***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** |

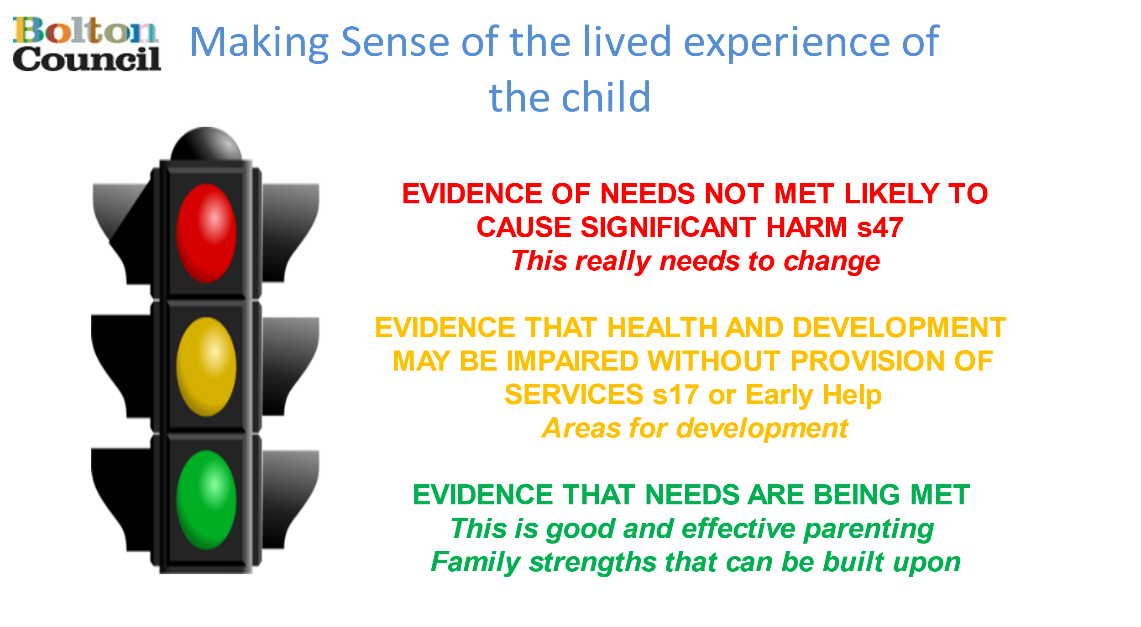
|  |  |
| --- | --- |
| Report compiled by: | *GP to insert* |
| Job Title: | *GP to insert* |
| Date Report Completed: | *GP to insert* |
| Safeguarding lead at practice:  *(if different to above)* | *GP to insert* |
| Contact details for queries: | *GP to insert* |

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| **Section 2 – Changes since last Case Conference in Child(ren) or Parents health or social situation where known (review period usually 3 months), please provide analysis of what this means for the child**  **NOTE: If there has been no contact with the family during the review period this could still be relevant so please complete and return form stating this.** |
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| **Section 3 – 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?** |
|  |