

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

The Pan-Sussex Child Protection & Safeguarding Policy & Procedures Group met on 17 January 2022. This briefing provides updates on changes to the policies and procedures reviewed by the group. If you would like to discuss any aspect of this briefing, please contact: mia.bryden@brighton-hove.gov.uk

[Responding to a potential cluster of suicides for children and young people aged under 18](#)

Professionals from across Sussex have developed a new policy to support practitioners to respond to potential suicide clusters.

A suicide cluster usually includes three or more deaths. However, two suicides occurring in a specific community or setting (for example a school) in a short time period should also be taken very seriously in terms of possible links and impacts (even if the deaths are apparently unconnected), particularly in the case of young people.

The new policy details the purpose and who needs to attend **Scoping Strategy Discussions**. It also introduces the need for **Strategic Management Groups** chaired the Director of Public Health, and **Response Management Groups** chaired by Children's Services.

[Physical indicators of sexual abuse](#)

The physical indicators of sexual abuse have been expanded to include:

- Unusual vaginal discharge (discoloured/strong odour)
- Sexually transmitted infections including genital ulcers and anogenital warts (AGW) (up to 58% of AGWs in children may be sexually transmitted and therefore, all cases of unexplained AGWs in children who are not sexually active should prompt consideration of CSA)
- Bloodborne viruses (hepatitis B/C) and HIV
- Blood on underclothes - Please note there are medical causes of ano-genital bleeding which must be considered alongside the possibility of CSA. Children presenting with ano-genital bleeding require a thorough general paediatric/surgical assessment and if there are concerns about CSA and/or the bleeding is unexplained the [CSA Pathway](#) should be followed. Paediatricians should follow the relevant guidance in the RCPCH Child Protection Companion
- Persistent or recurring pain during urination or bowel movements
- Urinary tract infections could be indicated by a child frequently asking to go to the toilet, fidgeting in their seat or holding themselves in a way that indicates discomfort

Guidance on Children who present with Harmful Sexual Behaviours

Harmful sexual behaviour (HSB) is defined by the NSPCC as: *'One or more children engaging in sexual discussions or acts that are inappropriate for their age or stage of development. These can range from using sexually explicit words and phrases to full penetrative sex with other children or adults'*.

The policy has been updated to signpost to [Hackett's continuum of sexual behaviours ranging from healthy to violent](#).

Further guidance on; technology assisted HSB, peer on peer abuse, assessment, and the links between child sexual exploration and HSB, has also been added to support practitioners recognise and respond when children and young people present with HSB.

Safeguarding Children who arrive from abroad (including Unaccompanied Asylum Seeking Children, Victims of Modern Slavery, Trafficking and Exploitation) |

A multi-disciplinary working party have reviewed this policy which has undergone a complete re-draft. The policy aims to assist staff in all agencies to:

- Understand the issues which can make children from abroad particularly vulnerable
- Identify children from abroad who may be in need of protection
- Know what action to take.

Safeguarding children missing education

Colleagues working in Education & Skills and Inclusion, Special Educational Needs and Disability Services in Sussex have created a new policy to support safeguarding children missing education. Chapters in the new policy cover:

- Fixed term / period and permanent exclusions
- Reduced / part-time / re-integration timetables that go beyond 6 weeks
- Special Educational Needs and Disability (SEND)
- Children with medical conditions (including complex neuro-disability)
- Children and young people open to Youth Offending Teams (YOT)
- Expectations on school attendance
- Elective home education

Practice Reminder [Sussex Child Death Review Practice Guidance](#) – timing of Assessment of the environment and circumstances of the death (The joint home/ scene visit)

As soon as possible and when relevant, after an infant/child death, the lead paediatrician or Child Death Review specialist nurse and police investigator should visit the family at home or at the site of the infant/children collapse or death. The purpose of this visit is to obtain more detailed information about the circumstances and environment in which the infant died, and to provide the family with information and support. This visit should normally take place within daylight hours, after the initial information sharing and planning meeting (ISPM). If there is likely to be a delay in arranging the joint visit, the police investigator should consider whether the police should carry out an initial visit to review the environment, ascertain whether there are any forensic requirements and appropriately record what is found. Unless there are clear forensic reasons to do so, the environment within which the infant died should be left undisturbed so that it can be fully assessed jointly by the police and health professional, in the presence of the family.