NHS
Waltham Forest
Clinical Commissioning Group

NHS Waltham Forest Clinical Commissioning Group Safeguarding Children Policy and Procedure

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Contents

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1.0 Introduction

1.1 The statutory duties for safeguarding children are enshrined in legislation, although some of the duties are applicable to both children and adults, this policy focuses on responsibilities to children.

1.2 NHS Waltham Forest Clinical Commissioning Group (WFCCG) believes it is always unacceptable for a child or young person to experience any kind of abuse or neglect and recognises its responsibility to safeguard all children and young people and promote their welfare. WFCCG aspires to the highest standards of corporate behaviour and competence and is committed to ensuring that these standards are applied to all safeguarding duties and responsibilities.

1.3 While WFCCG has a responsibility to safeguard and promote the welfare of children through commissioning arrangements (please see WFCCG Safeguarding Children through Commissioning Policy 2016 and the WFCCG and General Practice Safeguarding Training Strategy 2016), it also has responsibilities within its own activities, systems and processes.

1.4 Specifically, WFCCG as a statutory responsibility to 'ensure that its functions are discharged having regard to the need to safeguard and promote the welfare of children' under the Children Act 1989 and under section 11 of the Children Act 2004.

1.5 The additional key legislative framework and statutory guidance that underpin safeguarding practice includes:
Working Together to Safeguard Children (HM Government 2015)
Promoting the Health and wellbeing of Looked after children (DH and DFE, 2015)
No Secrets (DH 2000, last updated in 2015)
The Crime and Disorder Act 1998
The Health and Social Care Act 2008
Care Act 2014
Serious Crime Act 2015

1.6 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).

Safeguarding Children Roles and Competences for Healthcare Staff - Intercollegiate Document, (RCPCH et al 2014), outlines the levels of competence expected of all staff working within the health service. All staff must ensure that they possess the required knowledge, skills and competences as set out in that document. In addition, Looked after children: Knowledge, skills and competencies of health care staff (RCPCH et al, 2015) provides the intercollegiate role framework and expected competencies for health care staff in contact with Looked after children and their families.

The arrangements through which WFCCG discharges its statutory safeguarding duties are described below:

- A clear line of accountability for safeguarding is properly reflected in the WFCCG 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 the Local Authority, Education, Police and third sector organisations which includes partnership working with Waltham Forest Safeguarding Children Board, Corporate Parenting 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.
- Effective systems for responding to abuse and neglect of children and young people.
- 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.

2.0 Purpose and scope

2.1 The purpose of this policy and procedure is to articulate a robust framework that ensures that safe systems are in place in Waltham Forest to safeguard children. This policy is intended to support all staff in safeguarding children who reside either permanently or temporarily, or are visiting the geographical area or footprint covered by WFCCG. The policy sets out the roles and responsibilities of all staff with respect to keeping children safe and promoting their welfare. This includes commissioners of services, providers of services and those who work in partnership with WFCCG, such as statutory and voluntary agencies.

2.2 All provider organisations including independent contractors should have safeguarding children guidance in place for their staff to follow and to ensure that they meet the requirements stated in section 1 of this policy.

2.3 This policy is compliant with the Care Quality Commission Outcome 7 (Regulation 11) Safeguarding service users from abuse. The function of this policy is to identify roles and responsibilities of all staff across the organisation so that they are clear about what actions must be taken to safeguard children.

The purpose of this policy is therefore to describe:

- The roles and responsibilities of groups, key individuals and all staff
- The training, development and supervision framework that should be in place
- The other strategies and policies that help meet this statutory responsibility
- How WFCCG works in partnership with other local agencies
- How WFCCG will be assured it is meeting its statutory safeguarding children responsibility
- How to respond to a safeguarding concern

2.4 Aims and objectives

2.41 Aims

The aim is to safeguard children in contact with services commissioned and contracted out by WFCCG by assisting with the development and implementation of a robust system that supports WFCCG to work in partnership to minimise risk, improve outcomes for children. To create and nurture effective partnerships through working together and ensure access to the necessary clinical expertise and advice.

2.42 Objectives

This policy requires WFCCG and its workforce, to be aware of their responsibility to safeguard and promote the welfare of all children whether they work directly with children or not.

- WFCCG workforce should undertake safeguarding children training in accordance with the competence level required by their role.

- WFCCG should involve children and young people in the planning of services and incorporate their wishes and feelings in service design and delivery.

- WFCCG should work in partnership with NHS England, Waltham Forest Safeguarding Children Board, and local statutory agencies to develop and improve safeguarding practice across the whole health economy.

2.5 WFCCG Corporate objectives for 2016/17 are as follows:

- To improve the health outcomes of our local population
- To deliver high quality services though effective commissioning
- To balance our books financially by delivery of our QIPP programmes which identify areas where services can be redesigned to improve care and be more cost effective.
- To establish collaborative commissioning arrangement with a focus on Barts Health
- Deliver effective patient and public engagement in line with the NHS Constitution
- To maximise clinical engagement with GPs in our three localities and other health professionals from hospital and community services and Public Health, through effective engagement and development
- Through our strategic commissioning and commissioning processes we will support an improvement in the patient experience of GP and GP out of hours services

2.6 Scope

2.61 This policy and procedure applies to all employees of WFCCG, any staff who are seconded to the CCG, contract, locum and agency staff, North East London Commissioning Support Unit (NELCSU), suppliers and any other individual working on CCG premises. This Policy also applies to members of the Governing Board and its associated Committees/Sub-Committees. Managers must (are required to) ensure their staff are aware of the policy and ensure that it is implemented within their work area to ensure all staff know and are aware of what to do if they are concerned that a child has been abused or is at risk of being abused.

2.7 This policy and procedure should be read in conjunction with:

- Children Act 1989 and 2004
- London Child Protection Procedures 5tth 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
- 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
- Serious Crime Act 2015

3.0 Safeguarding principles –

The following safeguarding principles underpin this policy:

3.1 The **child's welfare is paramount** when considering any decisions about a child (Children Act 1989).

3.2 The London Child Protection Procedure (2015) and the statutory guidance – Working Together to safeguard children (2015) both state that effective safeguarding arrangements should demonstrate the following key principles:

- **Safeguarding is everyone's responsibility** – there is a collective responsibility on

individuals and organisations to work effectively in partnership to safeguard children.

- **A child centred approach** - effective services are those based on a clear understanding of need and informed by the views of the children who are the recipients of the service.

4.0 Definitions

4.1 Child

4.11 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. Children therefore mean children and young people throughout this policy.

4.2 Children in Need

4.2.1 A child in need is defined under section 17 of the Children Act 1989 as a child who is:

- A child who 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.

- Or a child who is disabled.

4.3 Children in Need of Protection

4.3.1 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. The Children Act 1989 introduced the concept of significant Harm, it is any Physical, Sexual, or Emotional Abuse, Neglect, accident or injury that is sufficiently serious to adversely affect progress and enjoyment of life. Significant harm is the threshold that justifies compulsory intervention in family life in the best interests of children. It gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

4.3.2 A child in need of protection is defined under section 47 of the Children Act 1989 as where 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

4.41 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 (placed for adoption).

4.42 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 arrangement (Section 20 of Children Act 1989). This term applies to children currently being looked after and/or accommodated by local Authorities/Health and Social Care Trusts, including unaccompanied asylum seeking children and those children where the agency has authority to place the child for adoption.

4.43 A child or young person is "Looked after" under the **Children Act, 1989:**

- if he/she is accommodated by the local authority under a voluntary agreement with parental consent or own consent if aged 16 or 17 - children looked after section 20/Child in Need under section 17 of the Children Act 1989)
- Or if remanded to custody under the Legal Aid Punishment of Offenders Act (LASPOA, 2012).
- Subject to a care order imposed by the courts (Care order Section 31 or Interim Care Order Section 38 of the Children Act 1989/ child suffering or likely to suffer significant harm).
- Subject to an Emergency Protection Order (EPO) under Section 44 of the Children Act 1989. Section 47 investigations are undertaken.
- Is remanded to local authority care under Section 21 of the Children Act 1989/compulsory accommodation).
- Subject to a Secure Order Section 25 of the Children Act 1989 and placed in secure accommodation. Home Office approval is required for children under 12 years of age.

4.44 Most children who are in care live safely but a small number do experience harm. There are a number of risk factors related to being in care which can make children more vulnerable to abuse and neglect.

4.5 Eligible children and relevant children

4.51 Under the Children Leaving Care Act 2000, an **eligible child** is one aged 16 or 17, who has been looked after by a local authority for a period (prescribed under the regulations as 13 weeks), or periods amounting in all to that period, which began after he/she reached 14 years of age and ended after he/she reached the age of 16. It is the duty of the local authority looking after an eligible child to advise, assist and befriend him/her with a view to promoting his/her welfare when they have ceased to look after him/her.

4.52 **Former relevant children** are young people aged between 18 – 21 who have been either eligible or **relevant children** or both. If, at the age of 21, the young person is still being helped by the responsible authority with education or training, then he or she remains a **former relevant child.**

Any young person who has been in care at any time during their childhood is considered to be vulnerable and at greater need until at least their 21st birthday (24 if in education or disabled).

4.6 Corporate parenting

4.61 The Children Act 1989 recognises that the best place for children and young people to be cared for is in their home and by their parents. The concept of parental responsibility arises when there is a need for compulsory intervention in family life to safeguard or promote that child or young person's welfare (DH and DFE, 2015). The parent retains responsibility for the child but that responsibility is shared with the LBWF and its partner agencies when a Care Order is in place. This role, under the Children Act 1989, is to give the local authority the responsibility for improving outcomes and vigorously promoting the life chances of the children in their care (HM Government, 2010). WFCCG works together with the LBWF and partner agencies to advocate and operate as the ideal parent to achieve the best possible outcome for the individual child or young person through commissioning arrangements. The Corporate Parenting Board has strategic oversight, scrutiny and a governance role in ensuring that best outcomes are achieved for LAC.

4.7 Private Fostering Arrangements

4.71 Private fostering is different to being looked after. Private fostering occurs when a child under 16 (or 18 if disabled) is cared for by an adult who is not a relative for more than 28 days, by private arrangements between the parent and the carer. This is different from children in the care of a local authority (looked after child). Should any member of the WFCCG become aware of a child who is privately fostered they must refer to Children Social Care via the Multiagency Safeguarding Hub (MASH), to ensure the child and family receives the appropriate care and support.

The Private Fostering Champion for WFCCG is Korkor Ceasar Designated Nurse for safeguarding Children and Looked after Children.

4.8 Safeguarding Children

4.81 Safeguarding is the action taken to promote the welfare of all children and protect them from abuse. Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and
- Taking action to enable all children to have the best outcomes.

5.0 Child Abuse

5.1 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 outlined in Working together to safeguard children 2015-

https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

5.2 Physical Abuse

5.21 Is a 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. Practices linked to faith or cultural can also cause harm, an example is Female Genital Mutilation (FGM).

5.3 Emotional Abuse

5.31 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.

5.4 Neglect

5.41 The persistent failure to meet a child's basic physical and/or psychological needs, 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.

5.5 Child Sexual Abuse (CSA)

5.51 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.

5.52 Statutory rape

All cases of children under the age of 13 years believed to be engaged in penetrative sexual relationships or activity must be referred to children's social care and the police via the Multiagency Safeguarding Hub (MASH). This is Statutory Rape under the Sexual Offence Act 2003. The legal age of consent for sexual intercourse in the United Kingdom (UK) is 16 years.

6.0 Hidden Harm and Violence against Women and Girls (VAWG)

6.1 The inclusion of hidden harms within the Police and Crime Plan reflects a broadening of the existing focus on domestic abuse. Hidden Harm is a term which captures a number of harms which are generally under-reported and therefore hidden from the public, police and statutory partners. These include, but are not limited to; hate crime, elder abuse, 'honour' based abuse, modern-day slavery, fraud, and child sexual exploitation, female genital mutilation, breast ironing and forced marriage.

6.2 Child Sexual Exploitation (CSE)

6.21 Definition of child sexual exploitation

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (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.

6.22 Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

6.23 Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

6.24 This definition of child sexual exploitation was created by the UK National Working Group for Sexually Exploited Children and Young People (NWG) and is used in statutory guidance for England (DCSF and Home Office, 2009). It is acknowledged that child sexual exploitation invariably includes a range of grooming processes.

The CSE Champion for WFCCG is Korkor Ceasar Designated Nurse Safeguarding Children and Looked after children

6.3 Female Genital Mutilation (FGM)

6.31 Female Genital Mutilation (FGM) includes of all procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. FGM is child abuse and a form of violence against girls and women. Waltham Forest has a very diverse and multicultural population. There are a significant number of girls who come from communities where Female Genital Mutilation has been traditionally practiced. It is illegal in the UK under the FGM Act 2003 and carries a 13 year sentence. Children Social Care should be contacted via the multiagency Safeguarding Hub (MASH) and the Police should be also informed. Accurate records should be maintained.

6.32 Serious Crime Act 2015 – FGM Mandatory Reporting Duty

It is now a mandatory requirement on all regulated professionals to report FGM in children under 18 years to the Police. This came into effect on 31 October 2015.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/472691/FGM_guidan ce.pdf

Mandatory Reporting of FGM Video can be accessed and viewed from:

http://www.nhs.uk/video/Pages/fgmguidelines.aspx

FGM leaflet: https://goo.gl/OUWuSd

http://www.nhs.uk/NHSEngland/AboutNHSservices/sexual-health-services/Pages/fgm-for-professionals.aspx

NHS England and Department of Health FGM Training Slides:

The website for written materials is:

https://www.gov.uk/government/publications/fgm-mandatory- reporting-in-healthcare

GP Registration of Practice to report FGM can be accessed on HSCIC
http://www.hscic.gov.uk/fgm

https://www.gov.uk/government/publications/safeguarding-girls-at-risk-of-female-genital-mutilation

6.4 Domestic Violence (DV)

6.41 The shared definition of domestic violence reflects the complexities and challenging patterns of violence and abuse as well as the experiences of victims. Therefore, domestic violence is defined as:

"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". Home Office (March 2015) domestic-violence-and-abuse coercive control, disclosure scheme, protection notices, domestic homicide reviews and advisers.

6.42 The abuse can be psychological, physical, sexual, financial, and emotional or a combination of all. Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacity for personal gain, depriving them of their needs for independence, resistance and escape, and regulating their everyday behaviour.

6.5 Safeguarding children affected by domestic abuse and violence

6.51 There is a strong link between domestic abuse and all types of significant harm to children and young people. Witnessing domestic violence is a form of emotional abuse to a child/young person which may result in long lasting implications for their future wellbeing. Practitioners should offer support to the victim via the Domestic Violence Advocacy Service from the borough where the person resides and, where the mother is pregnant and/or there are children/young people in the family, refer appropriately to Children Social Care and or the Police.

6.52 The issue of children living with domestic abuse and violence is now recognised as a matter for concern in its own right by the government and key children's services agencies. The link between child physical abuse and domestic abuse is high, with estimates ranging between

30% to 66% depending upon the study. The level of children living in homes where DV is present has significantly increased, nearly three quarters of children subject of a child protection plan lived in households where domestic abuse occurs (Department of Health (2002). There should an awareness that both females and males can be perpetrators of domestic violence.

6.53 All the outcomes for children can be adversely affected for a child living with domestic abuse - the impact is usually on every aspect of a child's life. The impact of domestic abuse on an individual child will vary according to the child's resilience and the strengths and weaknesses of their particular circumstances.

The three central imperatives of any intervention for children living with domestic abuse are:

- To protect the child/children;
- To support the carer (non-abusive partner) to protect themselves and their child/children; and
- To hold the abusive partner accountable for their violence and provide them with opportunities to change.

When a professional becomes aware of domestic violence/abuse within a family, the professional must seek advice.

6.6 Community Violence: Dangerous Duo: Gangs/ Missing and CSE Risk

6.61 While more than three quarters of incidents of children being killed or harmed were at home, over one in five incidents (21%) took place in a 'community context' (SCR review). The Crime Survey for England and Wales (CSEW) shows that young people aged 16-24 suffer higher levels of violence than other adult age groups. In 2009, a survey of over 250,000 10-15 year old school children in England found that almost half (46%) had been bullied at school and a fifth (21%) had been bullied elsewhere at some point during their lives.

6.7 The Toxic Trio: Mental Health, Substance Misuse and Domestic Violence

6.71 In the Triennial Analysis of Serious Case Reviews 2011 – 2014 (Sidebotham et al, 2016) the domestic abuse was found to be evident in 50% of cases between 2011 and 2014. Commissioned services in contact with children and families should provide repeated opportunities for disclosure in a safe environment. Parental alcohol and substance misuse was evident in over a third of SCR reports. Although parental mental health problems of itself does not present a risk of harm to the child, its severity and impact should be considered alongside other factors such as; escalation of behaviours and expression of suicidal intent. Additional factors to be taken into consideration as part of the risk assessment are young parenthood; maternal ambivalence both during and after pregnancy; transient lifestyle and isolation. The complex issue of adolescent risk in which older young people engage in self-harming behaviours and suicide has also been identified in the thematic review undertaken by NSPCC and NHSE in 2015.

6.8 Breast ironing

6.81 Breast ironing also known as breast flattening is an emerging safeguarding risk and a form of violence against young girls. Similarly to FGM, it is a harmful cultural practice and a form of child abuse. This practice affects approximately 3.8 million women around the world and is identified as one of five under-reported crimes associated with gender based violence – http://www.unwomenuk.org/breast-ironing-must-be -stopped/. Girls exposed to this practice are

predisposed to cancers, cyst formation, breast infections, scarring and tissue damage, mental health issues associated with the emotional trauma.

6.9 Forced Marriage and Honour Based Abuse/Violence

6.91 Children and young people can be subjected to domestic abuses perpetrated in order to force them into marriage or to 'punish' them for 'bringing dishonour on the family'. A ‘forced’ marriage (as distinct from a consensual ‘arranged’ marriage) is defined as one that is conducted without the valid consent of at least one of the parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds, and forced marriage is an abuse of human rights.

6.92 Forced marriages of children must be regarded as a child protection issue. You would not contact the parents in this situation and you would make a referral direct to the Police Child Abuse Investigation Team (CAIT) who will liaise with social care. Whilst honour based violence can culminate in the death of the victim, this is not always the case. The child or young person may be subjected over a long period to a variety of different abusive and controlling behaviours ranging in severity. The abuse is often carried out by several members of a family including mothers, and female relatives/community members and may, therefore, increase the child's sense of powerlessness and be harder for professionals to identify and respond to.

6.93 Procedures for responding to forced marriage and honour-based violence are available as Forced marriage of a child and honour based violence.

6.94 You can also contact the Forced Marriage Unit on 020 7008 0230 or 020 7008 0151 www.fco.gov.uk

6.10 Modern Day Slavery - Trafficking

6.10.1 The United Nations (Article 3 paragraph A of the Protocol to Prevent, Suppress and Punish Trafficking in Persons) defines trafficking as “the recruitment, transportation, transfer, harboring or receipt of person, by means of the threat or use of force or other forms of coercion of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation included, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced marriages, forced labour or services, slavery or practices similar to slavery servitude or the removal of organs”.

6.10.2 The impact of trafficking on children: Trafficked and exploited children are not only deprived of their rights to health and freedom from exploitation and abuse - they are usually also deprived of their right to an education and the life opportunities this brings. Once children have been trafficked and exploited, they are vulnerable to all types of abuse.

6.10.3 Practitioners or volunteer who has a concern regarding possible trafficking and exploitation of a child to local authority children's social care, should contact the local authority children's social care for the area in which the child currently resides.

6.11 Faith Based Abuse (Spirit Possession or Witchcraft)

6.11.1 Is where parents, families and the child themselves believe that an evil force has entered a child and is controlling them. The belief includes the child being able to use the evil force to harm others. This evil is also known as black magic, kindoki, ndoki, the evil eye, djinns, voodoo, and obeah. Children are called witches or sorcerers.

6.11.2 Parents can be initiated into and/or supported in the belief that their child is possessed by an evil spirit by a privately contacted spiritualist/indigenous healer or by a local community faith leader. The task of exorcism or deliverance is often undertaken by a faith leader, or by the parents or other family members. A child may suffer physical and emotional abuse if they are labelled and treated as being possessed with an evil spirit. In addition, significant harm to a child may occur when an attempt is made to “exorcise “or “deliver “the evil spirit from the child.

7.0 Radicalisation as a form of Abuse and exploitation - PREVENT Strategy

7.1 Radicalisation is defined as causing someone to become an advocate of radical political or social reform by supporting terrorism and violent extremism. Radicalisation of children and young people may include encouraging them to undertake violent activities on the grounds of religious belief. This may include attacks on others including suicide attacks.

7.2 Children may be exposed to messages about terrorism through a family member or friend, a religious school or group, or through social media and the internet. This creates a risk of a child or young person being drawn into criminal activity and exposure to significant harm. There is a cross- Government Strategy to stop people becoming terrorists, known as “PREVENT“.

7.3 One of “PREVENT’s” foremost objectives are to support individuals who might be vulnerable to recruitment or who have already been recruited by violent extremists and guidance is available for healthcare workers.

7.4 WFCCG has a Safeguarding Adults Policy to support staff in identifying potential staff, children and adults at risk from violent extremism. The Prevent Lead for WFCCG is Paul Larrisey, Deputy Nurse Director for safeguarding adults and Continuing Health care.

8.0 Other Significant Areas of Safeguarding Children

8.1 Missing Children

Refers to any child /young person whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the young person may be the subject of a crime or at risk of harm to themselves or another. The Waltham Forest Safeguarding Children Board (WFSCB) has guidance on how to manage cases where children go missing.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/208528/Statutory_guidance_o n_children_who_run_away_or_go_missing_from_home_or_care_consultation_-_final.pdf

http://www.acpo.police.uk/documents/crime/2013/201303-cba-int-guid-missing-persons.pdf

Please also contact the Police and Children Social Care if you are concerned or aware of a missing child or young person via the Multiagency Safeguarding Children Hub (MASH).

8.2 Fabricated or Induced Illness – Linked to Physical and Emotional Abuse and Neglect

Concerns may occur when the health and development of a child is significantly impaired by the actions of the parent or carer who has fabricated or induced an illness in a child.

Working Together to Safeguard Children 2015, and the NICE guidance on 'When to Suspect Maltreatment', section 5.7, give detailed descriptions on what to look for in cases, but three main indicators of fabricating or inducing illness are:

- Fabrication of past medical history
- Falsification of medical charts, documents or letters
- Induction of illness by a variety of means

This is not an exhaustive list. Where a member of staff suspects a case of fabricated or induced illness they should recognise this as a safeguarding concern and seek support and make appropriate referrals. **You should not raise your concerns with the parents in this situation.**

8.3 Non-attendance at health appointments /Children who have not been brought to their health appointments

When parents or children frequently miss health appointments then the professional must review their case and see if there are any issues of neglect or abuse. The NICE guidance on 'When to Suspect Child Maltreatment' (2009; p76), advises professionals to consider neglect if:

- A parent fails to administer essential prescribed treatment for their child
- A parent fails to attend essential appointments or follow-ups that are necessary for their child's health and well being
- A parent persistently fails to obtain NHS treatment for their child's dental caries (tooth decay).
- If a child has missed a health appointment then staff should:
- Check the appointment was given to the correct person/address
- Are there any known safeguarding concerns including neglect or patterns of missed appointments in the child or other family member's records
- Offer another appointment
- Talk to a line manager / Safeguarding Leads
- Consider a referral to social care.

WFCCG expects all service providers to have a policy that addresses these issues. Each GP Practice and Provider should develop practice guidance and procedures to manage children who miss appointments.

9.0. Training Requirements

9.1 Safeguarding Children Training is a mandatory requirement for all staff employed by the CCG. The competences specifically needed by healthcare workers to promote children's safety within the healthcare system are described in Safeguarding Children and Young People: Roles and Competences for Health Care Staff (Intercollegiate Document 2014 – http://www.apagbi.org.uk/sites/default/files/images/Safeguarding%20Children%20-%20Roles%20andCompetences%20for%20Healthcare%20Staff%20%2002%200....pdf

9.2 Safeguarding competences are the set of abilities that enable staff to effectively safeguard, protect and promote the welfare of children and young people. They are a combination of skills, knowledge, attitudes and values that are required for safe and effective practice. Different staff groups require different levels of competence depending on their role and degree of contact with children, young people and families, the nature of their work, and their level of responsibility. The Intercollegiate Document identifies six levels of competence, and gives examples of groups that fall within each of these. The levels are as follows:

- Level 1: Non-clinical staff working in health care settings.
- Level 2: Minimum level required for clinical staff who have some degree of contact with children and young people and/or parents/carers.
- Level 3: Clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns.
- Level 4: Named professionals
- Level 5: Designated professionals/Executive Leads
- Bespoke training :members of the Governing Body; Chief Executive officers

10. Roles and Responsibilities

10.1 Governance Arrangements

10.1.1 The CCG has a clearly defined safeguarding accountability and governance arrangements in place which ensures the CCG is able to fulfil all its statutory requirements including the proactive and effective management of risk. The roles and key responsibilities for all staff groups are outlined below:

Staff/Group	Key responsibilities
NHS Waltham Forest Clinical Commissioning Group (WFCCG)	WFCCG has a statutory responsibility under section 11 of the Children Act 2004 to ensure its functions are exercised with a view to safeguarding and promoting the welfare of children and young people. The Governing Body has ultimate strategic responsibility for ensuring this statutory responsibility is carried out, and for ensuring that in discharging their functions, commissioned services have regard to the need to safeguard and promote the welfare of children. The Governing Body is also responsible for ensuring that funding is available: ▪ to enable the designated professionals to fulfil their roles and responsibilities effectively ▪ to contribute to the London Borough of Waltham Forest (LBWF) Local Safeguarding Children's Board (WFSCB) budget, by agreement.
Accountable Officer WFCCG	The Accountable Officer is responsible for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through WFCCG's commissioning arrangements.

Staff/Group	Key responsibilities
Director of Nursing, Quality and Governance	The Director of Nursing, Quality and Governance is the Board Executive lead for safeguarding children and Looked after children with responsibility for governance, systems. This includes the organisational focus on safeguarding children and promoting the health and wellbeing of Looked after children (LAC) through: ▪ Representing WFCCG on the Waltham Forest Safeguarding Children's Board (WFSCB). ▪ Being managerially accountable for the designated professionals. ▪ Ensuring the Governing Body is fully informed of all WFCCG issues in relation to safeguarding children. ▪ Ensuring an WFCCG Annual safeguarding children Report and LAC Annual Report is presented to the Board and that other executive and Lay Members are briefed appropriately. ▪ Ensuring that safeguarding children and promoting the health and wellbeing of LAC is an integral aspect of WFCCG's governance arrangements. Providing assurance of organisational compliance with standards and requirements for safeguarding are always considered when planning or commissioning new services.
Director of Finance, Director of Commissioning	▪ There is a requirement to ensure that safeguarding issues are always considered when planning or commissioning new services which meet needs of children and young people.
Caldicott Guardian	▪ Supporting work to facilitate and enable information sharing, and advice on options for lawful and ethical processing of information.
Named Public Health professional - for LBWF	The Waltham Forest Safeguarding Children Board (WFSCB) should have a named Public Health professional with responsibility for: ▪ Addressing issues related to children and children in need of protection to include the needs of LAC ▪ Representing Public Health on the WFSCB Child Death Overview Panel (CDOP).

Staff/group	Key responsibilities
WFCCG through its commissioning arrangements with the North East London Commissioning Support Unit (CSU)	Should ensure that all Health Providers from whom they commission services have comprehensive single- and multi-agency policies and procedures to safeguard and promote the welfare of children. These policies and procedures should be in line with, and informed by legislation, statutory guidance and best practice: ▪ Working Together to Safeguard Children (2015), ▪ Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework (2015) London Child Protection Procedures (2015) ▪ Munro review of child protection: final report - A child-centered system (2011) ▪ NHS England Serious Incident Framework Supporting learning to prevent recurrence (2015) ▪ Safeguarding children and young people: roles and competences for health care staff Intercollegiate document (2014) ▪ Looked after children: Knowledge, skills and competencies for health care staff; Intercollegiate framework (2015) ▪ as well as any subject specific guidance such as : ▪ National Institute for Health Care Excellence (NICE) Guidance Public Health Guidance 50 on Domestic Violence and Abuse 2016 ▪ Domestic violence and abuse (2014) ▪ Commissioning services for women and children who experience violence or abuse - A guide for health commissioners (2011) ▪ Promoting the Health and wellbeing of Looked after children 2015 ▪ Health Expert Group on Child Sexual Exploitation, 2014 ▪ You are welcome criteria, 2009 ▪ Prevent Statutory Duty 2015 ▪ Commissioning services to support women and girls with female genital mutilation (2015) ▪ Looked after children and young people NICE Public Health Guidance 28 updated 2015 ▪ Modern Slavery Act 2015 ▪ Care Act 2014 ▪ Serious Crime Act 2015 ▪ Children Act 1989 /Children Act 2004

	The procedure should be accessible to WFCCG and NELCSU staff, who should: Ensure that safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through WFCCG commissioning arrangements. Ensure that all health agencies with which WFCCG has commissioning arrangements are linked into the relevant Local Safeguarding Children Board (LSCB) and that there Is representation from the agency and at an appropriate level of seniority. Jointly commission services of Sexual Assault Referral Centres (SARCs) for those children and young people who are victims of rape and sexual assault. Ensure that clear criteria for safeguarding children are written into all procurement and contracting documentation and that key performance indicators (KPIs) appropriately reflect the safeguarding element of the standard NHS contract. Ensure that regular service level agreement (SLA) monitoring arrangements with Providers test whether robust safeguarding processes are in place.
NHS England (London Region)	NHS England are responsible for developing overall NHS policy on safeguarding, providing oversight and assurance of CCGs' and Independent contractors safeguarding arrangements and supporting WFCCG in meeting its responsibilities. This will include working with the Care Quality Commission (CQC), professional regulatory bodies and other national partners to ensure organisational as well as individual compliance.

Staff/group	Key responsibilities
Designated Professionals: Designated Nurse Safeguarding Children Designated Nurse Looked after Children Designated Doctor Safeguarding Children & Child Death Overview Panel Designated Doctor Looked after Children	The designated professionals take a strategic, professional lead on all aspects of the health service contribution to safeguarding children in Waltham Forest. Their responsibilities include: ▪ Membership of WFSCB and relevant sub-groups, representing WFCCG. ▪ Ensuring staff and commissioners are aware of best practice. ▪ Attend safeguarding training updates to maintain knowledge and skills as prescribe within the Safeguarding children and young people: roles and competences for health care staff Intercollegiate document Third edition: (2014). ▪ Delivering training to commissioners to ensure they understand their safeguarding responsibilities. ▪ Providing advice on and interpreting the monitoring of the safeguarding elements of contracts and service level agreements with commissioned services. ▪ Monitoring and reporting on the implementation of this policy. ▪ Advising commissioners on commissioning, investment and service redesign decisions in relation to safeguarding. ▪ Providing advice on and interpreting clinical governance and standards to named professionals within provider organisations. ▪ Providing specialist advice to independent contractors and third sector organisations and ensuring their safeguarding training needs are met. ▪ Providing safeguarding children supervision to the named and other safeguarding professionals within NHS North East London Foundation Trust Hospital and Barts Health Trust Whipps Cross University Hospital site. ▪ Leading on quality assurance and improvement issues with an agreed annual calendar of audit. ▪ Working in liaison with the staff in the Quality and Governance directorate to ensure quality assurance. ▪ Providing advice to NHS WF CCG staff on how to respond to safeguarding concerns. ▪ As part of the Serious Case Review process, collating the Health Investigation Report from all involved health agencies and compiling a health overview report.

Staff/group	Key responsibilities
Human Resources Staff acting on behalf of NHS WFCCG	▪ Apply safer recruitment best practice and the policies of the former PCTs in liaison with WFCCG. ▪ Provide advice and support to managers, directors and associate directors over allegations against staff. ▪ Co-ordinate any investigations into allegations against staff as necessary. ▪ Follow Independent Safeguarding Authority procedures for reporting staff that have harmed individual parents or clients.
All staff	Any member of staff who in the course of their work comes into contact with children and families has a responsibility to know what to do if they encounter abuse or neglect, or are concerned that a child is at risk of harm. All staff should be: ▪ alert to potential indicators of abuse or neglect ▪ alert to the risks which individual abusers or potential abusers, may pose to children.
Performance and Quality Committee	The Performance and Quality Committee: is a subcommittee of the WFCCG Board with delegated accountability. It provides assurance that the governance systems, processes and behaviours by which the CCG leads, directs and controls functions in order to achieve its organisational objectives, and the way in it relates to patients and carers, the wider community and partner organisations are integrated and effective. The Performance and Quality Committee should ensure that WFCCG's duties for safeguarding and improving the health and wellbeing of children and young people are effectively and comprehensively carried out at a local level. The Performance and Quality Committee oversees processes and compliance issues concerning safeguarding children and informs the Governing Body of WFCCG of any escalation or sensitive issue in a timely manner. It provides assurance to the Governing Body that the services it commissions, operate within national, regional and local parameters of expected quality and safety standards by: ▪ Ensuring safeguarding is integral to commissioning arrangements ▪ Monitoring these commissioning arrangements. ▪ Monitoring the quality, safety and effectiveness of service provision. ▪ Review and recommend to the Governing Body causes of action that will enable the improvement in the quality and standards of services.

GP Practice Members. NHS England co-commission and performance manage primary care (GPs)	Attend relevant training to maintain appropriate knowledge and skills in identification and responding to concerns of abuse against children and adults. Act in a timely manner on any concern or suspicion that an adult is being or is at risk of being abused, neglected or exploited and ensure that the situation is assessed and investigated. Participate in Health investigation reports, Serious Case Reviews, Domestic Homicide Reviews and provide evidence and information where required.

Staff/group	Key responsibilities
Named GP /Clinical Lead GP Safeguarding Children. NHS England London region host the Named GP/Clinical Lead for safeguarding children. WFCCG co-commission this role.	▪ To promote the welfare of all children in need including those at risk of harm e.g. child protection. ▪ Provide General Practice leadership for WFCCG. ▪ Collaborate with designated professionals for WFCCG and named professionals within the CCG area. ▪ To contribute to Waltham Forest Safeguarding Children's Board (WFSCB) as required by WFCCG. ▪ To provide supervision to General Practice and contribute to training. ▪ To respond in a timely manner to National and Local guidelines and Publications as relevant to General Practice. ▪ Contribute and participate in Serious Case Reviews and the Child Death Overview process (CDOP).

Staff/ Group	Key responsibilities
WFCCG Communication Team	Has responsibility for identifying a clear communication plan for working with relevant colleagues both internally and externally to support effective management of Safeguarding Children concerns. They will work with all the relevant parties to prepare media statements. They will ensure that patients and staff and other affected parties are informed before media statements are released. They will also confirm proposed handling arrangements with NHSE, where considered necessary develop communications/media handling

	strategies with other organisations and liaise with relevant stakeholders as appropriate. The Communication Team will design and implement a strategy for on-going and longer-term management of communications. They will upload and update the WFCCG intranet and website.
WFCCG Patient Safety & Quality Managers/Leads	The WFCCG Patient Quality Leads are responsible for the day to day management and oversight of all commissioned provider services Serious Incident (SI). Where a Safeguarding SI is raised, the Designated Safeguarding Team will work with and or support the Patient Safety Manager/Lead in this process.
WFCCG Commissioning Managers/Leads	Commissioning managers within the CCG will ensure that service specifications of all health providers from whom services are commissioned include clear service standards for safeguarding and promoting the welfare of children, consistent with Section 11 of the Children Act (2004), Statutory Guidance within Working Together to Safeguard Children (DFE 2015) and WFCCG Safeguarding through Commissioning Policy 2016-19. Services/Service Level Agreements should take account of: • Safeguarding responsibilities • Equality and diversity • The right to family life • The principles of information sharing in accordance with statutory and other sharing information guidance • All services commissioned or provided are delivered, are child centred and respect the individuality of each child. These standards will then be robustly managed through the CCG's contract monitoring processes. The Commissioning Managers will ensure that all new pathways, commissioning cases and QIPP schemes are impact assessed by the CCGs Equality Impact Assessment to ensure all consideration is given to children's safeguarding requirements.

All staff should adhere to this Safeguarding Children Policy and Procedure.

10.2 All staff should uphold the rights of the child to be able to communicate, be heard and safeguarded from harm and exploitation whatever their:

- Ethnicity
- Religion/belief
- Spoken Language
- Gender identity
- Sexual identity
- Age
- Health
- Ability
- Location or placement
- Criminal behavior
- Political or immigration status

11.0 Policy

11.1 Strategies and policies

11.11 The other policies and strategies that together demonstrate how the organisation meets its statutory responsibility for safeguarding and promoting the welfare of children are the WFCCG:

- Safeguarding Children through Commissioning Policy (2016).
- Training Strategy for safeguarding children and adults (2016)
- Commissioning Strategy to promote the Health and wellbeing of Looked after children (2014-16)
- Safer Recruitment policies (2016). The safer recruitment policies of the former Waltham Forest PCT are followed. The policies cover references, employment history and checks on criminal records, occupational health, registration and qualifications, and right to work. They cover all staff, including permanent, temporary, NHS approved agencies, contracted, self-employed, voluntary and all roles.

11.2 Workforce

11.21 All staff should have a clear understanding of their individual roles and the organisation's roles and responsibilities for safeguarding and promoting the welfare of children, and be able to undertake these in an effective manner. This includes being trained and competent to be alert to potential indicators of abuse and neglect in children, and knowing what to do in response to concerns about the welfare of a child**.**

11.22 Different staff groups require different levels of competence depending on their role and degree of contact with children, young people and families, the nature of their work, and their level of responsibility. The intercollegiate document, Safeguarding Children and Young People: roles and competencies for healthcare staff (2014) provides a competency framework for safeguarding children training. It also identifies the type of training and frequency of refresher required for different members of staff.

11.23 Assessments of safeguarding training needs take place as a part of staff annual appraisal. Safeguarding children training is a mandatory requirement for all WFCCG staff. WFCCG is required to ensure that 85% of eligible staff are up to date with the relevant level of training at any one time.

11.3 Designated Professionals

11.31 There is a statutory requirement for WFCCG to appoint a Designated Doctor and a Designated Nurse. See section 2 above for a description of their responsibilities. The names and contact details of all the designated professionals are supplied to the NHS England (London Region) (NHSE) Senior Strategic Safeguarding Advisor.

11.32 The designated professionals' safeguarding responsibilities extend towards the wider health community including GPs, other independent contractors and third sector organisations. These responsibilities include providing specialist advice and skilled professional involvement in safeguarding processes. They also play an important role in promoting, influencing and developing training to ensure the training needs of all relevant staff are met.

11.33 Where designated professionals are employed by a provider organisation but spend part of their time providing commissioning support to WFCCG, a clear service level agreement and/or memorandum of understanding is in place that guides all those involved if a conflict of interest were to arise between their commissioning and provider roles.

11.4 Safeguarding Children Supervision

11.41 Safeguarding children supervision is aimed at staff working directly with children and families and those who themselves supervise staff working with children and families. It differs from clinical supervision focusing on the needs of the child and what must be done to make the child safe. Those providing safeguarding children supervision should have appropriate expertise, qualifications, experience, knowledge and professional confidence. Safeguarding supervision is primarily a reflective opportunity for the member of staff where challenge to case plans is included.

11.42 The only staff in WFCCG that need to receive safeguarding children supervision are the designated safeguarding professionals. They are responsible for providing safeguarding children supervision to Named safeguarding professionals and others in provider organisations. In light of their direct involvement in safeguarding children cases and their supervisory responsibilities, safeguarding children supervision should be made available and taken up by them on a regular basis.

11.43 Supervision of designated professionals is provided by someone 'from outside the employing organisation and funded by the employing organisation and provided by someone with safeguarding/child protection expertise' (Model JD s.13 b, Safeguarding Children and Young People: roles and competencies for healthcare staff 2014).

11.44 The designated professionals' line manager is responsible for ensuring that the supervision provided to them is sufficient and effective, and that any training needs are identified and addressed. The line manager is responsible for ensuring that a service level agreement is drawn up when payment is required for provision of external supervision.

11.45 The National Service Framework core standard 5 (NSF Standard 5-14, p170) recommends that 'agencies provide direct supervision to staff working with children where there are concerns about harm, self-harm or neglect of a child. Supervision will be recorded using the appropriate forms.

11.46 The Designated Doctor provides supervision for the Named Doctors in the Provider. The Clinical Lead GP for safeguarding receives peer supervision and will coordinate group supervision to the link safeguarding GP safeguarding Leads in each Practice.

11.47 The Designated Nurse for WFCCG will provide Safeguarding Children Supervision for the Provider Named Nurses and the Named/Specialist Looked after children's Nurse. The Designated Nurse for safeguarding children and Looked after children (LAC) will also provide group supervision to the LAC Nurses. The Designated Professionals will receive support from the Board lead for safeguarding and formal supervision is paid for by the WFCCG. This should be every quarter as a minimum.

11.48 In addition Designated Professionals should have peer-to-peer supervision to ensure continued development in their practice in line with agreed best practice. Designated professionals are required to attend supervision meetings regularly with a lack of attendance raised as a professional concern in the annual appraisal and review process. These supervision meetings are to be formally recorded and preferably professionally facilitated. WFCCG will also ensure that protected time is available to enable staff to receive safeguarding children supervision when required and it will be provided in addition to and separately from clinical supervision and management supervision within the CCG.

12.0 Allegations against staff

12.1 Chapter 7 of the London Child Protection Procedures (2015) should be followed whenever there is an allegation or concern that a member of staff in connection with their employment or voluntary activity, has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates they are unsuitable to work with children (if they do so).

12.2 All allegations or concerns about a staff member's behaviour whether in the workplace or their home life must immediately be reported to Human Resources - who advise the appropriate designated professional. Human Resources provide advice and support to managers, directors and associate directors and co-ordinate any investigations that may be necessary. The designated professional informs the relevant local authority designated officer (LADO) as soon as an allegation is received.

12.3 The designated professional also acts as the named senior officer with overall responsibility for:

- Ensuring that the organisation deals with allegations in accordance with the London Child Protection Procedures 2015. This will involve working with Human Resources and the individual's Director and line manager in relation to safely managing the member of staff
- Resolving any inter-agency issues
- Liaising with the Local Safeguarding Children Board (LSCB) and the local authority designated officer on the subject.

12.4 The London Child Protection Procedures (2015) 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

12.5 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
- Referrals to the Independent Safeguarding Authority

12.6 The London Child Protection Procedures 2015 also apply when WFCCG is informed of any allegations made against an independent contractor. In these circumstances the designated professional works closely with NHS England.

13.0 Procedure for making a referral

13.1 If a WFCCG member of staff witnesses the abuse or neglect of a child, they must inform their line manager in the first instance. It may be helpful to consult the best practice guidance *What to Do If You're Worried a Child is being Abused* (2006). This provides advice on what to do in response to concerns about a child's welfare.

13.2 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

The referrer should keep formal contemporaneous records of; all discussions with the child/ parent/ managers and decisions taken; information shared and with whom; copies of referrals. Times of events should be recorded contemporaneously, if the child is known to have an allocated social worker, the referral should be made to them, or in their absence to the social

worker's manager or a duty children's social worker. In all other circumstances referrals should be made to the duty officer.

13.3 For more information see:

- Appendix 1 (WFCCG staff can refer a child protection concern)
- Chapter 2 of the London Child Protection Procedures

13.4 The designated professionals are available to offer advice and support on child protection issues, and decide upon the necessity for a referral to Children's Social Care. All referrals should be confirmed in writing, by the referrer, within 48 hours. If the referrer has not received an acknowledgement from Children's Social Care within three working days, they should contact them to clarify why.

14.0 Response to concerns being expressed about a child

14.1 If an independent contractor or member of the public contacts a member of staff with Information regarding the possible abuse of a child, they should be encouraged to contact their local authority Children's Social Care /Multiagency Safeguarding Children Hub (MASH) team direct.

14.2 Details of the incident should be recorded and the member of staff should also telephone Children's Social Care/MASH to check that the information has been received. They must make clear that they are relaying information from a third party.

15.0 Vulnerable groups of children

15.1 The following groups of children have been identified as being vulnerable, although it should be noted that this is not an exhaustive list:

- Unaccompanied asylum seeking children many of whom would have somatisation of emotional distress, experiencing loss, separation anxiety, post - traumatic stress disorder due to their traumatic experiences.
- Looked after children
- Care leavers
- Children subject to child protection plans
- Children subject to child in need plans
- Survivors of violence against women and girls such as FGM, Child sexual abuse, Child sexual exploitation, Breast ironing, modern day slavery, intimate partner abuse
- Children and young people coming to terms with long term conditions in adolescence eg. Sickle cell anaemia, diabetes
- Children displaying harmful sexual behaviour
- Children who are victims and perpetrators of abuse
- Children with learning difficulties, complex needs
- Children in contact with the criminal justice system

16.0 Information Sharing

16.1 Effective information sharing is central to safeguarding and promoting the welfare of children. The safety and welfare of children is of paramount importance, and sharing confidential information about a child or parent without consent may be carried out if this is in the public interest - such as the protection of a child from harm or the promotion of child welfare.

16.2 The advice given in the following guidance should be followed:

- Information Sharing: Guidance for practitioners and managers (DCSF 2008)
- The London Health and Social Care Inter Organisational General Protocol For Sharing Information (2008)
- London MASH Information Sharing (2013)

16.3 The Caldicott Guardian role is critical in facilitating and enabling the sharing of information, and advising on options for lawful and ethical processing of information.

17.0 Partnership Working

17.1 Under section 10 of the Children Act 2004, WFCCG has a duty to cooperate with the Local Authority (London Borough of Waltham Forest). There are a number of key bodies with which the NHS England and WFCCG will need to work effectively in order to fulfil their statutory safeguarding duties. These include:

17.2 The Health and Wellbeing board (HWB)

17.21 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. 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. WFCCG Executive lead for safeguarding is also a member of the HWB.

17.3 Corporate Parenting Board

17.31 There is WFCCG representation on the Corporate Parenting Board. The WFCCG has a role as a corporate parent to children looked after in the local health economy to act as the best parent for each child in partnership with other statutory agencies in Waltham Forest.

17.4 Waltham Forest Safeguarding Children Board (WFSCB)

17.41 The Waltham Forest 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, WFSCB provides a comprehensive analysis of safeguarding children in the local area.

17.42 WFCCG will co-operate with the local authority and other statutory agencies in the operation of the WFSCB and representation on the board and its subgroups through the representation of Executive and Clinical leads for safeguarding and Designated professionals. WFCCG 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 WFSCB, and that the providers work in partnership and accordance with the agreed WFSCB Business Plan.

17.43 WFCCG is responsible for providing and/or ensuring the availability of appropriate health expertise and advice, and support to the WFSCB. This will be through the GP Clinical Lead for Safeguarding Children and the Designated professionals. These arrangements will enable WFCCG to co-operate and actively contribute to the delivery of the WFSCB Business Plan.

17.44 WFCCG maintains close links with the WFSCB. The Director of Nursing, Quality and Governance represents WFCCG on the WFSCB with the Designated professionals and Named GP/Clinical Lead for safeguarding children who are also members of WFSCB. The Director of Nursing Quality and Governance chairs the One panel which is an amalgamation of the Serious Case Review panel, Safeguarding Adult Review Panel and the Domestic Homicide Review panel. This innovative panel fosters a 'Think Family' approach across the Health and Social care economy. The Designated nurse attends the WFSCB (sub) group meetings and chairs the Performance Management and Quality sub-group.

18.0 Local and national context

18.1 The government published *The Children and Social Work Bill on 20 May 2016,* following its announcement in the Queen's speech on the 18 May 2016 and its introduction, by Lord Nash, in the House of Lords on the 19 May 2016. The Department for education published the Wood Review of the *Role and Functions of Local Safeguarding Children Boards*, together with the government's response on 26 May 2016. The Prime Minister announced on 14 December 2015 that ministers had asked Alan Wood CBE to undertake a fundamental review of the Role and Functions of Local Safeguarding Children Boards (LSCBs) within the context of local strategic multi-agency working. This included consideration of the child death review process, and how the intended centralisation of serious case reviews would work effectively at local level. The report was submitted at the end of March 2016.

19.0 Serious Case Review

19.1 Serious case reviews (SCRs) are conducted in accordance with Chapter 4 of Working Together to Safeguard Children (2015) and chapter 19 of the London child protection procedures (2015). The purpose of SCRs is for agencies and individuals to learn lessons to improve the way in which they work both individually and collectively to safeguard and promote the welfare of children. WFCCG has a duty to cooperate with the London Borough of Waltham Forest to support the work required for an SCR in a parallel process.

19.2 The designated professionals are responsible for liaising with the Director of Nursing, Quality and Governance and NELCSU to ensure that a SCR is declared as a Grade II to incident. A STEIS form must be completed and the NHS England policy is followed (Serious Incident Framework Supporting learning to prevent recurrence 2015).

19.3 As part of the SCR process, health investigation reports are written by each agency involved to look openly and critically at individual and organisational practice. Named safeguarding professionals within the main providers are usually responsible for conducting their organisation's health investigation reports.

19.4 The designated professionals write a health overview report that brings together all the provider healthcare investigation reports into a single document. This will enable an action plan to be implemented and monitored; lessons to be learnt specific to health and commissioning intentions to be delivered. This report is then used to inform the SCR overview report. The completed health investigation reports and health overview report are signed off by the WFCCG Accountable Officer. It is then sent to NHS England (London Region) with a relevant action plan for implementation to embed the learning.

20.0 Child death reviews

20.1 In line with chapter 5 of Working Together to Safeguard Children (2015) and chapter 9 of the London child protection procedures (2015) each LSCB has a Child Death Overview Panel (CDOP) sub-committee. The CDOP is responsible for collecting and analysing information about the deaths of all children in their area with a view to identifying:

- any matters of concern affecting the safety and welfare of children in the area of the authority, including any case giving rise to the need for a Serious Case Review;
- any general public health or safety concerns arising from deaths of children.
- Putting in place procedures for ensuring that there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death of a child.' (Working Together 2015; chapter 5, p73).

20.2 The CDOP has a permanent core membership drawn from WFSCB member organisations. Health representation on the Panel should include as a minimum a professional from Public Health as well as a community child health or designated nurse for safeguarding children and a Designated Paediatrician for unexpected deaths in childhood.

20.3 National CDOP review

Alan Wood was tasked with reviewing the Local Safeguarding Children Board inclusive of the CDOP roles across the nation. His report was announced at the end of May with a response from the Government as written below:

20.4 The government's response to Alan Wood's review re: CDOP

20.41 Child Death Overview Panels

The Wood Review found that the current processes for gathering and analysing data on child deaths is incomplete and inconsistent, leading to a gap in knowledge. It recommends that child deaths should be reviewed over a population size that gives a sufficient number of deaths to be analysed for patterns, themes and trends of death. It also suggests that regionalisation should be encouraged and that consideration should be given to establishing a national-regional model for child death overview panels (CDOPs). As only 4% of child deaths are related to safeguarding issues, the author argues that child death reviews should continue to be hosted within local multi-agency arrangements. The proviso being that CDOPs would be hosted within the NHS, and that ownership of the arrangements for supporting CDOPs should move from the Department for Education to the Department of Health. Arrangements are now in progress to transfer national oversight of CDOPs from the Department for Education to the Department of Health, whilst ensuring that the keen focus on distilling and embedding learning is maintained within the necessary child protection agencies.

21.0 Media Enquiries

21.1 From time to time it is likely that the media will make enquiries about issues in which the organisation is involved such as a child death, a Serious Case Review or criminal proceedings. It is essential that LSCB, Metropolitan Police and WFCCG media handling protocols are followed in these circumstances. For example in the event of a SCR the NHS WF CCG protocol should state that media attention and enquiries will be managed by the Local Safeguarding Children Board. In the event of criminal proceedings this should be in collaboration with the Metropolitan Police press office.

21.2 Any media enquiry received within WFCCG that relates to a child protection or safeguarding issue should be directed to NELCSU Communications who should consult with the relevant designated professionals and Director of Quality and Governance for advice.

22.0 Resolving disagreements and whistleblowing

22.1 The London Child Protection Procedures 2015 set out a conflict resolution process for when there are concerns or disagreements over another professional's decisions, actions or lack of actions. This involves attempting to resolve differences through discussion 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. '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 LSCB for resolution.' (London Child Protection Procedures 2015).

22.2 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 (London Region) for resolution. The WFCCG Whistle blowing Policy (2014) provides an alternative method of reporting concerns about another professional's decisions,

actions or lack of actions.
https://improvement.nhs.uk/uploads/documents/whistleblowing_policy_30march.pdf.

23.0 Safeguarding Contract Monitoring Arrangements

23.1 The NHS Standard Contract requires all provider services to comply with commissioner's policy for safeguarding. The WFCCG expects all its commissioned provider services to demonstrate strong commitment to safeguarding children within all the services they provide and to comply with the commissioner's policy, safeguarding children metrics, standards and training documents. WFCCG expects all commissioned provider services to demonstrate evidence that they are:

- addressing safeguarding concerns,
- Meeting expected standards,
- training its staff in accordance with its training strategy and policy:
- This includes the metrics, standards and concerns being discussed at the provider services' safeguarding committee prior to submission to the CCG
- Participating in the development of any local multi-agency safeguarding quality indicators.

23.2 Compliance monitoring is based on the identified safeguarding children key performance indicators identified within the contract and demonstrated via the CCG's safeguarding dashboard. All provider services are expected to present WFCCG's safeguarding dashboard to their respective safeguarding committees and the Clinical Quality Review Group (CQRM) Meetings chaired by the WFCCG Director of Nursing, Quality and Governance or her deputies. The completed safeguarding children provider dashboard will also be discussed at the quarterly Designated Nurses collective dashboard meeting for the acute provider. The dashboard for both main providers should be shared with Performance management and Quality Assurance sub-group chaired by the Designated Nurse for safeguarding children and Looked after children on a quarterly basis. The Integrated dashboard for Looked after children should be shared with the Looked after Children Strategic Health Partnership Group on a bi-monthly basis and also with the Corporate Parenting Board.

23.3 In the context of personalisation, there is an expectation from WFCCG that commissioned Provider services' Boards seek assurances that directly employed staff such as administrative support staff have access to training and advice on safeguarding. Training is a continuing responsibility and should be provided as a rolling programme. Whilst training may be undertaken on a multiagency basis and the WFSCB has an overview of standards and content, it is the responsibility of each commissioned provider services to train its own staff.

24.0 Monitoring, audit and evaluation

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
A wide variety of standards and indicators set by each LSCB to confirm that in discharging its functions, WFCCG has regard for the need to safeguard and promote the welfare of children	Section 11 audit (Section 11 of the Children Act 2004)	Designated Professionals	Annually	Audit Committee Performance and Quality Committee LSCB
As set by the NHS Chief Executive in July 2009 (the 'Nicholson letter') See http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_102865.pdf	Public declaration of safeguarding children arrangements posted on NHS WF CCG website	Designated Professionals	Annually	Performance and Quality Committee Governing Body
As set out in the NHS England (London Region) 'PCT (legacy document) Safeguarding Children Annual Report Template'	Safeguarding Children Annual Report Looked After Children Annual Report	Designated Professionals	Annually with 6-monthly update	Performance and Quality Committee Governing Body WFSCB
As set out in the WFCCG Safeguarding Children Dashboard for Commissioners	Performance management dashboard to inform Board reports	Director for Quality and Governance Designated Nurse safeguarding children and Looked after children	Quarterly/ with monthly update reports	Performance and Quality Committee

25.0 Equality Impact statement

25.1 WFCCG is committed to ensuring that none of its policies, procedures, services, projects or functions discriminate unlawfully. In order to ensure this commitment all policies, procedures, services, projects or functions will undergo an Equality Impact Assessment. Review of Equality

Impact Assessments will be conducted in line with the review of the policy, procedure, service, project or function.

25.2 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.

25.3 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.

25.4 The WFCCG Safeguarding Policy is expected to have a positive impact on equality. As a responsible commissioner WFCCG works closely with the London Borough of Waltham Forest (LBWF) and provider health care organisations to ensure the health of children and their families is positively promoted.

26.0 References and Supporting information

NHS Waltham Forest Clinical Commissioning Group Safeguarding Children through Commissioning Policy, 2016

Statutory guidance on making arrangements under section 11 of the Children Act 2004
Internet link:

https://www.education.gov.uk/publications/eOrderingDownload/DFES-0036-2007.pdf

Working Together to Safeguard Children (2015) Internet link:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/
Working_Together_to_Safeguard_Children.pdf

The London Child Protection Procedures (2015) Internet link:

http://www.londonscb.gov.uk/procedures/

Commissioning services for women and children who experience violence or abuse - a guide for health commissioners (2011)

Internet link:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_125938.pdf

Safeguarding Children and Young People: roles and competencies for healthcare staff ('the Intercollegiate Document' April 2014) Internet link:

http://www.RCN.org.uk/data/assets/pdf_file/0008/474587/Safeguarding_Children

Roles_and_Competences_for_Healthcare_Staff_02_0....pdf

Common Core of Skills and Knowledge for the Children's Workforce
Internet link: http://www.cwdcouncil.org.uk/common-core

Suggested Learning Outcomes for Target Groups in Training and Development
Internet link:
http://www.cyps.org.uk/commissioning_performance_support/service_

What To Do If You're Worried a Child Is being Abused (2006)
Internet link:

https://www.education.gov.uk/publications/eOrderingDownload/6840-DfES-IFChildAbuse.pdf

Information Sharing: Guidance for practitioners and managers
Internet link:

https://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00807-2008

Munro review of child protection: final report - a child-centred system. March 2011

Internet link:

https://www.gov.uk/.../munro-review-of-child-protection-final-report

Safeguarding Children and the Care Quality Commission Review' - David Nicholson letter of 16 July 2009 Internet link
https://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_102865.pdf

The Munro Review of Child Protection Final Report : A child-centred system, Department for Education, 2011

What to do if you're worried a child is being abused: advice for practitioners, Department for Education, 2015

Safeguarding Children and Young People: roles and competencies for health care staff, Intercollegiate document, Royal College of Paediatric and Child Health, 2014

Working together to safeguard children, Department for Education, 2015

Prevent strategy, HM Government, 2011

Information sharing: Advice for practitioners providing safeguarding services, Department for Education, 2015

Children Act 1989, accessed August 2016

SAFER communication guidelines Department of Health, 2013

What to do if you're worried a child is being abused: Advice for practitioners, HM Government, 2015

Child maltreatment: when to expect maltreatment in under 18s - NICE Guidelines [CG89], 2009

All Babies Count: Prevention and protection for vulnerable babies, NSPCC, 2011

Edging away from care: how services successfully prevent young people entering care, Ofsted, 2011

Learning together to safeguard children: developing a multi-agency systems approach for case reviews, Social Care Institute for Excellence, 2008

UN Convention on the Rights of the Child, 1989

Public Health Outcomes Framework 2013 - 2016, Department of Health, 2014

The code: Standards of conduct, performance and ethics for nurses and midwives, Nursing and Midwifery Council, 2015

Safeguarding Children and Young People, Every Nurse's Responsibility: RCN guidance for nursing staff, Royal College of Nursing, 2014

Helping school nurses to tackle child sexual exploitation, Department of Health, 2015

Supporting the health and wellbeing of young carers, Department of Health, 2014

Future in mind: Promoting, protecting and including our children and young people's mental health and wellbeing, Department of Health, 2015

Safeguarding women and girls at risk of FGM, Department of Health, 2015

Promoting the health and wellbeing of looked after children, Department for Education and Department of Health, 2015

Health and social care Act 2012, accessed August 2016

Protecting disabled children: Thematic inspection, Ofsted, 2012

Pathways to harm, pathways to protection: A triennial analysis of Serious Case Reviews 2011 to 2014: Final report, Department for Education, 2016

Analysis of Serious Case Reviews: 2011 to 2014, Department for Education, 2016

Looked After Children: Knowledge, skills and competences of healthcare staff: Intercollegiate role framework, Royal College of General Practitioners, Royal College of Nursing and Royal College of Paediatrics and Child Health, 2015

Department for Children, Schools and Families (DCSF) and Home Office (2009) Safeguarding children and young people from sexual exploitation: supplementary guidance to Working together to safeguard children (PDF). London: Department for Children, Schools and Families (DCSF).

Appendix One - How CCG staff can refer a child protection concern within Waltham Forest

Safeguarding children is everyone's responsibility. As an employee of NHS Waltham Forest Clinical Commissioning Group you have an individual duty under the Children Act 1989 and Children Act 2004 to act if you are concerned about the welfare of a child or children. This may be a child you either work directly with are informed about or who you come across in the course of your work activities e.g. an incident witnessed on CCG premises. Outside of your work role you have a public duty to act to safeguard a child or children if you are concerned about their welfare.

As an employee you need to be aware of the following definitions regarding statutory requirements for intervention:

Children in need

A child is defined as being 'in need' if:-

- They are 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.
- Their health or development is likely to be significantly impaired, or further impaired, without the provision for them of such services.
- They are disabled (Children Act 1989 section 17).

All health staff have a duty to notify Children's Social Care of any child/children they deem to be children in need.

Children who are suffering or are likely to suffer significant harm

A child is defined as being in need of protection if:

'There is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm' (Children Act 1989 section 47).The definition of significant harm was amended under the Child Adoption Act 2002 to include: 'impairment suffered from seeing or hearing the ill-treatment of another' (Adoption and Children Act 2002 section 120).

Where there are clear allegations, evidence, or strong suspicion of abuse, there must be NO DELAY in making a referral to Children's Social Care. When making a referral as a health employee you will be required to specify your role and your work relationship with the child you are concerned about along with the detail of your concern.

Waltham Forest:

If your concern stems from activity within Waltham Forest and you believe the subject of your concern is a Waltham Forest resident you should make your referral to:

Waltham Forest Multi Agency Safeguarding Hub team to discuss your concerns on: Tel: 020 8496 2310 (Monday to Thursday, 9am-5.15pm and Friday, 9am-5pm) Tel: 020 8496 3000 (Out of Hours). **An out of hours emergency duty social worker will be contacted who will call you back.** You will get to speak to a social worker who is part of the Waltham Forest Multi Agency Safeguarding Hub (MASH) team. The social worker will need to gain as much information as possible about the child and the family.

If you are unsure what to do, given your concern, you can seek advice from either: Korkor Ceasar Designated Nurse Safeguarding Children and Looked after children

Korkor.Ceasar@walthamforestccg.nhs.uk

Tel: 0203 688 2670

Or
Dr Christine Sloczynska Designated Doctor:
Christine.Sloczynska@nelft.nhs.uk
Tel: 0208 430 7893

Concerns about children identified out of work contexts:
If your concern is about a child from a non-work related activity for example in the neighbourhood where you live, you can make an anonymous referral to:

Your Local Authority Children's Social Care Department.

Or
The NSPCC Tel: 0808 800 5000

Or
Call the police 999

Wherever possible it is better to give your name.

Mandatory reporting of FGM
Call the Police on 101

Reporting allegations against a professional working with children
Call MASH on 02084962310