

NHS Newham Clinical Commissioning Group

Safeguarding Policy and Procedures

Document control

Author	Reagender Kang, Dr Meng Tan, Shola Yemi and Pat Hobson
Version	6.0
Amendments to Version 1	Amendments made by Reagender Kang, Pat Hobson and Shola Yemi Comments received from : David Saunders, Independent Chair, Newham Safeguarding Children Board Alan Critchley , Interim NSCB Business Manager (NSCB) Chetan Vyas, Director of Quality and Development Designated Nurse Safeguarding & LAC Waltham Forest
Review date	May 2019 or as required by legalisation

Contents

Part A Safeguarding Policy	3
1 Introduction	3
2 Scope	4
3 Equality Statement.....	5
4 Definitions.....	6
4.1 Child	6
4.2 Children in Need	6
4.3 Children in Need of Protection	6
4.5 Safeguarding Children	6
4.6 Child Protection	7
4.7 Child Abuse	7
4.8 Safeguarding Adults	7
4.9 Adult at risk.....	7
4.10 Abuse of Adults	7
5 Principles of Safeguarding	8
6 Specific Vulnerable Groups/Adults at Risk.....	9
6.2 Looked after Children.....	9
6.3 Adults who lack capacity.....	10
7 Local and National Safeguarding Issues	11
7.1 Child Sexual Exploitation (CSE).....	11
7.2 Female genital mutilation (FGM)	11
7.3 Domestic Abuse.....	12
7.4 PREVENT / CONTEST.....	12
8 Governance and Accountability.....	13
9 Partnership Working	14
9.1 Health and Wellbeing board (HWB)	15
9.2 Children & Young People’s Trust	15
9.3 Newham Safeguarding Children Board (NSCB).....	15
9.4 Newham Safeguarding Adult Board (NSAB)	15
10 Roles and Responsibilities	16
11 Training.....	18
12 Safeguarding Supervision.....	18
13 Safer Recruitment/Employment Practice.....	19
14 Allegations against a member of staff	19
15 Consent, Confidentiality and Information Sharing	20
16 Legal Advice	21
17 Resolving Disagreements and Whistleblowing.....	21
18 Safeguarding Reviews	22
19 Monitoring.....	22
Appendix 1 – Categories of abuse	23
Categories of abuse (Children)	24
Categories of abuse (Adults).....	25
Appendix 2 NHS Newham CCG Safeguarding Governance Chart	28
Part B Safeguarding Procedures.....	30
1. General Principles	30
2. What to do if you are worried about a child/young person at risk of abuse and neglect	30
3. What to do if you are worried about an adult at risk of abuse and neglect	32

Part A Safeguarding Policy

[\(To go directly to the guidance in Part B of this policy on Safeguarding Procedures, click here\)](#)

1 Introduction

- 1.1 NHS Newham Clinical Commissioning Group (CCG) is responsible for commissioning high quality services for all patients and or residents in Newham and as a NHS body has a range of statutory duties including safeguarding vulnerable people.
- 1.2 NHS Newham CCG believes it is always unacceptable for a child, young person or adult to experience any kind of abuse or neglect and recognises its responsibility to safeguard those who are not able to protect themselves from maltreatment and neglect.
- 1.3 The key legislative framework that underpins safeguarding practice includes Children Act 1989 and 2004, Working Together to Safeguard Children (2015), No Secrets (2000), The Crime and Disorder Act (1998), The Health and Social Care Act (2008) and the Care Act (2014).
- 1.4 The safeguarding roles, duties and responsibilities of all organisations in the NHS are clearly set out in the framework developed by NHS England: [Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework 2015](#).
- 1.5 NHS Newham CCG discharges its statutory safeguarding duty through the following arrangements for safeguarding:
 - A clear line of accountability for safeguarding is properly reflected in the CCG governance arrangements.
 - Clear policies setting out our commitment, and approach, to safeguarding including safer recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate.
 - Training our staff to enable them to effectively carry out their safeguarding responsibilities.
 - Ensuring relevant staff are able to access safeguarding supervision consistent with roles and responsibilities.
 - Effective inter-agency working with Newham Local Authority, the police and third sector organisations which includes partnership working with Newham Safeguarding Children Board, Safeguarding Adult Board, and Health and Wellbeing Board.
 - Ensuring effective arrangements for information sharing.

- Employing or securing the expertise of a Designated Doctors and Nurses for Safeguarding Children, and for Looked After Children, and a Designated Doctor for Child Deaths and ensuring they are embedded in the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice.
- Employing an Adult Safeguarding Lead which includes the Adult Safeguarding lead role and a lead for the Mental Capacity Act, supported by the relevant policies and training.
- Effective systems for responding to abuse and neglect of children and adults at risks.
- Supporting the development of a positive learning culture across partnerships for safeguarding adults to ensure that organisations are not unduly risk averse.
- Working with the local authority to enable access to community resources that can reduce social and physical isolation for adults.
- Ensure care placements are based on knowledge of standards of care and safeguarding concerns.

2 Scope

- 2.1 This policy sets out the collective organisational and individual responsibilities for NHS Newham CCG and staff to comply with statutory safeguarding duties and local procedures.
- 2.2 This policy and procedure should be read in conjunction with:
- Children Act 1989 and 2004
 - [London Child Protection Procedures 5th Edition](#)
 - [Working Together Safeguard Children 2015](#)
 - [Promoting the Health and Well-being of Looked After Children 2015](#)
 - [Children and Young People: roles and competences for health staff Intercollegiate Document 2014](#)
 - [Looked After Children knowledge, skills and competence of health care staff Intercollegiate Role Framework 2015](#)
 - [Multi –agency Statutory Guidance on FGM 2016](#)
 - [NHS Newham Safeguarding through Commissioning Policy 2015](#)
 - [NHS Newham CCG Safeguarding Training Strategy 2016](#)
 - [NHS Newham CCG Whistleblowing Policy 2014](#)
 - [NHS Newham CCG Recruitment Policy 2014](#)
 - [London Multi-agency Adult Safeguarding Policy and Procedures 2016](#)
 - <https://www.england.nhs.uk/wp-content/uploads/2016/03/safeguarding-adults-intercollegiate.pdf>
 - Care Act 2014 (Section 42 -47)
 - [Care and Support Statutory Guidance](#)
 - Care and Support Statutory Guidance from the Department of Health Adults
 - Human Rights Act 1998

- Equality Act 2010
- Safeguarding adults: The role of Commissioners, DH 2011
- Mental Capacity Act 2005 (including 2011 amendments)
- Deprivation of Liberty Safeguards: A guide for primary care trusts and local authorities. DH 2009
- Domestic and Sexual Violence Act 2004
- Domestic violence protection orders 2010-2015
- Mental Health Act 1983
- Modern Slavery Act 2015

- 2.3 NHS Newham CCG has a responsibility to safeguard and promote the welfare of children and adults at risk through commissioning arrangements ((for further details please see [NHS Newham CCG Safeguarding Through Commissioning Policy](#))), it also has responsibilities within its own activities, systems and processes. This policy provides staff with definitions of abuse for both children and adults and advice on what action they must take if they identify risks and or concerns about abuse and or neglect of children and or adults during the course of their work.
- 2.4 It applies to all staff employed by NHS Newham CCG, any staff seconded to NHS Newham CCG and out of the organisation, permanent staff, independent contractors, locums and other temporary staff, students, trainees and volunteers. This policy also applies to members of the NHS Newham CCG Board and committees chairs.
- 2.5 All providers commissioned by NHS Newham CCG are required to have their own safeguarding policy in accordance with their own statutory responsibilities.

3 Equality Statement

- 3.1 All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on equality. This obligation includes equality and human rights with regard to disability, age, race and ethnicity, religion/belief sex/gender, sexual orientation, gender reassignment, civil partnership and marriage and pregnancy and maternity.
- 3.2 There is strong evidence that promoting all aspects of equality and diversity is closely linked to reducing gaps in health inequalities. Throughout the development of this policy/procedure due regard has been to ensure that the safeguarding arrangements described within this document protect the nine characteristics enshrined in the Equality Act 2010.
- 3.3 The Safeguarding Policy and Procedures is expected to have a positive impact on equality. As a responsible commissioner Newham CCG works closely with the London Borough of Newham and provider health care organisations to ensure the health of children and adults is positively promoted.

4 Definitions

4.1 Child

4.1.1 Under the 1989 and the 2004 Children Acts a child or young person is anyone under the age of 18 years. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, is married, does not change his/her status or entitlements to services or protection.

4.2 Children in Need

4.2.1 A child in need is defined by Children Act 1989 as:

- He or she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority.
- That their health or development is likely to be significantly impaired or further impaired, without the provision for them of such services.
- They are disabled.

4.3 Children in Need of Protection

4.3.1 A child in need of protection is defined by the Children Act 1989 as:

- There is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm as a result of abuse and neglect.

4.4 Looked After Children

4.4.1 Under the Children Act 1989, a child is legally defined as 'looked after' by the Local Authority if he or she:

- Is accommodated by the local authority for a continuous period of more than 24 hours
- Is subject to a care order (to put the child into the care of the local authority)
- Is subject to a placement order (to put the child up for adoption)

4.4.2 Looked After Children are children and young people aged 0 to 18 years who have been removed from their own families often for their own protection under a Care Order (Section 31 of Children Act), or accommodated for reasons of family dysfunction, under Voluntary Order (Section 20 of Children Act).

4.5 Safeguarding Children

4.5.1 Safeguarding is the action taken to promote the welfare of all children and protect them from abuse.

4.6 Child Protection

- 4.6.1 Child protection is part of safeguarding and promoting welfare and refers to the activity that is undertaken to protect specific children who are suffering or a risk of suffering significant harm.

4.7 Child Abuse

- 4.7.1 Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children. There are 4 categories of abuse:

- **Physical Abuse**
- **Sexual Abuse**
- **Emotional Abuse**
- **Neglect**

[For more detailed information regarding the categories of abuse click here.](#)

4.8 Safeguarding Adults

The term 'safeguarding' means protecting the rights of a person to ensure that they live in safety and are free from any form of abuse and neglect. The focus is on prevention and enabling organisations to work together to promote the wellbeing of adults at risk. The individual's views, feelings beliefs and perceptions should be central to the decision making process regarding preventing abuse and neglect. The need to promote the wellbeing of the person should be part of all safeguarding arrangements within organisations. Professionals have a duty to ensure that they work in partnership with the person to establish what being safe means to them and the need to advocate prevention and ensure that systems are in place that promotes prevention and wellbeing as advocated in Section 1 of the Care Act for adults.

4.9 Adult at risk

An adult at risk applies to anyone that needs care and support irrespective of whether the local authority is meeting the person's needs. Such adults are unable to protect themselves from either the risk or experience of abuse or neglect.

4.10 Abuse of Adults

- 4.10.1 Abuse is a violation of an individual's human and civil rights by any other person or persons and takes many forms. It can occur in any relationship and any setting and can be caused intentionally or unintentionally. The Care and Support Statutory Guidance¹ sets out further guidance on how widely the term 'abuse' should be interpreted for the purpose of these procedures.

4.10.2 Abuse may be a single event or repeated events or, as in the case of neglect, it may be a process going on over time. Abuse may occur as a result of deliberate intent, negligence or ignorance or as a result of a developed poor practice. :

4.10.3 The Care Act (Care and Support Statutory Guidance 2015) refers to the following previous adult categories as types of abuse. This is also reflected in the London Multi Agency Adult Safeguarding Policy and Procedures:

- **Physical abuse**
- **Sexual abuse**
- **Psychological / Emotional abuse**
- **Financial abuse**
- **Neglect and acts of omission**
- **Discriminatory abuse**
- **Organisational abuse, neglect and poor practice**
- **Self-Neglect (this is new under the Care Act)**

For more detailed information on the types (categories) of abuse [Click here](#)

5 Principles of Safeguarding

5.1 The Children Act 1989 states that the **child's welfare is paramount** when considering any decisions about a child.

5.2 The local London Child Protection Procedure state that effective safeguarding arrangements should aim to meet the following key principles:

- **Safeguarding is everyone's responsibility** - *"for services to be effective each individual and organisation should play their full part"*.
- **A child centred approach** - *"for services to be effective they should be based on a clear understanding of the needs and views of children"*.

5.3 The Care Act 2014 outlined six key principles fundamental to adult safeguarding, which apply to any settings and should be embedded within safeguarding processes and procedures.

- **Empowerment** – enabling people to be supported and encouraged to take part in the decision making process and be allow to give consent to any decision made about them. The process should focus on a positive outcome based approach that advocates empowerment and personalisation.
- **Prevention** – the focus should be on taking the appropriate action before any harm occurs.
- **Proportionality** – focus on the list restrictive options to prevent harm and ensure that there is a balance having systems in place that protect the person whilst addressing the risk presented.
- **Protection** – ensuring that people who have the greatest need are represented and supported.
- **Partnership** – provision of services through working with other local communities who are part of the prevention, detection and reporting of any abuse and neglect.
- **Accountability** – promoting a culture of transparency and professional accountability in implementing and delivering safeguarding, where roles and responsibilities are clearly defined.

6 Specific Vulnerable Groups/Adults at Risk

6.1 NHS Newham CCG staff will need to be aware of increased likelihood of harm being suffered by children and young people who are vulnerable. Examples of children and young people who may be particularly vulnerable include:

- Children living away from home including looked after children.
- Migrant children.
- Unaccompanied asylum-seeking children.
- Children in households where domestic abuse takes place.
- Parents with significant mental illness, learning disability or who misuse substances.
- Disabled children (expertise in both safeguarding and disability should be brought together to ensure that disabled children receive the same levels of protection from harm as other children).

6.2 Looked after Children

6.2.1 Local Authorities have a duty to safeguard and promote the welfare of the children they look after under Section 22 of the Children Act 1989. They are required to ensure each looked after child has his or her health needs fully assessed, have an individual health plan for addressing the needs identified, and that the health plan is regularly reviewed.

6.2.2 There is a duty for NHS Newham CCG to work with the Local Authority to meet the needs of this vulnerable group of children. This is stipulated within the statutory guidance “Promoting the Health and Well-Being of Looked After Children” (2015, DFE and DOH), and the Adoption and Children Act 2002. NHS Newham CCG is responsible for ensuring that all Looked After Children receive their health assessments consistent with national timescales and services to meet their identified needs.

6.2.3 Children and young people who live away from home for other reasons, whilst not being classed as ‘Looked After’, may still be vulnerable. Such settings include - private fostering, healthcare settings, boarding schools (including residential special schools), the secure care home and the Armed Forces.

6.2.4 NHS Newham CCG will need to ensure Looked After Children are able to access universal services as well as targeted and specialist health services as and when where necessary.

In meeting the health needs of looked after children, Local Authorities and Providers need to focus on ensuring that they are able to access universal services as well as targeted and specialist services where necessary.

6.2.5 NHS Newham CCG contributes to meeting the health needs of looked after children by:

- Commissioning effective services
- Delivery through provider organisations
- Individual practitioners have a duty to provide co-ordinated care for each child or young person.

- 6.2.6 NHS Newham CCG will need to ensure arrangements are in place for medical advisers to support the assessment of children for whom the plan is adoption and to be a part of the adoption panel.
- 6.2.7 Under the Children Act 1989 and amended legislation Providers and Local Authorities have a duty to comply with requests from the local authority to help them provide support and services to children in need. For the duty to be discharged effectively CCG Commissioners need to ensure the services they commission meet the particular needs of looked after children.
- 6.2.8 The CCG will seek the views of Looked After Children in regard to health and wellbeing, linking this to strategic and clinical advice and service development for children, foster carers and partner agencies.
- 6.2.9 Children and young people, either 'Looked After' or living away from home, should be afforded the same essential safeguards against abuse, but practice needs to be framed on an understanding that there may be additional risks and vulnerabilities for children and young people living away from home.
- 6.2.10 Many agencies may be involved, but all should have policies and procedures that are in line with the Safeguarding Children's Board's (SCB) arrangements and ensure that children and young people have their general welfare promoted, are protected from harm and treated with dignity and respect.

6.3 Adults who lack capacity

6.3.1 Mental Capacity Act 2005

6.3.2 The **Mental Capacity Act 2005 (MCA)** provides a statutory framework which empowers and protects people aged 16 or over, who may lack capacity to make decisions for themselves. The MCA clearly states that there is a presumption of mental capacity unless an assessment of capacity shows otherwise. Adults who have capacity have the right to make their own decisions irrespective of how unwise that may appear to others. However, staff will need to be aware of the safeguarding implications around MCA and how this relate to situations where the person may lack capacity, and unable to protect themselves, therefore, at risk of harm and abuse. Staff must ensure that any systems and processes in place demonstrate that the rights of people who lack capacity are protected and there is evidence of an MCA assessment completed and any care implemented should be in the person's best interest. Therefore, under the MCA decisions will need to be made on the person's behalf if they lack capacity. (Refer to a separate combined NHS Newham CCG Policy and Procedure MCA and DoLS).

6.3.3 Deprivation of Liberty Safeguards (DoLS)

6.3.4 The **Deprivation of Liberty Safeguards 2009 (DoLS)** were introduced to protect a person who refuses care and treatment and has been deemed to lack capacity under the MCA. Therefore, staff will need to be aware that these provisions require a more detailed assessment, to determine if the person meets the criteria for a Deprivation of Liberty Safeguard (DoLS) authorisation. The DoLS authorisation will require more restrictive interventions to be implemented to protect the person.

However, prior to doing this, the rights of the person need to be protected and any restrictive treatment deemed to be in their best interest should demonstrate that the least restrictive options were considered first before applying for a DoLS authorisation. (Refer to a separate combined NHS Newham CCG Policy and Procedure MCA and DoLS)”

7 Local and National Safeguarding Issues

7.1 Child Sexual Exploitation (CSE)

- 7.1.1 Child sexual exploitation (CSE) is a form of sexual abuse. There is increasing awareness nationally and locally of the risks posed to children from sexual exploitation, missing from care/home/education and trafficking. A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see himself or herself as a victim of exploitation.
- 7.1.2 Local arrangements for reducing the risk of CSE include the Multi-agency Sexual Exploitation (MASE) meetings. These meetings are held to share information and intelligence to develop a detailed profile of CSE in Newham. NHS Newham CCG will need to ensure representation is provided through the Designated Nurse for Safeguarding Children and Looked After children.
- 7.1.3 NHS Newham CCG will also need to ensure that its commissioned services have in place effective arrangements to identify and support young people at risk of CSE.

7.2 Female genital mutilation (FGM)

- 7.2.1 Female genital mutilation (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. FGM is an illegal practice that causes significant physical, mental and emotional harm. In March 2015 the Department of Health published “*Commissioning Services to support women and girls with Female Genital Mutilation*” sets out some elements that make up a successful and safe service to support women and girls with female genital mutilation (FGM) (please click on the link for more information [DH, FGM Commissioning](#)). In Newham, the local authority commissions the FGM Prevention Service that offers help and support to victims of domestic and sexual violence. NHS Newham CCG staff can access information and how to make referrals to this service (One Stop) from the intranet.
- 7.2.2 Mandatory Reporting duty for FGM came into force as of 31st October 2015 as part of the Serious Crime Act 2015. All regulated health and social care professionals and teachers in England and Wales have a duty to report ‘known’ (visually identified or verbally disclosed) cases of FGM in under-18s to the police. This is a personal duty of the professional who identifies FGM or receives a disclosure to report this to the police. The duty will not apply in relation to at risk or suspected cases, or in cases where the woman is over 18. In these cases, professionals need to follow existing local safeguarding procedures. A Department of Health leaflet has been developed that professionals can use with patients and or families, to help when discussing making a report to the police. Please click on the link to view FGM mandatory reporting resources [FGM mandatory reporting resources](#).

7.2.3 On the 1st April 2016 the government published new national statutory multiagency guidance on FGM. Please click on the link to for full details [statutory multi-agency guidance on FGM](#) .

7.3 Domestic Abuse

7.3.1 The cross-government definition of domestic violence and abuse is:

any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

7.3.2 This definition, which is not a legal definition, includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

7.3.3 Women are particularly vulnerable as one in four women will experience domestic abuse at some point in their lifetime. Research also shows that women are more likely to suffer more serious injury and ongoing assaults than men. However, it must be acknowledged that men can experience domestic abuse from their female partners and that domestic abuse also occurs in same-sex relationships.

7.3.4 To protect adults who experience domestic abuse and their children will require inter-agency working and information sharing .The use of Multiagency Risk Assessment Conference (MARAC) process should be part of the multi-agency working framework.

7.3.4 The MARAC is an information sharing process that focuses on developing safety planning for adults assessed to be at high risk of domestic violence. Information on how to make referrals to MARAC and local domestic abuse services is available on NHS Newham CCG intranet. NHS Newham CCG will need to ensure that arrangements are in place across the health economy to support the work of MARACs.

7.3.5 NHS Newham CCG recognises that staff may experience domestic abuse in their personal relationships and will take steps to provide support and onward referral through the relevant line manager(s).

7.4 PREVENT / CONTEST

7.4.1 The “PREVENT” Strategy (HM Government 2011) is part of the Government antiterrorism strategy, “CONTEST”, led by the Home Office. This outlines the government’s commitment to understanding key factors that predisposes people to

support radicalisation and engage in any extreme activities, which includes terrorism.

7.4.2 The ideology that drives people to radicalisation is well evidenced and is said to include: the sanctioning of the use of violence and using propaganda here and overseas. For individuals who are vulnerable, key factors relating to this ideology will appear attractive. PREVENT aims to stop individuals being influenced to the extent that they engage in terrorist activities. Within the health sector the aim is to focus on the support that individuals will need. As part of the PREVENT agenda, health providers are required to work with partner organisations to contribute to the prevention of terrorism by Safeguarding adult who may be susceptible to radicalisation. There are four main principles:

1. **Pursue:** focus on stopping terrorist attacks.
2. **Prevent:** to stop people supporting terrorism and engaging in any terrorist activities.
3. **Protect:** to focus on strengthening the protection in relation to any terrorist attack.
4. **Prepare:** to mitigate the impact of a terrorist attack.

7.4.3 There are three national objectives:

Objective 1: respond to the ideological challenge of terrorism and the threat we face from those who promote it.

Objective 2: prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.

Objective 3: work with sectors and institutions where there are risks of radicalisation which we need to address.

7.4.4 “Building Partnerships, Staying Safe- The health sector contribution to HM Government’s PREVENT strategy: guidance for healthcare organisations (DH Nov 2011)” sets out guidance and toolkits for leaders, managers and workers in healthcare organisations.

7.4.5 The NHS England standards for good practice recommend that organisations ensure staff at all levels has appropriate knowledge of and competencies in relation to the:

- Potential for occurrence of abuse or neglect
- Identification of abuse and neglect
- ‘Safeguarding and Children Adults’ policy and procedures
- Requirement to report any concerns of abuse or neglect
- Internal reporting structure for such concerns (Refer to separate CCG Policy and Procedures on Prevent).

8 Governance and Accountability

8.1 NHS Newham CCG has lead responsibility for safeguarding (including Looked After Children) within the health economy in Newham, supported by the NHS England regional office.

- 8.2 The effectiveness of the safeguarding system is assured and regulated in a number of ways. These include:
- Newham Safeguarding Children Board (NSCB)
 - Newham Safeguarding Adult Board (NSAB)
 - OFSTED
 - Care Quality Commission (CQC)
 - NHS England
 - NHS Newham CCG contractual arrangements
- 8.3 NHS Newham CCG has a policy that provides guidance to staff on the safeguarding standards that are required from its commissioned services [Click here](#) to access the policy.
- 8.4 NHS Newham CCG has clear lines of accountability for safeguarding that are reflected within CCG governance arrangements. The safeguarding function sits within the Quality and Development Directorate. The Executive and Board leads for safeguarding, supported by designated professionals and adult safeguarding leads provide both strategic and clinical leadership by participation in the work of the Health and Wellbeing Board and local safeguarding boards to embed safeguarding at every level across the health community.
- 8.5 The [structural chart](#) and NHS Newham CCG declaration for safeguarding are available on NHS Newham CCG website and intranet.
- 8.6 The Joint Health Safeguarding Subgroup supports both the Quality Committee and Newham Safeguarding Children Board to drive and monitor the effectiveness of safeguarding children arrangements across the local health economy. This subgroup is chaired by NHS Newham CCG Executive Lead for Safeguarding (Chief Officer) and includes representation from the Newham Safeguarding Children Board.
- 8.7 The effectiveness of safeguarding arrangements will also be monitored by NHS Newham CCG Board through the following processes and reports:
- Director of Quality and Development Quarterly Reports.
 - Joint Health Safeguarding Subgroup minutes will be standing item of the NHS Newham CCG Quality Committee agenda.
 - 6 monthly updates will be provided to the NHS Newham CCG Quality Committee/Board with more frequent papers being presented as required. The Committee will monitor the implementation of any action plan arising from review of safeguarding services.
 - Annual safeguarding reports for children, adults, and Looked After Children.

9 Partnership Working

9.1 There are a number of key bodies with which the NHS England and NHS Newham CCG will need to work effectively in order to fulfil their statutory safeguarding duties. These include:

9.1 Health and Wellbeing board (HWB)

9.1.1 The Health and Wellbeing Board has overall strategic responsibility for assessing local health and wellbeing needs and agreeing Joint Health and Wellbeing Strategies for each local authority area..

9.1.2 The Director of Public Health (DPH) is a member of the Health and Wellbeing Board and will need to ensure that the needs of vulnerable children are a key part of the Joint Strategic Needs Assessment. NHS Newham CCG executive lead for safeguarding is also a member of the HWB.

9.2 Children & Young People's Trust

9.2.1 The Children & Young People's Trust is responsible for using data and intelligence to develop a Children and Young People's Plan that supports children to have positive childhood experiences and prepares them for adult life. The Trust has representation from NHS Newham CCG via the Clinical lead for Children and Maternity, senior management and children's commissioner.

9.3 Newham Safeguarding Children Board (NSCB)

9.3.1 The Newham Safeguarding Children Board is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in the borough, and for ensuring the effectiveness of what they do. Through its annual report, NSCB will provide a comprehensive analysis of safeguarding children in the local area.

9.3.2 NHS Newham CCG will co-operate with and the local authority in the operation of the NSCB and representation on the board and its subgroups will be through the executive and clinical board leads for safeguarding and designated professionals. NHS Newham CCG will ensure that all health organisations, including the third sector, independent healthcare sector and social enterprises with which it has commissioning arrangements, have links with NSCB, and that the providers work in partnership and accordance with their agreed NSCB Business Plan.

9.3.3 NHS Newham CCG is responsible for providing and/or ensuring the availability of appropriate health expertise and advice, and support to the NSCB. This will be through the GP Clinical Board for Safeguarding Children and safeguarding children team. These arrangements will enable NHS Newham CCG to co-operate and actively contribute to the delivery of the NSCB Business Plan.

9.4 Newham Safeguarding Adult Board (NSAB)

9.4.1 NHS Newham CCG will co-operate with the local authority in the operation of Newham Safeguarding Adult Board. The NSAB provides strategic multi-agency leadership to ensure that adults are appropriately safeguarded by:

- preventing abuse and neglect from happening
- promoting wellbeing and safety and
- responding effectively to instances of abuse and neglect

9.4.2 Representation on the NSAB is via the Director for Quality and Development and NHS Newham CCG GP Lead for Adults.

9.4.3 NHS Newham CCG will ensure that all health organisations, including the third sector, independent healthcare sector and social enterprises with which it has commissioning arrangements, have links with a NSAB, and that health agencies work in partnership and accordance with their agreed plan. This is particularly important where Trusts' boundaries/catchment areas are different. This includes Ambulance Trusts.

10 Roles and Responsibilities

10.1 The Chairman has overall responsibility to ensure that safeguarding duties are discharged within the CCG to meet the statutory requirements.

10.2 The Chief Officer and Clinical GP Board for Safeguarding will be responsible for providing strategic leadership and champion safeguarding children and adults at risk across the health economy.

10.3 Safeguarding children and adults at risk of abuse and or neglect is a collective responsibility. This section describes the roles and responsibilities of staff groups.

Staff Group	Key Responsibilities
All CCG Staff	<ul style="list-style-type: none"> • Attend safeguarding training and maintain appropriate knowledge and skills, competence to identify and act on concerns of abuse and neglect. • Understand and comply with NHS Newham CCG safeguarding policies. • Know who to contact for help and advice. • Know how to make a referral to Social Care to protect children and or adults. • To identify and implement any learning needs in respect of safeguarding.
Senior Manager Team/Line Managers	<ul style="list-style-type: none"> • Championing safeguarding throughout the organisation. • Ensuring their staff are aware of the NHS Newham CCG and multi-agency safeguarding policies and procedures. • Understand and support the implementation of NHS Newham CCG safeguarding policies, training strategy and relevant policies (whistleblowing, safer recruitment, serious incidents and other

	<p>human resources polices)</p> <ul style="list-style-type: none"> • Ensuring their staff compliance with NHS Newham CCG Safeguarding Through Commissioning Policy, Safeguarding Policy and Procedures and Safeguarding Training Strategy. • Supporting staff in responding to and reporting concerns of abuse against children and adults. • Ensuring their staff attend safeguarding training which is relevant to their role and to keep a record of training attended. • Ensuring appraisal include review of safeguarding knowledge, skills and competence. • Supporting staff who experience domestic abuse.
Safeguarding Team	<ul style="list-style-type: none"> • Taking a strategic, professional lead on all aspects of the health service contribution to safeguarding children. This includes working across the local health system to support and advice named professionals. • Providing advice to all organisations across the health community on the implementation of an effective system of safeguarding/child protection audit, training and supervision. • Providing safeguarding/child protection health advice on policy and individual cases to statutory and voluntary agencies, including Social Care and the Police. • Supporting the Executive Lead for Safeguarding with any allegations against staff (LADO referrals). • Providing clinical advice for example in complex cases or where there is dispute between practitioners. • Providing advice on the monitoring of safeguarding elements of contracts, service level agreements and commissioned services. • Advising and inputting into the development of practice guidance and policies for all health staff and ensure that performance against these is appropriately audited. • Responsible for undertaking serious case reviews/case management reviews/significant case reviews on behalf of health commissioners and for quality assuring the health content. • Be a member of Newham Safeguarding Children Board and subgroups.
Commissioners	<ul style="list-style-type: none"> • Ensure designated professionals/adult safeguarding leads are consulted and able to influence at all points in the commissioning cycle to ensure all services commissioned meet the statutory requirement to safeguard and promote the welfare of vulnerable people. • Ensure safeguarding principles are encompassed within all commissioning arrangements.
Contract Leads	<ul style="list-style-type: none"> • Assuring themselves and the Board of the quality and safety of the organisations they place contracts with and ensure that those contracts have explicit clauses that hold the providers to account for their safeguarding arrangements. • Apply national and locally agreed safeguarding service standards to contracts and service level agreements, and monitor providers' adherence to them.
Quality/Clinical Safeguarding Leads	<ul style="list-style-type: none"> • Ensuring robust arrangements for safeguarding through governance, systems and processes and monitoring. • Ensuring safeguarding is an integral aspect of the NHS Newham

	<p>CCG governance arrangements including organisational compliance with safeguarding standards. Ensuring these issues are always considered when commissioning and decommissioning services.</p> <ul style="list-style-type: none"> • Ensuring commissioning intentions, integrated delivery and other strategic health plans are considered from a safeguarding perspective. • Ensures the Board’s safeguarding responsibilities are discharged effectively and comprehensively through commissioning arrangements. • Ensuring appropriate training is available for all staff including the Board, and that attendance is monitored. • Ensuring the Board is fully informed of all issues in relation to safeguarding. • Ensuring the appointment of designated professionals • Ensuring that there is a programme of training and mentoring to support those with responsibility for safeguarding.
--	---

11 Training

- 11.1 NHS Newham CCG is committed to ensuring arrangements are in place for effective training of all staff and Member Practices. It has developed a Safeguarding Training Strategy (2016) that provides clear guidance on the level of competencies required by all staff and Member Practices, in order to safeguard children and adults at risk (please click on the link to access the strategy [NHS Newham CCG Safeguarding Training Strategy 2016](#)).
- 11.2 All new staff to the NHS Newham CCG will be expected to attend adult and children safeguarding training as part of their initial induction as this training is mandatory.
- 11.3 All NHS Newham CCG staff will be able to access combined Level 1 and 2 safeguarding training. Assessments of staff safeguarding training needs should take place as part of an ongoing process that should be incorporated in supervision/one to one sessions and annual appraisals.
- 11.4 NHS Newham CCG will need to ensure it has system and processes are in place to record staff uptake of safeguarding training and providing assurance to the Board.
- 11.5 NHS Newham CCG is required to ensure that 85% of eligible staff are up to date with the relevant level of training at any one time.
- 11.6 There are number of training resources that Member Practices can access which are listed within Safeguarding Training Strategy.

12 Safeguarding Supervision

- 12.1 Safeguarding supervision is aimed at staff working directly with children and their families and/ or adults. This also includes staff who supervise staff working with children and families and adults.
- 12.2 Designated professionals have a responsibility to provide safeguarding supervision to named professionals across the economy. NHS Newham CCG will need to ensure that staff providing safeguarding supervision have the appropriate expertise, experience, knowledge and professional confidence.
- 12.4 The NHS Newham CCG has a safeguarding supervision policy that provides staff with guidance on how deliver and record supervision sessions. Staff who work directly with children and or adults will be able to access safeguarding supervision from designated professional/leads (for example continuing care team).
- 12.5 Supervision of designated professionals will need to be provided by someone “from outside the employing organisation and funded by the employing organisation and provided by someone with safeguarding/child protection expertise” (*Safeguarding Children and Young People: roles and competencies for healthcare staff* 2014).

13 Safer Recruitment/Employment Practice

- 13.1 The NHS Newham CCG should have in place a safer recruitment policy consistent with guidance from the Disclosure and Barring Service (DBS) that is regularly reviewed at a minimum of three yearly.
- 13.2 The NHS Newham CCG should ensure that appropriate safer recruitment training is provided to all staff involved in recruiting staff including temporary staff/agency.
- 13.3 All managers responsible for recruiting staff will be able to seek guidance from Human Resources regarding the level of DBS required.
- 13.4 The NHS Newham NCCG should comply with the London Child Protection Procedures and the London Multi-Agency Adult Safeguarding Policy and Procedures. This will include having a named senior officer and a deputy who has overall responsibility for dealing with allegations against staff.

14 Allegations against a member of staff

- 14.1 Despite all efforts to recruit safely there will be occasions when allegations of abuse of recruited staff, against children or adults are raised.
- 14.2 The allegation or concern could be in connection with the person’s employment or voluntary activity:
- Behaved in a way that has harmed a child or adultt
 - Committed a criminal offence
 - Pose a risk or harm
- 14.3 Further details are available from [London Child Protection Procedures](#) or [London Multi-Agency Adult Safeguarding Policy and Procedures](#).
- 14.4 If a member of staff is accused of abuse within their personal life outside of work, they should inform their line manager.

- 14.5 Any allegations of this type must be communicated immediately to the Executive Lead for Safeguarding and Designated Professionals/leads.
- 14.6 The situation must be discussed with senior members of the Human Resources department and HR policies followed with the support and or direction of HR personnel as required.
- 14.7 If the allegation/witnessed incident is of a criminal nature, then the Police must be contacted.
- 14.8 All allegations must be reported to the local authority social care Local Authority Designated Officer /Enquiry Officer for Adult Safeguarding in consultation with the executive lead for safeguarding and designated professionals/leads and within one working day.
- 14.9 A referral should also be made to social care for the child/adult at risk to ensure their safety.
- 14.10 Before informing the member of staff about the allegation agreement and prior to any other investigation advice must be sought from Local Authority Designated Officer /Enquiry Officer for Adult Safeguarding/Police.
- 14.11 The **London Child Protection Procedures** provide more information about the process to be followed including the following:
- How much information should be shared with the parent/s - and the child if sufficiently mature - about the processes involved, the progress and outcome of the case.
 - How much information should be shared with the accused person.
 - The need for confidentiality while an allegation is being investigated.
 - The action to be followed by a person first receiving or identifying an allegation or concern.
 - The initial considerations by the designated professional and the LADO.
 - The circumstances when a strategy meeting / discussion should take place and what it should cover.
 - The circumstances when the suspension of the staff member should be considered
 - The disciplinary process.
 - Referral to the Disclosure and Barring Service.
- 14.12 The accused member of staff should be treated fairly and honestly and kept informed of all stages of the investigation and the implications of any related processes.
- 14.13. A contemporaneous written record of (where possible in the child / adult's own words) the time, date and place of incident/s, persons present and what was said and all subsequent discussions and actions agreed by parties should be made.
- 14.14 This policy and the London Child Protection Procedures will also apply to any allegations made against an independent contractor. In these circumstances the designated professional will work closely with the Medical Director NHS England.

15 Consent, Confidentiality and Information Sharing

- 15.1 Consent must be specific and an examination or investigation should not exceed the terms of consent.
- 15.2 The discussion about consent will depend upon the age and competence of the child and who has parental responsibility.
- 15.3 Consent, when given, has to be fully informed.
- 15.4 Confidentiality is central to trust between professionals and patients.
- 15.5 All patients are entitled to expect that personal information about them will be held in confidence. However, confidentiality is not an absolute duty. Where someone is at risk of, or is suffering, abuse or neglect the potential consequences of not sharing relevant information will outweigh the harm that disclosure may cause and relevant agencies should be informed.
- 15.6 No member of staff should assume that someone will pass on information which they think may be critical to keeping a person safe.
- 15.7 If a professional/staff member has concerns about a person's welfare and believes they are suffering or likely to suffer harm, then they should share the information.
- 15.8 The law recognises that disclosure of confidential information without consent or a court order may be justified in the public interest to prevent harm to others.
- 15.9 The key factor in disclosing information is proportionality - Is the proposed disclosure proportionate to the need to protect the welfare of the person?
- 15.10 NHS Newham CCG will need to support and sign up to the NSCB and SAB information sharing protocols to enable effective inter-agency working and learning to further strengthen safeguarding practice.
- 15.11 NHS Newham CCG will need to ensure all staff understand and are able to access national guidance for sharing information. Please click on the link to access this guidance: [National Guidance/Advice on Information Sharing, March 2015](#).

16 Legal Advice

- 16.1 In complex situations it may be necessary to seek legal advice and guidance on specific safeguarding issues. Access to legal advice/solicitors for NHS Newham CCG is managed by the Commissioning Support Unit who can access lawyers who are listed on the London Legal Services Framework Agreement.
- 16.2 The NHS Newham CCG Head of Governance and Engagement can be contacted for further information and advice.

17 Resolving Disagreements and Whistleblowing

- 17.1 The Newham Safeguarding Children Board Conflict Resolution Protocol sets the process for when there are concerns or disagreements over another professional's decisions, actions or lack of actions.
- 17.2 This involves attempting to resolve differences through discussion and/or a meeting within set timescales. If this is unsuccessful, input is sought through the providers' line management or directly from one of the designated professionals.
- 17.3 In the unlikely event that the issue is not resolved by the steps described above and/or the discussions raise significant policy issues, the matter should be referred urgently to the NSCB for resolution.
- 17.4 If anyone has a concern or disagreement over decisions, actions or lack of actions that relate to Health – particularly any that raise significant policy issues – they should refer the matter to NHS England for resolution. The NHS Newham CCG Whistleblowing Policy provides an alternative method of reporting concerns about another professional's decisions, actions or lack of actions.

18 Safeguarding Reviews

- 18.1 Serious case reviews take place after a child and or adult dies or is seriously injured and abuse or neglect is known or suspected.
- 18.2 The NSCB and SAB are responsible for ensuring opportunities for learning are effective and that lessons learnt are embedded in safeguarding practice across the partnership. Within this framework, NHS Newham CCG is responsible for co-ordinating the health component of safeguarding reviews, following current national and local guidance.
- 18.3 NHS Newham CCG will ensure that NHS England and the Care Quality Commission (CQC) are notified of all safeguarding children and adult reviews..
- 18.4 The Executive Lead and Clinical Board Lead for Safeguarding will oversee and sign off Internal Management Reviews (IMRs) and Health Overview Reports written on behalf of NHS Newham NCCG. For GP IMRs these will be shared with the Medical Director at NHS England as part of the sign off process.
- 18.5 The Joint Health Safeguarding Subgroup will monitor the implementation of any actions arising from an IMR or safeguarding reviews and will provide reports to the Quality Committee and Board.
- 18.6 IMRs completed for Health Providers are signed off by the respective NHS Trust and not by NHS Newham CCG

19 Monitoring

What standards / key performance indicators will you use to confirm this document is working / being implemented	Method of monitoring	Monitoring information prepared by	Minimum frequency of monitoring	Monitoring reported to
NHS Newham CCG will be represented at the multi-agency Newham Safeguarding Children Board (NSCB) and Adult (SAB).	Audit	NSCB/SAB	Six monthly	Safeguarding Subgroup/ Quality Committee
NHS Newham CCG staff will receive safeguarding children and adult training.	Audit	Designated professionals/ leads	Six monthly	Safeguarding Subgroup/ Quality Committee
Relevant NHS Newham CCG staff will receive safeguarding supervision	Audit	Designated professionals/ leads	Six monthly	Safeguarding Subgroup/ Quality Committee
All NHS Newham CCG staff will be subject to receive DBS checks consistent with Safer Recruitment Policy.	Audit	Director of Partnership/ Engagement	Quarterly	Senior Management Team/Board.

Appendix 1 – Categories of abuse

Categories of abuse (Children)

Physical abuse

Physical abuse is form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse

This is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

The persistent failure to meet a child's basic physical and/or psychological needs is likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Source: [Working Together Safeguard Children 2015](#)

Categories of abuse (Adults)

Physical abuse

Examples include: Deliberately inflicting pain, physical harm or injury including, hitting, punching, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

Sexual abuse

Examples include: Rape and sexual assault or sexual acts to which the vulnerable adult has not consented, could not consent or was pressured into consenting. It also includes non-contact abuse such as voyeurism, involvement in pornography.

Psychological and Emotional abuse

Examples include: verbal assault or intimidation, emotional abuse, deprivation of contact, verbal abuse, threats of harm or abandonment, humiliation or blaming, controlling, coercion, harassment, overriding of consent, choices or wishes, felling worthless, frightened or unloved, isolation or withdrawal from services or supportive networks
NB: Psychological/emotional abuse will usually occur in conjunction with other forms of abuse

Financial or material abuse

Examples include: theft, fraud, exploitation, and pressure in connections with wills, property, possessions or benefits, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect and acts of omission

Examples include: ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Discriminatory abuse

This abuse is usually motivated by discriminatory and oppressive attitudes towards race gender, culture background, religion physical and/ or sensory impairment, sexual orientation and age.

This can manifest itself in any of the above ways and frequently will include a combination of types of abuse. What differentiates it from other categories is that the abuse is motivated by prejudice. It can also be caused by people being negligent or can stem from ignorance, in which case the abuser may not be aware of the abusive effect of their actions. This type of discrimination against the individual is often because he or she is perceived to belong to a specific group; this may be gender, sexual orientation, race, religion or disability, amongst others.

Organisational abuse, Neglect and Poor practice

This may take the form of isolated incidents of poor or unsatisfactory professional practice at one end of the spectrum, through to persuasive ill treatment or gross misconduct. This will include neglect and poor care practice within an organisation, such as a care home or hospital, or the care provided in a person's own home. The care can either be one off site visits or on-going, mistreatment of the person. It can be as a result of poor practice provided by professionals attributed to organisational constraints, structure, policies and procedures within the organisation. Daily activities should be centred on the clients' and not the organisation's needs as far as possible.

Self-neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

In addition to the above there are some specific areas where type of abuse is evident:

Modern slavery

This encompasses slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Human Trafficking

Is actively being used by Serious and Organised Crime Groups to make considerable amounts of money. This problem has a global reach covering a wide number of countries.

Female Genital Mutilation (FGM)

Involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The procedure has no health benefits for girls and women.

Force Marriages

Is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse.

Honour Based Violence

Will usually be a criminal offence, and referring to the police must always be considered. It has or may have been committed when families feel that dishonour has been brought to them.

Radicalisation

Radicalisation is comparable to other forms of exploitation, such as grooming and Child Sexual Exploitation. The aim of radicalisation is to attract people to their

reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media.

Mate Crime

A 'mate crime' as defined by the Safety Net Project is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.'

Disability Hate Crime

The Criminal Justice System defines a disability hate crime as any criminal offence, which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a person's disability or perceived disability.

Hate Crime

The police define Hate Crime as 'any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability'.

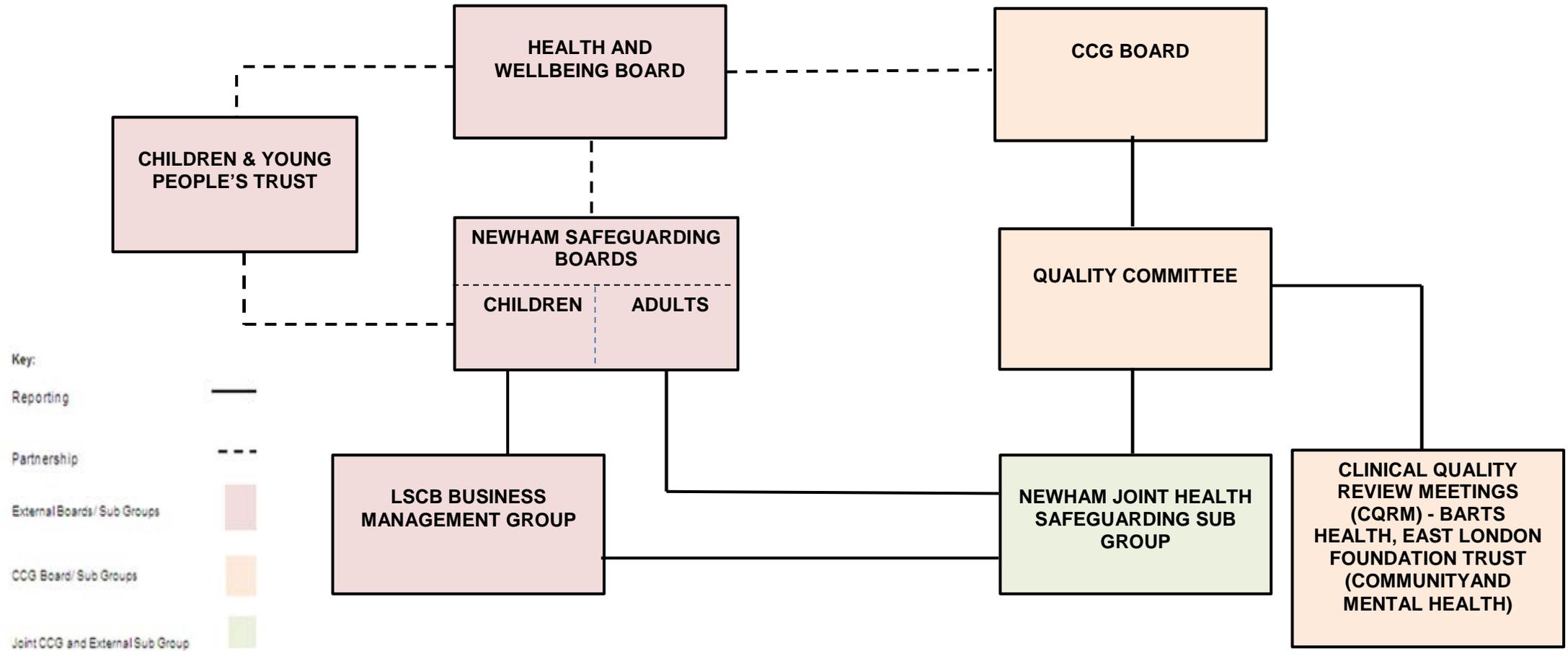
Sexual Exploitation

Involves exploitative situations, contexts and relationships where adults at risk (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.

Restraint

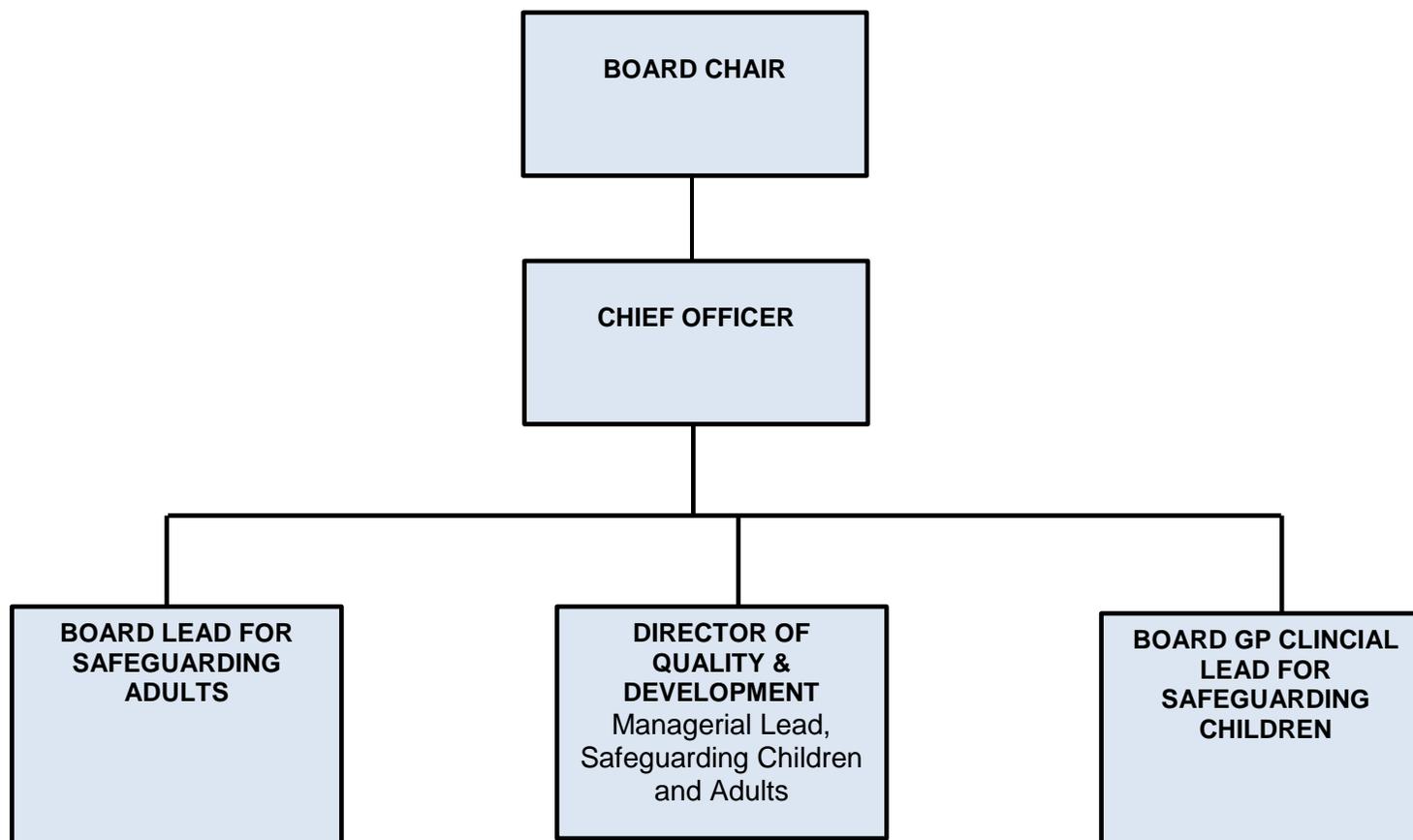
Unlawful or inappropriate use of restraint or physical interventions. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence.

Source: The Care Act Care and Support Statutory Guidance and London Multi Agency Adult Safeguarding Policy and Procedures.





NEWHAM CCG SAFEGUARDING ROLES AND RESPONSIBILITIES



- SAFEGUARDING PROFESSIONALS**
- Designated Doctor and Nurse for Safeguarding Children
 - Designated Doctor and Nurse for Looked After Children
 - Named GP for Safeguarding Children
 - Designated Doctor for Child Deaths
 - Designated Adult Safeguarding Manager / Adult Safeguarding Lead

Part B Safeguarding Procedures

1. General Principles

1.1 NHS Newham CCG staff with the exception of the continuing care team do not provide care directly to patients. However, staff may identify concerns regarding the safety of children, young people or adults during the course of their work. This includes the following:

- Quality assurance visits to health care providers
- Participation and Engagement public events
- Complaints and Patient Advice and Liaison Service (PALS) enquiries
- Incident reporting and/or significant event audits
- Concerns raised through whistleblowing
- Concerns raised by partner agencies and or other providers

1.2 When staff become aware of known or suspected cases of abuse and neglect they will need to:

- Listen carefully to what is being said and to ensure they don't ask leading questions.
- Ensure the boundaries regarding confidentiality/information sharing are explained to the individual at the start.
- Ensure any emergency health needs/ immediate risks are addressed.
- Listen and respond to the wishes and feelings of the individual.
- Avoid minimising your concerns or assume someone else will do something
- Act on the information shared to safeguard children and or adults at risk
- Ensure that you seek advice and support as and when required from line manager and or designated professionals
- Ensure that accurate and contemporaneous record is made including actions agreed by all involved.

1.3 If a member of the public contacts NHS Newham CCG regarding concerns of abuse and neglect of a child and or adult they should be supported to make a referral to the social care team (children/adults). The member of staff involved will also need to make a referral to Children's Social Care based on the information received.

1.4 If your concern about a child stems from a non-work related activity i.e. in the neighbourhood where you live you can make a referral to your Local Authority Children's Social Care department, and contact the Police.

2. What to do if you are worried about a child/young person at risk of abuse and neglect

2.1 This procedure should be read in conjunction with [London Child Protection Procedures 5th Edition](#).

2.2 The Children's Triage Service is the single point of contact for requests for support or protection for vulnerable children and young people in Newham. The service

includes representatives from our Children's Social Care, Early Intervention, Community Health and Youth Offending teams and Newham Police

- 2.3 If it is believed or suspected that the child has suffered - or is likely to suffer significant harm, or has developmental and welfare needs likely only to be met through the provision of family support services, a referral should be made to the local authority Children's Social Care team.
- 2.4 Staff should seek to discuss their concerns and referral with the child (consider age and understanding) and with the parents - unless you consider that this would place the child at increased risk. Parental consent or the consent of the child (if Gillick competent) is required for **Child In Need** (support) referrals.
- 2.5 If a NHS Newham CCG member of staff witnesses the abuse or neglect of a child or is informed of such an incident, they must inform their line manager in the first instance. The designated professionals are also available to offer advice and support on child protection issues.
- 2.6 Referrals should be made to Newham social care for a child living or cared for in Newham ([Click here](#)). The Triage team are contactable on 0203 373 4600 and Out of hours on 0208 430 2000. Please note you will have to create an account in order to make a request for support or protection before completing the on line referral form.
- 2.7 Children residing in other areas the local social care team should be contacted. The Newham's social care will be able to advise accordingly and ensure that the referral process is followed.
- 2.8 If the child is known to have an allocated social worker, the referral should be made to them using the local authority referral form or in their absence to the social worker's manager or a duty children's social worker.
- 2.9 In all other circumstances referrals should be made to the duty officer.
- 2.10 The referrer should confirm verbal and telephone referrals in writing, within 48 hours.
- 2.11 Where an assessment has been completed prior to referral, these details should also be conveyed at the point of referral.
- 2.12 The LA children's social care should within one working day of receiving the referral make a decision about the type of response that will be required to meet the needs of the child. If this does not occur within three working days, the referrer should contact these services again and, if necessary, ask to speak to a line manager to establish progress.

3. What to do if you are worried about an adult at risk of abuse and neglect

The London Multi-Agency Adult Safeguarding Policy and Procedures sets a four stage Safeguarding Adults process with allocated time scales:

Stage One: Raising the concern

- Making a referral ([click](#) for information on how to make referrals to the London Borough of Newham.) Immediate action in emergencies or within 1 working day for routine safeguarding concerns.

Stage Two – Enquiry

- Initial conversation which should be done on the same day the concern is received.
- Planning meetings – within 5 working days.
- Enquiry actions – within 20 working days.
- Agreeing outcomes – within 5 working days of the report.

Stage Three – Safeguarding Plan and Review

- Safeguarding Plan – within 5 working days of enquiry report
- Review – not more than 3 months, however, this is depended on the risk factors involved. This may be required sooner.

Stage 4 – Closing the Enquiry

- Closing the enquiry – actions required immediately following the closure of enquiry – within 5 working days.