Portsmouth Early Help Assessment: Understanding our family's needs

Your family's consent and privacy

Your family's information will be used to carry out your Early Help Assessment, to provide you and your family with Early Help Services and to monitor your progress along your journey. To complete this process we may gather and share information with services who are working with you, please state below the organisations that you are happy for us to gather and share information with. This may be shared during the assessment process, during on-going work, at team around the family meetings and to monitor progress.

Portsmouth City Council	☐	Children's school, nursery or college	☐
NHS Trust Health services/GP	☐	Housing services and providers	☐
Children, Family and education services	☐	Hampshire Constabulary	☐
Portsmouth's Multi-Agency Safeguarding Hub	☐	Probation services	☐
Domestic abuse services	☐	Government departments	☐
Adult mental health services	☐	Other	☐
Adult substance misuse services	☐	**Consent to all**	☐

In addition to this, the Council engages in local and national projects that support the research and evaluation of services and helps shape the future of support for families. To do this, the Council's **'Stronger Futures Programme'** may share your information with other government departments and local agencies to enable us to monitor progress and evidence successful work that you and your family complete in moving towards better outcomes. This is an important source of funding for support services and helps us to invest in the Early Help network in Portsmouth. Partner agencies that do not currently hold information about your family, such as Hampshire Constabulary, may need to create an Early Help record and reference for you so they can track your family's progress. Any records created solely for these purposes will be deleted on completion of the Early Help programme. A list of some of the example agencies which this may include is as follows:

NHS Trusts/Departments/GP, Children & Family Services, Schools and Education Services, Housing Services & Providers, Domestic Abuse Services, Hampshire Constabulary, Probation Services, Adult mental health services, Adult substance misuse services, Department for Work & Pensions & Central Government.

Privacy notice

The Council respects your family's privacy and will only use your information where it is lawful. Your information will be kept securely and for no longer than is necessary.

The Council and partner organisations have a duty to share information with one another where they have concerns that an infant, child or young person has been harmed or abused, or is at risk of harm or abuse. In these circumstances we do not need consent to share information.

We may be required by law to disclose your personal information without your consent for the purposes of preventing or detecting crime/fraud or apprehending and prosecuting offenders (for example to the police, Department for Work and Pensions or as part of the National Fraud Initiative) or where we have a statutory duty to do so.

To find out more about how your families' information may be used for Early Help, contact: earlysupportreferralpanel@portsmouthcc.gcsx.gov.uk

To find out more about how the Council uses personal information, see the Data Protection Privacy Notice on the Council's website or contact data.protection@portsmouthcc.gov.uk (telephone 023 9268 8482)

To request a copy of your records or to ask the Council to stop using your information, contact: data.protection@portsmouthcc.gov.uk

Family surname(s):		Lead professional:	

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Consent

☐ **I Consent to the Early Help Assessment (PLEASE TICK)**
I consent to the Portsmouth Early Help Assessment being undertaken and confirm I have parental responsibility for the child or children in this assessment. I understand that I may withdraw from this process at any time. I /we agree to information being shared about me/us and my/our family with the Council's partner organisations in order to provide me/us and my/our family with Early Help Services and Support.
☐ **I Consent to sharing our family's information for Stronger Futures programme (PLEASE TICK)**
I understand that selected information about my family and the Early Help Services they receive will also be used by the Council, partner organisations in Portsmouth and Central Government to plan and evaluate Early Help Services for families.

PLEASE ENSURE THAT THIS FORM IS PHYSICALLY SIGNED BEFORE SENDING THE ASSESSMENT TO PCC - INCLUDING CHILDREN OVER 12YRS

Name of parent/carer	**Signature**	**Date**
Name of family member	**Signature**	**Date**
Name of professional	**Signature**	**Date**

Is there anyone else who has parental responsibility for this child/ren and needs to be informed of this assessment process?
Yes ☐ No ☐

If yes, please give details:
Name:
Address:
Phone/Email:

Organisational complaints procedure provided Yes ☐ No ☐

If you wish to withdraw consent to the 'Early Help' assessment or the 'Stronger futures' programme you can do so at any time. To notify us that you wish to withdrawn consent please contact earlysupportreferralpanel@portsmouthcc.gcsx.gov.uk

Family surname(s):		Lead professional:	