|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| H:\LSCB Executive Group\Admin & Finance\Templates\HSSCP\Safeguarding colour.png | E:\South Tees Safeguarding Children Partnership_logo-1.png |  |  | |
|  | | | *Overwrite with LA CSC Name and Address and secure email that request sent from.* |
| *Over write with Name & Address of GP and secure email address request is sent to.* | | |  |

|  |  |
| --- | --- |
| Date: | *Insert Date* |

|  |  |  |
| --- | --- | --- |
| Dear Doctor | | *Insert Name of GP* |
| A Child Protection Strategy Meeting is being held for the child /children/ unborn baby listed below:   |  |  |  | | --- | --- | --- | | First Name | FAMILY Name/ Surname | Also known as | | *Insert details* |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | |
| on | *Insert day, date and time* | | |
| at | *Insert full address* | | |

|  |  |
| --- | --- |
| The concerns relate to the following issue(s): | |
| * . * . * . * . | |
| If you are unable to attend please complete the following pro forma and provide a summary of the information held within your records for the child/children listed including **relevant** health information on the parent/parents/carers. | | |
| This information is required before | | Insert date |

If this family / child / children are not known to you please return this letter straight away.

|  |
| --- |
| Yours sincerely, |
| *Insert name & designation of Officer Sending Request* |

|  |  |
| --- | --- |
| Name & Practice of GP Providing Information: |  |

|  |  |
| --- | --- |
| Strategy Meeting being held on: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child(ren) *including Unborn babies* | D.O.B | Address | Registered  Yes/No | NHS Number | Last Seen in Surgery |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Adult siblings | D.O.B | Address | Registered  Yes/No |  | Last Seen in Surgery |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Mother | D.O.B | Address |  |  | Last Seen in Surgery |
|  |  |  |  |  |  |
| Father | D.O.B | Address |  |  | Last Seen in Surgery |
|  |  |  |  |  |  |
| Other Carer(s)  (where applicable) | D.O.B | Address |  |  | Last Seen in Surgery |
|  |  |  |  |  |  |
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| --- | --- | --- |
|  | Y / N | Please insert any changes / errors / other information (e.g. aliases or nicknames) below |
| Are the Child(ren)’s details on the above list accurate? |  |  |
| Are the Parent(s) details on the above list accurate? |  |  |
| Are the carer(s) details on the above list accurate?  (If appropriate) |  |  |
| Are you aware if there are any other people living in the family home? |  |  |

|  |  |  |
| --- | --- | --- |
|  | Y / N | Please insert comments as relevant |
| Are the Child(ren)’s immunisations up to date? |  |  |
| Are appointments generally well attended? |  |  |
| Have health needs been addressed in a timely manner? |  |  |
| Have there been any hospital attendances? |  |  |
| Have there been any A & E or Urgent Care attendances? Please provide brief details |  |  |
| Are there any outstanding health issues? |  |  |
| Is there any involvement with Secondary care?  If so, provide more detail including details of health professionals involved and any history of failure to attend appointment’s |  |  |
| Are you aware of any issues relating to the parents / carers that may impact on the child / children?  If yes, please provide information, including the known impact as referenced below. |  |  |
| 1. Domestic Abuse |  |  |
| 1. Substance Misuse |  |  |
| 1. Mental Health issues |  |  |
| 1. Learning Disabilities |  |  |
| 1. Other |  |  |
| Is there any relevant historical information relating to the experiences of the parent/carers as children? |  |  |

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| --- |
| Please add additional information as deemed necessary to safeguard the above child(ren) including if you have any current or previous safeguarding concerns, including any action you have taken. |
|  |

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| --- | --- | --- | --- |
| GP Signature: |  | Date: |  |

Please return this form to the appropriate area:

|  |  |  |
| --- | --- | --- |
| Children’s Social Care | **Fax** | **Secure Email** |
| Hartlepool | N/A | [fcsh@hartlepool.gcsx.gov.uk](mailto:fcsh@hartlepool.gcsx.gov.uk) |
| Middlesbrough | N/A | [firstcontact@middlesbrough.GCSX.gov.uk](mailto:firstcontact@middlesbrough.GCSX.gov.uk) |
| Redcar & Cleveland | 01642 771535 | [cat@redcar-cleveland.gcsx.gov.uk](mailto:cat@redcar-cleveland.gcsx.gov.uk) |
| Stockton-On-Tees | 01642 527756 | [First.contact@stockton.gcsx.gov.uk](mailto:First.contact@stockton.gcsx.gov.uk) |