



# **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)
7		
2		
3		







## 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 referral(s)	) of previous	Is this refer	ral Child Protection or	Vulnerable Young Persons?

## 4. SUMMARY OF CONCERNS

# FOR ALL REFERRALS, PLEASE COMPLETE THE FOLLOWING

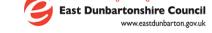
Suspicion/risk of (factors relating to the child)	
Absconding	
Child Safety	
Education	
Health – Illness/Disability	
Outwith Parental Control	
Physical Care/Neglect	
Emotional Abuse/ neglect	
Physical Injury	

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





Sexual Abuse	Physical Illness
Young person placing themselves at risk	Poverty/Financial
Self harm	Non-engaging family
Child Sexual Exploitation	Parent in prison
Child Trafficking/ Exploitation	
Offender Behaviour	
Substance Misuse	Other (please specify below)
Other (please specify below)	





# 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.)							
Date of Incident:		Time of Incident:		Location of Incident:			
Please provide some co	ontext in relation concerr	n/ disclosure					
Provide specific details	of any injuries/ bruises/	marks.					
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.							
	<u> </u>						
How is this concern imp	pacting on the child/ likely	y to impact on the child?					
What action, if any, has already been taken?							
Have you discussed this with your Child Protection Coordinator/ Senior Management Team? If yes, what advice have you received? If not, why not?							





# **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





# 7. AGENCY INVOLVEMENT

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

# **8. AGREED ACTIONS**

What actions were	agreed during phone referral?		





Signature of Referrer			
Date			
Signature of Line Manager (if applicable)		Please print name	
manager (ii applicable)		патте	

#### **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

Health <u>sharedservices.socialwork@eastdunbarton.gov.uk</u>

Other Statutory Partners <a href="mailto:childcarestandby.referrals@eastdunbarton.gov.uk">childcarestandby.referrals@eastdunbarton.gov.uk</a>