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| --- | --- | --- | --- | --- | --- |
| Name of child | Click here to enter text.Mandatory information | | | Date of Birth | Click here to enter text. |
| NHS No | Click here to enter text. | | | | |
| Address |  | | | | |
| *Need to have a way of adding more children and also address of child* | | | | | |
| Parent/carer | Name: | DOB: | NHS number: | | |
| Parent/carer | Name: | DOB: | NHS number: | | |
| Significant others  in the household | Name: | DOB: | NHS number: | | |
| Home address | If different from above and state which parent | | | | |

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| ***Report to be sent to:*** |
| **Name:** |
| **Address:** |
| **Tel:** |
| **Email:** |

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| ***Reason for report*** |
| 1. **Request for information from Social Worker**   This information is required as part of a child protection investigation Yes   No  This information is required as part of a child in need assessment  Yes   No  If Child in need has consent for sharing information been agreed Yes  No  **If Yes – Social Worker to give details of concern regarding the safety of the children in this family**  **2. Child Protection Conference Report**  Initial Conference Yes  No  Review Conference Yes  No |

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| **IMPORTANT TO NOTE BEFORE COMPLETING THE REPORT** |
| **DO**   * **FIRST read the convening sheet, sent by email with the report request**: The convening sheet contains the history of why the child has come to conference and what social care need to make a plan for this child. If you are aware of health needs then describe the impact e.g. if the patient has depression, does it affect their ability to care and how does it impact the child * **Include important risk and protective factors** :   **Child**: ‘not brought to appointment’, or potential abuse indicators e.g. failure to thrive, self-harm, mental health issues. Consider contextual safeguarding issues such as the possibility of CSE or child criminal exploitation. Consider the possibility of fabricated illness in frequent attenders  **Adult**: substance misuse, domestic abuse, alcohol history or chronic illness/stress that may have an impact on their ability to care. Are there protective adults?  **DON’T**   * Include medical information not relevant to the conference |

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| **Personal details** |

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| **Child 1…….***name to be entered again and then for subsequent children* | |
| Are there any safeguarding concerns? |  |
| How often has the child attended the surgery over the past year?  What was the date of the last attendance?  Who presents the child for appointments? |  |
| Date of last consultation with the GP or other clinician? |  |
| Does the child have any significant disability or illness? If so, how does it affect the child? |  |
| Have there been any recent referrals to other services?  If yes, which services? |  |
| Are there other areas of concern such as:  Incomplete immunisations?  Missed GP or Hospital Appointments?  Late presentation of illness?  Poor compliance with treatment/medicine?  A and E or other unscheduled attendances?  If the attended: how frequent and what were the reasons for attending? |  |
| Are there any concerns about other children in the household? |  |
| **FOR OTHER CHILDREN PLEASE COPY AND PASTE THIS TABLE WITH THE NAME OF THE CHILD CLEARLY INDICATED** |  |

|  |  |
| --- | --- |
| **Parents/carers or significant other *need to add the names mother, father and other care givers*** | |
| Have there been any concerns regarding the caregiver or other household members’ Interaction with the child? | Mother  Father  Other |
| Is domestic abuse an issue with this family/household?  If so, who is the perpetrator?  What are the details? |  |
| Are there issues with alcohol or substance misuse within the family/household? | Mother, father or other? |
| Do any members of the household suffer from mental illness?  If yes, what is the level of medical intervention?  What is the impact on the child/children?  Are you aware if the parent / caregiver is a care leaver? | Mother, father or other? |
| Are there other services involved with the family?  What are the relevant follow up appointment dates for parent/s and child/ren. Please provide details e.g. CAMHS or adult mental health |  |
| Does the adult have any significant medical conditions that could impact their ability to care for child/children? If so, how does it impact? | Mother, father or other? |
| Have there been any referrals to other services for the caregivers? |  |
| What further help could Primary Care offer this family? |  |
| Please provide updates on any actions assigned to you at the last child protection conference. If you were unable to complete them please explain the barriers? |  |
| * Please summarise below the relevant information to formulating a child protection plan and the analysis of risk and impact to the child. | |
| * On a scale of 0-10 where 0 means the child(ren) are at high risk and 10 means the child(ren), are safe where would you scale case?   0 1 2 3 4 5 6 7 8 9 10 | |
| * Please indicate whether this child should be subject to a child protection plan and if so which category of child abuse: physical, neglect, emotional or sexual | |
| Report completed by (GP name) |  |
| Date |  |

**Consent**

If information is requested relating to ‘child protection’ (Section 47), consent does not have to be sought before sharing information between agencies, if it is relevant and proportionate. If a case has reached child protection conference this automatically means it has reached ‘child protection’ status and information should be shared with or without the consent of carers. It is however considered best practice to inform the parent or carer before the sharing of information **unless it may put the child at risk e.g. cases of fabricated illness or the report includes a perpetrator of domestic violence.**

If the request is for a ‘Child In Need’ assessment, consent has to be obtained before sharing information.

**GP attendance at conferences**

GPs are always welcome to attend conferences but there are special circumstances where it would be particularly helpful:

* GP makes the referral that triggered the conference
* Where the medical context is particularly important
* GP has a lot of information to share at conference
* GP has recommendations for the child protection plan

If you cannot attend but have important issues to be flagged, please contact the attending Health Visitor or School Nurse. They can then articulate your concerns in person at the meeting.