

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

The Pan-Sussex Child Protection & Safeguarding Policy & Procedures Group met on 4 July 2022. This briefing provides updates on changes to the policies and procedures reviewed by the group.

### [NEW Sharing information with family members about other adults and the risk they may pose](#)

Working Together 2018 states that “practitioners should be alert to sharing important information about any adults with whom that child has contact, which may impact the child’s safety or welfare.”

It is important that professionals consider whether relevant information should be shared not just with other practitioners, but also with anyone with caring responsibilities for a child who needs to know the information to help them to take good decisions about how to keep that child safe. This applies even in cases where information about an adult would normally be regarded as confidential.

The need to keep a child safe will usually override considerations about the right of the adult who is the subject of the information to have their information treated as confidential. It is also important that professionals do not make assumptions about what someone with caring responsibility already knows. Being proactive in ensuring that they know what they need to know to keep the child safe is essential.

This new policy sets out some things to consider when sharing information with family members about other adults and the risk they may pose.

### [NEW Response to a suspected suicide](#)

This new policy should be read alongside [Sussex Child Death Review Practice Guidance](#) and sets out the action to be taken in response to a child’s suspected suicide. The policy introduces Multi-Agency Response Groups, chaired by the Head of Children’s Safeguarding or delegate. The aim of the multi-agency response group is to mitigate the risk of further completed suicides and self-harm.

The role of the multi-agency response group is to:

- I. provide a forum for the exchange of information to ensure a shared single view of the situation, identify individuals, groups, organisations potentially affected by the death, identify geographical areas and themes of increased risk following the suspected child suicide and ensure that groups are offered bereavement support and specialist services when necessary
- II. maintain oversight and provision of communications
- III. provide updates to other relevant organisations and governance bodies
- IV. ensure that those involved in the response have access where necessary to psychological support and supervision
- V. decide when to step-down the response and ensure relevant agencies are aware of how to direct future concerns.

## [NEW Child Protection Conference \(CPC\) Professional Dissent Process](#)

A CPC Dissent Process has been drafted. This relates to professional's concerns about the outcomes of a CPC specifically, and should not be confused with the broader [Resolving Professional Differences Policy](#).

To dissent means the professional disagrees so strongly with the Conference decision that they cannot have their professional name attributed to the decision

The Dissent Process:

- I. The Child Protection Reviewing Officer will ensure Conference members understand the dissent process and will empower professionals to dissent if they do not agree with the decision that has been made.
- II. All dissents will be recorded formally within the Chair's Summary and Plan and the Chair will notify their line manager immediately.
- III. The Head of Safeguarding and Review service will review the reports submitted to Conference, the Chairs summary and plan. They will communicate with the dissenting professional before deciding about whether to uphold the dissent and reconvene Conference.
- IV. This decision will be made within 10 working days of the Conference. Any reconvened Conference will be held within 15 working days of the reviewing manager's decision.
- V. All professionals who have dissented at a Child Protection Conference will need to discuss their reasons with their line manager / safeguarding leads.

## [Parenting Capacity and Mental Health Difficulties](#)

Colleagues from Sussex Partnership NHS Foundation Trust have reviewed and updated the Parenting Capacity and Mental Health Issues procedure. The procedure should be applied where there are concerns about the well-being or safety of children whose parents or carers have mental health needs, with consideration about how these difficulties are impacting, or are likely to impact, on their ability to meet the needs of their children. The guidance also applies to people who are pregnant who have mental health difficulties developed during pregnancy, previous to pregnancy, or where their partners have mental health difficulties.

The revised procedure provides more guidance for professionals on the possible impacts of parental mental health difficulties on parenting capacity and outcomes for children.

## [Concealed Pregnancy](#)

This is gender neutral policy. The language used throughout the policy has been updated to reflect the right to make and be supported in birth choices. Further information has been added regarding; unassisted birth, born before arrival, free birth and around guidance around the concealment of birth where the baby is stillborn or dies and the multiple barriers to accessing maternity care experienced by refugee, asylum seeking, and undocumented migrant pregnant persons.

If you would like to discuss any aspect of this briefing, please contact  
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