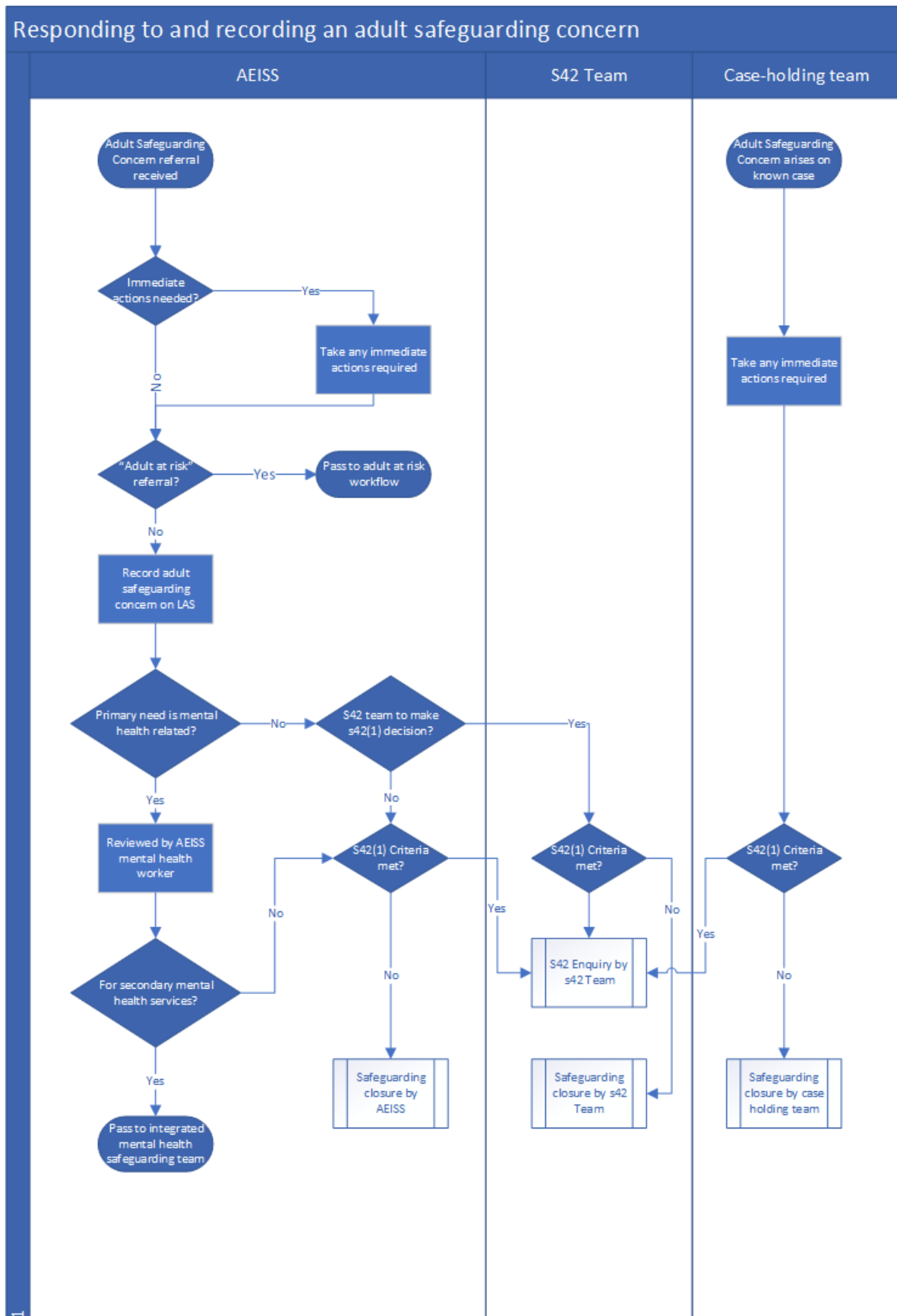
Safeguarding referrals predominantly come through the portal to the front door team Adult Early Intervention Support Service (AEISS) who process them. Each safeguarding referral in the portal is screened by a senior social worker (SSW) in AEISS, to decide the next steps including making a decision as to whether the referral constitutes a safeguarding concern or an adult at risk contact.

On other occasions, an allocated worker in any of the ASCH teams may become aware of a safeguarding concern. They will create the contact and triage if appropriate.

The AEISS mental health SW will screen relevant mental health safeguarding referrals by checking EPJS and where appropriate send to safeguarding mental health team to cascade to relevant team/worker within SLAM to progress with the support from the MH safeguarding team.

Where we receive a referral relating to domestic abuse, but the person does not appear to have care and support needs, this should be sent to [the Family Justice Service](#).

Adult Safeguarding Concern flowchart



Good practice in recording adult safeguarding concerns on LAS

- 1) AEISS Senior Social Worker checks and screens safeguarding referrals from the portal, copies forward into LAS Contact
- 2) The responsible worker completes the Contact form
 - a. Pick from the list who has made the referral and their details
 - b. Record if the referrer wishes to remain anonymous. Professionals are not given anonymity unless they are a whistleblower.
 - c. Select “Source of Contact” from the drop-down list
 - d. A date of the contact is automatically generated but can be altered if necessary
 - e. Pick a contact type, which could be “Safeguarding Concern” or “Adult at Risk”. Refer to the Safeguarding Risk Guidance Tool in Tri-X if needed
- 3) Send the Contact form to the relevant LAS tray:
 - a. If the Contact Type is “Adult at Risk” the contact is sent to the generic AEISS tray
 - b. If it is a provider quality issue, AEISS send to the Quality and Market Management team for follow up
 - c. If other action is required, such as assessment required or advice and information, then select the appropriate outcome.
 - d. If it is a Safeguarding Concern, continue these steps
- 4) Complete the adult safeguarding questions
 - a. Answer “Yes” to “Safeguarding adults issues are indicated”
 - b. For portal referrals, “Additional Details” and “Safeguarding Concern” will have pulled through.
 - c. Answer the communication needs question, and give details if there are any
 - d. Answer the question “Is the adult aware of the concern raised”. If they are, give details. If they are not, give information about why they are not aware.
 - e. Answer the “Is another local authority responsible for carrying out the enquiry / concern”. S42 Care Act duties fall to the local authority where the abuse or neglect takes place, not where the person is ordinarily resident. If “Yes”, update the record and send the contact to the case holding team or worker for them to follow up with the host authority and participate in the safeguarding process. If we are the funding authority, the case holding team will consider what will be our role in responding to the concern, which could involve contact with the adult, their family and / or the care provider, a review, or a reassessment.
 - f. Current Situation and Details of the Concern(s) being raised: Record if the adult continues to be at risk and if other at risk. If yes, describe the risk and names of others potentially at risk.
 - g. Details of the concern(s) being raised: Record location date and time of incident if known. Record if enquires are present and describe.
- 5) “Next Steps” section
 - a. Answer “yes” or “no” to “Progress to Safeguarding Adult Process”
 - b. If “Yes”, only select outcome 1 or 2. Do not use “Link to existing case”
 - i. Select Start New Safeguarding Adults Only to progress to a safeguarding episode and start the triage process.
 - ii. Select Link to Existing Safeguarding Adults Only if the contact is related to an open safeguarding episode.
 - c. If “No”

- i. Confirm if the safeguarding referral is being passed to mental health
 1. If it is not, provide the rationale for why this contact is not being progressed to a Safeguarding Adults Process
 2. If it is, AEISS SSW to send PDF of the safeguarding contact to the adult safeguarding mental health team
- 6) If you have selected “Start New Safeguarding Adults Only” then
 - a. A Safeguarding Adults episode is created on the person’s record on LAS. The Information Gathering form, the S42 enquiry form, the safeguarding closure form and any safeguarding case notes all sit within this
 - b. The yellow SA icon signals that a safeguarding episode has been generated.
- 7) When opening a new info gathering form you will be asked if you wish to copy forward from the contact. Please ensure that you select the appropriate contact which links to the safeguarding.
- 8) To access documents attached to the Safeguarding Referral on the Portal: The referrer needs to be verified on LAS so that the documents can be viewed and uploaded. Go to basic demographics into portal, click on portal users awaiting verification, pick system verified, tick “passed verification”. You should then be able to view the document and upload to LAS.

Liaison between AEISS and s42 team at this stage

- AEISS and the S42 manager have contact daily to
 - consider safeguarding referrals and agree which ones can progress directly to a S42 enquiry. AEISS will give a rationale for why they believe each of the s42(1) Care Act criteria are met.
 - identify 1 safeguarding concern for the S42 to make the decision on whether the s42(1) criteria have been met. The s42 team will give a rationale for whether they believe each of the s42(1) Care Act criteria are met or not
- AEISS SSW retains responsibility for outcoming contact
- AEISS SSW to put case note on LAS with brief details of the referral
- AEISS SSW/S42 manager to put case note on LAS recording decision and confirm team taking forward.
- If not progressing to safeguarding AEISS SSW to feedback to referrer outcome with rationale
- If there is a dispute on which team is leading use the ASC&H adult safeguarding escalation process (see below)

S42(1) Care Act 2014 criteria decision-making

This step has been included in the flowchart above, for clarity but, as it is a key step in the process, this section gives the level of detail needed by those carrying out this work.

There are a number of entwined activities at this point in the adult safeguarding work, which all fall within the “Immediate Actions” label in the flowchart above

- To gather information to ascertain if a safeguarding referral meets statutory guidance for a S42 enquiry
- To consider the need for an interim protection plan
- To consider the need to prevent abuse or neglect

The framework produced by the Local Government Association / the Association of Directors of Adult Social Services on decision making at this point in adult safeguarding work says

“The decision-making and activity that relate to the Section 42(2) duty to make safeguarding enquiries is not a linear or hierarchical process with separate and discrete stages and timescales. The decision-making needs to be dynamic. Practitioners might change their mind as information unfolds about whether there is reasonable cause to suspect that the situation meets the three statutory criteria or whether some alternative action is necessary to mitigate risk.”

(“Making Decisions On The Duty To Carry Out Safeguarding Adults Enquiries”, page 10)

This section of this document is intended to give a scaffolding for good professional judgement in making these decisions.

Roles in s42(1) Care Act criteria decision making

As can be seen in the flowcharts above, gathering information to inform the s42(1) decision making is done by the best-placed worker in the best-placed ASC&H team to do this, and that will also determine who is best placed to take on the Safeguarding Adults Manager (SAM) role, as defined in the London Multi-Agency Policy and Procedures

- It should be undertaken by the allocated worker from the case holding teams which include Older people teams, Disability teams, Transitions, No recourse to Public funds team, LIFE team, and the Hospital team. Their line-manager, or whoever is covering for them, will take on the SAM role.
- Where the referral has come to AEISS and there is no case-holding teams, AEISS will do this and the relevant AEISS manager will be the SAM. This is except for those cases where, by agreement, the decision-making will be made by the s42 Adult Safeguarding team and the relevant team manager from the s42 Adult Safeguarding Team will be the SAM.

Good practice in completing the “Information Gathering” form on the LAS Safeguarding Adults episode

Information Gathering Page 1

- The practitioner who is responsible for the gathering the information needed for deciding if the s42(1) criteria are met needs to open the information gathering form within 24 hrs and enter the start date.
- The practitioner must discuss the safeguarding concern with their safeguarding adult manager (SAM) who should provide guidance around what actions need to be taken. The worker must maintain contact with the SAM in their team and provide regular updates on the triaging process.
- The practitioner should record all information gathering on the form apart from any long email trails which should go in the safeguarding case notes within the episode. A summary of the email trail is then recorded on the form and a reference to the email trail in case notes.
- Who contact came from – self explanatory
- Anonymous- NB Professionals are not able to remain anonymous
- Relatives and carers details- Details can be added if known
- Information Gathered
 - **Background information of the adult:** Give a pen picture of the adult including – age, ethnicity, health conditions, support in place, important people in their life, POA and details of living situation. All contact with people and organisations consulted should be recorded on the form.
 - **People or organisations consulted:** Contact with the referrer to ascertain details of the concern. Clarify -who? When? Why? what? Actions that have been taken. This can include telephone calls, emails and visits. The practitioner along with their SAM needs to consider the current risks to the adult and how these are being mitigated. Record any actions that have been taken to address the identified risks. Additional rows can be added to this section as needed by clicking on the green cross.
- **What is the adult/their representatives views and wishes relating to the concern? –** The practitioner should, whenever possible, speak to adult or their representative. The consent to information sharing can be updated at this point. Please note, “consent” is not the right concept here, and LAS will be updated to reflect this. If the s42(1) criteria are met, then there must be an adult safeguarding enquiry whether or not the person wishes there to be one. However, it may be a limited piece of work if they are not cooperative and there are no other issues such issues touching on public or vital interests. Until LAS has been amended, treat this question to mean “Is the person in agreement with there being an adult safeguarding enquiry?”
- **Advocacy:** The practitioner should consider if an advocate is required. Does the adult have substantial difficulty in being involved with these processes. If it is thought that they do, and that there is no appropriate individual to support and represent them for the purpose of facilitating their involvement, then the local authority must arrange for an independent advocate to support and represent the person.
- **Incident details:** Tick the relevant category/categories of alleged abuse. If the concerns relate to alleged abuse by an intimate partner / ex- partner / family member please

consider if domestic abuse should be one of the categories of abuse selected. Practitioner to record location of alleged abuse and the details of persons alleged to have caused harm. Practitioner to consider if other adults or children are at risk.

- **Details of person alleged to have caused harm:** Practitioner to complete this section answering all questions (Are they an adult with care and support needs? Are they aware of the concern? Has a crime been committed? If Yes record CRIS/CAD/CHS number. Are there other adults who may be at risk? Are there children who may be at risk? Is there a child acting as a carer?)
- **Risk management:** The practitioner must Identify and record the immediate risks and how these are being managed and categorise if the risk is low, significant or critical. For additional guidance please consult the Safeguarding Risk Threshold Guidance document. Access this via the export button on the left of the form.

Information Gathering Page 2

- **Outcome of Concern**
 - Summary of information gathered and recommendation: The practitioner to provide a summary of their information gathering and record the recommendations for their SAM to consider.
 - Details of discussion from safeguarding consultation: If the case has been discussed at the safeguarding consultation please record here. The outcome of the safeguarding consultation is recorded in case notes and can be copied into this section.
 - Please see the Safeguarding Consultation terms of reference for further information about the safeguarding consultation
 - Self-neglect cases when the adult is not engaging and attempts to work with the adult through case management have been unsuccessful and the risks are significant must be discussed at the weekly adult safeguarding consultation
 - Any requests by a practitioner for an 'other enquiry' (where the statutory criteria is not met and the risk of harm is significant) must be discussed at the weekly adult safeguarding consultation
- **Statutory criteria:**
 - Practitioner to record if statutory criteria are met or not.
 - The adult has needs for care and support (whether or not the authority is meeting any of the needs).
 - The adult is experiencing or is at risk of abuse or neglect.
 - As a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it.
 - Is a statutory safeguarding enquiry required? Pick yes or No
- **Episode type:**
 - Once a decision has been made by the SAM the practitioner must select the episode type
 - Section 42 enquiry
 - Safeguarding concern
 - Other safeguarding enquiry.

- “Not a safeguarding concern / enquiry” should not be selected when a triage has been completed. This is only used when the safeguarding route has been used for an inappropriate referral that the referrer knew was not related to abuse or neglect such as when, for example, a report that the bins have not been collected is sent via the adult safeguarding portal.
- **Authorisation:**
 - Record name of SAM and date. The SAM / Team Manager is responsible for making the final decision of the outcome of the safeguarding triage providing a rationale around why this decision was made. SAM discussion should also include a safeguarding plan. Recommended areas that the SAM should cover:
 - Details of the Safeguarding Concern
 - Details of the adult:
 - Placing and funding authority
 - Mental capacity/advocacy
 - Background
 - Previous safeguarding contacts
 - CQC:
 - FINDINGS FROM TRIAGE AND CURRENT PROTECTION PLAN:
 - Outcome of Safeguarding Triage:
 - If a decision is made to progress to a S42 enquiry then the practitioner needs to reassign the safeguarding episode to the S42 duty tray.
 - If the safeguarding is to be closed at the triage stage then the closure form needs to be completed by the practitioner which includes feeding back to the referrer in line with GDPR

Good practice pointers

- Depending on the episode chosen the safeguarding may progress to a S42 enquiry.
- If the decision has been made that an enquiry is needed only the SA episode needs to be reassigned to the S42 safeguarding duty tray NOT the case or any other tasks. These remain the responsibility of the allocated worker.
- If the outcome of the triage is that the safeguarding is progressing to an enquiry DO NOT complete the safeguarding closure form
- If the triage is not progressing to S42 enquiry you must complete the safeguarding closure form which will end the SA episode. Ongoing case management can continue.
- If another safeguarding contact is generated for an adult this should be discussed with the lead worker in order to determine if the new contact should be linked to the current SA episode or if a new SA episode is required
- The SA episode can remain open and active regardless of the closure of the case. If case management involvement comes to an end and the safeguarding enquiry is ongoing, please do not reassign the case to the enquiry officer.

Adult Safeguarding Enquiry

Where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)

- has needs for care and support (whether or not the authority is meeting any of those needs),
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

The adult, or their representative, should be at the centre of the S42 enquiry, in line with making safeguarding personal, with a focus on eliciting their views and desired outcomes in respect of the presenting safeguarding issues and when required developing a safeguarding plan.

Making safeguarding personal does not mean automatically “closing the case or walking away” if a person declines safeguarding support or a S42 enquiry. It means, empowerment must be balanced for example, with duty of care and the principles of legislation such as the Human Right Act 1998 and Mental Capacity Act 2005, where there is significant risk and support is declined and/or coercion is a factor.

Where there is a concern about abuse or neglect of an adult with care and support needs, consideration should be given to whether s11(2)(b) Care Act may apply, and to whether a s9 Care Act assessment is required, even if the person has refused that assessment.

The LA has the power to conduct other enquires. Decisions are made on a case-by-case basis and usually relate to safeguarding referrals where the risk of harm is high, for example in the case of informal carers experiences abuse. These should first be discussed in the weekly safeguarding meeting for a decision to be made around progression or a different response.

- Not all S42 enquires need to be recorded on the enquiry form. If, at the point we are making the decision whether s42(1) criteria have been met and we have satisfied ourselves that all actions needed for meet the objectives in paragraph 14.94 of the Care and Support statutory guidance, then this can be recorded on the information gathering form.
- If the statutory criteria is met for a S42 enquiry based on information in the safeguarding referral and there is no need to triage, the mandatory fields in the information gathering form must be completed before opening the enquiry form.

Who is responsible for completing s42 enquires?

- S42 enquires are conducted by the Adult Social Care and Health (ASCH), S42 Adult Safeguarding Team and the Mental Health Younger Adults service under South London and Maudsley (SLAM).
- Mental health Younger Adult have a different process please refer to their policy and procedures.

- A safeguarding adult manager (SAM) is responsible for identifying the focus of the enquiry and actions to be taken forward by the enquiry social worker who leads on that enquiry.
- The enquiry social worker (SW) is responsible for keeping the SAM updated however the SAM retains overall responsibility.

Good practice in completing the Safeguarding Enquiry Form on LAS

Safeguarding Enquiry Page 1

- **Initial Enquiry Action Plan**
 - The SAM is responsible for opening the enquiry form, allocating a worker and recording the first SAM discussion which should include
 - Details of the Safeguarding Concern
 - Details of the adult including ethnicity:
 - Placing and funding authority
 - Mental capacity/Advocacy
 - Background details including previous safeguarding contacts
 - CQC rating if applicable
 - Findings from triage if applicable
 - Interim protection plan if known: consider if a crime has been committed and if there is a need to report to the police.
 - Decision: Such as the statutory criteria met, and taking account of vital, best interests, wider public interests
 - SAM to record action plan for the enquiry social worker to follow including dates for action to be completed. Example of potential action
 - Enquiry SW should complete background checks on LAS to become conversant around the adults situation.
 - Contact the referrer, inform of the enquiry, gather evidence and explore how risk is being mitigated
 - Arrange to meet with adult and or their representative to gain consent for the safeguarding and elicit their views and desired outcomes in respect of the safeguarding and work in partnership to develop a safeguarding plan.
 - Consider the need for formal/informal advocacy if adult lacks mental capacity to consent to the enquiry or is having substantial difficulty being involved in the process.
 - Contact relevant agencies to gather evidence to inform the for enquiry example, Police, OPG, GP, Hospital, Mental Health, Care Home, Care Agency, District Nurse, Contracts and Commissioning, CQC, CHS safeguarding team, allocated workers
 - Request health report or provider led report
 - Consider the need for professional and or formal safeguarding meetings.
 - Complex/high risk safeguarding enquiries will require interim SAM Discussions. These discussions should be recorded on LAS by either the SAM or enquiry SW in the SA episode front page under 'other safeguarding forms'

- **Desired Outcome of the adult or their representative:** Enquiry SW to record desired outcomes and keep these updated as well as provide a professional opinion when appropriate.
- **Does the adult have mental capacity to consent to the enquiry? / Does the adult consent to the safeguarding enquiry?** As noted above, if the criteria are met then there must be an adult safeguarding, even if the adult has mental capacity to make a decision that they do not want there to be one. However, if they refuse to engage with an adult safeguarding enquiry, then that may curtail what can reasonably be achieved. Until such time as we amend LAS to better reflect the underlying law, the question about mental capacity should be taken to be a pointer toward whether the person may have substantial difficulty or an inability to be involved in the review, which might indicate the need for a s68 Care Act advocate or an Independent Mental Capacity Advocate.
- **Initial Safeguarding Plan and Risk Assessment:** “Is a plan and risk assessment required?” Pick “yes” or “no”
 - If yes record date, risk, details, adults perception of risk, actions and person/agency responsible.
 - It is likely that many, if not most S42 enquires, will need a safeguarding plan at the beginning of the process and this should be updated continually and finalised at the end of the enquiry.
 - The plan expands by clicking on the small green cross.
- **Seriousness of Abuse/Impact and Likelihood of abuse occurring**
 - Enquiry SW to pick “low”, “significant” or “critical”.
 - Enquiry SW to refer to LBC risk threshold tool
- **Was the safeguarding plan accepted by the adult?** Pick “yes”, “no”, “could not consent”, or “not applicable”.
- **Safeguarding Meetings:** “Did a formal safeguarding meeting take place?” Pick: Yes, No. If ‘yes’ record meetings details, date, type, name of chair and minute taker

Safeguarding Enquiry Page 2

- “Provider led report completed?”: Pick yes or no
- **Enquiry findings**
 - Enquiry SW to complete and record, date, type of evidence who provided the evidence and details. Table can be expanded. Summarise emails rather than putting long email chains in the table. Put trail of emails in Documents, with a summary in SA episode case notes, and refer to these in the table
- **Analysis of Evidence:** Enquiry SW to summarise and analyse evidence and make recommendations to the SAM. The following headings should be used by the enquiry SW
 - Details of the Safeguarding Concern
 - Details of the adult:
 - Placing and funding authority
 - Mental capacity/Advocacy
 - Background and Previous safeguarding contacts
 - CQC rating if applicable
 - Enquiry findings
 - Recommendations for outcome of the enquiry

- **Final Safeguarding Plan:** “Is a plan and risk assessment required?” Pick “yes” or “no”. If yes record date, risk, details, adults perception of risk, actions and person/agency responsible.
- **Final SAM Discussion:** In order to finalise the enquiry and send for authorisation the enquiry SW will need to record name of SAM, date and name of enquiry SW and in the details box put TBC by the SAM. The Enquiry SW is to ensure safeguarding plan has been updated, and that all questions are answered, sections in the enquiry form completed, documents uploaded and case notes completed before sending to the SAM.
- **Send to SAM for authorisation:** The SAM/Team Manager is responsible for making the final decision on the outcome of the safeguarding enquiry providing a rationale around this decision. The final SAM discussion should cover the following areas:
 - Details of the Safeguarding Concern
 - Details of the adult:
 - Placing and funding authority
 - Mental capacity/Advocacy
 - Background and Previous safeguarding contacts
 - CQC rating if applicable
 - Enquiry findings
 - Brief Protection plan
 - Outcome of Safeguarding enquiry
- **Action Plan:** The SAM to record final actions to be undertaken by the enquiry social worker, for example: Inform relevant people such as adult, family, referrer, provider, CQC, contracts and commissioning, GP, London ambulance service of the outcome taking into account GDPR when sharing this information

Good practice pointers

- If another safeguarding contact is generated for an adult this should be discussed with the lead worker in order to determine if the new contact should be linked to the current SA episode or if a new SA episode is required
- The SA episode can remain open and active regardless of the closure of the case. If case management involvement comes to an end and the safeguarding enquiry is ongoing please do not reassign the case to the enquiry officer.

Closure Stage

Safeguarding closure forms must be completed in order to end a safeguarding episode.

There are three different closure forms on LAS which are specific to the safeguarding episode type:

1. Not a safeguarding concern/enquiry
2. Safeguarding concern
3. S42 enquiry or other enquiry

If the safeguarding triage is progressing to an enquiry the closure form is completed by the enquiry worker.

Good practice in completing the closure stage on LAS

Closure form for “Not a Safeguarding Concern/Enquiry” episode type

- Start date is automatically copied through from the contact.
- Worker to record end date.
- The safeguarding referral pulls through to the closure form.
- Worker to record in box reason for choosing episode type ‘Not a Safeguarding Concern/Enquiry’ (inappropriate safeguarding referral).
- **Were any actions taken as a result of the referral?** Worker to tick appropriate boxes.
- **Has the referrer been informed of the outcome?**
 - Worker to pick from options: yes by email, phone, letter, not appropriate, no - referrer details not available, other.
 - Worker to record the date that feedback was provided.
 - It is a mandatory requirement to inform the referrer that appropriate actions have been taken.
- **Has the adult and or the representative been informed of the outcome?**
 - Worker to pick from options: yes by email, phone, letter, not appropriate, no - referrer details not available, other.
 - Worker to record the date that feedback was provided
 - It is a mandatory requirement to inform the adult/representative that appropriate actions have been taken.
- **Has the provider been informed of the outcome (if appropriate)?**
 - Worker to pick from options: yes by email, phone, letter, not appropriate, no - referrer details not available, other.
 - Worker to record the date that feedback was provided.
 - It is a mandatory requirement to inform the provider, where there is one, that appropriate actions have been taken.
- Once the safeguarding closure form has been completed the worker should finalise the closure form and send to the manager for approval.

Closure form for “Safeguarding Concern” episode type

- Start date is automatically copied through from the contact.
- Worker to record end date.
- The safeguarding referral pulls through to the closure form.
- **Nature of the alleged abuse:** Categories of abuse are pulled through to the closure form and can be amended if required. If concerns relate to abuse from an intimate partner/family member, then consideration should be given as to whether the domestic abuse category should be ticked.
- **What is the location of the alleged abuse:** This is pulled through to the closure form. Add new location of abuse if appropriate to do so.
- **Details of alleged perpetrator:** This is pulled through to the closure form. Add additional one if required.
- **Please detail reason for exiting safeguarding process with no enquiry identified:** Worker to provide rationale in the details box.
- **Has the referrer been informed of the outcome?**
 - Worker to pick from options: yes by email, phone, letter, not appropriate, no - referrer details not available, other.
 - Worker to record the date that feedback was provided.
 - It is a mandatory requirement to inform the referrer that appropriate actions have been taken.
- **Has the adult and or the representative been informed of the outcome?**
 - Worker to pick from options: yes by email, phone, letter, not appropriate, no - referrer details not available, other.
 - Worker to record the date that feedback was provided
 - It is a mandatory requirement to inform the adult/representative that appropriate actions have been taken.
- **Has the provider been informed of the outcome (if appropriate)?**
 - Worker to pick from options: yes by email, phone, letter, not appropriate, no - referrer details not available, other.
 - Worker to record the date that feedback was provided.
 - It is a mandatory requirement to inform the provider, where there is one, that appropriate actions have been taken.
- **Actions taken for the Adult at Risk:** Worker to pick from drop down. Additional action can be added if appropriate.
- **Actions taken Alleged Harmer:** Details of alleged harmer has pulled through. Pick an outcome for the alleged harmer.
- **Risk Action:** Worker to pick risk action
 - Risk identified and action taken
 - Risk identified and no action taken
 - Risk assessment inconclusive and action taken
 - Risk assessment inconclusive and no action taken.
 - No risk identified and action taken
 - No risk identified and no action taken
 - Enquiry ceased at individual’s request and no action taken
- **Risk Outcome**
 - Worker to pick the risk outcome
 - Risk removed

- Risk reduced
- Risk remains
- **Episode Type:** has pulled through.
- **Case conclusion:** Worker to pick outcome:
 - Closed at triage stage
 - Enquiry ceased at individuals request
 - Inconclusive
 - Partially substantiated
 - Substantiated
 - Not Substantiated
- Once the safeguarding closure form has been completed the worker should finalise the closure form and send to the manager for approval.

Closure form for “S42 Enquiry or Other Enquiry” episode type

- Start date is automatically copied through from the contact.
- Worker to record end date.
- The safeguarding referral pulls through to the closure form.
- **Nature of the alleged abuse:** Categories of abuse are pulled through to the closure form and can be amended if required. If concerns relate to abuse from an intimate partner/family member, then consideration should be given as to whether the domestic abuse category should be ticked.
- **What is the location of the alleged abuse:** This is pulled through to the closure form. Add new location of abuse if appropriate to do so.
- **Details of alleged perpetrator:** This is pulled through to the closure form. Add additional one if required.
- **Has the referrer been informed of the outcome?**
 - Worker to pick from options: yes by email, phone, letter, not appropriate, no - referrer details not available, other.
 - Worker to record the date that feedback was provided.
 - It is a mandatory requirement to inform the referrer that appropriate actions have been taken.
- **Has the adult and or the representative been informed of the outcome?**
 - Worker to pick from options: yes by email, phone, letter, not appropriate, no - referrer details not available, other.
 - Worker to record the date that feedback was provided
 - It is a mandatory requirement to inform the adult/representative that appropriate actions have been taken.
- **Has the provider been informed of the outcome (if appropriate)?**
 - Worker to pick from options: yes by email, phone, letter, not appropriate, no - referrer details not available, other.
 - Worker to record the date that feedback was provided.
 - It is a mandatory requirement to inform the provider, where there is one, that appropriate actions have been taken.
- **Actions taken for the Adult at Risk:** Worker to pick from drop down. Additional action can be added if appropriate.

- **Actions taken Alleged Harmer:** Details of alleged harmer has pulled through. Pick an outcome for the alleged harmer.
- **Risk Action:** Worker to pick risk action
 - Risk identified and action taken
 - Risk identified and no action taken
 - Risk assessment inconclusive and action taken
 - Risk assessment inconclusive and no action taken.
 - No risk identified and action taken
 - No risk identified and no action taken
 - Enquiry ceased at individual's request and no action taken
- **Risk Outcome**
 - Worker to pick the risk outcome
 - Risk removed
 - Risk reduced
 - Risk remains
- **Episode Type:** has pulled through.
- **Desired outcomes:** Worker to pick appropriate drop down. Where there is no adult or representative to elicit desired outcomes from, example: the enquiry was about a care home of concern, the worker should pick 'not recorded'.
 - Yes they were asked and outcomes expressed
 - Yes they were asked and no outcomes expressed
 - No
 - Don't know
 - Not recorded
- **Case conclusion:** Worker to pick outcome:
 - Closed at triage stage
 - Enquiry ceased at individuals request
 - Inconclusive
 - Partially substantiated
 - Substantiated
 - Not Substantiated
- **Has a risk assessment been completed for the adult?** Worker to pick yes or no
- **Were actions taken?** Worker to pick:
 - Actions taken
 - No action taken
 - Enquiry ceased
- **Was a risk identified?** Worker to pick:
 - Risk removed
 - Risk reduced
 - Risk remains
 - Risk assessment inconclusive
 - No risk identified
- **Has a safeguarding plan been completed?** Worker to pick yes or no
- **Does the adult at risk feel safer now because of the help from the people dealing with this safeguarding?** Worker to pick yes, no, deceased, not applicable, not involved.
- **Is a safeguarding adult review required?** Worker to pick yes, no, unknown If you pick yes provide reason – death of individual or other.

- **Is the adult assessed as lacking capacity to consent to the safeguarding enquiry?**
Worker to pick yes, no, don't know, not recorded. If the worker picks yes there is another drop down to pick from
 - Advocate
 - Family member
 - Friend
- **Was a formal advocate needed?** Yes or No. If No provide detail
- **Have you requested service user feedback?** Yes or No. If no provide detail
- **Has Ethnicity been updated?** Yes or No. If no provide detail
- **Has the adult been seen?** Yes or No. If no provide detail
- Once the safeguarding closure form has been completed the worker should finalise the closure form and send to the manager for approval.

Adult Safeguarding Processes for CUH and OOB Hospital Teams

There are two hospital discharge teams:

The Croydon University Discharge team (CUH). This Team is based at CUH and manages AEISSes mainly from CUH and can be contacted on CUHAdultCareTeam@croydon.gov.uk

The OUT of Borough Hospital Discharge Team (OOB) work with hospitals outside Croydon such as Princess Royal University Hospital (PRUH) in Bromley, St Heliers in Sutton Borough, St Georges in Wandsworth, Kings College (Lambeth), Guys and St Thomas's (Westminster). OOB also work with other hospital across the country. OOBHospitalTeam@croydon.gov.uk

Safeguarding referrals for adults in hospital come through to the front door and via the hospital discharge team inboxes. Respective teams will screen each referral and those categorised as a safeguarding concern will follow the safeguarding process whilst adult at risk will follow a case management pathway.

At the time the safeguarding referral is made if the adult is allocated to a locality worker in a team such as older people, transitions, disability, no recourse to public funds then the safeguarding is triaged by this allocated worker.

The S42 adult safeguarding team will usually take one safeguarding concern from AEISS to triage daily and any unallocated S42 enquiries

List of OOB safeguarding leads

Safeguarding.AdultsTeam@stgeorges.nhs.uk - St Georges Hospital Tooting

kch-tr.safeguardingadultskingsteam@nhs.net Kings College Hospital and PRUH Bromley

est-tr.AdultSafeguarding@nhs.net – Epsom and Helier Hospital

SASH.adultsafeguarding@nhs.net – East Surrey Hospital

Safeguarding concern is logged by the Front-door team, incident occurred in the community and the adult is in hospital (adult does not have an allocated worker).

1. Front door (AEISS) to triage the safeguarding concern, put the contact on LAS, outcome as start new safeguarding, which generates a safeguarding episode and information gathering form to be completed. (Indicative timeframes decision 5 days)
2. The allocated AEISS worker to discuss safeguarding concern with their Safeguarding adult manager (SAM) who should provide guidance around what actions need to be taken. The worker must maintain contact with the SAM in their team and provide regular updates on the triaging process.
3. The hospital discharge teams at CUH should support AEISS by obtaining information from adult/ward, eliciting the adult's views and desired outcomes and feedback information to the AEISS worker.
4. The allocated AEISS worker and hospital team should jointly assess risk and implement an interim protection plan to support a safe discharge.

5. The allocated AEISS worker and SAM to make a decision around progression of safeguarding concern, for example outcome as advice and information, request an assessment, signpost to other agencies, progress it to a S42 Enquiry. (Indicative timeframe from contact to triage decision within 5 working days)
6. The allocated AEISS worker to feedback outcome to the referrer
7. If the allocated worker and SAM are unsure about what decision to make the AEISSe can be discussed at the weekly Tuesday Safeguarding Consultation meeting Adultsafeguardingconsultation@Croydon.gov.uk or if urgent contact the Team managers of the S42 Team for a discussion.
8. Croydon health services safeguarding team, includes an Independent Domestic Violence Advocate (IDVA) who should be informed of any safeguarding concerns that have relevance to a safe discharge CH-TR.SAFEGUARDINGADULTS@nhs.net

Safeguarding concern logged by the Frond-door team or CUH discharge team, incident occurred in CUH Hospital and the adult is in the hospital

1. The CUH discharge worker to triage the safeguarding concern, put the contact on LAS, outcome as start new safeguarding, which generates a safeguarding episode and information gathering form to be completed. (Indicative timeframes decision 5 days)
2. The CUH discharge worker to discuss safeguarding concern with their Safeguarding adult manager (SAM) who should provide guidance around what actions need to be taken. The worker must maintain contact with the SAM in their team and provide regular updates on the triaging process.
3. The CUH discharge worker to implement an interim protection plan and risk management if required.
4. The CUH discharge worker and SAM to make a decision around progression of safeguarding concern such as outcome as advice and information, request an assessment, signpost to other agencies, progress it to a S42 Enquiry. (indicative timeframes decision within 5 working days)
5. If the CUH worker and SAM are unsure about the decision, the AEISSe can be discussed at the weekly Tuesday Safeguarding Consultation meeting Adultsafeguardingconsultation@Croydon.gov.uk or if urgent contact the or if urgent contact the Team managers of the S42 Team for a discussion.
6. The CUH discharge worker to complete safeguarding episode/information gathering form and send for approval on LAS.
7. The CUH discharge worker to feedback to safeguarding referrer
8. The croydon health services safeguarding team which includes an Independent Domestic Violence Advocate (IDVA) should be informed of all safeguarding concerns that have relevance to a safe discharge. CH-R.SAFEGUARDINGADULTS@nhs.net

Safeguarding concern incident occurred in OOB hospital and the Adult is in hospital.

1. If referral is received by AEISS, the AEISS worker to put contact on LAS and outcome as “another LA is leading on the Safeguarding concern/ enquiry”.
2. AEISS to inform the relevant team of the safeguarding concern for follow up by that team.

3. If the referral is received by the OOB hospital discharge worker they must put the contact on LAS, and choose outcome “another LA is leading on the Safeguarding concern/ enquiry”.
4. OOB hospital discharge worker to inform the relevant team of the safeguarding concern for follow up.
5. OOB hospital discharge worker to liaise with hospital to facilitate a safe discharge. The outcome could be D2A reablement pathways, Domiciliary pathway, Homeless pathway, NRTPF, equipment’s, blitz cleans, repairs at home, red cross referrals, change of accommodation (sheltered, extra sheltered, Care home).

Safeguarding referral for Adult currently in the hospital screened by AEISS and categorised on LAS as an “Adult at risk”

Example- London Ambulance service raise a safeguarding/welfare concern and inform us that adult’s health has deteriorated, poor living conditions, not coping at home and therefore ASCH input may be required. The focus of hospital discharge team intervention would be around a safe discharge and potentially ongoing case management.

Hospital Discharge Team (CUH and OOB) to screen and decide around discharge. The outcome could be D2A reablement pathways, Domiciliary pathway, Homeless pathway, NRTPF, equipment’s, blitz cleans, repairs at home, red cross referrals, change of accommodation (sheltered, extra sheltered, Care home).

OOB hospital may have archived the patient record therefore the allocated worker would need to liaise with the safeguarding lead at the hospital

Escalation process should be evoked if there is disagreement between teams around who should lead around the safeguarding response.

Appendix A: Croydon Safeguarding Adults Escalation Protocol

Croydon Safeguarding Adults Escalation Protocol

Accountability and Partnership is one of the six key principles that underlines and promotes effective

Safeguarding Adults Practice and is enshrined in the Care Act 2014 and in Chapter 14 of the Care and Support Statutory Guidance 2016. All Adult Social Care Staff are accountable for their professional practice which include decisions and actions in ensuring a high standard and efficient adult safeguarding interventions which promote best outcomes for the adult at risk.

Furthermore, problem resolution is an integral part of professional co-operation and joint working to safeguard adults. The safety of adults at risk and/or the impact on the adult's wellbeing must be the paramount consideration in any professional disagreement.

All workers should feel able to challenge decision making and to see this as their responsibility in developing and promoting person centred safeguarding practice, as well as multi-agency working. Unresolved or contested areas should be addressed with due consideration to the risks that might exist for the adult as well as having cognisance for the adult's views and wishes and desired outcomes, where known.

This protocol seek to make clear how and when to escalate concerns about decisions made and actions taken or proposed where these cause concerns about safeguarding practice. Those challenged should retain a professional approach and avoid becoming defensive if when a concern is raised about their practice or decision making. Practitioners and managers should always be prepared to review decisions and plans with an open mind and act proportionately and in accordance with the principles underpinning making safeguarding personal.

At the centre of any contested decisions or actions must be the wishes and preferences of the person affected by any safeguarding concern. Adults at risk have the right, and may exercise the right, to make unwise high risk decisions. As long as they have capacity to do so, their wishes must be accorded primacy by all professionals involved.

Therefore, this protocol seek to achieve the following objectives;

1. Create a supportive environment that promotes constructive professional dialogues with respect for individual perspectives to address problems or conflicts where adult safeguarding practice or policy is likely to have a detrimental effect on the experience, safety and wellbeing of adults at risk.
2. Provides the framework for constructive challenge and builds professional relationships
3. Underlines the importance of sharing difficulties and dilemmas with the goal of learning, improving and developing frontline adult safeguarding practice
4. Supports problem resolution as an integral part of professional cooperation and joint working to safeguard adults at risk and promotes their wellbeing.
5. Encourage appropriate scrutiny, oversight and challenge of safeguarding adults interventions and plans
6. Supports willingness to review decisions and plans with an open mind and act in accordance with the principles as detailed in the Care Act 2014, Human Rights Act

1998, Equality Act 2018, Mental Capacity Act 2005 and in making safeguarding personal.

7. Identify problem areas, manage professional disagreements, and ensure that the adults at risk are at the centre of the process with their voices heard and their views and wishes informing all relevant decisions and actions.
8. Supports timely and proportionate adult safeguarding interventions as well as speedy resolution of any conflicts.

This protocol is to be used in respect of all adult safeguarding referrals and concerns including cases that meet the statutory threshold as defined under section 42 of the Care Act 2014.

Some examples of applicable themes are;

1. Adult safeguarding Referrals for clients on a waiting list
2. All disputes regarding responsible teams
3. Delays in allocation
4. Situations where risk is not reduced sufficiently to close intervention
5. High case load/staffing issues impacting on Adult Safeguarding interventions
6. Adult Safeguarding concerns or enquiries where dispute exists around thresholds
7. Concerns about team or service's case management of adult safeguarding concern
8. Lack of engagement from key teams in the multi-agency risk management process
9. Lack of clarity around roles and responsibilities
10. An absence of action/case closure
11. The views of adult and/or their representatives or referrers (not related to adults) being at odds with professionals/agencies' views/ and or where it places the adult at further risk of harm

Exceptions are as below;

1. Assessment for general care and support needs
2. Eligibility for care and support
3. Funding of care and support needs
4. Individual performance and all Human Resources' related activities

All attempts should be made to secure relevant information from families, carers and other involved professionals, where possible and proportionate.

Effective partnership working depends on an open approach and honest and positive relationships between the adult at risk and other workers/teams. Therefore, it is recognised that the resolution of problems and challenges are integral to effective professional co-operation and joint working to safeguard adults at risk.

Ideally and to strive for, resolution should be sought within the shortest timescale possible to ensure the adult at risk has a proportionate level of response, promote the wellbeing of the adult and take full account of their views and wishes and/or where appropriate, their representative.

Disagreements should be resolved at the earliest possible stage, however if an adult is thought to be at risk of immediate harm, discretion should be used as to which stage it is initiated.

This Escalation Protocol should only be used within safeguarding practice, not for other matters, such as assessment for more general care and support needs, eligibility for care and support and funding of care and support needs are outside the scope of this process. Individual practitioner performance is also outside the scope of this document. Also, the adult subject to the safeguarding concern and/or their representative should, wherever possible, be aware of the dispute and have an opportunity to express their views and wishes, in particular, that in raising a dispute, the worker has full consideration of the adult's wellbeing.

Stages of the policy

At each stage, the worker initiating the issue/challenge must, wherever possible, involve the adult and / or their representative in order to ascertain and ensure that the proposed actions/ areas of concern/dispute are understood and do not conflict with/ impact upon the adult's independence, wellbeing and / or decisions/outcomes they want to achieve.

Stage one

Initial attempts to resolve low level problems should be made between practitioners and agencies when a disagreement arises. It should be recognised that differences in status and/or experience may affect the confidence of some workers to pursue this without support. However, all members of staff have a professional duty to raise concerns about the safety and well-being of service users and to act promptly.

Stage Two

Any worker who feels that a decision is not safe or is inappropriate, and/or where it has not been possible to resolve the disagreement through Stage One discussion, must escalate their concerns as soon as possible to their supervisor/manager, being specific as to what the disagreement is about and clearly advising what outcome is required.

Their line manager should then raise the concerns with the equivalent Manager in the other agency. This can also be direct to the manager who made the decision or the Chair of a Safeguarding Planning Meeting, if indicated.

Stage Three

If the problem is not resolved at stage two, the respective supervisors/managers must escalate the concern to their service managers.

Stage Four

Where there is failure to resolve disagreements amongst managers within agencies and or/ if discussions raise significant protocol issues, the matter must be referred to the relevant Heads of Service.

Additional Notes

At all stages of the process, actions and decisions must be timely, recorded in writing and shared with relevant personnel including the worker who initially raised the concern. This must include written confirmation between the parties about an agreed outcome of the disagreement, the timescales for responses/actions and how any outstanding issues will be pursued.

Where the disagreement relates to family member or professional differences in opinion about a best interest decision made for a person who lacks mental capacity to make that decision themselves, reference should be made to Chapter 15 of the Code of Practice to the Mental Capacity Act 2005. Where no consensus of agreement can be researched despite taking all practicable steps to do so, then the Court of Protection should be approached.

A clear record should be kept **at all stages by all parties**. In particular, this must include written confirmation between the parties about the agreed outcome of the dispute and how any outstanding issues will be pursued. This should be documented in the appropriate record system within each individual agency, in accordance with their internal processes.

Complex High Risk Cases

Where there are significant and serious areas of disagreement between adult social care, police and health, resulting in polarised views, it can be difficult to reach agreement. Where time pressures, particularly within or about acute health service issues are involved, it is proposed that multi-agency oversight of the case involving senior staff is undertaken early on by convening a round-table discussion or consultation involving senior managers. This group would agree and propose actions to be communicated directly to the operational staff involved. This should seek to resolve the matter promptly or propose how disagreements would be considered and resolved further.

Concerns about the practice of colleagues within teams, services and departments

Each team, service or department should refer to the Croydon Council's policy in respect of 'whistleblowing' which should be consulted where there are serious concerns about the practice of a colleague which have not yet been resolved by discussion with the relevant managers. If you have exhausted whistleblowing process you should escalate outside the organisation. See link for details: <https://www.gov.uk/whistleblowing>

Concerns relating to colleagues in a position of trust believed to pose a risk to adults with care and support needs should be addressed using the Croydon LADO policy and in line with respective organisational HR processes. Concerns relating to criminal matters must be referred to the police. See link for details: Croydon's Guidance on Managing Allegations Against People in a Position of Trust

Wider learning points or gaps in policies and procedures

If the process highlights gaps in policies and procedures this should be brought to the attention of Manager of Croydon Safeguarding Adults Board/ Relevant Heads of Service/Principal Social Worker.

Annex 1: Possible Trigger points/Timescales/Possible actions

Issue Escalation - Trigger Points					
	Issue Trigger Point	Escalate Issue To	Escalation Urgency	Action Required	Target Completion Date
1	Adult Safeguarding Referral on a team's waiting list	Refer to stages flow chart Annex 2	Within 24 hours	Allocation	48 hours
2	Adult safeguarding referral where dispute exists about responsible team	Refer to stages flow chart Annex 2	Within 24 hours	Identify relevant team	48 hours

5	Adult Safeguarding Referral where risk of self-neglect remains after intervention	Refer to stages flow chart Annex 2	Within 48 hours of end of intervention	1. Consider Further action to mitigate risk 2. Consider Multiagency interventions 3. Consider legal interventions if applicable	Within 4 weeks
6	High case load/Staffing impact on Adult Safeguarding Interventions	Team Managers/Service Managers	Within 1 week	1. Consider Internal Team support via targeted case management supervision	Within 4 weeks

Annex 2

Escalation and Resolution Procedure for Raising Concerns about Adult Safeguarding Concerns or Interventions Flow chart

