 GP - CHILD PROTECTION CONFERENCE REPORT 

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| **GP’S NAME** |  | **GP SURGERY** |  |
| **REPORT PREPARED BY** |  | **Professional’s Email address** |  |
| **Surgery Address** |  | **Professional’s Contact Number** |  |
| **Date of Conference** |  | **Will you be attending? Y/N** |  |

**Return email address;** **safeguardingchildrenadmin@bristol.gcsx.gov.uk**

**CP Chair’s name and email address;**

**Social worker’s name, number and email address;**

**Please complete a separate report below for each individual, if possible using the electronic version of the form on EMIS with prepopulated patient information.**

**CHILD(RENS) DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Forename** | **Surname** | **DOB** | **Address** | **Disability/Special Need** | **School or Nursery** |
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 **DETAILS OF PARENTS, CARERS OR SIGNIFICANT FAMILY OR HOUSEHOLD MEMBERS**

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| --- | --- | --- | --- | --- | --- | --- |
| **Forename** | **Surname** | **DOB** | **Address** | **Disability or Special Need** | **Relationship to Child** | **Parental Responsibility?** |
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Dear Doctor,

Please complete the following form to provide information for the forthcoming Child Protection Conference.

**Please complete a separate report for each individual if using the electronic version of the form on EMIS. This will prepopulate the patient information.**

**The individuals named are aware that information is being gathered for a Child Protection Conference and have consented to information sharing. If consent has not been refused or could not be obtained this is indicated. GMC guidelines permit information sharing without consent where safeguarding concerns outweigh confidentiality.**

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people> (see points 32-41)

* *It is acceptable for an administrator to complete this form, as long as it is checked by a GP prior to submitting to the Conference Chairperson*
* *It is acceptable to write ‘No information as far as I am aware’ in sections about which you have no information.*
* *If this is for a Review Conference, please comment on what has changed since the previous Conference.*
* *Please complete this report whether you are attending the Conference or not*
* *Information within this report will be shared with Conference members, including the family. If there is any information which should not be shared, please contact the Conference Chairperson to discuss further*
* *Please do not attach or submit any medical records with this report*

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| **Once you have completed this paperwork, please sign the declaration below (if completing electronically, you can enter your name in the signature box and this will be treated as an electronic signature).** |
|  ***I have read the answers provided in this report and confirm that they accurately reflect the information available to us about the child and family*** |
| **Signed:**  | **Date:** |

**Report prepared in relation to (please specify if this is the child / parent / carer):**

**IMPORT from EMIS – name, d.o.b. NHS No.**

**NAME AND REGISTERED ADDRESS: DOB:**

**CHRONOLOGY OF YOUR GPs SIGNIFICANT INVOLVEMENT WITH CHILD/FAMILY**

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|  | **DATE** | **EVENT AND THE IMPACT OF THE EVENT ON THE CHILD** |
| **Include factors relevant to your service such as:*** **Purpose of your involvement**
* **Level of engagement and attendance**
* **DNAs/not brought to appointments –GP/hospital**
* **Services or care provided**
* **Strengths**
* **Difficulties or challenges**
* **Relevant Referrals to other services**
* **Progress to Date**
* **Duration of involvement**
* **Any actions outstanding**

**GUIDANCE NOTES:***Please provide dates along with a brief description of significant events. This should include any injuries to the child, incidents of domestic abuse, drug tests, failed appointments etc. Concentrate on events that will inform the Conference about the child’s life experiences, linking the event with the impact upon the child(ren).***Chronologies can also include good events that have had positive impact on child’s life.**  |  |  |
| **Is the child up to date with his/her immunisations?** | **Yes** | **No** |
| **Comments:** |

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| **Has the child had any OOH or A&E attendances?** | **Yes** | **No** |
| **Please list A&E attendances in the last 12 months** |

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| --- | --- | --- | --- | --- |
| **How many attendances at the surgery has this child had in the last 12 months?** | **0-2** | **3-5** | **6-8** | **>8** |
| **Who brought the child to the appointment** | **Mother****Y / N** | **Father****Y / N** | **Other (please specify)** |  |
| **Please comment about the nature of these consultations (other than those already documented above) and whether they were appropriate?****When you have seen the child how did they present? Are there any observations of the relationship they had with the person that brought them to the appointment?**  |
| **Does the child/adult have any long term medical conditions?** | **Yes** | **No** |
| **Please list long term conditions:****IMPORT ACTIVE PROBLEM LIST****What impact do these have upon the child (and family)?****Is this overseen by a separate Consultant / paediatrician if so who?** |

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| **Is the child/adult prescribed any medication?** | **Yes** | **No** |
| **Please list current medications / and if necessary explain what they are for****IMPORT CURRENT MEDICATION** |

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| **Are you aware of any worries for this child that mean they are / likely to suffer safeguarding harm. Have there been any past worries?** | **Yes** | **No** |
| **If yes, What are they and what do you believe will be the likely outcome for the child(ren) if their current situation continues?****What changes would you need to see in the family to assure you that the worries and the impact of harm to the child(ren) is sufficiently reduced?** |
| Are you aware of any significant physical health, emotional or mental health, learning disabilities, worries about domestic abuse, drug or alcohol problems experienced by this parent / carer.  | **Yes** | **No** |
| **If yes please give specific details including any medication?****What is the *impact* of the parent(s) need on the child(ren)?** |

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| --- | --- | --- |
| Have you ever had concern about this parent/carer’s ability to provide care for the child/children (basic care, safety, emotional warmth, stimulation, guidance, boundaries and stability)? | **Yes** | **No** |
| **If yes please give details.****What is the *impact* for the child(ren)?** |

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| Do you have any further information about the family home circumstances which are relevant to the child protection conference? | **Yes** | **No** |
| **If yes please give details.** |

**What’s working well? Safety and Protective Factors** *(Include factors that you believe reduce the risks of harm to the child/children or features of family life that have a positive effect on the children’s lives).*

**What areas of worry or concern can your agency help the parents/carers to resolve?** *(This should incorporate what contribution your service can make to the child(ren)’s plan, what can you offer this family, who you could work with, frequency and purpose of the work / support.)*

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| Has this report been shared with parent(s) carers?  | **Yes** | **No** |