**CONFIDENTIAL**

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**Report from the GP**

**for Initial and Review Child Protection Conferences**

This guidance is based on SystmOne and is for use where the GP does not have SystmOne access.

When this report has been completed, please send a copy by secure email to:

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

Please could you dictate/type a report for the family to include the following family members listed within the email request

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| Name of GP and surgery making the return | Click or tap here to enter text. |
| Date of Initial/Review Child Protection Conference | Click or tap here to enter text. |

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| **Child/Young Person Details** | |
| First Name/Last Name | DOB |
| Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap to enter a date. |

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| --- | --- | --- | --- |
| **Family member details:** | | | |
| First Name/ Last Name | DOB | Relationship to child(ren) | Registered at your practice? Y/N |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. |

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| Please use the points numbered to guide your dictation and ensure each point has been considered for each family member.   If this is a review conference and there has been no change since the previous conference, please state this instead of repeating past information:   1. When were they last seen by a GP or any clinician? 2. Are you aware of any changes to the family composition list provided? E.g. new partner / different household composition 3. Are you aware of any safeguarding relevant information/concerns about the child(ren), family/carers? 4. Are you aware of any physical or mental health issues, relevant to parents/carers that may affect their ability to care for the children e.g. impact of chemotherapy, pain, chronic diseases, substance misuse? 5. Are you aware of any factors/ issues/situation that make the situation more complicated for the family? (E.g. isolation, homelessness, family relationships) 6. Are there any protective factors for the child(ren) or family you can comment on? E.g. support from family / friends or appropriate engagement with health and other support services. 7. List all health services that the child(ren) are open to 8. Any other relevant information, for example, DNA (was not brought), appropriate use of services, what are the interactions seen during consultation, etc. |
| Click or tap here to enter text. |

We will assume that you have shared the detail of this report with the family unless stated otherwise.