**Strengthening Families Service - Information Sharing Consent Form**

**What is the purpose of this form?**

When you or your family need help from us, you are the first and most important source of information about your circumstances. However, sometimes it is important to share that information with other agencies so we can provide co-ordinated and seamless services which are right for you, and/or your family. This form asks for your consent to share information with other organisations that may or need to be involved with your family. It also allows them to share information with us.

**Could the information be shared without my consent?**Yes, sometimes we can share information without your consent, if in our judgement there is a lawful basis to do so, for example safeguarding children and individuals at risk. Where possible we share information with consent, and where possible we respect the wishes of those who do not give consent.

**What will the information be used for?**We will use the information to get a picture of you or your child’s needs, so we can provide you with the services that are right for you. If you give consent, some personal details may be shared between services. **We will only share information when it is appropriate to do so.** Information shared is necessary, proportionate, relevant, adequate, accurate, timely and secure. You can find the Services and partner agencies that we may request information from further down in this document.

**Where will the information held by Sandwell Children Trust - Strengthening Families Service be kept?**The information you have given us will be stored on our secure electronic system called System C Liquidlogic and you can submit a request for ‘subject access request’ if you wish to receive a copy. Access to the information will only be given to staff that have a reason to see it. It will be kept confidential and secure so that we comply with the Data Protection Act 2018 and General Data Protection Regulations.

**Who will be able to see my information?**Access to the information will only be given to staff that have a reason to see it, for example some information may be shared with other involved professionals within Sandwell Children Trust and wider partnership for purpose of providing a service to you or your family members.

**How long will it be kept for?**Information will only be kept for as long as we are required to do so as per our [retention guidance](https://www.sandwellchildrenstrust.org/retention-period-for-personal-information/). Please ask your Practitioner if you want to find out more about this.

**What are my rights?**Your information is protected by the General Data Protection Regulations. Your information will be kept safe and secure, and you will have the right to see what information is being kept about you.You can read our [Strengthening Families Service Privacy statement](https://www.sandwellchildrenstrust.org/early-help-community-model/) on the Sandwell Children’s Trust website.

**Withdrawing consent**

If you have given consent to share and wish to withdraw this, you can do so at any time please contact your Practitioner. Please note this may prevent us delivering services to you to support your needs. If you withdraw consent no further information will be shared except where required or permitted under UK GDPR and Data Protection Act.

If at this stage, you feel that you do not want to work with Strengthening Families Service, please share your worries with the practitioner and select the relevant option in section 2.

**STATEMENT OF CONSENT**

1. **Children and Parents and Carers**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Child Name | Date of Birth | Address |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
|  | Parent/Carer Name |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |

1. **Statement of Consent**

I / We understand that personal information is gathered and held about me and my / our children

I / We have had the opportunity to discuss the implications of sharing or not sharing information about me and my / our children

I / We understand that if my / our children are supported on a Team Around the Family Plan appropriate information will be shared during these meetings so we can provide co-ordinated and seamless services which are right for you, and/or your family.

I/we consent for a photo be taken and held on the system of me/our or my child for reference purposes.

I / We agree that personal information about me and my / our children may be gathered from and shared between the following agencies:

|  |  |  |
| --- | --- | --- |
| **Agency** | **Agree** | **Disagree** |
| Health Professionals (e.g. GP, Health Visitor, School Nurse, Midwife, A&E Consultant, NHS Direct) |  |  |
| Statutory Service i.e. Police, Probation, Youth Offending Team |  |  |
| Mental Health Services |  |  |
| School / Nursery |  |  |
| Voluntary Sector Organisations |  |  |
| Housing Department/ registered social landlords |  |  |
| Department of Work and Pensions and other Benefits Agencies |  |  |
| Other Local Authorities you have lived in |  |  |
| Other Children’s Services Departments |  |  |
| Other: |  |  |
| Other: |  |  |
| Other: |  |  |
| **Is there anyone or any agency who you DO NOT want us to contact/share information with? Please tell us below:** | | |
|  | | |

I/we do not wish to receive support from Strengthening Families Service

Please provide your reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Signature page**

**To be signed by the person with parental responsibility or young person over age 16:**

|  |  |  |
| --- | --- | --- |
| **Parent / carer / young person details:** | | |
| Name of parent / carer / young person |  | |
| Relationship to child |  | |
| Signature |  | Date: / / |
| **Parent / carer / young person details:** | | |
| Name of parent / carer / young person |  | |
| Relationship to child |  | |
| Signature |  | Date: / / |
| **Parent / carer / young person details:** | | |
| Name of parent / carer / young person |  |  |
| Relationship to child |  |  |
| Signature |  | Date: / / |

**Signature Practitioner:**

|  |  |  |
| --- | --- | --- |
| Name of Practitioner: |  | |
| Agency / Service: |  | |
| Signature: |  | Date: / / |