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

The Pan-Sussex Child Protection & Safeguarding Policy & Procedures Group met on 4 October 2021. This briefing provides updates on changes to the policies and procedures reviewed by the group.



 [Young people and substance misuse](https://sussexchildprotection.procedures.org.uk/tkyqyo/children-in-specific-circumstances/young-people-and-substance-misuse/#s4387)

All substances, including alcohol carry potential risks if mis-used.

There is no ‘safe’ limit for children and young people.

In terms of the recognition of problematic substance use, the following common indicators should be considered:

* Daily use
* Daily use more than once a day
* Missing overnight or returning home late
* Excessive mood swings, which seem to follow periods of use
* Marked deterioration in a young person's mental wellbeing
* Frequent tensions and complaints of money/property being taken without permission
* School absenteeism and/or exclusion from school in relation to substance use
* A sudden drop in educational attainment
* Risky methods of use such as using alone, or in rare circumstances, injecting
* Marked deterioration in physical health, with no clear explanation
* Frequent contact with criminal justice system in relation to substance misuse
* Frequent attendance at the A & E department
* Rapid weight loss / gain
* Sleeplessness
* Drug debt
* Giving up activities previously enjoyed by the young person.

**Drug debt entrapment**



A new section on drug debt entrapment has been added. Children and young people who are being exploited by organised crime networks or county lines gangs can often run up drug debts as a form of trapping the child or young person into exploitation. If children or young people are in debt and it is unclear where it has come from this is very much a clear indicator of potential exploitation and needs to be referred to Children’s Services.

In these circumstances professionals should act in accordance with the [Making a Referral Procedure](https://sussexchildprotection.procedures.org.uk/qkps/recognition-and-referral-of-abuse-and-neglect/making-a-referral)

[Criminal and sexual exploitation including serious organised crime and gangs](https://sussexchildprotection.procedures.org.uk/tkyqxo/children-in-specific-circumstances/criminal-and-sexual-exploitation-including-serious-organised-crime-and-gangs/#s4338)

This policy has undergone a substantial re-write. It now includes serious organised crime and gangs, which was a standalone policy previously.

The revised policy now includes the follow additions:

**Incel ideology**

 ‘Incel’ describes a growing online subculture of predominantly men or boys who define themselves as unable to get a romantic or sexual partner despite desiring one. Incel refers to ‘intentionally celibate’. This ideology was growing in popularity prior the COVID-19 pandemic however there are very real fears that this has been exacerbated due to the increasing amount of time that already socially isolated individuals with little stake in society have spent online during lockdown restrictions.

**Adultification bias**

Adultification bias is a form of racial prejudice where children/young people from diverse or minoritized communities are treated as more mature than they are by a reasonable social standard of development. ['Where are the Black girls in our CSA services, studies and statistics?' | Community Care](https://www.communitycare.co.uk/2019/11/20/where-are-the-black-girls-in-our-services-studies-and-statistics-on-csa/)

**Knife Crime Prevention Order (KCPO)**

Anyone aged 12 and over who has on at least two occasions in the past two years had a bladed article with them without good reason or lawful authority in England and Wales, on a school premises or on further education premises may be identified by the police for a Knife Crime Prevention Order (KCPO). The KCPO was introduced as part of the Offensive Weapons Act 2019 in a bid to tackle serious violent cri me.  [K CPO practitioners guidance (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/998039/KCPO_Practitioners__Guidance_-July_2021.pdf)

[Children who Harm Other Children](https://sussexchildprotection.procedures.org.uk/tkyplx/children-in-specific-circumstances/children-who-harm-other-children)

This policy has been updated following revisions to Keeping Children Safe in Education. It has been expanded to include peer on peer abuse and sexual violence and harassment and teenage relationship abuse.

[**CSA Pathway**](https://sussexchildprotection.procedures.org.uk/assets/clients/1/September%202021/NEW%20Child%20Sexual%20Abuse%20Pathway%20STIs%20added%20%284%29.docx) **– *clarification of age***

This pathway:

* applies to all cases where there is concern about sexual harm (links to definition).
* **should also be used for all children under 13 if a sexually transmitted infection is identified as children under 13 cannot consent to sexual activity by law.**
* **should also be considered in children aged between 13 - 16 yrs taking into account their capacity to consent, history of CSA, exploitation or other indicating factors.**
* applies to all children whether they are in care, already on a child protection plan or not know to services.

**If you would like to discuss any aspect of this briefing, please contact** **mia.bryden@brighton-hove.gov.uk**

**Interim/Review meeting following Post Mortem**

Once the initial results of a post mortem (or provisional results) are known, an **interim/review discussion** should take place between the lead health professional (paediatrician) , child death specialist nurse, police investigator and coroner’s officer to consider this, the outcome of a joint visit ( if undertaken) and the results of any other investigations.

**Children brought to hospital severely injured**

A Joint Agency Response (JAR) is a coordinated multi-agency response by the lead health professional, police investigator, duty social worker and should be triggered if a child’s death:

* is or could be due to external causes;
* is sudden and there is no immediately apparent cause (including sudden [unexpected death](https://sussexchildprotection.procedures.org.uk/page/glossary?term=Unexpected+child+death&g=5AzN#gl43) in infancy/childhood (SUDI/C);
* occurs in custody, or where the child was detained under the Mental Health Act;
* where the initial circumstances raise any suspicions that the death may not have been natural; or
* in the case of a stillbirth where no healthcare professional was in attendance.

A Joint Agency Response should also be triggered if such children are brought to hospital near death, are successfully resuscitated, but are expected to die in the following days.

**A JAR should also be triggered if such children are brought to hospital severely injured.**