**INTER-AGENCY REFERRAL FORM PACKAGE**

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# Inter-Agency Referral Form

Date of Referral: Click here to enter a date.

Priority Level: Choose an item.

Prioritized due to a Specific Need: [ ]  Yes [ ]  No

Type of Referral: Choose an item.

Referring Organizations’ Assigned Case Number: Click here to enter text.

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| **Contact UNHCR[[1]](#footnote-2) (with consent of the individual) if the case meets *any* of the below criteria:**

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| [ ]  Immediate physical threat | [ ]  Unaccompanied or separated children |
| [ ]  Persons at risk of refoulement, detention or deportation; rejection of asylum claims, implicit withdrawals of asylum applications | [ ]  Persons facing an immediate/serious risk to physical safety[[2]](#footnote-3) |

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| **Referring Organization** | **Receiving Organization** |
| Organization name:Click here to enter text. | Organization name:Click here to enter text. |
| Contact name:Click here to enter text. | Contact name:Click here to enter text. |
| Phone: Click here to enter text. | Phone: Click here to enter text. |
| E-mail: Click here to enter text. | E-mail: Click here to enter text. |
| Address: Click here to enter text. | Address: Click here to enter text. |
| **Referral delivered by**: [ ] Phone (emergency only) [ ] E-mail[ ] In person[ ] Electronically (app or database) |

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| **Individual Information** |
| **Name**: Click here to enter text. |
| **Date of birth:**Click here to enter a date. | **Gender**: Choose an item. | **Individual ID type:**Choose an item.**ID number:**Click here to enter text. | **Second Individual ID type:**Choose an item.**ID number:**Click here to enter text. |
| **Address:**District: Click here to enter text.Province: Click here to enter text. |
| **Nationality**: [ ] Syrian[ ] Turkish[ ] Iraqi[ ] Afghan [ ] Iranian [ ] Other. Specify ‘other’: Click here to enter text. |
| **Language(s)** [ ] Arabic[ ] Turkish[ ] Farsi[ ] Kurdish[ ] English[ ] Other. Specify ‘other’: Click here to enter text. |
| **E-mail**: Click here to enter text. |
| **Phone**: Click here to enter text. |
| **Alternate phone**: Click here to enter text. |
| **Relationship to alternate contact**: Click here to enter text. |
| **Preferred Gender of Case Worker:** Choose an item. |
| **Preferred Gender of Interpreter:** Choose an item. |

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| **If individual is a child** *(under 18 years)* |
| **Is the child unaccompanied?** [ ] Yes [ ] No *(If yes, contact UNHCR. See above)* |
| **Is the child separated?** [ ] Yes[ ] No |
| **Name of primary caregiver/trusted adult**: Click here to enter text. |
| **Caregiver/trusted adult’s relationship to child:** Click here to enter text. |
| **Contact information for caregiver/trusted adult:** Click here to enter text. |
| **Individual ID type of the caregiver/trusted adult:** Choose an item. |
| **ID number of the caregiver/trusted adult:** Click here to enter text. |
| **Is the caregiver/trusted adult informed of the referral?** [ ] Yes[ ] No *(If no, explain why):* Click here to enter text. |
| **Disability Status** |
| *Based on an individual level assessment (using the WGQs), did you identify the individual to face any difficulties doing any of the below mentioned activities?***Seeing**[ ]  No difficulty [ ]  Yes, some difficulty [ ]  Yes, with a lot of difficulty [ ]  Cannot do at all **Hearing**[ ]  No difficulty [ ]  Yes, some difficulty [ ]  Yes, with a lot of difficulty [ ]  Cannot do at all**Walking/Climbing Steps**[ ]  No difficulty [ ]  Yes, some difficulty [ ]  Yes, with a lot of difficulty [ ]  Cannot do at all **Remembering/Concentrating**[ ]  No difficulty [ ]  Yes, some difficulty [ ]  Yes, with a lot of difficulty [ ]  Cannot do at all **Self-Care**[ ]  No difficulty [ ]  Yes, some difficulty [ ]  Yes, with a lot of difficulty [ ]  Cannot do at all**Communication**[ ]  No difficulty [ ]  Yes, some difficulty [ ]  Yes, with a lot of difficulty [ ]  Cannot do at all |

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| **Reason for Referral** |
| *NOTE: Do not share GBV or other sensitive information in pages 1-2 of this form. Use page 3 and then password protect the entire document when any inter-agency referral requires sensitive information to be shared.*  |
| **Describe the problem** *(duration, frequency, etc.),* **needs and priorities:** Click here to enter text. |
| **Describe the services already provided by your, or any other, organization:** Click here to enter text. |
| **Note any referrals to other organizations** *(to the best of your knowledge):*  Click here to enter text. |

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| **Recommended Services** |
| [ ] Cash[ ] Education[ ] Food | [ ] Legal assistance[ ]  Livelihoods [ ]  Shelter | [ ] Non-Food Items[ ] Protection Services | [ ] Emergency accommodation[ ] Other |
| Please specify the service category as referred to in the [Services Taxonomy](http://www.refugeeinfoturkey.org/repo/Protection/ServicesTaxonomy.html)Click here to enter text. |
| Specify ‘other’: Click here to enter text. |
| **Explain reason for referral, recommended services and indicate priorities, if any**: Click here to enter text. |
| Any **restrictions** on contact or information release? [ ] Yes [ ] No*If yes, explain.* Click here to enter text. |
| **Safe contact can be made by** *(in order of preference):*Choose an item. | During these days:Choose an item. | During these hours:Click here to enter text. | Contact details:Click here to enter text. |
| Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. |
| Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. |
| If other, please explain: Click here to enter text. |

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| **Referral Checklist** |
| [ ] The individual has been **informed of the referral**. *If not, explain.* Click here to enter text. |
| [ ] The individual has **signed consent** to release information *If not, explain.* Click here to enter text. |
| [ ]  The child has provided **informed assent** to release informationIf not, explain. Click here to enter text. |
| **Feedback to Referring Organization** |
| The referring organization requests **feedback or follow up information for which the individual provides informed consent**: [ ] Yes [ ] No*If yes, explain.* Click here to enter text. |

**ADDENDUM: REFERRAL OF GBV AND SENSITIVE CASES**

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| For inter-agency referral of GBV survivors/those at risk, please complete this page and password protect the document. This page may also be used for other case types where sensitive information must be shared for the purpose of the referral. Please refer to the Advised Basic Operating Principles document on steps to password protect the IARF.  |

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| **Individual Information** |
| **Is the individual an GBV survivor (or at risk)?**[ ]  Maybe. I suspect that the individual is an GBV survivor. | [ ]  Yes, the individual is a confirmed GBV survivor. [ ]  Yes, the individual is at risk of GBV.[ ]  No, the individual is not an GBV survivor. Other sensitive protection. |
| Specify non-GBV or other comments, if any: Click here to enter text. |
| **Did the individual disclose any information on his/her emotional state?** *If so, record below in the individual’s own words.* |
| Click here to enter text. |
| **What are your observations of the individual’s emotional state at the end of the intake/assessment interview?**  Click here to enter text. |
| **Is there anything that the service provider should be aware of (ex. trigger stimulus) or other special care instructions?** Please explain: Click here to enter text. |
| **Summary of incident** |
| Account of the incident (including date) / description of the incident (summarize the details of the incident in individual’s words). *Only complete if the incident details are relevant to the services being requested. Limit information to what is* necessary *for the receiving organization to know.*Click here to enter text. |
| **Type of incident/violence:***Refer to the* [*GBV classification tool*](http://gbvims.com/wp/wp-content/uploads/ClassificationTool_Feb20112.pdf) *(GBVIMS)* |
| [ ]  Rape[ ]  Sexual assault  | [ ]  Physical assault[ ]  Child, early and/or forced marriage  | [ ]  Denial of resources, opportunities or services[ ]  Psychological / emotional abuse |
| [ ]  Non-GBV. Please explain: Click here to enter text.  |
| Is the individual willing to file an official complaint? [ ]  Yes [ ]  No [ ]  Unknown/Undecided |

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| **Services requested** |
| Service: | Priority level: | Consent given: |
| [ ] Safe shelter | Choose an item. | [ ] Yes [ ] No |
| [ ] Medical  | Choose an item. | [ ] Yes [ ] No |
| [ ] Health counselling | Choose an item. | [ ] Yes [ ] No |
| [ ] PEP/STI counselling and prevention | Immediately to 72 hours maximum | [ ] Yes [ ] No |
| [ ] Emergency contraceptive | Immediately to 5 days maximum | [ ] Yes [ ] No |
| [ ]  Other medical services: | Choose an item. | [ ] Yes [ ] No |
| [ ] Psychosocial support (PSS) | Choose an item. | [ ] Yes [ ] No |
| [ ] Legal assistance | Choose an item. | [ ] Yes [ ] No |
| [ ] Security/police | Choose an item. | [ ] Yes [ ] No |
| [ ] Cash or material assistance | Choose an item. | [ ] Yes [ ] No |
| [ ] Livelihood | Choose an item. | [ ] Yes [ ] No |
| [ ] Education | Choose an item. | [ ] Yes [ ] No |
| [ ] Advocacy (access to services) | Choose an item. | [ ] Yes [ ] No |
| [ ] Other:  | Choose an item. | [ ] Yes [ ] No |

# Information on Personal Data Protection and Consent Form (Sample)[[3]](#footnote-4)

[**Name of Organization**] in Türkiye supports \_\_\_\_\_ [example: communities affected by conflict and/or displacement to become self-reliant, empowered and able to achieve basic needs and rights]. [**Name of Organization**] does this by \_\_\_\_\_ [example: collaborating with civil society, and Turkish authorities and through utilising community and gender-based approaches to achieve long-term sustainable solutions, lasting change and social cohesion].

You have reached [**Name of Organization**] through its \_\_\_\_\_ [example: community center, hotline, outreach efforts] on the date of \_\_/\_\_/20\_\_ and you requested to benefit from \_\_\_\_\_ services provided by our organization. In order for [**Name of Organization**] who has the title of data controller / representative of data controller to provide the services that you need/request, your personal data [specify clearly: name-surname age, ID number, nationality, phone-number, address, health status, criminal conviction, marital status, household information, education information, shelter information, legal status] shall be registered, stored, organized, updated, processed and transferred to \_\_\_\_\_ fully or partially, automatically and non-automatically, based on your explicit consent and and on the basis of the legal reason that “data processing is mandatory for the establishment, exercise or protection of a right” in accordance with Article 5(2)-e of Law No. 6698 on the Protection of Personal Data. You have been informed that you can withdraw your explicit consent at any time.

Please be informed that your information will be kept confidential and will be used to understand your needs/issues and to be able to reach you for further steps to be taken to support you. You have the following rights pursuant to Article 11 of the Law No. 6698: right to apply to [**Name of Organization**] and to learn whether your personal data has been used and processed, to learn the purpose of data processing and whether this data is used for its intended purposes, to know the third parties to whom your full or partial personal data is transferred, to request the rectification of the incomplete or inaccurate data if any, to request deletion and destruction of your personal data under the conditions laid out in the Law, to request notification of the operations carried out to third parties to whom your personal data has been shared to.

Please note that [**Name of Organization**] provides services in favour of you and has full commitment to protect you and your data. In this regard, [**Name of Organization**] will not share your case/data with third parties unless you and/or any other person should be protected in accordance with Turkish Law. Protection concern may arise: if [**Name of Organization**] has information about (risk of) abuse to a child; has concern about any risk that you may do harm to yourself or another person; has to release the information if law requires; and also if [**Name of Organization**] and its staff have to defend themselves against an official complaint. [**Name of Organization**] will contact you when appropriate, before taking any of these actions.

Upon your agreement, you will be referred to the \_\_\_\_\_ [example: community center, hotline, outreach efforts] of [**Name of Organization**] for the \_\_\_\_\_\_\_\_services to be provided by them. Based on your need/request, your personal data necessary for the services provided by the referred organization, your data [specify clearly: name-surname age, ID number, nationality, phone-number, address, health status, criminal conviction, marital status, household information, education information, shelter information, legal status] shall be registered, stored, organized, updated, processed and transferred to \_\_\_\_\_ fully or partially, automatically and non-automatically, based on your explicit consent and and on the basis of the legal reason that “data processing is mandatory for the establishment, exercise or protection of a right” in accordance with Article 5(2)-e of Law No. 6698 on the Protection of Personal Data. You have the right to withdraw your explicit consent at any time from the referred organization, and the rights pursuant to Article 11 of the Law No. 6698 as explained in the third paragraph of this form.

* I confirm a [**Name of Organization**] staff member has provided information and privacy notice about \_\_\_\_\_ services, and how my personal data will be stored, processed and transferred. Yes [ ] No [ ]
* I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. Yes [ ]  No [ ]
* I understand my rights pursuant to Turkish Law on Protection of Personal Data No. 6698. Yes [ ]  No [ ]
* I understand my participation is voluntary and I am free to withdraw from my service relation with [**Name of Organization**] at any time. At the time of withdrawal, I have the right to request [**Name of Organization**] to destroy my personal data. Yes [ ]  No [ ]
* I agree that my personal data and information can be transferred to relevant service providers in the country and abroad, within the limits of determined purpose, by retaining them for the maximum period required, to better support me.
	+ Yes [ ]
	+ If partially, select what applies; with Public Institutions / Local Authorities [ ] ; with local and/or International NGOs [ ]
	+ No [ ]

*I hereby give my explicit consent to* [**Name of Organization**] *to process my personal data. Yes* [ ]  No [ ]

Name of Individual Date Signature

Name of Legal Guardian Date Signature

(if needed)

Name of Staff Date Signature

Name of Interpreter Date Signature

# Advised Basic Operating Principles for Case Referrals and Case Transfers

## Operational use of IARF

The IARF is recommended to be used by all humanitarian organisations working in the refugee context in Türkiye when facilitating inter-agency case referrals and transfers, and to document referrals in accordance with minimum standards. The use of the form is intended to ensure predictability and standardization in referrals and case transfers by harmonizing information relevant to cases and recommended services. The IARF adheres to the national Law on Protection of Personal Data No. 6698 (hereby referred to as the ‘Data Protection Law’) and other protocols based on principles of ‘confidentiality’ and ‘need to know’.

**Important Note:** For referrals to public institutions and services such as those provided by Provincial Directorates of Family and Social Services (PDoFSS) and Provincial Directorates of Migration Management (PDMM), **government-endorsed referral forms or mechanisms** should be used when available. In some instances and provinces, this may mean the IARF.

This document was produced through consultations with 3RP Protection Sector Partners as well as non-protection actors through existing coordination structures. To note, this is a living document and can be revised per agreement with other sectors to include sector specific information on referrals.

## Terminology Related to Case Referrals

* **Case Referral:** A process of formally requesting services for an individual from another organization or service provider as part of your case management process. The overall responsibility in managing the case remains with your organization, however you refer an individual to another organization for particular services. For referrals, the individual’s consent should be taken (including on the level and scope of information to be shared). To make a referral, the IARF should be used.
* **Case Transfer:** In some situations, cases are transferred to another organization or institution. This may happen when the original organization is no longer best placed to respond to the needs of the case (i.e. is not specialized or does not have programming related to the identified needs), or when the individual has moved to another province where presence is not available. In a case transfer, the full responsibility for the case (including the entire case management process) is being handed over. The individual’s consent for the transfer should be obtained and recorded. The IARF should be used in case transfer as well.
* **Information Counselling:** In certain cases, organizations provide information to an individual about services that can be of use to him/her and where to find these services (without initiating a case management process). Provision of such counselling is not a referral and there is no need to use the IARF. Similarly, if the organization is accompanying the individual to the service provider to facilitate access to services, there is no referral, hence there is no need to use the IARF.
* **Personal Data[[4]](#footnote-5):** Any data related to an individual who can be identified from that data; from that data and other information; or by means reasonably likely to be used related to that data. Personal data includes biographical data (biodata) such as name, sex, marital status, date and place of birth, country of origin, country of asylum, individual registration number, occupation, religion and ethnicity, biometric data such as a photograph, fingerprint, facial or iris image, as well as any expression of opinion about the individual, such as assessments of the status and/or specific needs.

## Guiding Principles for Inter-Agency Referrals and Case Transfers

In order for a referral to be protection sensitive and not to create harm for the individual in need of assistance, the referral needs to respect the following principles at all times:

* **Safety and security**: Organizations’ staff must take actions to ensure the physical and emotional safety of individuals who have experienced or are at risk of violence, abuse, exploitation or neglect. The physical safety of the individual should be prioritized above all other actions or referrals. Safety and security considerations should also be considered when presenting referral options to an individual, to the extent that frontline staff can reasonably be expected to be aware of relevant risks.
* **Confidentiality**: The principle of confidentiality requires all staff involved to protect and not to disclose personal information provided or collected in relation to any individual and to ensure that information is processed (recorded, stored, organized etc.) and transferred to a third party (i.e. service providers) only with the individual’s written explicit consent to be taken after informing the individual on the reasons of process and rights entitled. This includes ensuring that collecting, storing and sharing information on individual cases is conducted in a safe way and in accordance with the Data Protection Law and regulations and with agreed-upon data protection policies. It is the right of the individual to decide if, how, when, where and to whom information on his/her case is disclosed. Staff should refrain from revealing names, ID numbers, photos or any identifying information to anyone without explicit consent. Additionally, staff under no circumstances, should discuss individual cases with family, friends and colleagues. Disrespecting the principle of confidentiality is a breach of the Code of Conduct for humanitarian professionals applicable to each organization and national laws and regulations.
* **Exceptions to Confidentiality in Fulfilling Legal Liabilities:** Confidentiality and informed consent should always be given priority. However, limits to these can occur under exceptional circumstances determined in Turkish Law, indicated below:
* If the child is a survivor of GBV, his or her health or safety is at risk or abuse is suspected, limits to confidentiality exist in order to protect the child when it is in the best interest of the child. [[5]](#footnote-6) Pursuant to Turkish legislation, government institutions, NGOs, and any third parties have an obligation to report any child in need of protection. [[6]](#footnote-7)
* If the survivor is an adult who threatens his/her own life or who is directly threatening the safety of others, such person must be referred to the security forces and other law enforcement offices, which will ensure the safety of his/ her / other’s life. In all cases, the potential harm caused by non-disclosure of the confidential information should be weighed against the potential harm caused by disclosure of the information.
* According to Articles 278, 279, 280 of the Turkish Criminal Code[[7]](#footnote-8); persons, including government officials and health workers, have an obligation to report crimes. If the service provider detects a crime, principle of confidentiality would not apply. In that case, the service provider must inform the survivor of the mandatory reporting requirement and ask the survivor if he/ she wishes to provide information about the perpetrator or even continue with the case management and assistance by service providers.
* **Informed Consent**: Referrals and case transfers should only take place once the individual has given their informed consent. Informed consent is the voluntary and informed approval of an individual above 18 years old who has the capacity to make decisions and understand the consequences of his/her own decisions, and who exercises free choice, to be referred to a third party(ies) and/or to a specific service based on full and transparent information. To that end, before any referral, the referring agency should provide the individual with all information to make an informed decision, including information on what to expect from the referred service, any potential risks involved in service provision or referral and case transfer activities and what type of personal information regarding the individual would be shared with the service provider. The information should be shared according to the individuals’ capacity to understand the information provided and in a language the individual understands.[[8]](#footnote-9) Information sharing should be facilitated through the support of an experienced interpreter in the requested sex by the individual.
* **Informed assent:** The term informed assent is the expressed willingness to participate in services. For younger children who are by definition too young to give informed consent but old enough to understand and agree to participate in services, the child’s “informed assent” is sought (in addition to consent from the parent/caretaker when appropriate).[[9]](#footnote-10)
* **Need-to-Know:** The term "need-to-know” describes the limited circulation of information that is considered sensitive, and the sharing of such information only with those individuals for whom the information is necessary. As such, the information collected and shared should be relevant to provide a specific service or other form of protection to the individual. Any sensitive and identifying information collected about an individual should only be shared on a need-to-know basis with as few individuals as possible and only for the purpose of providing services to the individual based on their informed consent, risk assessment, and confidentiality. Different types of service providers have different needs for information – only information on an individual’s specific situation relevant to the requested service or case transfer should be shared.
* **Respect the individual:** Your role as staff, partner or volunteer is to provide information about services available, to facilitate individuals’ ability to make a free and informed choice. Under no circumstances should you put pressure on individuals to access one or other services. Respect their dignity, decision-making capacities and preferences. Staff involved in case management should not express opinions, pass judgments, or blame individuals.
* **Do not make promises or create expectations**: Through verification of eligibility criteria, use of the IARF and related communication, as well as feedback between agencies, challenges related to access to services are intended to be mitigated. However, when referring an individual ensure clear communication and explanation that staff or volunteers of the referring organization cannot guarantee access to the services, results or quality of the service. Only share information on available services to an individual being counselled if, based on an up-to-date service mapping (i.e. [**Services Advisor**](https://turkey.servicesadvisor.org)), the services exist/are available.
* **Protection from Sexual Exploitation and Abuse:** Sexual exploitation refers to any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Similarly, the term “sexual abuse” means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. In the context of case referrals, individuals should be clearly informed that the referrals undertaken are free of charge.

## Suggestions for Privacy Notice and Explicit Consent during Remote Service Delivery[[10]](#footnote-11)

Due to the COVID-19 pandemic, institutions and organizations which have undertaken a shifting process to teleworking procedures such as electronic media, call centers, phones, cannot physically provide privacy notice and obtain an original signed explicit consent form to process personal data required for their services, from their beneficiaries.

This recommendation note offers some methods on how to obtain consent in cases where the same working procedures are used both during the COVID-19 pandemic and in the following period and when it is not possible to obtain original signed explicit consent.

### Obtaining explicit consent via online communication applications (WhatsApp, etc.) from beneficiaries who have access to the Internet:

* *Online privacy notice and consent declaration:* privacy notice and consent declaration are integrated into online forms such as Google Forms or Microsoft Forms, and the link of the form is shared with the beneficiary via WhatsApp or similar online communication application and hence consent is obtained. The beneficiary is asked to indicate his/her name and surname, the date of consent and whether s/he gives consent on the form.

Personal data collected over the internet is always transferred abroad through servers, even if a special setup is made. For this reason, the beneficiary should be informed about the transfer of data abroad and the beneficiary's explicit consent should be obtained.

* *Text message:* privacy note and consent declaration are transmitted to the beneficiary as a text message via WhatsApp or similar online communication application. The beneficiary is asked to indicate his/her name and surname, the date of consent and whether s/he gave consent on the form and send it as a text message.
* *Voice message:* privacy note and consent declaration are read and sent to the person via WhatsApp or similar online communication application in the form of a voice message. The beneficiary is asked to indicate his/her name and surname, the date of consent and whether s/he gives consent as a voice message.

In all three cases, the consent received as a form, text message or voice message should be immediately transferred to the online platforms (such as Google Drive, OneDrive) in accordance with the preference of institutions and organizations, or to the storage platforms of the institutions and organizations.

### Points to take into consideration:

* Personal data and documents should not be shared via WhatsApp or similar online communication applications, except for the information required for the obligation to provide privacy notice and obtain explicit consent.
* Online platforms where data are stored should be logged in via corporate accounts, but not personal accounts.
* Messages and records transferred to data storage platforms should be deleted from WhatsApp or similar online communication applications and from the phone.
* Make sure that the backup feature of WhatsApp or similar online communication applications is disabled.
* Separate information should be provided for each matter required to be obtained explicit consent. For example, transferring data abroad, processing special categories of sensitive personal data.

### Obtaining explicit consent by a phone call from beneficiaries who do not have access to the Internet:

* The parts of the phone call with the beneficiary, where the privacy notice and consent form are read to the beneficiary and the beneficiary's explicit consent is obtained, are recorded on the phone via an application. After the text is read, the beneficiary is asked to indicate his/her name and surname, the date of consent and whether s/he gave consent.
* The recorded part of the phone conversation should be transferred immediately to the online platforms (such as Google Drive, OneDrive) recommended by the institutions and organizations or to the storage platform of the institutions and organizations.

### Points to take into consideration:

* It should be stated that the consent-related part of the phone call will be recorded before recording, and recording should only be started after the beneficiary gives permission to this record.
* Once the recording has started, it should be confirmed by voice that the phone call is recorded upon permission of the beneficiary.
* Except for the information required for consent, interviews regarding personal data and consultation subject should never be recorded.
* Necessary and diligent research should be done regarding the reliability of recording applications.
* Platforms where data is stored should be logged in with corporate accounts, but not personal accounts.
* The recording of the phone call transferred to data storage platforms should be deleted from the application and from the phone.
* It needs to be ensured that the recording of the phone call is not backed up anywhere other than the data storage platform where it was transferred.

## Considerations for Obtaining Informed Consent From Persons With Disabilities

This section aims to promote standards and coherence across partners in obtaining informed consent from individuals with disabilities, in line with the Data Protection Law in Türkiye. Overall, informed consent must be received from all individuals to whom services are being provided, with considerations for modalities per different type of disability.

### General tips for obtaining consent from persons with disabilities:

* Do not assume that all persons with disabilities cannot communicate and give consent. The Informed consent that will be obtained from individuals may differ according to the type of disability. For example, there is no barrier for persons with physical disabilities in providing informed consent. Guidance on obtaining consent by a proxy, particularly for individuals with intellectual disabilities that may prevent from providing informed consent, is detailed below.
* Consent should always be taken from persons with disabilities directly, as long as the person can communicate and give consent.
* Detailed information on the scope of the consent that will be obtained and for what purpose it was obtained should be explained clearly and in detail before the consent is obtained.
* Information you are willing to obtain (e.g., address, contact details, etc.)
* Pictures/videos and where you will publish them and for what purpose.
* If you are planning to share personal information/pictures/reports/ IDs within your organization or externally, make sure you mention that clearly and ensure that beneficiary is aware of the receiving entity and for what purpose.

### How to obtain consent by a proxy:

Consent by proxy should only be considered in exceptional circumstances:

* If the person with disability is under the age of 18, the parents or legal guardians should provide consent in addition to the minor’s assent.
* If the person is under legal guardianship of a caregiver or family member (due to a cognitive impairment, intellectual disability or any disability which prevents them from making decisions about their lives), the legal guardian should provide consent in addition to the person’s assent.

### Important points to consider:

* Note that the primary caregiver identified by the person with a disability may not be the legal guardian.
* Consider fingerprints as an alternative to signatures for those who cannot sign the infirmed consent. However, in such cases an explanation should be noted indicating that the consent narrative was read out to the individual and the individual provided fingerprint for consent to substitute the signature. In such cases, would also recommend for the individual who read the consent narrative and/or the interpreter to sign the document as well.

### Use of Images:

* Always respect the principles of Dignity, Do not harm and Integrity. Photos have to uphold the dignity of persons with disabilities.
* Use positive images and language and show them as real people.
* Consent should be obtained prior to taking pictures/videos of individuals. In this process, the purposes of taking these photographs and information on where they will be used should be clearly indicated to individuals. The pictures/videos should be showed to individuals where possible and their consent for publishing the pictures/videos should be obtained separately.

### Use of Quotes:

* Allow persons with disabilities to speak for themselves, speaking directly to them, even if they have an interpreter supporting them to communicate.
* Do not communicate where the person lives and family name and other identifiable information without their consent.
* Always check with the person quoted if their quotes are accurate.

## How to facilitate case referrals

At its most basic, the steps required to facilitate successful, protection-sensitive referrals are outlined below:

1. Identify the needs of the individual through an assessment and subsequent development of a case action plan. Verify existing previous history records and supporting documentation.
2. Identify which public institution, organization, or agency can best meet the identified needs. Identify and map other service providers who may be able to assist the individual and/or the caregiver with her/his needs. Information about other services in your geographical areas can be obtained from [**Services Advisor**](https://turkey.servicesadvisor.org).
3. Based on the developed action plan, contact potential service providers to confirm eligibility towards receiving services. Service providers should be contacted in advance to understand services and intake/eligibility criteria, unless the specific type of referral is commonly undertaken with the service provider. No personal data and information on the individuals case should be shared with the service provider at this stage. Information exchanged should include what the referral protocol entails and whether they would be able to assist the individual based on preliminary, non-identifiable information shared on the case.
4. Provide information about available services and explain the referral process to the individual and/or caregivers. This can include information on what services are provided, where the service provider is located, how the individual can access these services, why the referral is recommended, and what the referring organization will communicate to the receiving organization. Keep in mind that the client can choose not to be referred or may also choose to approach the partner directly.
5. Document consent or ensure consent has been documented at the initiation of the individual protection response, especially in relation to sharing of information relevant to the individual’s case and service to be accessed, considering the ‘need to know’ principle. Without informed consent, there should be no disclosure of personal information. Discuss with the individual what type of information will be shared. Parental/caregiver consent should be obtained if the individual is a child (in addition to informed assent) and if it is in line with the child’s best interests.
6. Make the referral by filling out the IARF:
* Fill a referral form for each referral to a service provider (i.e. separate forms should be filled for referrals to more than one service provider). Only record/provide the information that is required for the specific service provided by the receiving organization.
* Encrypt or password-protect the referral form as it will contain identifiable and potentially sensitive information about an individual.
* The encrypted/password protected and zipped folder (which includes IARF and the supportive documents) should be transferred in two separate e-mails:
	+ In the first e-mail, there should be a short description of the case and situation (*without any* identifiable information) outlining the purpose of the referral and including the attachment of the encrypted, zipped folder. While the individuals copied in this e-mail should be as limited as possible, it could include the case worker as well as the supervisor of the case worker. In the second e-mail, the password to unlock the zipped folder should be shared only with the case worker. Alternatively, the password can be sent via different communication channel such as SMS/WhatsApp/Telegram.
	+ If you lose or forget the password, it cannot be recovered, and you will lose access to the document. As such, it is advisable to keep a list of passwords and their corresponding document names in a safe place.
	+ For additional information on how to zip and encrypt folders, please refer to this [link](https://nordvpn.com/blog/how-to-password-protect-a-zip-file/).
	+ Email headers should not include any personal, identifiable and sensitive information about the individual who is being referred. It is recommended to include the referring agency’s case code and the level of risk (identified through the risk assessment tool).
* By combining the information in the two emails, the recipient will be able to access the IARF and process the referral.
	+ Access to information on individuals should be limited only to those who need to know (i.e. the assigned caseworker and supervisor) and to whomever the individual agrees to transfer the information.
	+ In any referral, the best interests of the individual, particularly of the child, shall be a primary consideration. In circumstances where informed consent cannot be obtained, owing to the age or incapacity of the person(s), a decision on referral should be taken on the basis of their best interests.
* Organizations receiving case referrals should provide confirmation of receipt to the referring agencies, to ensure that the information on the individual has been received. Timeframe for confirmation of receipt should be aligned with the level of risk identified for the case (i.e. high-risk cases will require response within 24 hours, hence confirmation of receipt should be sent within this timeframe). It is assumed that the referring organization contacts the receiving organization prior to the referral to ensure that services that the individual needs are available. Therefore, the receiving organization may not be required to provide notice in relation to whether the service will be provided to the individual (if this has already been agreed upon prior to the referral). However, if the referring organization has requested feedback on the referral (which is also subject to informed consent of the individual[[11]](#footnote-12)),then the receiving organization should make sure to provide regular updates (with regularity defined as per the nature of the individual’s needs and provided response). Areas for follow-up between agencies can include: whether the individual received planned services, the outcome of service delivery, whether the individual / caregiver was satisfied with the referral process and what the services provided are.

## Facilitating Case Referrals for Family Tracing and Reunification (FTR)[[12]](#footnote-13) Procedures

Certain individuals may require support in relation to tracing their family members, initiating reunification procedures as well as establishing communication with family members, if they have been separated at any given point of their journey to the country of asylum. These individuals will require referrals to FTR services. In Türkiye, FTR procedures are coordinated between the Turkish Red Crescent (TRC) and DGMM, per protocols signed between the two parties in relation to the FTR provisions in the the Law on Foreigners and International Protection (Art. 91) as well as the Temporary Protection Regulation (Art. 49) in Türkiye. FTR services provided by TRC in collaboration with DGMM, related border Governorates, MoFLSS (if one members of the separated family member is a child under protection), Forensic Medicine Institute and Coast Guard Command are as follows:

* Family Reunification: Family Reunification service encompasses the efforts for reunification of family members, who have been separated during the migration due to the war or crisis[[13]](#footnote-14), in cooperation with national and/or international public authorities, national and/or international non-governmental organizations and components of Red Cross-Red Crescent Movement under the rights granted by Geneva Conventions, and under the Foreigners and International Protection Law and Temporary Protection Regulation of Republic of Türkiye.
* Tracing: Tracing service encompasses the field efforts for finding family members, who have been separated during the migration due to the war or crisis, in cooperation with national and/or international public authorities, national and/or international non-governmental organizations and components of Red Cross-Red Crescent Movement under the rights granted by Geneva Conventions.
* Family Message: Family Message enables communication among family members who have no other means of communication under the rights granted by Geneva Conventions.

The information required to initiate these procedures are very specific and slightly different than that for referrals to other protection services. Therefore, per agreement with TRC, partners who would like to refer individuals for FTR procedures are kindly requested to use TRC’s referral form (Annex III) rather than the IARF. TRC focal points for FTR referrals are as follows:

|  |  |  |
| --- | --- | --- |
| **Thematic Area** | **Focal Point Name - Surname** | **Focal Point Contact Information** |
| Family Reunification | Anusha Zubairy | anusha.zubairy@kizilay.org.tr |
| Family Tracing | Said Ali Nur | said.nur@kizilay.org.tr |
| Family Messaging | Börtehan Yüksel | bortehan.yuksel@kizilay.org.tr |
| Seminars, Trainings, Other Administrative Issues | Kübra Divleli | kubra.divleli@kizilay.org.tr |

Organizations are kindly requested to keep in copy (cc) the following email address for all types of FTR related referrals to TRC, mentioned in the above table: abyt.takimi@kizilay.org.tr

## How to facilitate case transfers

A case transfer differs from a referral of an individual to another organization as part of the case management process. A case transfer entails that the full responsibility of coordinating the case plan, follow-up and monitoring of the individual is handed over from one organization to another. This would evidently mean that the referring organization would have to close the case internally. However, ideally case transfers should be avoided unless absolutely necessary. This means that if and when the original service provider is able to meet needs of an individual in a timely and effective manner (also meaning that they are specialized to do so), they should not transfer responsibility of the case as this may result in increased likelihood of the individual dropping out of the support system and miss out on receiving needed services. Hence, for a case transfer to take place, there must be a good cause and clear indication that the individual will be receiving a better degree of service than they currently are receiving.

A case transfer can be triggered by the following circumstances:

* Technical proficiency is not sufficient to effectively respond to the needs of the individual (i.e. the needs of the individual falls outside of the area of specialization of the organization, and/or services to address identified needs are not available);
* There are other organizations in closer geographical proximity to the individual, which would allow for more timely and effective management of the case (i.e. the individual has moved to another province where the original organization does not provide services, or, the individual has to travel far, which is costly, to reach the original organization whereas there are other expert organizations in immediate proximity to the individual);
* Mandatory reporting requirement[[14]](#footnote-15): If the obligatory reporting requirements necessitate sharing of personal data with a third party, from a data protection perspective and according to the Data Protection Law, the process will involve a transfer of personal data from one organization to the other. Furthermore, mandatory reporting implies transfer of responsibility to the case to the referred public institution. However, to the extent possible, organizations are encouraged to continue follow-up on the case either through the referred public institution or the referred individual itself to ensure that the required services and needs of the individual are met in a timely and effective manner.

It is noted that a case transfer may happen at any stage of the case management process. For example, the original organization identifies that the individual has protection-specific needs in the first phase, which are met by relevant internal and external referrals, hence all of the protection needs are met. The individual may be in need of non-protection related support in the second phase, which are not provided by the original organization, requiring a case transfer to an expert organization.

Key considerations in case transfers are outlined below:

* A case transfer cannot take place without receiving informed consent from the individual whose file will potentially be transferred to another organization. In receiving informed consent from individuals, it is important to clearly explain to the individual why the transfer should take place, which organization would be best placed to respond to the individual’s identified needs, to what extent information and documentation related to the individual can be shared with the organization, the consequences of the transfer (i.e. all responsibility handed over to another organization, triggering case closure for the original organization). If the individual does not provide informed consent, case transfer cannot take place.
* If the individual does not provide consent to case transfer, subsequent to the above mentioned criteria that would trigger transfer, risks and consequences of not receiving services should be clearly explained to the individual, without pushing and encouraging the individual to make a decision otherwise. If it is concluded that the individual’s case will not be transferred, the individual should be informed on available rights and services for future reference, where to seek support and available options. The individual should also be informed on their right to receive their file, to ensure continuity of services in case they reconsider seeking support from an organization in the future. In case the individual is at risk to her/his safety and security, a safety plan should also be prepared with the individual.
* Upon receiving consent for case transfer, the case worker should identify which public institution, organization, or agency can best address the individual’s needs. Once a suitable organization is identified, the case worker should establish contact with the organization, and without sharing identifiable information on the individual, should jointly assess whether they would be able to provide services to the individual in case of a transfer. Furthermore, thorough discussions between the two organizations should be made in relation to data protection principles and protocols. If agreed for the transfer, a clear plan for hand-over to the receiving agency should be prepared and clearly communicated to the individuals. Where possible, the caseworker should also accompany the individual to meet the new case worker who will take over the support. Information about services in your geographical areas can be obtained from [**Services Advisor**](https://turkey.servicesadvisor.org).
* Documentation related to case transfer should indicate reasons for the transfer, an outline of discussions with the individual regarding the transfer, proof of individual’s consent for transfer, and an outline of information provided to the new organization as part of the transfer process.
* Once a case is transferred, the receiving organization should provide in the initial phase a confirmation of receipt and feedback on whether or not they will be taking over the responsibility of coordinating the case. Once these two positive confirmations have been received, the original organization should internally trigger case closure processes.

## Guidance on Data Processing and Storage

The Data Protection Law does not define the maximum and/or minimum period that the data should be stored and later on deleted, demolished or anonymized. According to Article 3 of the Law, personal data shall be ex-officio or upon the request of the person concerned deleted, demolished or anonymized, when the reasons of processing such data no longer exists.

Based on the above standards, if the reason of processing the data is service delivery, when such reasoning comes to an end, the data should be deleted, demolished or anonymized.

Recommendations towards purposes of safeguarding data include:

If data is transferred through email, both the sending organization and the receiving organization should immediately delete the email and should confirm the deletion following receipt of the email;

Further to safeguarding data in a locked cabinet, organizations should also have relevant digital standards and safeguard to store data.

The below standards, as enshrined in the Law should be adhered to by the data holder:

Data holder shall take all necessary technical and administrative measures with adequate safety standards to prevent processing of the data contrary to Data Protection Law, to safely store personal data and to prevent illegal access to such data;

If the data is processed by another entity in the name of the data holder, this responsibility is shared by both entities;

Data holder is responsible to monitor or facilitate monitoring of the above standards within its organization;

Those who process the data and responsible/data holder cannot disclose or use the data outside the aim of processing. This obligation shall continue, even if the duties of that person ends;

If the data processed is obtained illegally by other persons, data holder/responsible shall inform the person concerned and the Data Protection Commission (under the Law).

## Guidance on Information Fields in IARF

In order to facilitate effective and timely referrals, and at the request of partner organizations, guidance on information fields in the IARF are outlined below:

* **If referrals take place between protection specialized organizations, priority Level** should be identified through an individual level assessment and be aligned with the inter-agency risk assessment matrices (protection, GBV and child protection). This information field is obligatory to fill for referrals between protection partners, as it will directly affect the urgency and timeframe of response by the receiving organization. Non-protection partners should not carry out an individual level assessment on protection needs in line with the do no harm principle, however, can note down their understanding on level of urgency based on their initial communication with the individual.
* **Type of Referral** includes either case referral or case transfer. For detailed information on the two distinct processes please refer to page 1.
* Referring organizations should record the **case number** assigned through their own databases and case management systems for ease of follow-up. The assigned case number should also be included in the headline of the email sent to the receiving organization to ensure early interventions are taken to mitigate identified protection risks.
* As outlined in the IARF, certain cases require **notification to UNHCR** for strategic intervention and potential processing purposes. Focal points per circumstances triggering notification are included in the Annex.
	+ Unaccompanied or separated children;
	+ Persons at risk of *refoulement*, detention or deportation; rejection of asylum claims, implicit withdrawals of asylum applications;
	+ Persons facing immediate/serious risk to physical safety (i.e. risk of honour killing; LGBTI persons at risk; GBV survivors and persons at risk; survivors and those at risk of violence and torture);
* **Individual information** field should be filled out specifically for the individual that is being referred or transferred to another service provider. In case the individual is a child, the child’s information should be entered (rather than the caregiver, as this information will be requested via the section on children).
* The **reason for referral** section is not optional and must be filled by the referring organization prior to the referral or transfer. Especially for the field on description of problems and needs, organizations should only share ‘need-to-know’ information and should be documented as explained by the individual itself. At the minimum, organizations should share information on the individual’s vulnerabilities, needs, threats and capacities that are relevant to the referral. Services provided and are continuing to be provided (if case referral) by the referring organization should be clearly indicated as this will prevent duplication of efforts. If the individual has been referred to multiple organizations, information should be included in order to ensure effective coordination of the case plan.
* Service categories under the **services recommended** section are aligned with Services Advisor. Organizations are kindly requested to first review the list of general service categories and use the specify ‘other’ information field onlyif the required service is not included in the list. Organizations are then requested to click on the “Services Taxonomy” hyperlink to identify specific service categories (which should be entered into the IARF). To copy the service category, organizations should right click on the text and select “copy”, then select “copy value” from the context menu. In case of differences in urgency per requested service, organizations are requested to indicate priorities and rank services according to the individual’s situation. This section should also briefly outline why these services are requested, in relation to the identified needs of the individual.
* As previously outlined, the main consideration in facilitating protection-sensitive referrals is to ensure the safety and security of individuals. Certain individuals’ situations may be very sensitive (such as risks/incidents of GBV and personal information regarding their diverse sex, sexual orientation and gender identity) and may require additional care during communication and referral processes. To exemplify, an GBV survivor may be residing in the same space as her/his perpetrator and therefore contact made during times when the survivor is in close proximity to the perpetrator may cause additional risk and/or harm. **Organizations referring individuals with these sensitivities must therefore share any restrictions on contact** or information release with the receiving organization by filling the ‘safe contact’ section, particularly for GBV cases. Accordingly, if available, information should be provided to the receiving organization on what modality safe contact can be facilitated through (i.e. phone call, SMS, email etc.) as well as during which days and hours safe contact can be established. It is crucial that these modalities be identified in collaboration with the individual itself.
* Information fields on **referral checklist** and **feedback to referring organization** are not optional. Information on referral should be provided as per the guidance provided on page 9 of this document. In providing feedback to referring organization, receiving organizations are required at minimum to confirm receipt of the case from the referring organization. While the form includes a question on whether the referring organization requests feedback or follow-up information[[15]](#footnote-16), in case the receiving organization cannot provide this information per internal protocols/SOPs, bilateral communication should be established to reach an agreement. Receiving organizations are generally encouraged to provide this information in case referral situations, as the responsibility to successfully coordinate the action plan remains with the referring organization.

## Referrals and Transfer of Persons with Disabilities

*Source of the below guidance is website of the* [*Washington Group on Disability*](https://www.washingtongroup-disability.com/)*, where further information is available on implementation of the Short Set on Functioning and other matters related to the Washington Group on disability statistics.*

The Washington Group Short Set on Functioning assesses whether the respondent has a disability based on responses to six questions that assess degrees of difficulty that an individual may be facing with regards to various universal basic activities (functions): seeing, hearing, walking, self-care, cognition and communication. The questions do not ask a respondent to identify as having a ‘disability.’ Rather, an individual’s answers to the six questions are used to define whether that person is ’with disability’ or ‘without disability’ where disability is generally understood to mean at greater risk for limitations in participation. Each question has four corresponding response categories which the interviewer is meant to read out after posing each question. These four response categories are as follows: “no difficulty”, “some difficulty”, “a lot of difficulty”, and “cannot do at all”. Standard analysis of the response is to consider an individual to have a disability if they answer “a lot of difficulty” or “cannot do at all” to *at least one* of the six questions.

The IARF is not an assessment tool and was developed with the specific function of being a referral tool. Hence, partners using the IARF to refer or transfer individuals with disabilities to other organizations are highly encouraged to have completed this assessment by asking the Washington Group Questions to filling out the IARF. Ideally, partners are encouraged to incorporate the Short Set on Functioning within their individual assessment tools as this data should be collected from all individuals who access services through organizations.

Of note, the Short Set on Functioning can be utilized for adults and children above five. For children below five, partners are encouraged to facilitate assessments via parents/caregivers of the children. In case of interest, partners can also refer to the [**Child Functioning Module**](https://www.washingtongroup-disability.com/question-sets/wg-unicef-child-functioning-module-cfm/) developed by the Washington Group and UNICEF[[16]](#footnote-17).

## Referrals and Transfers of Gender-Based Violence Cases and Sensitive Information

An addendum is included in the IARF to record sensitive information related to individuals, such as those exposed to or at risk of GBV. This section outlines brief guidance on how to record information related to such cases in the IARF.

* In the **individual information** section, organizations are requested to share information (based on either disclosure of the individual her/himself, or observations through individual interviews) whether the individual has been exposed to or is at risk of GBV. Other sensitive protection/specific needs such as human trafficking, survivors of torture and persons with diverse sex, sexual orientation and gender identity (etc.) may be recorded in this section as well. It is crucial that the protection case worker does not oblige the individual to disclose information on GBV. Non-protection/GBV actors and case workers should not attempt to identify whether the individual is at risk of or is a survivor of GBV and only record information based on what the individual has disclosed, without probing into details. All three questions under the individual information section should be filled by referring organizations, as this will be crucial for the receiving organization to prioritize according to urgency levels.
* Similarly, in the **details of incident** section, referring organizations should only complete if the individual has disclosed this information and has provided consent to share details with other organizations. If the individual has disclosed and has provided informed consent, details of the incident that are only relevant to the services being requested should be shared. The information shared should be limited per the ‘need-to-know’ basis and not include a very detailed account of the GBV incident. If the type of incident/violence has not been disclosed by the individual, non-protection actors are advised to select the ‘unknown’ choice and explain why they think/observe the individual is in need of protection support. As best of their knowledge, referring organizations should also provide information on whether the individual would like to lodge an official complaint with law enforcement. For child survivors of abuse, as outlined in the section on “Exceptions to Confidentiality in Fulfilling Legal Liabilities” there is a mandatory reporting requirement, hence it is not an option whether an official complaint should be lodged or not.
* While the priority of requested services will be determined through an individual level assessment, the following steps are required to be taken for GBV survivors and those at risk. The below is intended to provide general guidance for referring organizations in prioritizing services requested according to the individual’s needs.
1. Physical safety and security must be primary consideration.
2. Once safety is ensured, the individual’s medical situation should be evaluated. Especially in case of sexual assault that occurred within the last 72 hours, immediate referral and if possible, accompaniment to health services with interpretation should be undertaken.
3. Once emergency needs are stabilized, the individual should be provided with counselling on available legal mechanisms and protection services.
4. Once urgent protection and basic needs are addressed, the individual should also be consulted as to their willingness to benefit from other existing services such as mental health and psychosocial support; livelihoods and self-reliance support; education; as well as self-resilience and empowerment support.

# Appendices

## **Annex I: Turkish Red Crescent Referral Form for Family Tracing and Reunification**

**AİLE BAĞLARININ YENİDEN TESİSİ**  **BİRİMİ’NE YÖNLENDİRME FORMU**

***REFERRAL FORM TO RESTORING FAMILY LINKS***

 Yönlendirme tarihi */ Referral Date*: …………………………………

 Risk seviyesi / *Risk assessment*: [ ]  Düşük/*Low* risk [ ]  Orta/*Medium* risk [ ]  Yüksek/*High* risk

|  |
| --- |
| Yönlendirme yapan / *Referring Officer’s*  |
| Kuruluşun adı: *Name of the Organization:*  |
| İrtibat kişisi: *Name and Surname:*  |
| Kişinin unvanı: *Title:*  |
| Telefon: *Phone Number:*  |
| E-posta: *E-mail:*  |
| Adres: *Adress:*  |
| Yönlendirmenin gerçekleşme şekli/*Referral’s type of transmission*: [ ]  Telefon ile (sadece acil durumlarda)/*By phone (only in emergencies)* [ ]  E-posta ile/*By E-mail*  [ ]  Kişisel olarak elden teslim/*In Person* [ ]  Kargo ile/*By post* [ ]  Resmi yazı ile/*By official letter*  [ ]  Diğer (belirtiniz)/*Other (Please specify)*: …………………………………………..   |
| Yönlendirmenin Amacı/ *Purpose for the Referral*: [ ]  Aile Birleştirme/*Family Reunification* [ ]  Kayıp Araştırma/*Tracing*  [ ]  Aile Mesajı İletimi/*Family Message*   |

|  |
| --- |
|  Danışana ait bilgiler/*Beneficiary’s*:  |
| Adı/*Name*:  | Soyadı/*Surname*:  |
| Kimlik No/*ID Number*:  | Doğum Tarihi/*Date of Birth*:  |
| Cinsiyet/*Sex*:  | Uyruk/*Nationality*:  |
| Telefon/*Phone Number*:  | Alternatif telefon/*Phone Number (2)*:  |
| İkamet edilen yer/*Place of Residence*: [ ]  Konut/*Flat-House*  [ ]  Geçici konaklama merkezi/*Removal Center* [ ]  Enformel çadır yerleşkesi/*Informal Tent Compound* [ ]  Misafirhane-Otel/*Hotel-Hostel* [ ]  İş yeri/*Office*  [ ]  Diğer/ *Other* (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  |
| İkamet edilen yere ilişkin açık adres/*Adress*:  Cadde-sokak ve bina numarası/*Street and Building Number*: Mahalle/*Neighborhood*: İlçe/*Province*: İl/*City*:   |
| İncinebilirlik Durumu/*Vulnerabilities*:  [ ]  Refakatsiz Çocuk/*Unaccompanied Minor* [ ]  Ciddi Sağlık Sorunları / *Serious Health Problems* [ ]  Ailesinden Ayrı Çocuk/*Seperated Child* [ ]  Yaşlı (65+)/*Elderly Person* (65+) [ ]  İnsan Ticareti Mağduru /*Human Trafficking* [ ]  Yalnız Kadın/*Single Woman* [ ]  Engelli/*Disabled Person* [ ]  Cinsel İstismar / *Abuse* [ ]  Diğer (Lütfen belirtiniz)/*Other(please specify)*: ……………………………………   |
| Bildiği diller/*Known languages*:   |
| Vaka hikâyesinin özeti ve yönlendirmenin içeriği: (*kişinin talebi, öncelikleri, yönlendirildiği diğer kurumlar, Kızılay’dan ya da başka bir kurumdan daha önce aldığı hizmet, …)*  *Case history and explanation for the referral: (enquirer’s request, priorities, other referred organizations, the services that are had from TRC or other organizations, …)*       |
| Ayrı düşme sebebi savaş veya kriz sebebiyle göç etmek mi? [ ]  Evet/*Yes* [ ]  Hayır/*No* *Is the reason for seperation war or crisis?* Kişinin talebi ile ilgili hukuki bir süreç mevcut mu? [ ]  Evet/*Yes* [ ]  Hayır/*No* *Are there any legal processes ongoing about the enquirer’s request?*  Ayrı düşme hikayesinde ambulans ile sınır ötesi tıbbi tahliye var mı? [ ]  Evet/*Yes* [ ]  Hayır/*No* *Does any cross border medical evacuations via ambulance take place in the separation story?* Aile bağlarını ispatlayacak belgeleri mevcut mu? [ ]  Evet/*Yes* [ ]  Hayır/*No* *Are there any documents proving the family links?*  Talep edilen kişi ile yakınlığı / *Requested-Sought person is my*:……………………………………..  Yönlendiren kişinin vakaya dair görüşleri-gözlemleri/*Referring officer’s comments-observations on the case*:  |
|  Yönlendirilen kişinin - yönlendirilen kişi çocuk ise ya da yetişkin olup onay veremeyecek bir durumda (engellilik, yaşlılık vs.) ise bakım vereninin onayı / *Consent of the Beneficiary - Consent of the legal guardian in case of the beneficiary is a minor, mentally disabled or can not give legal consent*:  |
| Bilgilerimin (bakım verdiğim kişinin bilgilerinin) doğruluğunu ve hizmete ulaşabilmem amacıyla bu bilgilerin Kızılay tarafından başka kişi ve kurumlarla paylaşılmasını, yönlendirilen kurum tarafından gerektiğinde iletişim kurulmasını ve/veya ev ziyareti yapılmasını kabul ediyorum.  *I hereby state that the information I gave is true and I allow my (my ward’s) personal information to be shared by Turkish Red Crescent with other people or organizations. These mentioned organizations can contact me by phone and I allow household visit if they are necassary.*  Evet/*Yes* [ ]  Hayır/*No* [ ]   Adı-Soyadı / *Name Surname*: İmza/*Signature*:   |

Yönlendirme yapan kişinin imza ve kaşesi/*Name and Signature of the Referring officer*:

## **Annex II: UNHCR Focal Points for Cases that Require Notification to UNHCR**

|  |
| --- |
| Area of focus                              Location                                      UNHCR Contact  |
| Unaccompanied or separated children  | Central Anatolia AoR  | Merve Arik arik@unhcr.org CC Beste Dalmis dalmis@unhcr.org   |
| Marmara AoR   | Vadi Erteyin erteyinv@unhcr.org, Seden Gurlekgurlek@unhcr.org with cc to: Mohammad Reza Lakzadeh lakzadeh@unhcr.org |
| Izmir AoR  | Gulin Kahya  kahya@unhcr.org Ekin Akmanoglu akmanogl@unhcr.org with cc to: Eylul Basak Tuncel  tuncel@unhcr.org   |
| Southeast AoR  | Tulay Dasdemir dasdemir@unhcr.org With CC:   Kahina Azdaouazdaou@unhcr.org |
| Persons at risk of *refoulement*, detention or deportation; rejections of asylum claims, implicit withdrawals of asylum applications  | Central Anatolia AoR  | Merve Arik arik@unhcr.org with cc to : Beste Dalmis dalmis@unhcr.org  |
| Marmara AoR   | Feyzi Tamer Alagöz alagoz@unhcr.orgEce Canbazcanbaz@unhcr.org Zeynep Alacakaptanalacakap@unhcr.orgAdil Özençozenc@unhcr.org,with cc to: Mohammad Reza Lakzadeh lakzadeh@unhcr.orgEspecially for Edirne, Kirklareli and Canakkale cases; Dilan Pekesen,pekesen@unhcr.org Beyza Akkuşakkus@unhcr.org Hande Soylemez Karasoylemez@unhcr.org with cc to:Ece Canbazcanbaz@unhcr.org Adil Özençozenc@unhcr.org,Mohammad Reza Lakzadeh lakzadeh@unhcr.org |
| Izmir AoR  | Sinan Isinisin@unhcr.org  Ekin Akmanoglu akmanogl@unhcr.org with cc to: Eylul Basak Tuncel  tuncel@unhcr.org  |
| Southeast AoR  | Civan Aslandas aslandas@unhcr.org with cc to:Lisa Cudjoecudjoe@unhcr.org  |
| Van   | Merve Arik arik@unhcr.org with cc to : Beste Dalmis dalmis@unhcr.org  |
| Persons facing an immediate/serious risk to physical safety (i.e. risk of honour killing; LGBTI persons at risk; GBV survivors; women and children at risk of violence; survivors and those at risk of violence and torture)  | Central Anatolia AoR  | Merve Arikarik@unhcr.org Beste Dalmis dalmis@unhcr.org   |
| Marmara AoR   | Vadi Erteyin erteyinv@unhcr.org Aydan Fausfaus@unhcr.org Feyzi Tamer Alagöz alagoz@unhcr.org (for LGBTIQ+ protection cases)with cc to: Mohammad Reza Lakzadeh  lakzadeh@unhcr.org  |
| Izmir AoR  | Gulin Kahya  kahya@unhcr.org Ekin Akmanoglu akmanogl@unhcr.org with cc: Eylul Basak Tuncel  tuncel@unhcr.org  |
| Southeast AoR  | Tulay Dasdemir  dasdemir@unhcr.org with CCKahina Azdaou azdaou@unhcr.org    |

1. Information on relevant UNHCR Focal Points per geographic region is included in the Advised Basic Operating Principles Document. [↑](#footnote-ref-2)
2. This may include individuals at risk of honour killing; LGBTI persons at risk; GBV survivors and persons at risk; survivors and those at risk of violence and torture. [↑](#footnote-ref-3)
3. These examples were created by CARE International in Türkiye and reviewed by lawyers/legal consultants in accordance with Turkish Law. Please note that they should not be directly used; they should be adapted in accordance with each organization’s status, projects, activities, specific needs of beneficiaries etc. and the information provided throughout this document. They constitute only a sample and they must be modified. [↑](#footnote-ref-4)
4. United Nations High Commissioner for Refugees [UNHCR] «Policy on the Protection of Personal Data of Persons of Concern to UNHCR » pg. 11 [2015]

<https://static.help.unhcr.org/wp-content/uploads/sites/11/2018/12/21142203/DataProtectionPolicy_ENG.pdf#_ga=2.6485495.471964062.1607601590-1489248456.1574840137> [↑](#footnote-ref-5)
5. United Nations Education Fund [UNICEF] / International Rescue Committee [IRC] « Caring for Child Survivors of Sexual Abuse » pg. 89 [2012]

https://www.unicef.org/documents/caring-child-survivors-sexual-abuse [↑](#footnote-ref-6)
6. As per Law No. 5395 Art. 3, children in need of protection are defined as follows: any child whose physical, mental, moral, social or emotional development and personal safety is in danger, who are neglected or abused, or who are victims of crime. Art. 6 of the same Law indicates that judicial and administrative authorities, law enforcement officers, health and education institutions and nongovernmental organizations have the obligation to notify the Social Services and Child Protection Agency of any juveniles that are in need of protection. [↑](#footnote-ref-7)
7. Criminal Code No. 5237 [2004]

https://www.mevzuat.gov.tr/MevzuatMetin/1.5.5237.pdf [↑](#footnote-ref-8)
8. For more details, see ICRC « Professional Standards for Protection Work Carried Out by Humanitarian and Human Rights Actors in Armed Conflict and Other Situations of Violence » pg.127 [2018].

<https://reliefweb.int/sites/reliefweb.int/files/resources/0999_002_Protection_web.pdf> [↑](#footnote-ref-9)
9. International Rescue Committee / UNICEF Caring for Child Survivors of Abuse: Guidelines for health and psychosocial service providers in humanitarian settings, 2012, p. 16

<https://www.unicef.org/documents/caring-child-survivors-sexual-abuse> [↑](#footnote-ref-10)
10. This section is extracted from the Guide Note on Personal Data Protection Law developed by the Legal Counselors Group under the Southeast Protection Working Group. [↑](#footnote-ref-11)
11. If the feedback or information requested for follow-up requires sharing of new pesronal data regarding that individual, this will require informed consent. [↑](#footnote-ref-12)
12. Turkish Red Crescent refers to Family Tracing and Reunification Procedures as Restoring Family Links. [↑](#footnote-ref-13)
13. Referrals to Turkish Red Crescent Family Tracing and Reunification unit does not include medical evacuations in scope. [↑](#footnote-ref-14)
14. Please refer to the section on ‘Exceptions to Confidentiality in Fulfilling Legal Liabilities’ of this document, on pages 7-8. Situations that require mandatory reporting (i.e. exceptions to seeking informed consent) outlined in the Child Protection Law and the Turkish Criminal Law are also mentioned in the Data Protection Law (Art. 5 & 8): if regulated in the Law; If it is obligatory to protect the life or physical integrity of that person or another person; in cases when it is not possible to take the informed consent of the person due to a de facto situation or in case of a person without legal capacity; and, if it is obligatory for the data holder to fulfill his/her legal responsibility. [↑](#footnote-ref-15)
15. Informed consent will also be required for the receiving organization to be able to provide feedback to the referring organization. Additionally, for confidentiality and best interest of the person concerned and if there is no oblgiation for service delivery, information shared with the referring organization should remain limited (not to contain personal identifiable information) or should be made with the consent of the individual uless there are specific data sharing protocols between the organizations. Alternatively, feedback from the individual concerned can be requested on whether or not they would like to information to be shared. Persons should not be forced to provide this information under any circumstances. [↑](#footnote-ref-16)
16. Additionally, the Washington Group recognizes that the Short Set on Functioning may also miss many children with developmental disabilities over the age of 5. The [**Child Functioning Module**](https://www.washingtongroup-disability.com/question-sets/wg-unicef-child-functioning-module-cfm/) has two versions, namely for children age 2-4 and 5-17. As with the [**Extended Set on Functioning**](https://www.washingtongroup-disability.com/question-sets/wg-extended-set-on-functioning-wg-es/) for adults, for a more detailed assessment of disability status of children partners may opt to use the Child Functioning Module. [↑](#footnote-ref-17)