



## Shared Referral Form: Child Protection/Vulnerable Young Persons

### 1A. REFERRER'S DETAILS

Name of Referrer	Agency	Designation	Postal Address (include postcode)	Email	Phone	Fax

### 1b. DESIGNATED CONTACT PERSON (IF DIFFERENT FROM 1a)

Name of Referrer	Agency	Designation	Postal Address (include postcode)	Email	Phone	Fax

### 2. SUBJECT OF REFERRAL

Child's Name	Other name known by	DOB dd mm yy	Age	Gender (M/F)	Home Address (include Postcode)	Home Language	Interpreter Required?
1							
2							
3							

### CHILD AFFECTED BY DISABILITY?

	Description	Communication Assistance Required (specify)
1		
2		
3		

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### 3. REFERRAL TO

Date of Referral	Time of Referral (am or pm)	Name of worker spoken to	Designation	Is the parent/carer aware of this referral? Yes/No?	Is the young person aware of this referral? Yes/No?
Is this a re-referral from your service? Yes/No	If yes, please enter date(s) of previous referral(s)		Is this referral Child Protection or Vulnerable Young Persons?		

### 4. SUMMARY OF CONCERNS

FOR ALL REFERRALS, PLEASE COMPLETE THE FOLLOWING

Suspicion/risk of (factors relating to the child)	
Absconding	
Child Safety	
Education	
Health – Illness/Disability	
Outwith Parental Control	
Physical Care/Neglect	
Emotional Abuse/ neglect	
Physical Injury	

Suspicion/risk of (factors relating to parents/ carers- if Child Protection)	
Parental Alcohol misuse	
Parental Substance misuse	
Asylum Seekers/Refugees	
Domestic Abuse	
Housing/Accommodation	
Learning Disability	
Mental Illness/ mental health difficulties	
Parenting capacity	



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Sexual Abuse	
Young person placing themselves at risk	
Self harm	
Child Sexual Exploitation	
Child Trafficking/ Exploitation	
Offender Behaviour	
Substance Misuse	
Other (please specify below)	

Physical Illness	
Poverty/Financial	
Non-engaging family	
Parent in prison	
Other (please specify below)	

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**5. REASON FOR REFERRAL/REQUEST FOR SERVICES:**

What is the nature of the concern? (If the child has alleged abuse, record what was said. Remember this should be as accurate as possible and in the child's words.)

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Date of Incident:		Time of Incident:		Location of Incident:	
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Please provide some context in relation concern/ disclosure

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Provide specific details of any injuries/ bruises/ marks.

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Has the parent/ carer been contacted and are they aware of this referral? (It is expected that information will be sought from parents prior to referral unless there is a concern that this will place the child at additional risk)  
 If yes, What was their response/ explanation? If not, please state why not.

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How is this concern impacting on the child/ likely to impact on the child?

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What action, if any, has already been taken?

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Have you discussed this with your Child Protection Coordinator/ Senior Management Team? If yes, what advice have you received? If not, why not?

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### 6. FAMILY DETAILS

#### Adults in the household or significant to the child/family

Name	Other name known by	Relationship to child	Current Address (IF DIFFERENT FROM CHILD)

#### Siblings not subject to referral

Child's name	Other name known by	DOB dd mm yy	Age	Gender	If in relation to unborn baby or mother is pregnant – estimated date of birth

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## 7. AGENCY INVOLVEMENT

<b>Health</b>	<b>GP's Name</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>
<b>Health Visitor/School</b>	<b>Name of Health Visitor/School Nurse</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>
<b>Education (Nursery / School)</b>	<b>Name of Establishment and Contact Person</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>
<b>Any Other Agencies (if known)</b>	<b>Name of Agency and Contact Person</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>

## 8. AGREED ACTIONS

What actions were agreed during phone referral?



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Signature of Referrer

Please print  
name

Date

Signature of Line  
Manager (if applicable)

Please print  
name

### Data Protection

We will now share data based on the relevant legal basis under the current Data Protection legislation with effect from 25<sup>th</sup> May 2018.

### Information Sharing/ Consent

The Scottish Government sought confirmation of the position re information sharing from the Information Commissioner's Office (Letter issued by Maree Todd, Minister for Children & Young People 10.09.2018), They have noted that:

"It is important that those whose work brings them into contact with children and young people continue to share child protection concerns in the same way as they did previously (prior to GDPR). Child protection matters at the *significant harm* level equate to sharing/processing being *necessary to protect the vital interests of the child* where reliance on consent may be prejudicial to that purpose. The same lawful purposes are provided for in Articles 6:1(b) and 9:2(c) of the GDPR for personal and special category data so nothing has changed at that level.

Where the matter is still a child protection matter but does not meet the significant harm bar, other legal bases exist in the GDPR and the Data Protection Act 2018 that data controllers may be able to rely on depending on the circumstances of any given case."

### THIS REFERRAL SHOULD BE SENT SECURELY TO THE FOLLOWING ADDRESSES:

Education

[sharedservices.education@eastdunbarton.gov.uk](mailto:sharedservices.education@eastdunbarton.gov.uk)

Health

[sharedservices.socialwork@eastdunbarton.gov.uk](mailto:sharedservices.socialwork@eastdunbarton.gov.uk)

Other Statutory Partners

[childcarestandby.referrals@eastdunbarton.gov.uk](mailto:childcarestandby.referrals@eastdunbarton.gov.uk)