**Shropshire Strengthening Families/Early Help**

**How do we collect information from you and for what purpose?**

The purpose of this form is to ensure your family consent to complete an assessment and to allow information to be shared with other agencies, (for example; health, housing, education, children’s services, police, early years providers). The information is held securely on a case management system to ensure your family receive the best support services available.

**Who do we share this information with?**

We may share your date with other agencies to ensure your family receives the best support services available, the agencies include:

* Health
* Housing
* Education,
* Internal departments
* Police
* Early years providers
* Ministry for Housing and Local Government MHCLG under the Digital Economy Act 2017 for research purposes

We will treat information as confidential and we will not share your information without your agreement unless we are required by law or we consider that you are at risk of harming yourself or others.

We will not sell or rent your information to third parties. We will not share your information with third parties for marketing purposes.

Further details on how the Council manages personal information can be found on our website at: www.shropshire.gov.uk/privacy

**Consent to record and share personal information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of professional supporting the completion of this consent form** | | | |  | | | | |
| **Please list members of your family living at your address who covered by this consent form (over 18’s to sign individually).** | | | | | | | | |
| **Address and postcode** | | | | | | | | |
| **Contact number** | | | **Email Address** | | | | | |
| **Name**  **(First name/family name)** | **Relationship**  **To Family Head/Main Contact** | **Date of Birth** | | **Ethnicity (Please see table below)** | **Gender** | **National Insurance Number (if applicable and consent gained)** | **First Language spoken** | **Additional Needs or Disabilities?** | **Signature** | **Date** |
| Family Head/Main Contact |  |  | |  |  |  |  |  |  |  |
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| Please list the name of anyone above who is pregnant and include their due date | | | | | | | | | | |

**Ethnicity Codes:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White:** | **Mixed/Dual Background:** | **Asian or Asian British:** | **Black or Black British:** | **Chinese:** |
| 1. White - British | 1. White and Black Caribbean | 10. Indian | 14. Black Caribbean | 17. Chinese |
| 1. White – Irish | 1. White and Black African | 11. Pakistani | 15. Black – African |  |
| 1. Traveller of Irish Heritage | 1. White and Asian | 12. Bangladeshi | 16. Any other Black background | **Any Other Ethnic Group:** |
| 1. Gypsy/Roma | 1. Any other Mixed background | 13. Any other Asian background |  | 18. Any Other Ethnic Group |
| 1. Any other White background |

It has been explained how our information will be used? ⬜

We/I agree that you can share and request information about our family so that you and other professionals can work together to help, advise, provide information and support. ⬜

We/I understand that information will be stored and shared with agencies for example health, housing children’s services, early years providers and police, and used for providing services to our family. ⬜

We/I am aware that agencies (for example, health, housing, education, children’s services, and police) may discuss our family’s needs and that we/I will be provided with feedback from these discussions. ⬜

We/I am aware that some of our personal information may be collected and shared with The Ministry for Housing Communities and Local Government and The Office of National Statistics for evaluation purposes and that all findings will be anonymised. ⬜

We/I understand we/I can withdraw my consent at any time in writing to the Lead Professional. ⬜

We/I understand that a request to see our personal information can be made. ⬜

We/I understand that there are some exceptional circumstances when information must be shared even without my consent. ⬜

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parent/Carer Signature** |  | Name |  | Date |  |
| **Professional Name** |  | Organisation |  | Date |  |
| **Professionals Signature** |  | Job Title |  | | |
| **Professionals contact details** | Phone Number | | E-mail address | | |

Additional information:

|  |  |
| --- | --- |
| **Please complete to show areas of concern/unmet need** | |
| ✔ | **C1 – Parent/children involved in crime or ASB** |
|  | Parents/children and/or other members of the household are involved in crime and/or anti-social behaviour.  Parents or other members of the household are leaving prison or serving community orders or suspended sentences.  There is a significant cause for concern regarding possible involvement in crime or anti-social behaviour. |
| **C2 – Children not attending school** | |
|  | Children/young people recorded as having more than 10% unauthorised absence.  Children or young people who have received 3 fixed term exclusions and/or permanent exclusions in the last three terms.  Children missing education  Children in alternative provision (behaviour) |
| **C3 - Children who need help** | |
|  | Parent is struggling and finds putting boundaries and discipline in place difficult.  Not taking up Early Years entitlement.  Missing and/or at risk of sexual exploitation.  Needing Early Help  Child ‘in need’, or subject to an enquiry under section 47, or subject to a child protection plan.  The impact of alcohol or substance misuse.  Child/young person is identified as a young carer.  Child has witnessed domestic abuse. |
| C4 - **Worklessness/Financial Exclusion/Housing** | |
|  | \*Unemployed and currently not intending to look for work. No positive work history. No skills experience to draw on. Unable to work due to physical/mental health issues. Would need support to progress to work and to apply for a job.  Young people are NEET.  The family are at significant risk of financial exclusion. There is little or no money. Unable to pay bills/rent etc. Not enough money to meet the families basic needs. Has legal issues due to debt.  Homeless – living in emergency accommodation. At risk of homelessness, notice to quit issued. Unable to secure housing without payment of rent arrears and/or multi-agency agreement to evidence management of tenancy. Lives in unsafe or overcrowded conditions. |
| **C5 - Families affected by Domestic Abuse** | |
|  | There are high levels of domestic abuse resulting in Police call outs, visits to A&E due to physical harm. Perpetrator still has access to the family.  There is risk of Domestic Abuse. Family may be living in safe accommodation or perpetrator removed from the home. Family require support to ensure children are protected from the impact of DA. |
| **C6 – Parents/children health– Mental/Physical** | |
|  | Children’s health is at risk. Medical problems and health needs are not being addressed. The home environment does not support healthy lifestyles. The children are failing to thrive. There is evidence of obesity/low weight. Severe dental issues. Family is not registered with either a GP or dentist. Unclear if the children’s immunisation or medical checks are up to date. Medical problems are severe, potentially harmful and not adequately supported.  Members of the family have mental health issues that are not being addressed. |

**Guidance notes**

* Please make sure every member of the household is included on this form where possible even if they do not sign.
* If other members of the family need to sign please make a copy and ask for it to be signed and returned
* Please ask the family if they would they would like a copy of the completed form.
* Please clarify the family’s understanding of the form, including how their information will be shared.

**Note for Schools ONLY – excluding those with an attached Schools Family Support Workers**

**Please complete all sections of the form and send to Strengthening Families using ECINS messaging. A case will be created for you and the ownership given to the Lead Professional identified on this form. You will then need to complete the assessment and plan.**