

## Primary Care report for Initial/Review Child Protection Conference

It is not necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child, due to the lawful basis of 'public task', as sharing of information in this situation is a statutory function (Section 11 responsibilities, Children Act 2004). This also applies to any adults with whom that child has contact, which may impact on the child's safety or welfare.

The information provided within this report is to be used for the purpose of the above meeting. Any wider dissemination of the information contained within the report should be agreed with the author.

Please complete the below for each child named on the invite that are registered with your practice.

<b>Child:</b>
<b>Date of Birth:</b>
<b>Address:</b>
<b>GP PRACTICE DETAILS</b>
<b>Name of GP Practice:</b>
<b>Practice Address:</b>
<b>Practice Telephone No:</b>
<b>GP email address:</b>

<b>Is the child up to date with his/her immunisations?</b>	<b>Yes</b>	<b>No</b>
<b>Comments:</b>		

<b>Has the child had any OOH or A&amp;E attendances?</b>	<b>Yes</b>	<b>No</b>
<b>Please list A&amp;E attendances in the last 12 months or since last conference.</b> <b>Are there any identified concerns with any of these attendances, if so please state;</b>		

<b>How many attendances at the surgery has this child had in the last 12 months or since the last conference?</b>	<b>0-2</b>	<b>3-5</b>	<b>6-8</b>	<b>&gt;8</b>
<b>Please comment about the nature of these consultations, and whether they were appropriate or not.</b>				

<b>Has there been any Was Not Brought appointments?</b> <b>This needs to include GP appointments, hospital appointments and other health specialist appointments</b>	<b>Yes</b>	<b>No</b>
<b>Please provide details:</b>		

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Does the child have any long term medical conditions or diagnoses, are there any open referrals or ongoing investigations outstanding?	Yes	No
Please list long term conditions and details below:		

Does the child have any prescribed medications currently? If medications are prescribed are there any issues regarding collecting of prescriptions and over/under use?	Yes	No
Please list:		

Have you had any safeguarding concerns regarding this child? Have there been any past concerns?	Yes	No
If yes, please give further details.		

What is your view about the identified risk (if known), the impact on the child and family and whether a Child Protection is required/should continue?

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**For CITY Practitioners only.**

On a scale of 0-10 (0 being not safe at all and 10 being completely safe) how safe do you consider the child or young person to be?

What do you think would need to change to increase the safety scale number by 2?

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<b>Are you able to attend the meeting? (please delete)</b>	<b>Yes</b>	<b>No</b>
<b>Comments</b>		

Has this report been shared with parent(s)?	<b>Yes</b>	<b>No</b>
<b>If not shared, please state reason:</b>		
<p>Once you have completed this paperwork, please sign the declaration below (if completing electronically, you can enter your name in the signature box and this will be treated as an electronic signature).</p> <p><i>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</i></p>		
Signed:	Date:	

**Completed Reports should be sent by secure e-mail to details on letter.**