

**Cases which can be used for discussion regarding possible child safeguarding issues:**

**Case 1 a**

New patent registration.

24yr old lady, pregnant at 34/40 just moved into the area- family nearby.

2 other children, girls age 3 and 2

Hx depression and self-harm as teenager. On citalopram 20mg.

Currently feels not coping, mood low, difficulty managing the kids

During the consult you notice

Mum flat affect, crying , not watching the 3 yr old as she plays with equipment

3 yr old in nappies

2 yr old in pram, clothes and face unkempt

***What areas do you explore in the consultation?***

***Are there areas of concern?***

***What would your next steps be?***

**Case 1 B**

2 weeks later:

On AM list- Social worker calling in regard to the older child. Keen to discuss case

**What are the issues you have here?**

1) You speak with the SW who explains referral in from the nursery in relation to the elder daughter:

Unkempt, hungry in the nursery. Difficulty toilet training.

Late pick up from nursery, grandfather. Has not seen mum in a week.

SW asks if you have 'any concerns about the child'

**What can you do?**

2) No partner in practice today- **what would you do as a locum?**

### **Case 1 C**

Monday Lunchtime and reviewing post- invitation for initial case conference for the children and antenatal for unborn child.

Next Monday- 7 days' notice. No reason for case conference in the notes of children. What do you do?

A-Nothing

B-Send letter saying not attending and no relevant info

C-Send report on info available.

D-Phone SW for more info/speak with HV-

**Discuss issues raised-**

### **1D**

New information:

- 2 yr old presented to OOH with cough, GP noted bruising along lateral chest walls-? fingertip bruising and was assessed by Paediatrics- concern re NAI
- HV has concerns re 2 yr old speech development
- 3 yr old not toilet trained and no progress with same

Maternal grandparents had been helping out, but nursery raised concerns could smell alcohol on grandfather's breath. Grandad is a patient of yours and you are aware of grandfather's alcohol misuse for many years.

***What would you do now- what are the areas of concern??***

***As a GP- what information do you have which may help the Panel at the case conference??***

***What are the issues?***

### **Case 2 a**

Jennifer, 15 yr old female patient attends for the contraception pill. She attends alone.

You confirm she is sexually active and feel she is competent to make this decision for herself. You prescribe the Oral Contraceptive Pill.

***What areas would you enquire about to assess Gillick competency?***

***What are the legal ages of consent for sexual activity in Northern Ireland?***

### **Case 2 B**

3 weeks alter you receive a call from Jennifer requesting the morning after pill. She attends and discusses what happened.

She was drunk at the weekend and thinks she had sex but was very drunk. She forgot the pill that day and had vomited a lot the following day so could not take any more pills.

She had been at a party, somewhere in Lisburn. Had gone there with friends. There was a lot of drink and drugs. The people there were a lot older than her.

She appears to be nervous and keen to just get the Pill.

***Are there any areas which need to be explored?***

### **Case 2C.**

4 months later Jennifer is brought into the surgery with her mother. She describes significant change in Jennifer, rarely leaving her bedroom, not really eating with the family, and school have reported significant drop in homework's and performance.

You notice Jennifer is pale, looks like she has lost weight, hair not tidy, quiet and little conversation with you and extremely hard to engage.

***What are the challenges here?***

***How can you progress the consultation?***

Some hints:

1A) Depression History, and what antenatal care there has been. social history, other carers for children, enquire about how she is managing the children, explore alcohol, drugs, domestic violence. Consider risk and protective factor triangle.

Consider supportive plan, review medication, referrals including antenatal, mental health, Health visitor, consider SW for services, signpost for advise re finances if needed

1B) Areas to consider would be possible signs of neglect. Issue re confidentiality should be considered.

DO you have a clear policy in practice for managing SW calls regarding children and families?

1C)? what is reason for case conference. Time pressures. Is there clear policy in practice for managing invites to case conference requests?

1D) concern re developmental delay, concerns re bruising and unkempt- possible physical abuse and neglect, likely emotional abuse. What are the barriers for attending case conferences and /or writing reports? Are you confident in what information you can give out? Can you release information regarding relative's health? What are the consent issues and confidentiality issues?

2A)

Assessing Gillick competence

There is no set of defined questions to assess Gillick competency. Professionals need to consider several things when assessing a child's capacity to consent, including:

- the child's age, maturity and mental capacity
- their understanding of the issue and what it involves - including advantages, disadvantages and potential long-term impact
- their understanding of the risks, implications and consequences that may arise from their decision
- how well they understand any advice or information they have been given
- their understanding of any alternative options, if available
- their ability to explain a rationale around their reasoning and decision making.

In NI Age of consent for sexual activity is 16

2B) Sexual activity- is it consensual, older partner. Multiple partners, under the influence of alcohol/Drugs. Explore risky behaviour. Explore if parents/carers aware of where she is. If has not told them or not wanting to, then this would be concerning. Frazer guidelines regarding sexual activity.

2C) Complex consultation and need to respect Jennifer's confidentiality. Need to be seen alone. Ways to achieve this while addressing mums' concerns.

<https://www.nice.org.uk/guidance/cg89>

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people>

<https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines#heading-top>

<https://learning.nspcc.org.uk/child-abuse-and-neglect/child-sexual-exploitation>