***Please note this report should be submitted with the pre-populated document received from the Child Protection Unit***

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| **Section 1 – Report Author** |

|  |  |
| --- | --- |
| Report compiled by: | *GP to insert* |
| Job Title: | *GP to insert* |
| Date Report Completed: | *GP to insert* |
| Safeguarding lead at practice:  *(if different to above)* | *GP to insert* |
| Contact details for queries: | *GP to insert* |

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| **Section 2 – Details of child/ren**  *GPs - Please screen shot the GP Safeguarding Template into the boxes below. If Safeguarding template screen shots are not available then please manually enter details of the children’s health in line with the recommended information required above.* |

The screen shots for each child below will contain the following information if recorded in the child’s medical notes:

* Date child last seen at the practice
* Immunisations given
* Significant past medical history
* Any repeat medication
* DNA’s
* Referrals to any specialists in the last 6 months
* A&E / OOH attendances
* Historical safeguarding entries

|  |  |
| --- | --- |
| **Child 1** | *Insert screen shot* |
| **Child 2** | *Insert screen shot* |
| **Child 3** | *Insert screen shot* |
| **Child 4** | *Insert screen shot* |
| **Child 5** | *Insert screen shot* |
| **Child 6** | *Insert screen shot*  *Tab across here if there are more children to add to the report* |

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| **Section 3 – GP Interpretation of the ‘Details of child/ren’ in section 2**  *e.g. What does it mean for the child/ren? Please interpret for a non medical audience.* |

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| *GP to insert free text here based on details in screen shots in section 2* |

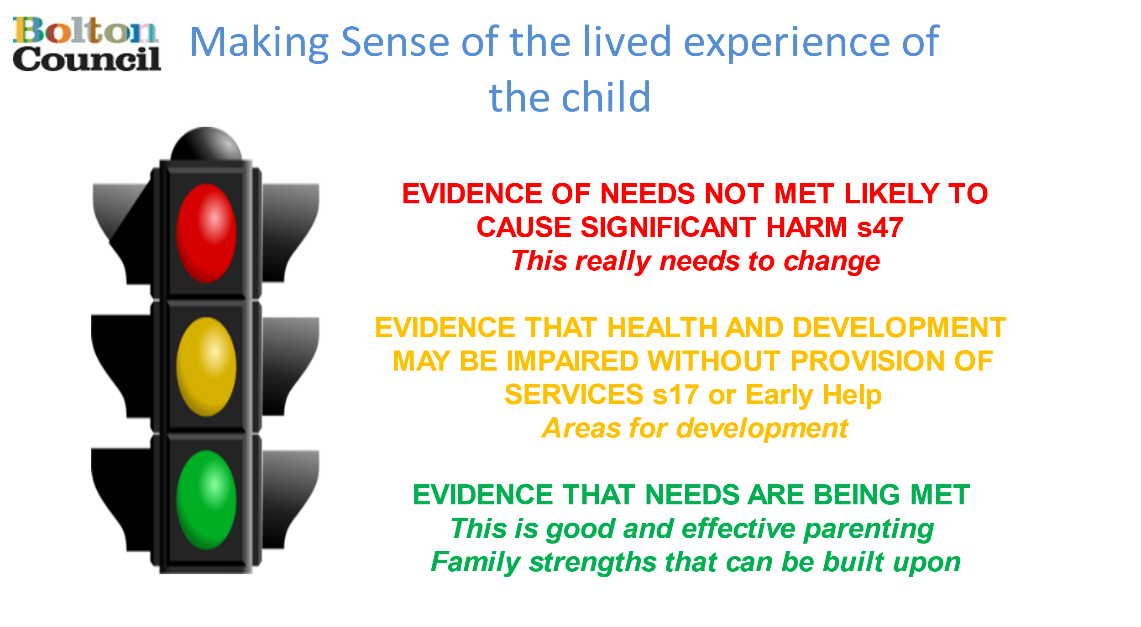
|  |
| --- |
| **Section 4 – Details of parents / family members / significant others in the same household**  *e.g. Significant past medical history impact on care of the child/ren* |

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| *GP to insert free text here* |

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| **Section 5 – Analysis of health needs** |

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| --- | --- | --- | --- |
| Having analysed the medical information for this report, I have: | | | |
|  | Yes | No | Reason for decision: |
| Ongoing medical concerns |  |  | *GP to insert free text here* |
| Concern regarding the health seeking behaviour of the family |  |  | *GP to insert free text here* |
| Concern regarding parenting capability |  |  | *GP to insert free text here* |
| Concern that the child’s current needs may require support within a multiagency protection plan |  |  | *GP to insert free text here* |

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| **Section 6 – Analysis for the Multiagency Conference** |



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| **GREEN: Evidence that needs are being met:** |
|  |
| **AMBER: Evidence that health and development may be impaired without the provision of services:** |
|  |
| **RED: Evidence of needs not met and likely to cause significant harm:** |
|  |
| **Impact of risk upon the child/ren/young person. What might happen if nothing changes now or in the future?** |
|  |