

# GP GUIDE TO RECOGNISING SAFEGUARDING CONCERNS IN CHILDREN



This is only a guide; professional judgement must be used with each individual case.  
Sharing of information is essential to safeguard and protect children.

RED FLAG PRESENTATIONS THAT REQUIRE LEVEL 4 INTERVENTION - REFERRAL TO CHILDREN & YOUNG PEOPLE'S SERVICE (SOCIAL SERVICES)				
The presentations in this section do not easily fit into emerging needs or cause for concern and so are listed as Level 4 red flags				
Physical features	<ul style="list-style-type: none"> <li><b>CAN'T MOVE, CAN'T BRUISE</b></li> <li>Bruising, lacerations, scars, burns, scald injuries, one or more fractures, intracranial injury, retinal haemorrhages, eye injuries, signs of spinal injury: not caused by medical condition/has unsuitable explanation or on immobile infant.</li> <li>Signs of spinal injury in a child if there is no major confirmed accidental trauma/Fractures of differencing ages.</li> <li>Intra-abdominal/intrathoracic injury in a child if there is no major confirmed accidental trauma, with an absent/unsuitable explanation, or with a delay in presentation.</li> <li>Possible induced or fabricated illness.</li> <li>Consider injuries that may have occurred during experimentation with improvised explosive devices e.g. burns to fingers, and / or lower abdomen</li> </ul>			
Sexual Abuse	<ul style="list-style-type: none"> <li>Persistent or recurrent genital or anal symptom (for example, bleeding or discharge) in a girl or boy, without a medical explanation, that is associated with behavioural or emotional change.</li> <li>Genital, anal or perianal injury in a girl or boy, with an absent or unsuitable explanation.</li> <li>Anal fissure, when constipation, Crohn's disease and passing hard stools have been excluded as the cause.</li> <li>Gonorrhoea, Chlamydia, syphilis, genital herpes, hepatitis C, HIV or trichomonas infection in a child younger than 13 years if there is no clear evidence of vertical transmission or blood contamination.</li> <li>Child or young person is in sexually exploitative relationship/s.</li> <li>Unusual sexualised behaviours in a prepubertal child (for example, oral-genital contact with another child or doll, requesting to be touched in the genital area, or inserting or attempting to insert an object, finger or penis into another child's vagina or anus).</li> <li>Under 13 engaged in sexual activity (or older but with concerns regarding competency).</li> </ul> <p><b>Consider Sexual Grooming</b></p> <ul style="list-style-type: none"> <li>Secretive behaviour, arranging face to face meetings through online introductions, receipt of gifts or money in sexually active person.</li> <li>Sexual activity with someone in authority or in a position of trust.</li> </ul>			
Past Medical History	<ul style="list-style-type: none"> <li>Pregnant woman who has had previous children removed by the Local Authority.</li> <li>Risky adult becoming a parent/in contact with children.</li> </ul>			
LEVEL OF NEED				
	<b>Level 1 Green Universal services</b>	<b>Level 2 Emerging Needs Interaction with other agencies/CAF/Consider Children and Family Practice referral (Part 1 &amp; Part 2 form)</b>	<b>Level 3 Cause for Concern Specialist services/Consider Children &amp; Family Practice referral (Part 1 &amp; Part 2 Form)</b>	<b>Level 4 - Red Flag Referral to Children &amp; Young People's Service ( Part 1 Form)</b>
Neglect	Good physical health.	Any injury in a child under 12 months, even if apparently trivial or accidental. Recurrent illness or health concerns beginning to have impact on education, family or social functioning. Recurrent nappy rash through poor parenting.	Chronic or recurring health problems having significant impact on: foetal development, access to education, learning, psychological wellbeing and/or family and social functioning. History of frequent minor injury.	Severe or complex physical health problems including: end of life care, severe health needs not being met, severe abnormalities in social communication, potential for acute/life threatening deterioration. Severe disability-relies totally on other people to meet care needs.
	Age appropriate development	Not achieving individual education targets. Early onset of sexual activity (13-14). Sexually active (15+) with additional vulnerability. Teenage parent or pregnant or expectant father (16-18 years).	Frequent non attendance or persistent absence from educational settings. Under 16 and pregnant or has had or caused a previous pregnancy ending in still birth, abortion or miscarriage.	Permanently excluded. Not accessing education due to physical illness or mental health problems. Teenage parent under 16 where additional vulnerability factors are present.
	Accesses health services appropriately and effectively.	Missing immunisations, ante-natal care, medical appointments and developmental checks. Excess inappropriate access to health care such as unscheduled attendances at GP surgery, Urgent Care, A&E for non-urgent issues.	Frequently missing routine and non-routine healthcare appointments including ante-natal. Excess unscheduled attendances.	Failure to access healthcare which is likely to cause significant avoidable impairment to child/unborn.
	Achieving key milestones.	Slow in reaching developmental milestones. No access to early years setting (playgroups, crèche, nursery, peer play)	Developmental, language or social communication delay/disorder having significant impact on access to education, learning, psychological wellbeing and/or on family and social functioning requiring specialist services.	Parents/carers inconsistent, highly critical, rejecting or apathetic towards child/young person impacting on their development.
	Age appropriate feeding/eating, diet and nutrition.	Growth or weight above or below expected norms. Medically unexplained weight loss.	Basic care or supervision of child is inadequate.	Reports of scavenging for food. Extreme poverty /debt impacting on ability to care for child/young person.
Emotional Abuse  Present in radicalisation, domestic violence, sexual abuse.	Good quality early attachments.	Concerns about attachment and interaction issues.	Insecure attachment behaviours.	Child or young person is rejected, abandoned or persecuted.
	Confident in social situations.	Low self esteem, mood changes, self doubt, anxiety and fears affecting a sense of security.	Child is withdrawn, isolated and/or unwilling to engage.	Frequently going missing from home and/or school. Parents unable to keep them safe.
	Parents confident to manage common childhood behavioural issues and minor self-limiting illness.	Exhibiting some low level anti-social behaviour. Unable to manage behaviours effectively.	Parent provides inconsistent boundaries or responses. Inconsistent parenting impairing emotional or behavioural development.	Challenging behaviour resulting in serious risk to the child, young person and/or others. Offending behaviour resulting in custodial sentence or community sentence. Child is beyond control of parent and is at risk of harm.
	Positive sense of self.	Low level mental health problems or emotional vulnerability requiring intervention.	Significant low self-esteem. Victim of crime /bullying.	Needs considerable supervision and support to attend to personal hygiene. Child/young person likes to put self at risk. Emotional behaviour challenges.
	Make and maintain age appropriate relationships.	Mild lack of age appropriate behaviour.	Marked over familiarity and poor personal boundaries. At risk of radicalisation and/or initiation into a gang.	Severe lack of age appropriate behaviour.
	Ability to manage and cope with everyday emotional and relationship difficulties.	Self harming as a way of coping without suicidal thinking or intent.	Self harming as a means of coping, may be suicidal thought <b>without</b> intent.	Severe mental health conditions e.g. OCD, anorexia, depression, suicide attempts.
	Stable and affectionate relationships that meet the needs of the child.	History of domestic abuse. Child/young person has multiple carers. Inappropriate child care arrangements. Inconsistent care. Carer unsupported.	Ongoing domestic abuse. Child or young person is a: young carer, prisoner's child, had periods of being a Looked After Child.	Severe assault (even single episode). Continued instability and violence in the home including serious or repeated domestic abuse where children were present in house or witness to it.
	Parents provide secure and caring parenting.	Inconsistent parenting, but child's development not significantly impaired. Lack of response to concerns raised regarding child. Absence or loss of significant adult.	Family relationships significantly impaired due to caring responsibilities. Parents socially excluded or have no access to local facilities.	Severe alcohol or substance misuse. Parent who is a prolific offender. Suspicion of physical, emotional, sexual abuse or neglect of child or young person. Parent is engaged in drug dealing. Parent previously had children on a child protection plan, removed or cared for in extended family.
	Parents sensitive to child's needs within context of wider family.	Overcrowding, children affected by difficult family relationships.	Severe overcrowding. Negative or critical responses to a child or young person's emotional needs. A child's additional needs are having a negative impact on the family.	Child living with carers who are not immediate family (private fostering). Severe family relationship problems. Child or family need protection and support due to harassment. Child or young person left at home alone or unsupervised.
Able to manage budget within their financial resources.	Families affected by low income or unemployment. Debt issues evident.	Unmanageable levels of debt. Temporary homelessness. Living in temporary accommodation. Accommodation not suitable. Frequent moves which have impacted on child's education and wellbeing.	No fixed abode or homelessness. Family in extreme poverty. Anti-Social Behaviour Injunction (ASBI) applied to family home. Housing which places child or young person in danger.	

**Support decisions through internal discussion at your MDT (health visitor, midwife, GP colleagues).**  
**There are no phone numbers or websites as these go out of date.** This guide does not replace awareness of local services.  
**Safeguarding Training helps performance.** This guide is a reference tool and does not replace reflective training.  
**\* Common Assessment Framework (CAF)** - The process where agencies work together to identify a child's or young person's needs early, using universal services to support.  
**Children and Family Practices** - Three area teams in Mk that work with families in needs who need additional services and support Levels 2/3.  
**Prevent/Radicalisation concerns** - should be discussed with your Prevent or Safeguarding lead