

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

The Pan-Sussex Child Protection & Safeguarding Policy & Procedures Group met on 24 March 2023. This briefing provides updates on changes to the policies

### [Short survey for staff](#)

The Sussex Safeguarding and Child Protection Policy and Procedures Group are committed to making sure we have factually correct, relevant and up to date safeguarding and child protection policies and procedures in place to help all professionals across Sussex in their safeguarding practice.

We are asking all professionals to complete a very short survey to tell us what you think about the policies and how easy the [Pan Sussex Child Protection and Safeguarding Procedures Manual](#) is to use. You can complete the survey here - [Short survey for staff](#)

### [Fabricated or induced illness \(FII\) and Perplexing Presentations \(including FII by carers\)](#)

The definitions in this policy have been updated. They now include 'Medically Unexplained Symptoms (MUS) 15.2.13' and 'Alerting Signs – Child and Parents/Carers 15.2.16'. The policy now also provides information about Adverse Childhood Experiences (ACEs) 15.2.32.

The policy reminds practitioners that in both FII and PP it is important to consider the potential harm to the child for each reported diagnosis/condition in terms of:

1. Child's health and experience of healthcare
2. Effects on child's development and daily life
3. Child's psychological and health-related wellbeing.

### [Allegations against people who work with, care for or volunteer with children](#)

This procedure has undergone an extensive re-draft. All practitioners are encouraged to familiarise themselves with this procedure to ensure they know what to do when allegations are made about the behaviour of a member of staff or volunteer. The procedure should be applied when there is an allegation that any person who works with children, 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 may pose a risk of harm to children;
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

## [Children in hospital](#)

Hospitals should be child-friendly, safe and healthy places for children. Care should be provided in an appropriate location and in an environment that is safe and well suited to the age and stage of development of the child or young person. More information has been added to this policy about identifying deprivations of liberty (16.2.12 – 16.2.19) and what to do in situations where there are safeguarding concerns about a child who is an in-patient (16.2.10)

## [Criminal Injuries Compensation Authority Claims for Looked After Children \(children in care\)](#)

The Criminal Injuries Compensation Scheme is a government-funded scheme to compensate victims who suffer a serious physical or mental injury as the direct result of a violent crime, administered by the [Criminal Injuries Compensation Authority](#) (CICA). The policy has been updated to better describe who is eligible for compensation, how to make an application, timescales, how to appeal decisions, and other helpful information.

## [Children of Parents and carers who Misuse Substances](#)

Parental misuse of drugs (illicit or prescribed) or alcohol becomes relevant to child protection when misuse of substances impacts on the care provided to child(ren).

Clarification has been added to 13.3.16 that not all children with Foetal Alcohol Spectrum Disorder (FASDs) will have the typical physical presentation of distinctive facial features, including small eyes, an exceptionally thin upper lip, a short, upturned nose, and a smooth skin surface between the nose and upper lip (the philtrum) and deformities of joints, limbs and fingers. Some may have all these physical presentations, and some may have some or none of these.

## [Self-harm, suicidal behaviour & suicide](#)

Any child or young person, who self-harms or expresses thoughts about this or about suicide, must be taken seriously and appropriate help and intervention should be offered at the earliest point.

This policy has undergone a significant re-draft. All practitioners are encouraged to familiarise themselves with the revised policy. The policy covers; definitions, indicators, what do to if a child presents to health, social care or a non-health professional, where hospital care is needed, carrying out psychosocial assessment and information sharing and consent.

The policy sign posts to [Response to a suspected suicide](#) and [Responding to a potential cluster of suicides for children and young people aged under 18](#)

Please contact [mia.bradyen@brighton-hove.gov.uk](mailto:mia.bradyen@brighton-hove.gov.uk) about any aspect of this briefing.