**GP Report for Initial Child Protection Conference**

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| **Summary of reason for Child protection conference** |  |

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| **Date of ICPC:** |  |
| **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** |
|  |  |  |

**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 or No) |
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| **Significant Unrelated Adult eg partner, carers** | Yes / No Details: |

**GP Contact and Knowledge with Child and Family**

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| Date last consultation with child (Face to face, telephone, virtual consultation) |  |
| Active Problems |  |
| Significant present and past medical history |  |
| Current medication |  |
| 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) |

**Child: Are you aware of any issues with**

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| --- | --- |
| **Child Factors:** | **If answered yes, please add details** |
| Growth and Development | Yes / No Details: |
| Behavioural, emotional or mental health concerns | Yes / No Details: |
| Educational issues (including any Education Health care plan, home education, exclusions or others) | Yes / No Details: |
| Learning Disability, Physical Disability | Yes / No Details: |
| Child or young person with substance or alcohol misuse | Yes / No Details: |
| Genito-Urinary or Sexual Health (only share relevant information) | Yes / No Details: |
| Appearance or signs of neglect | Yes / No Details: |
| Any known Physical injury | Yes / No Details: |
| Other concerns | Yes / No Details: |

**Parents/Carers: Are you aware of any issues with**

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| --- | --- |
| **Parent/Care-giver factors** | **If answered yes, please add details** |
| Domestic violence | Yes / No Details: |
| Substance misuse | Yes / No Details: |
| Alcohol misuse | Yes / No Details: |
| Mental health | Yes / No Details: |
| Learning &/or Physical Disability | Yes / No Details: |
| Previous Social Care involvement | Yes / No Details: |
| Parenting skills, Interactions observed | Yes / No Details: |
| Other relevant parental issues | Yes / No Details: |

**Environmental/ Wider Family:**  **Are aware of any issues with**

|  |  |
| --- | --- |
| Housing | Yes / No Details: |
| Diversity | Yes / No Details: |
| Extended family | Yes / No Details: |
| Other | Yes / No Details: |

**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? |

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

**PLEASE EMAIL YOUR COMPLETED REPORT TO:**

[**SGRUAdmin@Wakefield.gov.uk**](mailto:SGRUAdmin@Wakefield.gov.uk)