**GP Report for Review Child Protection Conference**

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| **Date of Last Case Conference** |  |

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| **Summary of Child Protection Plan including category of concern** |  |

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| **Date of RCPC:** |  |
| **Name of GP completing the report:** |  |
| **GP Practice and date registered:** |  |
| **GP will be attending the conference:** | Yes / No (delete as appropriate) |

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| **Name of child** | **Date of Birth** | **Address** | **Ethnic Origin** |
|  |  |  |   |
| **NHS Number** | **Gender** | **Language** |
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**Family Details:** Include any individuals who live in the household

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| **Name** | **Date of birth** | **Address** (if different to the child/ren) | **Relationship to the child** | **Registered at the practice**(Yes / No) |
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| **Significant unrelated adult eg partner, carer.** | Yes / No Details:  |

**GP contact & knowledge since the last conference**

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| Active problems in the last 6 months |  |
| Medication-current or repeat in the last 6 months  |  |
| Summary of contacts at the surgery (Face to face, telephone, virtual consultation); include any Was not brought to appointments or failure to comply with medical treatment or advice |  |
| A/E, Walk in centre, OOH attendances:  |  |
| Any hospital appointments, admissions, clinics (include any was not brought) |  |
| Are Immunisations up to date | Yes / No (Delete as appropriate) |

**Any new concerns since the last conference regarding the child and parents/carers?**

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**Strength or protective factors**

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| Are you aware of any strength or protective factors which impacts positively upon the child and family? |

**Progress made on the Plan**

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| Have the plans that involve the GP practice been actioned? If not, which ones are outstanding?Are you aware of any other professionals or services working with the child and family? |

**Summary and analysis**

**THIS IS A MANDATORY FIELD, PLEASE COMPLETE.**

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| **From the information you have provided what does this mean for the child?** **What are your concerns?****What can the GP offer?****Please include clear analysis of the issues of risk, how they impact on the child/young person, what may happen if the risk is not addressed.** |

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| **Does the report contain any information that may harm the child or family?****If so, you can discuss with the Chair.** | **Yes / No (Delete as appropriate)** |
| **Are you aware of the child’s views in relation to the concerns, which could be shared at the conference?**  | **Yes / No (Delete as appropriate)** |
| **Has the report been shared with the child or parents/carers?** | **Yes / No (Delete as appropriate)** |

**PLEASE EMAIL YOUR COMPLETED REPORT TO:**

**SGRUAdmin@Wakefield.gov.uk**