

# General Practitioner Report for a Child Protection Conference

*The grey section to be completed by person requesting report.*

Name of Child:  Date of Birth:

Address:

Please complete one report for each child and in the case of an unborn baby please record the expectant mother's information on this form.

Details of siblings/parents and those living at same address:

Date of request:

Date of planned Safeguarding Conference:

Reason for convening the Case Conference:

Dear Doctor/Practice Nurse

As part of the safeguarding process, it is essential that relevant information is shared between appropriate agencies where there may be concerns about the welfare of a child or children. A case conference has been arranged to discuss the above child on the date shown. Please use the information available to you to fill in the boxes on the attached form. ***“You should participate fully in child protection procedures, attend meetings whenever practical and co-operate with requests for information about child abuse and neglect.” (0-18 years: Guidance for All Doctors: GMC 2007).***

**Consent and confidentiality** are important considerations, however by Law, the welfare of the child remains the **paramount issue**, and relevant information must be shared with appropriate professionals where concerns arise. ***Personal information can be shared without consent where it is necessary for the exercise of a statutory function. The exercising of a statutory function would cover the sharing of information amongst Social Services and other agencies in connection with a Section 17 assessment or a Section 47 enquiry (What To Do If You're Worried A Child Is Being Abused - DoH 2003).*** However, the amount of detail in the information provided should be proportionate to the level of concern. Where possible, it is good practice to discuss the information in the report with parents, provided that this does not prevent the sharing of the relevant information. The welfare of the child, however, always exceeds all other requirements.

The reason for requesting this information is to ensure that those attending the child protection conference have as much information as possible to make an informed decision about the child/ren to be discussed. Please complete as much on this form as you are able to, even if the information available is limited. For example, *“few”* or even *“no attendances at all”* would still be relevant information to share.

**It is acceptable for another clinical member of the practice team to complete this report**, for example the Practice Nurse, where appropriate. Choose the person who is most familiar with the child/family. However please ensure that the GP responsible for the child's care has countersigned the section provided on this form.

**If you need any help or advice**, please contact the named doctor or nurse for your area.

For East Riding

Named Doctor:

Guy Clayton

Tel: (01482) 887863

Named Nurse:

Vanessa Coleman

Tel: (01482) 335810

### 1 GP practice registration

Date first registered at this practice:

**Please tick one box for each question.**

Has the child been registered with any other practice within the past three years?

No

Yes one other

Yes two or more

Are all the other persons listed at the same address above also registered with your practice?

Yes

No

If no, please list the names of those **not** registered with practice ( this box will expand ):

### 2 Scheduled care

Excluding for routine vaccinations, on how many occasions has the child been seen at the Surgery over the past 12 months?

(0-2)

(3-5)

(6-8)

(9+)

### 3 Current health

Current relevant conditions/illnesses - from the medical information available this child has:

None at all

Only mild/well controlled (*eg mild eczema, asthma*)

Significant, poorly controlled or awaiting referral (*eg uncontrolled eczema/ asthma/ other*)

Details (this box will expand):

### 4 Repeat medication (*if any - a computer printout is acceptable - please attach to report if used*)

Name and type of medication: ( <i>eg inhaler, syrup, tablet, cream</i> )	Condition it is used to treat:

How would you describe the compliance with regular medication? (*if applicable*)

Good/no concerns

Moderate/no major concerns

Erratic/irregular use

**5 Past significant health problems and any injuries**

- None significant
- Some but no concerns/resolved completely
- Some and either continuing effects or caused some concerns

Please give the dates and details of any injuries or significant/poorly controlled conditions since birth (*eg requiring hospital treatment, causing disability - but minor self-limiting conditions not needed*).

Date	Place seen	Brief details (eg type of injury/significant condition)

*(Please note, for injuries, please indicate if there was a documented plausible, consistent explanation/pattern to explain cause).*

**6 Are you aware of any prior Child Protection issues/concerns?**

- Yes
- No

If yes, please provide details (box will expand):

**7 Vaccinations**

This child is:

- Fully vaccinated to date
- Partially vaccinated
- Don't know
- Not at all

**8 Development delay/disabilities**

- None
- Mild or resolved
- Don't know
- Significant ongoing problem

Details (box will expand):

**9 Unscheduled care attendances**

Over the past three years, the recorded number of attendances at Accident and Emergency/Minor Injury/Out of hours centres has been:

- None                       (1-2)                       (3-4)                       (5+)

Please give the dates and details of any injuries or illnesses/conditions below:

Date	Place seen	Brief details (eg type of injury/condition - minor or significant)

**10 Social circumstances and family background**

How well do you know the family/background circumstances?

- Very well (*eg from home visits*)  
 Some information (*surgery attendances*)  
 Very limited/unable to comment

Do you have any concerns about the welfare of this child or any other children in the household?

- None at all  
 Not sure/unable to comment  
 Yes

Details (box will expand): (*Please note, it is vital that you share any concerns that may affect the welfare of a child, especially if you are aware of possible features of neglect, domestic violence, alcohol or drug problems within the household*)

**11 Parental health and capacity to care for children in the household**

Are you aware of any significant physical health, mental health, domestic violence, drug or alcohol problems in either parent or other members of the household? (If not already mentioned in box above). (*These are very relevant to disclose if present. You do not necessarily need to provide full details at this stage, or the source, especially if this involves a third party - eg neighbours or other family members*).

- No                                       Don't know                                       Yes

Details (box will expand): (eg. the person affected, type of concern).

Do you have any concerns about the ability of the parents to meet the needs (ie basic care, safety, emotional warmth, stimulation, guidance, boundaries and stability) of the child/children?

No                       Not enough information available to comment                       Yes

Details (box will expand): (eg. person affected, type of concern).

Are there any other factors that may be significant (box will expand): (eg non-attendance at appointments, failure of treatment programmes)?

## 12 Summary

Which statement best describes your feelings about this child's health/welfare from the information available to you:

- I feel in a good position to comment and have no concerns
- I have limited information but have no specific concerns
- I do not have enough information to comment
- I have some concerns

Safety Scale (Your Judgement)

Please mark and score on the scale of 0 - 10, where 0 means you cannot be more worried and 10 means you would be happy for the child not to be placed on a plan or if this is a review conference for the child protection plan to be removed.

0 \_\_\_\_\_ 10

**Signature:**

\_\_\_\_\_

**Printed name:**

\_\_\_\_\_

**Job title within practice:**

\_\_\_\_\_

**Date report completed:**

\_\_\_\_\_

**Telephone contact number:**

\_\_\_\_\_

## Countersignature

*Needed if the form has been completed by a clinical person other than the child's own General Practitioner (eg the practice nurse).*

***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.***

***Signature of Doctor:*** \_\_\_\_\_

***Printed name:*** \_\_\_\_\_

***Date:*** \_\_\_\_\_

***In your professional opinion is there any other relevant information that may affect the safeguarding of the child (box will expand).***

***Has this report been discussed with the child's parents?***

***Yes***

***No***

*(If you feel that sharing the information with the parents may adversely affect the child's welfare, it is acceptable to tick the **No** box but please explain why in the section below).*

***Thank you very much for completing this important form. If you need any advice or would like to discuss any aspect of this report, please contact the named doctor or nurse for your area.***

***Please return the report to the Conference Chair by email to [child.protection@eastriding.gcsx.gov.uk](mailto:child.protection@eastriding.gcsx.gov.uk)***

***For additional specific advice please contact the East Riding Safeguarding Children's Board (Safeguarding Unit) on 01482 396999 to speak to the conference chairperson.***