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| Wakefield CCG NHS Lozenge |
| **Guidance for GPs preparing reports for child protection conference** |
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| This guidance is aimed at supporting GPs to provide comprehensive reports to child protection conferences.  |

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When a decision is made to hold a child protection conference all professionals involved with the family will be invited to contribute to the meeting, including the submission of a report. The information which is provided will contribute to risk analysis, decision making and planning to safeguard the child/children and is vital to the outcomes of the conference.

**What is a child protection conference?**

An Initial Child Protection Conference must be convened when it is believed that a child is suffering or is likely to suffer Significant Harm. The Initial Child Protection Conference brings together family members, the child (where appropriate), supporters/Advocates and those professionals most involved with the child and family to share information, assess risks and to formulate an agreed plan of management and services, with the child's safety and welfare as its paramount aim.

The Initial Child Protection Conference should take place within 15 working days of the:

Strategy Discussion or where more than one has taken place, of the Strategy Discussion / Meeting at which the Section 47 Enquiry was initiated: or

Notification by another local authority that a child subject to a Child Protection Plan has moved into the area.

The urgency of the situation, however, may dictate that the timescale is shorter. In the exceptional circumstance of complex enquiries or pre-birth assessments, the Initial Child Protection Conference may be delayed.

The minutes of the Conference, signed by the Conference Chair, will be sent to all professionals who attended or were invited and to relevant family members as soon as possible after the Conference. **All written reports submitted to the Conference will be summarised or appended to the minutes unless the authors request otherwise.** If appropriate, a review child protection conference will be then be scheduled, the date of which should be included within the minutes of the previous conference. A review child protection conference report will be required, including any updates from the GP practice perspective.

**For more information please see** [**West Yorkshire Consortium Inter Agency Safeguarding and Child Protection Procedures**](https://westyorkscb.proceduresonline.com/p_init_cp_conf.html?zoom_highlight=child+protection+conferences)

**Principles of writing a child protection report:**

The report should be:

* ***Factual:***Information contained in the report should be factual and cross referenced with the patients records
* ***Succinct****:* the report should contain enough information to ensure that an accurate reflection of needs can be drawn as well as accurately reflecting what you see as the risks to the child. Comments do not have to be made in relation to areas of a family’s life that you do not have information for but it is important to reflect this in the report, **N/A is not a valid response.**
* ***Objective****:* The report should consider protective and resilience factors as well as professional concerns.
* ***Professional opinion:***It is important to remember that you are the expert in terms of your information, professional opinions are appropriate as long as they are supported by factual information.
* ***Relevant:***Any information contained within the report should be relevant to safeguarding the child/children. It is appropriate to share information contained within the parents’ records if it is seen as relevant to the parenting or risks to the child/children, such as drug use and parental mental health.
* ***Clear*:** Medical jargon and abbreviations should be avoided but when vital to clarify a medical condition or health need a clear explanation should be provided.
* ***Timely:***It is requested that reports are received by the Independent Chair from all professionals at least three working days prior to the conference, via the secure email address found of the conference invitation. If this cannot be achieved it is best practice to notify the chair of the delay.

**Content of a good child protection report:**

* The report must contain the name of the practice and the GP writing the report.
* If you are aware that there are other people in the household who are not included within the request received from child protection business support, then this information should be included within the report, as others who pose a risk can at times go “unseen”.
* The report must contain information regarding the health and wellbeing of the child, including past history, current needs, outcomes of any developmental assessments and referrals.
* As well as giving clear information regarding the nature of contacts with the practice, information regarding appointments where the child was not brought should also be included, to understand if parents are ensuring appropriate access to health services.
* Information regarding if medical advice is being followed is important to include to evidence whether health needs are being met appropriately.
* Any observations regarding the presentation of the family and interactions should be included within the report, as well as whether these were seen as appropriate.
* It is important to include any information in relation to difficulties or vulnerabilities for the adults who have care of the child, including the impact that these may have on the parenting and safety of the child. The records of parents should be reviewed to ensure that no vital information is missed.
* The plan made at the child protection conference will include desired outcomes for the child and it is useful if the report contains information of how the practice can support the family, such as regular asthma checks, referral to services or routine GP contacts.
* **It is important that the report contains analysis of the information that the GP has provided, remember the “So What” questions. You are the experts in relation to your information and lack of analysis can result in misinterpretation.**
* The “**voice of the child**” is paramount to any safeguarding concerns but is not always heard effectively. If the GP is aware of the views of the child these should be included within the report, specifically noting that these are the voice of the child.
* Remember to include the resilience and protective factors which you see in the family these may support the conference to identify strengthens which in turn could support the child.

**Information sharing:**

A child protection conference is only held if there are concerns that a child has or likely to suffer significant harm, then any information which is shared should be considered under these parameters.

Reports should be shared with the parents/carer and the children (if appropriate) prior to the conference to allow them time to reflect on the information and in turn contribute fully to the conference. If this is not possible this should be indicated within the report and the reason given.

A copy of each report should be saved within each child’s electronic record.

**Additional information:**

For a Review Child Protection Conference, only information since the previous conference needs to be included in the report, alongside relevant information regarding ongoing issues.

Only the practices own information should be contained within a report, reference can be made to others services being involved, such as the health visitor or school nurse but their information should not be shared within the GP report without prior agreement. Where there is specific information detailing concerns by a professional that the GP is aware of the GP could share with the social worker or chair that information should be gathered from that professional to support the conference. Seek guidance if unsure.

It is important to inform the allocated social worker if the child and/or parents are no longer registered at the practice. If you are aware which practice the child is now registered with it is vital that the information regarding the child protection conference is shared in a timely manner.

Advice can be sought from the safeguarding team within the CCG regarding the content of a child protection report or the child protection conferencing process at sarahbooth1@nhs.net

Thank you.