PRELIMINARY PAEDIATRIC OPINION FORM (PPOF)

1. The PPOF should be completed by the lead Paediatrician for the child as part of the multi-agency safeguarding assessment of a child.
2. The PPOF should be completed as follows:

* For the child referred by either social care or police for a child protection medical assessment, the PPOF should be completed following the CP medical assessment
* For the child admitted to hospital where there are concerns about child maltreatment, the PPOF should be completed at the initial multi-agency strategy meeting/discussion

1. A separate PPOF should be completed for each child.
2. The PPOF is not a referral form and should not be used to make an Interagency Referral.
3. The PPOF is a preliminary opinion, often provided before all the information about a case is known. This form does not replace the need for a formal child protection report for cases where significant harm has occurred.
4. The form can be completed electronically and sent by email. A printed copy can be given to the family and professionals in attendance.
5. In addition to filling in this form it is important that wherever possible paediatricians are involved in all strategy discussions following a child protection medical assessment and that they contribute to any safety plans (or agreement that a safety plan is not required).
6. Doctors working in Emergency Departments do not act as the lead Paediatrician for a child and should not complete a PPOF. Children who are brought to the Emergency Department and concerns about child maltreatment are picked up in the ED should be referred to an appropriate lead Paediatrician for on-going management

**PRELIMINARY PAEDIATRIC OPINION FORM (PPOF) Completed at initial discussion between paediatrician, police officer and social worker**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD DETAILS** | | **OPINION PROVIDED BY** | | | | | |
| **First name** |  | **Name** | |  | | | |
| **Surname** |  | **Designation** | |  | | | |
| **Date of birth** |  | **Phone** | |  | | | |
| **NHS no** |  | **Email** | |  | | | |
| **Address** |  | **Address** | |  | | | |
| **KNOWN FAMILY RISK FACTORS (including information from. Health, CSC & Police checks on parents/carers):** | | | | | | | |
|  | | | | | | | |
| **PRELIMINARY PAEDIATRIC OPINION** based on risk factors, medical history and examination known to the paediatrician at the time of medical assessment. The paediatrician’s opinion may change as more information comes to light. | | | **DATE** | |  | **TIME** |  |
| Opinion of likelihood of abuse on basis of information known so far (with rationale for opinion): | | | | | | | |
| **Opinion has been discussed with parent / carer by paediatrician** [ ] | | | | | | | |
| **OUTCOME**   * Paediatric review/ investigation results may change or add to this opinion **Y / N** (if yes detail below) | | | | | | | |
|  | | | | | | | |
| * Agreed multi-agency plan (must be given): | | | | | | | |
|  | | | | | | | |
| **COPIES** for: Parents [ ] CSC [ ] Police [ ] GP [ ] HV [ ] Other [ ]:  **Full report to be sent by paediatrician by (agreed date):** | | | | | | | |