**Form A REQUEST from Children’s Services Department For Primary Care Report**

Please complete a **Child Information Form and Parent or Carer Information Form for each individual listed**. Please send reports electronically to email address below.

Section 17 Enquiry[ ]  **Section 47 Enquiry** [ ]  (Please tick)

*Parents/carers need to be notified that their GP will be approached to share information with Children’s Services, meeting their Right to be Informed.*

*Consent is not required.*

Parent/Carer notified of request to GP to share information? Yes [ ]  No [ ]

*If the answer to the above is NO, please explain in the text box below why parents/carers have not been notified, e.g., informing parents/carers would increase the risk to the child.*

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|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** | **DOB** | **NHS number** | **Address** |
|  |  |  |  |
| **Parent / Carer name(s)** | **DOB** | **NHS number** | **Address** |
|  |  |  |  |
|  |  |  |  |
| **Reason for request** | **Report requested by** |
| Safeguarding Concerns around Child | **Name of SW,** **Name of Team** |

**Form B General Practitioner Report for Children’s Services Department**

Section 17 Enquiry[ ]  **Section 47 Enquiry** [ ]  Case Conference [ ]

(Please tick)

*Parents/carers need to be notified that their GP will be approached to share information with Children’s Services, meeting their Right to be Informed.*

*Consent is not required.*

Parent/Carer notified of request to GP to share information? Yes [x]  No [ ]

*If the answer to the above is NO, please explain in the text box below why parents/carers have not been notified, e.g., informing parents/carers would increase the risk to the child.*

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| Comments: |

**Child Information Form**

(please complete one form for each child)

**Name of Child –** ????

**DOB -**  ???

**Address –** ???

**NHS Number**

**There have been no changes in circumstances and the child has not been seen by primary care since my last report dated** [ ]

 **(If this box is ticked go straight to number 18.)**

**Medical History**

**1.Date registered with the surgery**

**2.Number of consultations in the last year**

**3.Does the child attend with appropriate adults?** **Yes** [ ]  **No** [ ]  **Not known** [ ]

**4.Is the child a young carer? Yes** [ ]  **No** [ ]  **Not known** [ ]

**5.Have there been any home visits in the last year?** **Yes** [ ]  **No** [ ]  **Not known** [ ]

**6.Have there been missed appointments?** **Yes** [ ]  **No** [ ]  **Not known** [ ]

**7.Has the child missed any immunisations? Yes** [ ]  **No** [ ]  **Not known** [ ]

**8.Significant past medical history**

(eg diabetes, epilepsy, deliberate self harm or substance misuse)

**9.Do physical or mental health conditions impact on family relationships?**

**Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**10.Drug history (regularly prescribed medications). Please list.**

**11.Is compliance with medication an issue?** **Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**12.Are other health professionals involved?**

(eg HV, SALT, CAMHS, Paediatrics, OT, Physio) **Yes** [ ]  **No** [ ]  **Not known** [ ]

**13.Is there support from other professionals such as Supporting Troubled Families and are the family engaging with these services?** **Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**14.Are there any concerns about emotional / behavioural or developmental needs?**

**Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**15.Have there been attendances to A&E or OOH services ?** **Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**16.ONLY COMPLETE THIS BOX FOR CASE CONFERENCE REPORTS. What is your**

**view of this child’s safeguarding risk?**

Comments:

**17.Any other additional information**

Comments:

The contents of this report should be shared fully with the parents or carers and child or young person (as appropriate), unless you believe this will place the person(s) at risk of harm.

**Have the contents of this report been shared fully with the parents or Carers and child or young person?** **Yes** [ ]  **N**o [ ]

**If no, why has the information not been shared**?

Comments:

**Date**

**18. Name and role**

 **Practice Address**

*Information*

*Section 17 (S17) Assessment is for a child in need. Under the Children Act 1989 a child in need is defined as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without provision of services from the local authority. Section 47 (S47) Assessment is for a child who may be suffering, or is likely to suffer significant harm. Parents/carers will again be notified that their GP will be approached to share information with Children’s Services, meeting their Right to be Informed.*

**Form C General Practitioner Report for Children’s Services Department**

Section 17 Enquiry [ ]  **Section 47 Enquiry** [ ]  Case Conference [ ]  (please tick)

*Parents/carers need to be notified that their GP will be approached to share information with Children’s Services, meeting their Right to be Informed. Consent is not required.*

Parent/Carer notified of request to GP to access their records? Yes [x]  No [ ]

*If the answer to the above is NO, please explain in the text box below why parents/carers have not been notified, e.g., informing parents/carers would increase the risk to the child.*

|  |
| --- |
| Comments: |

**Parent or Carer Information Form**

(please complete one form for each parent or carer)

**Name of Parent or Carer –** ???

**DOB –** ???

**Address –** ????

**NHS Number**

**There have been no changes in circumstances and the person above has not been seen by primary care since my last report dated** [ ]

 **(If this box is ticked go straight to number 18.)**

**1.Do you have any concerns regarding parental capacity?** (Please consider emotional warmth, basic care, guidance/boundaries, safety, stimulation) **Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**2.Are there any concerns about neglect?** (poor hygiene, head lice etc.) **Yes** [ ]  **No** [ ]  **Not known** [ ]

**3.Is there any on-going physical or mental ill health issue that could affect the ability to parent well? Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**4.Are there regular prescribed medications?**  (please list) **Yes** [ ]  **No** [ ]  **Not known** [ ]

**5.Are there medicine compliance issues**? **Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**6.Is there any alcohol or substance misuse that could affect the ability to parent well?**

 **Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**7.Are there other health professionals involved?** (mental health or hospital specialist services) **Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**8.Have parents ever expressed any thoughts of harming their child or other children?**

 **Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**9.Have there been missed appointments? Yes** [ ]  **No** [ ]  **Not known** [ ]

**How many?**

**10.Have there been attendances to A&E or OOH services? Yes** [ ]  **No** [ ]  **Not known** [ ]

**How many?**

**Family**

**11.Are there any persons (not mentioned above) known to reside with the family, or who regularly visit? Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**12.Is there support from the wider family or other professionals such as Supporting Troubled Families?**  **Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**Are the family socially isolated**? **Yes** [ ]  **No** [ ]  **Not known** [ ]

**13.Are the family frequent attenders?** **Yes** [ ]  **No** [ ]

**14.Is there any domestic abuse or concerns about coercive behaviour between partners? Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**15.Are there any concerns regarding the family’s housing situation?**

 **Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**16. Are there any concerns regarding employment or income?** (have the family had to manage difficulties with debt?) **Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**17. Are there any concerns regarding access to community resources?**

 **Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

The contents of this report should be shared fully with the parents or carers and child or young person (as appropriate), unless you believe this will place the person(s) at risk of harm.

**Have the contents of this report been shared fully with the parents or Carers and child or young person?** **Yes** [ ]  **N**o [ ]

**If no, why has the information not been shared**?

Comments:

**Date**

**18. Name and role**

 **Practice Address**

*Information*

*Section 17 (S17) Assessment is for a child in need. Under the Children Act 1989 a child in need is defined as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without provision of services from the local authority.*

*Section 47 (S47) Assessment is for a child who may be suffering or is likely to suffer significant harm.*