**Case Study**

* You are the GP/nurse for Katie Smith and her daughter Ruby (aged 5). You have been asked to complete an information sharing form by Childrens services for an initial child protection conference to be held next week.
* You review the GP notes. Mum has brought Ruby into see you twice in two months with concerns about her behaviour. She states Ruby can be ‘evil’ sometimes and is uncontrollable.
* The notes reference a conversation between a colleague and the health visitor. These state that the police were called by neighbours to Katie’s house due to concerns about an argument between her and her partner John, which was witnessed by Ruby. They noted that the house was a mess and were concerned that Ruby was out on the street on their arrival at 10pm poorly clothed for the time of year. This is their third call out to the home.
* Mum, Katie’s notes show she is 28 years old and is 26 weeks pregnant. She has a past medical history of depression having tried multiple antidepressants. She has mentioned that she wishes Ruby was more considerate of her depression.
* She suffered from domestic violence from Ruby’s father and has recently remarried John who is not a patient at the surgery.

**Information from School Nurse/Teacher**

* Ruby is a lovely girl but she seems very attached to her teacher and doesn’t find it easy to make friends with other children in the class. She has poor concentration and on occasion has looked a bit unkempt. She has been late for school on a number of occasions and Mum says she slept in.
* Sometimes Ruby stays with her maternal grandparents and they will bring her to school. Ruby has a good relationship with her maternal grandparents who provide some support to mum when she is struggling.

**Information from John’s GP (mother’s partner)**

* John has not been seen at his surgery for a few years but his records show he has a child from a previous relationship in care.
* He has a past history of alcohol abuse and DNA’d from follow up at addiction services in 2016.

**Information from midwife**

* Seen for initial booking visit and scan but has not attended subsequent antenatal appointments.
* Was seen in the presence of partner John so midwife didn’t undertake DV screening questions.

Use the signs of safety tool to write a brief report for Childrens services. Consider what key information should be included in the report, stating your opinion regarding the risk to this child?