

Early Help Assessment

Additional person information sharing and storage agreement

1 Family Composition and Details

Main Parent/Carer

Name:		Gender (M/F):		Ethnicity:	
Address:		Postcode:		DOB:	
Home Tel:		Mobile:			
Relationship to children:					

Parent/Carer 2

Name:		Gender (M/F):		Ethnicity:	
Address:		Postcode:		DOB:	
Home Tel:		Mobile:			
Relationship to children:					

Children

Child	Name	DOB/EDD	Gender (M/F)	Ethnicity	School/Nursery	Resident in the home Y/N
1						
2						
3						
4						
5						

Other adult family/household members or significant others

Name:		Gender (M/F):		Ethnicity:	
Address:		Postcode:		DOB:	
Home Tel:		Mobile:			
Relationship to children:					

Name:		Gender (M/F):		Ethnicity:	
Address:		Postcode:		DOB:	
Home Tel:		Mobile:			
Relationship to children:					

2 Information sharing and storage agreement - how we will process and look after the personal data during the early help assessment and intervention.

This section must be fully completed and signed by all persons over the age of 18 present at the time of completion of the form with the family, on behalf of themselves and any child or young person for whom they are parent or carer.

We will need to collect a significant amount of personal data relating to you and any children or young people for whom you are parent or carer throughout this process from the initial early help assessment and any subsequent intervention that we establish in order that we can understand and provide the help you may need.

If we cannot cover all of your needs we may need to share some of this information with, or request additional information from other organisations such as health, education, private and voluntary agencies

and support services so that they can help us to understand your needs and to provide you with the services you need. We will notify you in advance of any third party involvement.

Please be assured that this information along with any information gathered throughout the lifetime of any intervention offered will be stored securely either within a secure electronic recording system or locked in a secure filing system in line with the agency undertaking the assessment/intervention/role of lead professional's policies and procedures – specific information can be made available on request.

The information recorded within the early help assessment and intervention such as the assessment, action plans and notification of closure will be shared with and recorded by Barnsley Council in their role of co-ordination and monitoring of early help assessments and interventions. Barnsley Council's privacy statement is available to view at www.barnsley.gov.uk/privacy.

Personal information will be treated as highly confidential and will not be shared without your permission for any other reason unless we are required by law to share it or unless you or anyone else will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share.

The early help assessment and intervention are voluntary and you have the right to withdraw from the process at any time. If you do choose to withdraw then you should inform the lead professional either verbally or in writing.

I understand the information gathered and recorded as part of the early help assessment and any subsequent intervention will be stored and used for the purpose of providing services to myself and the children or young people for whom I am parent or carer
I have had the reasons for information sharing and information storage explained to me and I understand those reasons and give my agreement to share and request information in the relevant circumstances
I understand that the information provided on this form relating to myself and others will be recorded and that they may be contacted as part of the assessment and intervention
I understand that the information that is gathered and recorded as part of the early help assessment and any subsequent intervention may be used by Barnsley Council for local and national monitoring and reporting purposes.

Signatures of persons present

Signed:		Name:		Date:	
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Signed:		Name:		Date:	
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Signed:		Name:		Date:	
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Professionals Signature

Signed:		Date:	
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3 Submitting the form

Once you have fully completed the form please email this to earlyhelp@barnsley.gov.uk. Please note that it is your responsibility to ensure that this information is emailed securely, if you require support with this then please email us to discuss before sending any sensitive information.