***Strengthening Families through Early Help***

***Locality Meetings/Partnership Plus/Complex Multi-Agency Meetings***

***Confidentiality Declaration***

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| --- | --- |
| ***Date*** |  |
| ***Time*** |  |
| ***Location*** |  |

**THE CHAIR OF THE MEETING REMINDS ALL CONCERNED OF THE STRENGTHENING FAMILIES INFORMATION SHARING PROTOCOL AND THE AIMS OF THIS DECLARATION.**

* Information discussed within the remit of this meeting is strictly confidential and must not be disclosed to third parties who have not signed up to this declaration or the information sharing agreement without the agreement of the partners of the meeting.
* All agencies should ensure that any papers or information are retained in a confidential and appropriately restricted manner.
* Information shared at these meetings will aim to reflect that all individuals who are discussed should be treated fairly, with respect and without improper discrimination. All work undertaken at the meetings will be informed by a commitment to equal opportunities and effective practice issues in relation to race, gender, sexuality and disability.

The purpose of the meeting is as follows:

* To share information to ensure that families in need of Early Help or/and meet the Troubled Families Criteria get the right support, at the right time, in the right place, by the right people.
* To consider the family as a whole
* To listen to the voice of the family, child and young person
* To adopt a partnership approach to dealing with families in need of early help and/or meet the Troubled Families Criteria within the local community
* To provide a common purpose and one agreed action plan for each family
* To ensure that assessments and action plans are quality assured and that the plans are SMART
* To provide persistent, assertive challenge
* To provide a practical hands on approach when needed
* To ensure that there is a lead professional,
* To ensure that every family knows who their lead professional is
* To ensure that every family knows the content of their plan.
* To monitor the journey to achieve identified outcomes and ensure that possible set backs are identified early and the need for further interventions are identified and monitored.

**BY SIGNING THIS ATTENDANCE DOCUMENT, YOU AGREE TO ABIDE TO THESE PRINCIPLES.**

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| **Name** | **Designation** | **Organisation** | **E-mail** | **Phone No.** | **Signature** |
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***Strengthening Families Locality Meetings***

***Confidentiality Declaration***

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| ***Date*** |  |
| ***Time*** |  |
| ***Location*** |  |

**BY SIGNING THIS ATTENDANCE DOCUMENT YOU AGREE TO ABIDE TO THESE PRINCIPLES.**

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| **Name** | **Designation** | **Organisation** | **E-mail** | **Phone No.** | **Signature** |
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