**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 explain how information may be shared with partner agencies to provide you with specific services (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.

All information collected and shared will be done so in order to:

* To provide and operate our Early Help Service and
* To provide you and your family with services that support and help your family.

We will treat information as confidential and we will not sell or rent your information to third parties. We will not share your information with third parties for marketing purposes.

Full details about how the Council will use your information can be found on our website at: [www.shropshire.gov.uk/privacy](http://www.shropshire.gov.uk/privacy) - and the Strengthening Families Privacy notice can be found on the Early Help Website <https://shropshire.gov.uk/media/14775/strengthening-families-privacy-notice.pdf>

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| **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 13’s to sign individually).** | | | | | | | |
| **Address and postcode** | | | | | | | |
| **Main family contact telephone number** | | | **Main family contact email address** | | | | |
| **Name**  **(First name/family name)** | **Relationship**  **To Family Head/Main Contact** | **Date of birth or estimated delivery date** | **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:**

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| --- | --- | --- | --- | --- |
| **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 |

**Consent to the Early help assessment taking place and how your information will be used**

It has been explained how our information will be used and a copy of the Privacy Notice has been provided?: Add link when available ⬜

We/I consent to me/my family taking part in an early help assessment and to receiving support and help through this and to copies of your Early Help documentation being stored safely on Shropshire Council’s central system, Liquid Logic ⬜

We/I understand that in order to provide you with the early help support and services, information may be shared with partner agencies for example health, housing children’s services, early years providers and police, and used for the sole purposes of providing your family with services that support and help your family. ⬜

Is there any individual person or agency that you do not wish information to be shared with? If so please provide details here:

We/I understand 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 understand that by agreeing to the assessment 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 to the early help service and assessment at any time in writing to the Lead Professional. ⬜

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

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| **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** [**ShropshireStrengtheningFamilies@Shropshire.gov.uk**](mailto:ShropshireStrengtheningFamilies@Shropshire.gov.uk) **using an encrypted email. A case will be created for you and access given to the Lead Professional identified on this form. You will then need to follow the workflow complete the assessment and plan as appropriate.**