The Children and Families Service work closely with different professionals, such as teachers, health visitors and GPs. This helps us to understand and meet the needs of your family and members within it.

Before we are able to do this we need to ask you for consent to collect and share this information about your family and, before you sign to indicate you agree to this, we want to ensure you understand what we are collecting and sharing, and why.

What we want your information for and how we will use it

It is important you know that any information we collect and share about you will be stored and used in strict accordance with the Data Protection Act 1998

We need to look up and share your information such as names, dates of birth, addresses for 3 main purposes

1) to understand what help you or your family might need.

By sharing information we can build up a better picture of your family and this will help us and our partners

- plan the services we offer you,
- check our records to see if and how we have worked with your family previously.
- see if you are currently working with any of our partner services or support organisations and, where appropriate, ask such organisations to provide you with any additional services which we feel could assist you.

2) to improve the way we support you and other people in the future.

By listening to and sharing your feedback we can make changes to the way we work and constantly improve how we offer support to you and others in similar situations.

3) to show those who are funding us (eg. central Government) if the services we are spending it on are really helping families, both now and in years to come. Also

- Any information will be provided as part of a large group of families from across North Yorkshire.
- Any report made will be on the findings for the group as a whole and it will not be possible to identify you or anyone individually.
- Your information will only be used for research and statistical purposes to measure the performance of the service we give you.
- The overall findings will help both Government and ourselves develop new policy and approaches, and to see if what is being provided meets the needs of those who receive the help.
**What do you need to do?**

We are asking for your agreement, known as “consent” to share your information for the reasons above. It is an easy process where all we need is your signature on the declaration below.

You do not have to agree to this and you can withdraw your “consent” at any time if you change your mind, however it may make it difficult to provide the services you and your family need.

It is important to tell you that we have a legal duty to share your information with other agencies, even without your consent if we believe it will, protect you, prevent harm to someone else or prevent / detect a crime.

**Your agreement**

I understand why information about the family is being recorded and how it will be used and shared.

I, .................................................................................................. agree/ disagree (delete as appropriate) that this information about our family may be used for the above purposes

Signed: ..........................................................................................

Date: ..........................................................................................

**Role in family**  Individual Carer, Parent or Representative (delete as appropriate)

This consent needs to be given for all members of the family as appropriate. It must also be signed by the professional working with you.

Signed: .......................................................................................... Date: ..........................................................................................

Signed: .......................................................................................... Date: ..........................................................................................

Signed: .......................................................................................... Date: ..........................................................................................

Signed: .......................................................................................... Date: ..........................................................................................

**Member of Staff**

Signed: ..........................................................................................

Print Name ................................................................................................ Date: ..........................................................................................