**CONFIDENTIAL**

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**GP**

**Section 47 Enquiry Record / Review Child Protection Conference (RCPC) Report**

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| **Name and Designation of Professional completing the report and name and address of service** | | | |
|  | | | |
| **Date of s47 discussion with social worker** |  | | |
| **Date of RCPC** |  | **Time** |  |
| **GP attending RCPC? (Yes / No)** |  | | |
| **Reason for s47 / Initial Conference** | | | |
|  | | | |

1. **Child/Young Person And Family Details**

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| --- | --- | --- | --- | --- | --- |
| 1.1 Child(ren) subject/s of Child Protection Conference | | | | | |
| First Name/Last Name | DOB | M/F | Ethnicity/  Language | NHS Number | Pre/School/  School |
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| 1.2 Parents/Carers Details | | | | | | |
| First Name/ Last Name | DOB | M/F | Ethnicity/  Language | Relationship to child | PR  Y/N | Registered at your practice? |
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| 1.3 Significant Others (Who may have a caring role or who impact on the care of the child/ren) | | | | | |
| First Name/Last Name | DOB | M/F | Ethnicity/  Language | Relationship to child | Registered at your practice? |
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| --- | --- | --- | --- |
| 1.4 Contact with other health related service known to GP | Yes | No | Not known |
| Paediatrician |  |  |  |
| A&E |  |  |  |
| GP OOHs / Urgent care of Walk-in Centres |  |  |  |
| Other Hospital IP/OPD |  |  |  |
| SALT / other therapies |  |  |  |
| CAMHS |  |  |  |
| Ed Psych |  |  |  |
| Other – consider health services related to adult needs as well - please give details below |  |  |  |
| Comments, ie. do any of these contacts have implications for safeguarding of children. | | | |
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| 1.5 Cultural or Communication Factors in child/young person and/or in parent/carer relevant to working with the family. |
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| 1.6 Previous Child Protection Plan | | | | |
| Has any child mentioned above previously been subject to a plan? | | | | |
|  | | | Yes | No |
|  | | |  |  |
| If yes Name | Date of Plan | Date of Discontinuation | | |
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1. **Assessment**

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| 2.1 Are there any issues noted in the consultations attended over the last 12 months which may be relevant to safeguarding enquiries? Please include DNAs / was not brought. |
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| 2.2 Please indicate **any relevant medical history** for all family members including medications such as antidepressants, opiods. | | |
|  | | |
| Any Concerns about medication / immunisation compliance? | Yes | No |
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| Comments: | | |
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| 2.3. **Family or Household issues**. From your records, are there any concerns about: | | |
| **Domestic Violence** within household, extended family or likely carers | Yes | No |
|  |  |  |
|  |  |  |
| If YES please give details | | |
| **Substance/Alcohol Misuse** within household, extended family or likely carers | Yes | No |
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| If YES please give details | | |
| **Learning Disability, Mental or Physical illness** in the carers which may impinge on their ability to care and protect the child adequately. | Yes | No |
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| If YES please give details | | |

1. **Analysis Of Risk**

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| 3.1 Do you have any current concerns about the risk to the child including unexplained / suspicious injuries, health concerns, neglect, social, behavioural or psychological issues? |
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| 3.2 What is your analysis of risk in relation to the information you have provided? |
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| 3.3 Is there anything that you might be able to do or you are already doing to support the family which might form part of a child protection plan? |
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1. **Sharing with Parents/Carers**

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| --- | --- | --- |
| 4.1 **This Section MUST be completed** | | |
| Have the contents of this report been discussed with the parents/carers? | | |
|  | Yes | No |
|  |  |  |
| If No, please state the reason: | | |
|  | | |
| If yes, record any comments that the parents/carers wish to make. | | |
|  | | |
| Are there any sensitive issues which you suggest should be discussed in confidence and/or not shared with the child/parent or carer? If this is identified the Chair of the Conference will discuss this with you to agree that it is reasonable to do so. | | |
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| I confirm that I have reviewed the child’s medical record and the records of all relevant family/household members in compiling this report | |
| Signature of GP | Date |
|  |  |

1. **Administrative Details**

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| --- | --- | --- | --- |
| Date shared with parents/carers | Date shared with manager | Date sent to CP Chair |  |
|  |  |  |  |

When this report has been completed, please save it in a confidential file and send a copy by secure email to:

[CPConferencesDorset@dorsetcc.gov.uk](mailto:CPConferencesDorset@dorsetcc.gov.uk)

Please use a file name as follows:

* First two characters are the forename and surname of the youngest child in the review
* Then use the word “REVIEW”
* Next 8 characters are the date of the conference in the style DD.MM.YY
* Next three-five characters are initials to represent your service, in this case CCG

So, if the youngest child is called Harry Potter and the conference is due on 16 May 2011, the file name would be:

HPREVIEW16.05.11CCG