**GENERAL PRACTITIONER REPORT FOR INITIAL CHILD PROTECTION CASE CONFERENCES (Strictly confidential)**

|  |  |  |
| --- | --- | --- |
| Conference venue | Date | Time |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| General Practitioner / Practice |  |  |
|  |  |

**Section 1: FAMILY COMPOSITION**

**How many children are in the family home?**

**Which family members are registered with practice?**

**Please complete one CHILD PROFILE and one ADULT PROFILE for each member of the household.**

|  |  |  |
| --- | --- | --- |
| **Child profile** | Name |  |
| NHS Number |  |
| Dob. |  |
| Address |  |
| Date child registered with the practice? |  |
| Ethnicity |  |
| School/ nursery |  |
| Significant current/ past health conditions |  |
| Behavioural issues in the child |  |
| Physical and learning disability |  |
| Alcohol and substance misuse in the child? |  |
| Current medication |  |
|  | **Please comment on what each medication is for and if it is taken as prescribed** |
| Is there a history of abuse or neglect? |  |
| Immunisations |  |
|  | **Please comment on whether they are up to date**. |
| When was the child last seen in the practice? |  |
| What is the frequency and appropriateness of the child’s attendances at the GP surgery, emergency department and NHS out-of-hours services? |  |
| Missed appointments/ Was Not Brought |  |
| **Is there any other significant information?** | |  |

|  |  |  |
| --- | --- | --- |
| **Parent/ carer profile** | Name |  |
| NHS Number |  |
| Dob. |  |
| Ethnicity |  |
| Biological and non-biological link of household adults to child (e.g. if they have parental responsibility) |  |
| Parental employment status |  |
| Mental Health/ Learning/ Physical Disability/ illness? |  |
| Substance/ alcohol abuse? |  |
| If a parent has problems with substance misuse/ alcohol misuse/ mental illness are they having treatment for this and are they compliant with treatment? |  |
| Domestic Abuse? |  |
| **Is there any other significant information?** | |  |

**Section 2: CRITICAL ANALYSIS/ SUMMARY OF CONCERNS**

|  |  |
| --- | --- |
| **What is the risk of harm to the child?** *Any concerns regarding the child, their health, presentation, or non-presentation. Any adult contacts / health concerns that may have a bearing on an adult’s ability to parent. What contact has the practice had with the child? Can the parents / carers meet the needs of the child? How do these issues impact on the child?* |  |
| **What is working well?** *Does the child attend appointments, do parents or carers appear to prioritise the child’s needs; are parent’s managing any challenges to their health or lifestyle issues. Are there good family or community supports available? (This can apply as a worry if these factors are not managed or available).* |  |
| **What will good look like?**  *e.g. good would look like; parent engaged with services, offering drug free tests, living in a safe and stable home Parents evidencing they put the child’ needs above their own. That the child receives emotional warmth and stability* |  |
| **What is the likely impact on the child?** Focus on areas of risk. *How do the parent’s actions or behaviours impact on the child. E.g. the child must be scared when adults are fighting in the home or the child won’t be able to have healthy relationships in the future or that if they have drugs in the home the child could think it is okay to behave like that.* |  |
| ***What could happen if things don’t change?*** *Think about the child’s future, e.g.* The child could grow to think violence is normal in relationship. The child could be socially isolated and develop significant mental health difficulties. The child may not meet their potential. |  |
| **What needs to change?** *You can offer clear achievable actions that you think need to take place. E.g. Offer to see the parent or child regularly or parent must not be under the influence when caring for the child, or child must attend to see a specialist and by when.* |  |

**Section 3: REPORT SHARING/ CONFERENCE ATTENDANCE**

|  |  |
| --- | --- |
|  | Yes/ No |
| Have you captured the voice of the child?  Have you clearly explained and critically analysed health information?  Have you shared this report with parent/ carer?  Have you shared this report with the child (if appropriate)? |  |
| I have discussed the case with the child protection manager who is chairing the conference  I will/ will not (delete as appropriate) be attending the conference  I will/ will not be available to contribute to the conference via teleconferencing |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Designation |  |
| Signature |  | Date |  |

**In Derbyshire county please return this form as soon as possible to:** [**CS.CPCONF@derbyshire.gov.uk**](mailto:CS.CPCONF@derbyshire.gov.uk)

**In Derby city please return this form as soon as possible to:**

[**CPReports@derby.gov.uk**](mailto:CPReports@derby.gov.uk)