



**SECTION A (to be completed by SCC, CYPS)**

|                        |  |
|------------------------|--|
| Name of Social Worker: |  |
| Team Name and Address: |  |
| Telephone Number:      |  |
| Secure Email Address:  |  |

Reason(s) for information request, place an (x) in column 1 of the appropriate section(s):

|  |  |
|--|--|
|  | <b>Child Protection Enquiry (Section 47)</b> - report needed within 48 hours – Queries / Return to the Social Worker.  |
|  | <b>Initial Child Protection Conference</b> - report needed within 48 hours<br>To be returned to Landmark House, Ipswich - CYPsSafeguardingCo-ordinatorsIpswich@suffolk.gov.uk West Suffolk House, BSE – SafeguardingCo-ordinatorsBuryStEdmunds@suffolk.gov.uk Riverside, Lowestoft - <a href="mailto:CYPsSafeguardingCo-ordinatorsLowestoft@suffolk.gov.uk">CYPsSafeguardingCo-ordinatorsLowestoft@suffolk.gov.uk</a><br>Date of Conference:           |
|  | <b>Review Child Protection Conference</b> -report needed within 5 working days<br>To be returned to<br>Landmark House, Ipswich - CYPsSafeguardingCo-ordinatorsIpswich@suffolk.gov.uk<br>West Suffolk House, BSE – SafeguardingCo-ordinatorsBuryStEdmunds@suffolk.gov.uk Riverside, Lowestoft - <a href="mailto:CYPsSafeguardingCo-ordinatorsLowestoft@suffolk.gov.uk">CYPsSafeguardingCo-ordinatorsLowestoft@suffolk.gov.uk</a><br>Date of Conference: |
|  | <b>Child and Family Assessment</b> - report needed within 10-days CiN enquiry (social worker to complete, partner agency to add missing information where known.) – Queries / Return to the Social Worker.   |

**Brief details of the nature of the concern and information sought:**(to be completed by CYPS)

**UK GDPR and Data Protection Act 2018 (data protection law)**

Under data protection law, Suffolk County Council (SCC) is a controller for the personal information it processes about people. SCC is registered with the Information Commissioner’s Office (ICO) – Registration No: Z5113825, Expiry: 13/12/2022.

In accordance with the UK GDPR, SCC has identified the following lawful bases for sharing and processing the data requested in this form:

**Personal data:** Article 6(1)(e) – Public Task (processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller (with a basis in law)).

**Special category data:** Article 9(2)(h) – Health/Social Care (with a basis in law)

NB This lawful basis applies if family information is also shared as necessary and relevant to the request being made. You do not need to seek consent from any individual to share this information.

The Privacy Notice for Children & Young People's Services (CYPS) is available [here](#).  
Parents/carers are signposted to the CYPS Privacy Notice.

**Child/Children's details:**

**Details of Family:** (social worker to complete, partner agency to add missing information where known.)

|               |  |   |  |
|---------------|--|---|--|
| Name of Child |  | DoB                                       |  |
| Ethnicity     |  | First Language                            |  |
| Siblings      |  | DoB                                       |  |
| Ethnicity     |  | First Language                            |  |
| Siblings:     |  | DoB                                       |  |
| Ethnicity     |  | First Language                            |  |
| Siblings:     |  | DoB                                       |  |
| Ethnicity     |  | First Language                            |  |
| Home Address  |  | Other Address<br>children may stay<br>at: |  |

|                       |  |     |  |
|-----------------------|--|-----|--|
| Name of Mother/ Carer |  | DoB |  |
| Name of Father/Carer  |  | DoB |  |

**Any other significant adults:**(This includes adults who have regular contact or caring responsibilities for the child not living at the registered address)

| Name; | DoB | Address | Relationship to<br>Child if known | Ethnicity | <b>First<br/>language</b> |
|-------|-----|---------|-----------------------------------|-----------|---------------------------|
|       |     |         |                                   |           |                           |
|       |     |         |                                   |           |                           |
|       |     |         |                                   |           |                           |

**SECTION B**

**General Practitioner Information**

**Note to General Practitioner:** The information you provide will be used as part of an assessment, for the purpose(s) stated in Section A of this form, to inform decision making processes. The information may also be disclosed in meetings which are necessary for assessment purposes and with the parents of the children.

|   |  |
|---|--|
| Date request received by Practice<br>Safeguarding Lead (Doctor or Nurse or<br>Practice Manager) |  |
| Partner Agency Details:   |  |
| GP Surgery Details:   |  |
| Address:  |  |
| Telephone Number:   |  |
| Practice Email:   |  |

**Child's Name:**

|   |   |
|---|---|
| <p><b>Current health, significant past medical history, development</b><br/>Consider what you are worried about and what is working well</p>  | <p>Please include:</p> <p>Date child last seen and number of times seen in last 12 months and who attends with child. If any other significant information you want to share other than the last 12 months, please include.</p> <p>Current health</p> <p>Current medication (please include print out)</p> <p>Significant conditions or factors present that may affect health and development (Congenital conditions, prematurity, disability etc.)</p> <p>Significant Diagnoses (e.g. asthma, epilepsy) including date of diagnosis</p> <p>Immunisation status (please include print out)</p> |
| <p><b>Additional information from correspondence</b> Consider what you are worried about and what is working well</p>   | <p>Such as:-</p> <p>A&amp;E attendances in last 12 months<br/>Include Date, Event, Outcome</p> <p>Other professionals involved with child</p> <p>Was not brought to appointment notifications in last 12 months</p> <p>If there have been no contacts, please indicate</p>  |
| <p><b>Do you have any comments / observations regarding the likelihood of significant harm, to this/these child/ren?</b> Consider what you are worried about and what is working well</p> | <p>Analysis of risk</p> <p>From your knowledge of the child and family, do you consider this child's needs are being met?</p> <p>If not, what in your opinion needs to change in order for the child/children to remain safe at home without a child protection plan?</p>   |

|   |   |
|---|---|
| <p><b>FAMILY INFORMATION</b></p>  | <p><b>Examples, could include:</b></p> <ul style="list-style-type: none"> <li>Mental health difficulties</li> <li>Substance misuse</li> <li>Relationship difficulties</li> <li>Previous record of abuse or neglect</li> <li>Young and unsupported parents</li> <li>Chronic illness</li> <li>Domestic Abuse</li> <li>Learning difficulties</li> <li>Disability</li> </ul>  |
| <p><b>Are there any family and environmental factors which may influence the parents ability to meet the child(ren)s needs?</b><br/><i>Consider what you are worried about and what is working well</i></p> | <p><b>Include observations re.:</b></p> <ul style="list-style-type: none"> <li>Family history and functioning</li> <li>Wider family</li> <li>Employment, housing issues</li> <li>Finances</li> <li>Social Integration</li> <li>Community Resources, (including No recourse to public funds),</li> <li>Homelessness.</li> </ul> <p>Also consider:</p> <ul style="list-style-type: none"> <li>Female Genital Mutilation</li> <li>Modern Slavery</li> <li>Exploitation/Grooming</li> <li>Parents' previous history of childhood abuse / Looked After as a child.</li> <li>Contextual safeguarding</li> <li>County lines, Youth Violence,</li> <li>Criminal Exploitation and Gangs</li> </ul> |

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**Form completed by:** .....

**Position:** .....

**Signed:** .....