

Privacy Notice

You've agreed to the completion of a Early Help Assessment

What your information will be used for

Information contained in the Early Help Assessment and recorded at any future meetings will be stored in a secure database.

With your permission, this information may be shared with services or Early Help support panels who may be able to identify and/or offer support for you and your family.

There may also be times when the people working with you may need to share information without your permission, e.g. when it is felt that a child or adult is at risk of harm or to prevent crime.

What information will be stored

Early Help at Peterborough City Council will keep all information contained in your Early Help assessment, including your and your family's personal details (names, dates of birth, address, contact details, gender and ethnicity) and the assessment of your child and family's needs. We also retain:

- Meeting records.
- Details of agencies working with you.
- An action plan of the support provided.
- Details on the progress made.

Who can see this information?

- Authorised Peterborough City Council staff (including Children's Services)
- Other authorised agencies working with you and/or your family.
- Administrators supporting staff working with you.

Your rights

You will be given a copy of the completed EHA and any further information which is recorded at any

Team Around the Child (TAC) meetings. You have the right to see the information we keep about you.

Other possible uses of your information

There will be times when your information may be used for statutory or data reporting purposes. This is done to monitor the performance of the Early Help service, and to assess and improve the effectiveness of the available support services in the city.

For example, in order to know how well we are doing at supporting families who are having difficulties, we share information on families who qualify for the national Troubled Families programme (known locally as Connecting Families) with a research institute called the Office of National Statistics (ONS). The ONS will compare progress made by families which have received our support with similar families who have not. The anonymized information they send back to us will allow us to improve our services.

To find out more about Connecting Families and how your data may be used see

www.peterborough.gov.uk/EarlyHelp or contact ConnectingFamilies@Peterborough.gov.uk

Information Sharing

In order to better help you, we may check information held by other services and agencies who are working with your family to ensure the support you receive is appropriately linked up. We may also contact professionals working with you to check how things are going, and whether progress has been sustained after the Early Help support has ended.

If you do not want us to share your information with certain professionals or services in this way, you have the chance to opt out.



All EHA forms are stored securely centrally by Peterborough City Council and retained for 6 years

You can:

- Request a copy of your Early Help record.
- Ask for your records to be changed if you feel they are incorrect.
- Complain to us if you are unhappy about the way information about you is dealt with.

Consent Statement

You've completed your Early Help Assessment

You have now completed the Early Help Assessment with your worker and been provided with a copy of this. Please ensure you read through the information recorded on this assessment and are happy with the contents included. Should you have any questions or amendments to discuss, please contact the worker who has completed the assessment with you

This information will be entered and stored onto our Early Help database and shared with services who may be able to support you and your family as discussed between you and your worker.

Consent

Child/Family Name:

- I understand and agree with the information recorded in this assessment.
- I understand that the information given in this assessment will be stored as outlined in the Privacy Notice overleaf
- I give consent for my information to be shared with other professionals in the interest of providing services to me and/or my family, subject to the exceptions specified on the Information Sharing Form below

I am: **the parent/carer** **the young person** *(please tick box)*

Signature (parent/carer/young person)

Date:

Signature of Early Help initiator

Date:

Consent for Early Help Panel referral (where appropriate)

In some circumstances, your lead worker may want to refer your case to one of the Early Help Panels for further advice or resources to support you and your family. This may be the Early Support Pathway Panel (for pre-school children), Multi-Agency Support Group (MASG) or Behaviour Panel. These panels are made up of representatives from services and charities across Peterborough. It supports professionals working with families by providing advice, support and guidance. Should your worker wish to make this referral, this should be discussed and agreed with you prior to the referral being made.

By consenting to an Early Help Panels referral, you agree for your information to be shared with all agencies represented on the relevant panel, so that they can identify what support would best meet your child or family's needs. You still have the right to refuse any support suggested by the panel.

Further information can be found on www.peterborough.gov.uk/healthcare/Early-Help

Consent

- I agree to information gathered as part of the Early Help assessment and other relevant information to be shared with the relevant Early Help Panel(s)

I am: **the parent/carer** **the young person** *(please tick box)*

Signature (parent/carer/young person)

Date:

Information Sharing Form

You've completed and consented to your Early Help Assessment

So that we can better co-ordinate the support your family receives and to ensure the best outcomes are achieved for you and your family, we would like to share information about your family with relevant services from the list provided below. In some cases we would also like to obtain information from them with regards to your family's needs and any support they provide.

If you agree, you do not need to do anything. If you do not agree to your family's information being shared with one or more of these services, you can opt out by ticking the box next to the name of the service(s) you do not want your information shared with*.

Organisations with whom information may or may not be shared:

- General practitioner Do not share
- Education Provider Do not share
Early Years Provision, Nursery, Pre-school, School, College
- Cambridgeshire Constabulary Do not share
- CPFT Do not share
Adult Mental Health Services, Child and Adolescent Mental Health service (CAMHs), Child Development Centre (CDC), Peterborough City Hospital
- Peterborough NHS Do not share
Health Visiting service, School Nursing, Family Nurse Partnership, Midwifery service
- CGL Aspire Do not share
Adult and young people's drug and alcohol misuse service
- Children, Young People and Families' Services Do not share
Youth Offending Attendance service, Youth in Localities, SEN team, Children's centres, Adult Social Care
- Peterborough Housing Team Do not share
- Cambridgeshire and Peterborough Probation Service Do not share
- Department for Work and Pensions Do not share

* Please note that if you wish your family's case to be presented at one of the Multi-Agency Support Group panels, information will still be shared with all services present within the context of the panel.

Other agencies including Community and Voluntary organisations:

Please name any other agencies with whom you consent to your family's information being shared with:

Signatures of one or both Parents/Person(s) with parental responsibility:

Parent/Carer Name	Signature

If you are signing this consent statement on behalf of your family, you confirm that all members of your family for whom you do not have parental responsibility are aware and have agreed to their information being shared with the services listed above (the same opt-outs will apply). If this is not the case, please list below which family members have **not** consented to their information being shared with these services.

Name of person(s) excluded from information sharing content: