**Pan-Sussex Child Protection & Safeguarding Policy & Procedures Group -** Briefing for staff

The Pan-Sussex Child Protection & Safeguarding Policy & Procedures Group met on 30 March. This briefing provides updates on changes to the policies and procedures reviewed by the group.

**[Recognition of Abuse and Neglect](https://sussexchildprotection.procedures.org.uk/qkyppl/recognition-and-referral-of-abuse-and-neglect/recognition-of-abuse-and-neglect) and** [**How to make a referral**](https://sussexchildprotection.procedures.org.uk/qkypps/recognition-and-referral-of-abuse-and-neglect/making-a-referral)  **(Chapter 3)**

Chapter 3 is the most searched for chapter by professionals accessing the procedures. We have undertaken an extensive review of *Recognition of Abuse and Neglect* and *How to make a referral* to ensure it is up to date and helpful. The following additions have been made:

**Under ‘Categories’ - Sexual Abuse**

* Sexual abuse may be part of criminal exploitation or gang activity

**Under ‘Categories’ - Neglect**

* Abandonment/expulsion - Abandoning a child or excluding a child from the family home and refusing to accept their return.
* Obesity- Parental failure to engage with an appropriate management plan in a child who is severely obese and/or is developing serious complications of obesity should be considered a safeguarding issue

**Under ‘Risk Indicators’ – Domestic Violence**

* Providing Home Office definitions of controlling and coercive behaviour

**Under ‘Recognising Physical Abuse’**

* Removal of Acute Life Threatening Event (ALTE) and replaced with Brief Resolved Unexplained Episode (BRUE)
* Further clarification on the recognition of bruising
* Removal of Shaken Baby Syndrome and replaced with Abusive Head Trauma (AHT), and further information provided on the physical signs of AHT

**Under ‘Recognising Sexual Abuse’**

* Acknowledges under-reporting
* Prompts professionals to ‘think the unthinkable’ – including mothers and female carers as perpetrators
* Encourages professionals to consider sexual abuse within the context of Neglect
* Expands on behavioural indicators of sexual abuse
* Up to 49% of Ano-Gential warts (AGQ) in children may be sexually transmitted and therefore all cases of AGWs in children who are not sexually active should prompt consideration of CSA

**Under ‘Recognising Neglect’**

* Cases of both FII and perplexing presentations also often involve or occur in association with other forms of [abuse](https://sussexchildprotection.procedures.org.uk/page/glossary?term=Abuse&g=3EzN#gl51), particularly [neglect](https://sussexchildprotection.procedures.org.uk/page/glossary?term=Neglect&g=zcjN#gl7).
* Further guidance on recognising neglect in teenagers aged 13-18

[Young Persons’ Substance Misuse](https://sussexchildprotection.procedures.org.uk/tkyqyo/children-in-specific-circumstances/young-persons-substance-misuse)

It is important for those working with children and young people to recognise that substance use in itself may not be problematic, but to understand the factors that contribute to making it so.

A young person should be encouraged to accept a referral to specialist young people’s substance use services. Such services will consider how and what information about the young person's substance misuse is shared with other agencies, e.g. the young person's school. The young person should be helped to understand how, why and when the information will be shared.

The policy will undergo another review over the next couple of months as it is considered in relation to a wider review of the Sussex Child Exploitation Policy.

[Male Circumcision](https://sussexchildprotection.procedures.org.uk/tkyqpy/children-in-specific-circumstances/male-circumcision/#s4399)

The President of the Family Division has ruled that whilst male circumcision does involve significant harm to a young person, it would not be Significant Harm for the purposes of the Children Act 1989. Whilst this may seem to be a semantic distinction, it means that in the usual course of events, a proposed male circumcision would not be a child protection issue in and of itself, although there may be aggravating factors which could make it so.

Practitioners are reminded that consent for circumcision is valid only where the people (or person) giving consent have parental responsibility and the authority to do so and understand the implications (including that it is a non-reversible procedure) and the risks the procedure carries.  Where they do not show an understanding of such implications, Practitioners can and should provide them with assistance in reaching such an understanding. Where people with parental responsibility for a child disagree about whether he should be circumcised, the child should not be circumcised without the leave of a Court.

[Pan Sussex Bruising injuries in Children who are Not Independently Mobile (NIM) Guidance](https://sussexchildprotection.procedures.org.uk/assets/clients/1/March%202021/Pan%20Sussex%20Bruising%20injuries%20in%20Children%20who%20are%20Not%20Independently%20Mobile%20(NIM)%20Guidance.docx)

The Pan-Sussex Child Protection & Safeguarding Policy & Procedures Group have agreed to ensure consistency in messaging across Sussex to parents regarding bruising/ unexplained skin marks on their non-independently mobile children. You can read the now Pan-Sussex Guidance in the link above.

[**Flowchart - Perplexing Presentations/over-medicalisation & FII pathway**](https://sussexchildprotection.procedures.org.uk/assets/clients/1/Perplexing%20Presentations%20over-medicalisation%20and%20%20FII%20pathway.docx)

The Royal College of Paediatrics and Child Heath has launched new guidance for paediatricians on Perplexing Presentations (PP), Fabricated or Induced Illness (FII) in Children. The Pan-Sussex FII and PP Policy and Pathway has been reviewed in light of the updated guidance.

The updated guidance provides procedures for safeguarding children who present with PP or FII and best practice advice in the medical management of these cases to minimise harm to children.

The guidance describes alerting signs that are not evidence of FII but are indications of possible FII. It makes clear that the focus must always be on the health and safety of the child and that, where these signs are associated with possible harm, they may amount to a safeguarding concern.



**Practice Reminder – s47 Paediatric Assessment**

Only doctors may physically examine the whole child, but other staff should note any visible marks or injuries on a body map and document details in their recording. Genital examinations should be kept to a minimum and only examined if there is a medical emergency that requires urgent treatment. Police/CSI may need to attend the hospital to arrange forensic samples if the child requires urgent surgery.

Recording a photographic image of any injuries should only be arranged and undertaken by the police, or as part of a paediatric assessment by a doctor or medical photographer with consent from the child/parents.  The use of personal cameras or mobile phones for such a purpose is unacceptable.

If a child has chosen to take an image of their injury, or a self-intimate image, the investigating social worker and police officer should be made aware, in order that the evidential significance of any image can be assessed by the police.

**Practice Reminder - Achieving Best Evidence (ABE)**

If the child gives a clear disclosure to the first responder (e.g. a teacher) then there is no need for the Police to take a first account (Q&A). Police are able to go straight to an Achieving Best Evidence (ABE) interview that has an intermediary to support the child, and is fully child-focused.  The child should not, and does not have to repeat the disclosure to the Police before an ABE interview.

[Strategy Discussions](https://sussexchildprotection.procedures.org.uk/zkyphz/response-to-child-protection-referrals/strategy-discussions/#s5047) - Inquorate Strategy Discussions

A new section has been added on Inquorate Strategy Discussions. If a pre-arranged Strategy Discussion does not go ahead because of a late notice withdrawal from a key agency, this should be escalated by the Children's Social Care lead with the absent agency's lead through the line management within the agency.  If Children's Social Care fail to attend, the Police [MASH](https://sussexchildprotection.procedures.org.uk/page/glossary?term=Multi-Agency+Safeguarding+Hub&g=1gjN#gl19) Officer allocated to attend the Strategy Discussion should immediately escalate non-attendance to the Children's Social Care Duty Manager.

The absent agency Lead’s details and time of notification of absence should be recorded on Children's Social Care and police systems. Incidences of late notification of non-attendance by an agency should be reviewed to identify learning.

[Professional Conflict Resolution](https://sussexchildprotection.procedures.org.uk/skypzp/complaints-and-professional-disagreements/professional-conflict-resolution)

Concern or disagreement may arise over another professional's decisions, actions or lack of actions in relation to a referral, an assessment or an enquiry. Professionals should attempt to resolve any differences through discussion and/or meeting within a time scale, which is acceptable to both of them, usually within a working week or a timescale that protects the child from harm (whichever is less).

Each Safeguarding Children Partnership has a forum that reviews (intending to improve) joint working practice in respect of inter-agency child protection processes. These forums afford an opportunity for safeguarding managers across the partnerships to have open and honest conversations about what is and isn’t working. **Practitioners are encouraged to share any cases where there are early concerns about the effectiveness of multi-agency working.  You can refer a case here -**[**Contact Us**](https://sussexchildprotection.procedures.org.uk/page/contact)

**Practice Reminder – Modern Slavery**

The Modern Slavery Policy is under review, but practitioners are reminded to make a referral to the  [National Referral Mechanism](http://www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialist-capabilities/uk-human-trafficking-centre/national-referral-mechanism), as soon as possible, if there any concerns that a child may be a potential victim of modern slavery or human trafficking.

[Supervision and Management of Staff](https://sussexchildprotection.procedures.org.uk/ypkypol/the-safeguarding-children-partnership/supervision-and-management-of-staff)

The arrangements for how supervision is organised and delivered will vary from agency to agency. The Pan-Sussex Child Protection & Safeguarding Policy & Procedures Group have refreshed the expected standards for effective supervision.

**If you would like to discus any aspect of this briefing, please contact** [**mia.brown@brighton-hove.gov.uk**](mailto:mia.brown@brighton-hove.gov.uk)