**Pathways**

**Information and Consent Form**

**Warwickshire County Council and partners work together to provide you with public services, to do this, we may need to share your information.**

**We will do this in a way that protects your privacy and confidentiality. If there are safeguarding concerns, we would be legally obliged to share this information.**

**For more information please visit** [**www.warwickshire.gov.uk/privacy**](http://www.warwickshire.gov.uk/privacy) **and**

[**https://www.warwickshire.gov.uk/directory-record/689/children-and-family-services**](https://www.warwickshire.gov.uk/directory-record/689/children-and-family-services)

|  |
| --- |
| **Our Principles** |
| **Pathways has received a request to support you and your children. We need to know more about your family to make sure that you have the support that you need.****Our role will be to work with you in line with the following principles:****Building strong relationships:*** Creating and maintaining respectful and trusting relationships.
* We will work WITH people, rather than just “doing to” or “doing for”.
* Keeping the child central to our work with the family and everything we do.
* Recognising that families are the experts in their lives and their strengths and goals will be central when providing support.

**Helping communities and families to find their own solutions:*** Creating one timely plan together, focusing on strengths within your family and network, as well as being open and honest about what needs to change.
* Promoting health, wellbeing and education for your child and family.
* We will work together to manage needs, concerns and risks and identify solutions together to keep the child safe.

**Being the best we can be:*** We will work together to provide high support and high challenge with you, ourselves and partner agencies.
* We will support each other to develop the services we provide, learning from all feedback to improve our services for everyone.
* We will work together to resolve difficulties quickly and restoratively, by finding the right way to support families.
 |
| **Consent** |
| **We will collect information by speaking with you, your child and key professionals so that we can understand what help you and/or your family may need. We will share all or part of this information with other organisations, so that other professionals/agencies can help us to provide the services you may need.**[ ]  I agree to engage with the Pathways and accept theneed for communication between professionals and organisations.[ ] I have been informed which organisations will be contacted and reassured if any other agencies need to be contacted, I will be informed beforehand if legally possible.[ ] I will explain if I do not agree to some parts of the information being shared with professionals and understand that this will be respected, where legally possible.**We will always need to complete a written record of the information received by Pathways. This will include the views of parents and carers (even if you chose not to engage) and other agencies.**[ ] I understand the information will be stored and used for the purpose of providing services to my children. |

|  |  |
| --- | --- |
| **Parent or Carer Print Name:** |  |
| **Signature:** |  |
| **Date:** |  |

|  |  |
| --- | --- |
| **Child Name:** |  |
| **Signature:** |  |
| **Date:** |  |