

Sharing information



Why do we share your information?

We **share information with other professional people** who know you and your child, for example, your GP, Health Visitor, Teacher, so that we can **assess your child's needs**. We can do this better if we have **your agreement**.

What information do we want to share?

We tell other professional people who know you that we are carrying out an assessment of your child's needs and why we are doing this. We **ask them for any information** they have that is relevant to the assessment. We invite them to become part of a team who **provide support or services** to you and your child. We only share information with them that is:

- Necessary and in proportion to your child's needs
- Relevant, reliable and accurate

What if you don't agree?

Where possible we **respect your wishes** if you don't agree to us sharing some or all your personal information. If we can complete the assessment without sharing information and it doesn't compromise the safety or welfare of your child, we do so.

However, if your child is the subject of an emergency protection order, is in police protection or we have reasonable cause to suspect that your child is suffering or likely to suffer significant harm we have a **duty under section 47 of the Children Act 1989** to make enquiries to enable us to decide whether any action is needed to keep your child safe or promote their welfare.

How we share information?

We take care of personal information. We limit access to our records and only share information by secure means. We:

- Ensure we are sharing the right information with the right person
- Only share what another person needs to know
- Distinguish fact from opinion
- Share information in a timely manner and only keep information we receive for as long as necessary

Sharing information



Signed agreement to be returned to Children's Services.

I agree to Children's Services contacting other professionals to share information about me and my children.

I understand Children's Services could contact any of the professionals listed below and I agree to the professionals contacted sharing information about me and my children with Children's Services.

I understand that a decision can be taken to share information without my agreement if there is good reason to do so, such as where safety may be at risk.

Please either Select All or specify individually those you agree for information to be shared with:

Select All

- | | | |
|---|---|---|
| <input type="checkbox"/> GP (for your child and you) | <input type="checkbox"/> Health Visitor | <input type="checkbox"/> Nursery |
| <input type="checkbox"/> Adult Mental Health Services | <input type="checkbox"/> Police | <input type="checkbox"/> Benefit Agencies |
| <input type="checkbox"/> Substance Misuse Agencies | <input type="checkbox"/> Hospitals | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Child and Adolescent Mental Health Services | | |
| <input type="checkbox"/> Early Years, including childminders and Children's Centres | | |
| <input type="checkbox"/> Other | | |

If you have ticked other, tell us who that is:

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If don't want Children's Services to share information with any of the above it is helpful if we know why. Please tell us below:

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Declaration

I confirm that by typing my name in the signature field below and returning the form to you by email, I agree to Children's Services contacting other professionals to share information about me and my children.

Signature: Date:

Print name:

Relationship to child/children:

Social Worker: