North Yorkshire
Safeguarding Children Partnership

# Safeguarding Practice Review - Child AB

A Child with Genital Lesions. October 2025

The purpose of serious child safeguarding case reviews, at local and national level, is to identify improvements that can be made to safeguard and promote the welfare of children. They should seek to prevent or reduce the risk of recurrence of similar incidents. They are not conducted to hold individuals, organisations, or agencies to account. Sharing from the learning of these reviews is vital for all practitioners to reflect on to ensure practice is continually evolving in the best interest of children, young people and families.

## Introduction

Child AB was a 9-year-old child who was living with her (newly separated) parents. AB became known to services when their mother reported to the GP what appeared to be painful blistering lesions in the area of the child's genitals. The child was seen promptly at the GP on 2 occasions, and they initiated safeguarding processes, given the possibility of genital herpes - a sexually transmitted infection, and submitted a referral to children's social care. A strategy meeting was convened. where there was unanimous agreement between professionals that the appropriate outcome of support would be at Child In Need (CiN).

## Areas of Good Practice

- The GP practice maintained regular and proactive communication with Child AB's family throughout the safeguarding process.
- The GP saw Child AB promptly on 2 occasions.
- After the Advanced Nurse Practitioner's referral to MAST, a strategy meeting was convened within the recommended timescales.
- When Child AB was brought to the hospital, the consultant provided a verbal explanation to the parents about why an examination was not conducted, ensuring transparency.
- Child AB had positive relationships and support reported with school throughout the process.
- A clinical representative from the Sexual Assault Referral Centre (SARC) attended the strategy meeting, contributing specialist expertise.

## Context

There were worries that it was unclear why Child AB had lesions on their body. Due to complicating factors, including practitioner understanding of processes and responsibilities exacerbated by gaps in service provision, AB did not receive a specialist medical examination or a sexual abuse medical examination from the Child Sexual Assault Referral Centre (CSARC). Child AB never received a proper diagnosis, treatment for herpes was given on the basis of a possible diagnosis, and the required additional investigations for other sexually transmitted diseases were not carried out

## Resources & Further Information

All NYSCP practice guidance can be accessed here.

- Managing Different Professional Perspectives and Mutual Challenges (Including Professional Resolutions)
- Professional Curiosity
- Strength in Relationships Practice Model
- Information Sharing
- Voice of the Child

Learning from other Safeguarding Practice Reviews can be accessed here.

Summary of CSPRPs - "I Wanted them all to Notice" can be accessed here.

## Get in touch

To make a safeguarding referral about an adult or child, call: 0300 121 3 121

If you have any further questions or requests for additional resources or training, please email us at nyscp@northyorks.gov.uk

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## Areas for Development

- Lack of clarity regarding professional roles and responsibilities in multi-agency meetings led to delays and confusion.
- At the time that AB presented, there was no service commissioned to diagnose and treat children from North Yorkshire and York children under the age of 13 who presented with genital infections, but did not meet the threshold for a child sexual assault service medical
- Child AB's voice or experiences were not captured independently of parents.
- Medical professionals who had direct contact with Child AB were unable to attend the strategy meeting, limiting the depth of discussion.
- The safeguarding process prioritised procedural requirements over the immediate health needs of the child.
- Professional bias and the 'rule of optimism' may have influenced decision-making, with insufficient exploration of all possible hypotheses.

## Recommendations

- Create local pathways for examination and treatment of children under 13 with genital infections or lesions to ensure timely access to appropriate health services.
- In line with local findings and the Child Safeguarding Practice Review Group report "I wanted them all to notice", and its recommendations, safeguarding partners should ensure that clear local medical assessment pathways are in place for appropriate forensic and other health assessments following both recent and non-recent concerns about sexual abuse, and that safeguarding practitioners understand them.
- Review and revise NYSCP Strategy Meeting guidance to identify the key professionals required, working around their availability to attend, and clarifying their roles and responsibilities
- Update the voice of the Child Practice Guidance, to include how to understand children's wishes and feelings beyond words and in multiple ways, ensuring voices shape future planning and actions.
- Develop the NYSCP website with information on the support available from commissioned services so that messages are available to frontline practitioners for sharing and signposting with families
- Continued promotion of the NYSCP Professional Curiosity guidance, in order to embed into everyday practice, emphasising the need to challenge barriers such as the "rule of optimism", assumptions and bias.
- In line with local findings and the CSPRG report "I wanted them all to notice", and its recommendations. Review and update NYSCP Strategy Meeting guidance to ensure clarity of roles and responsibilities for all partners, identify key professionals, schedule meetings around their availability, make sure the right expertise is present, and include contingency plans if actions cannot be completed.
- Ensure that the varied roles and systems within the health economy are defined and communicated, so that the complexity of the health system is better understood and appropriately considered in decision-making processes.
- Safeguarding partners should establish clear guidance on when police checks should be completed for individuals outside the immediate family who take on caring responsibilities for children.

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