

## CONFIDENTIALITY AND INFORMATION SHARING AGREEMENT CHILDREN & YOUNG PERSON

*“Confidentiality is fundamental to the services offered by the Children & Young Person Independent Sexual Violence Advisor (C&YP ISVA) and it will remain the intention of the C&YP ISVA to offer the service user confidentiality as far as possible”*

- Our aim is:
  - To support you in whatever choices you make
  - Inform you of choices that are available to you
  - To create a safe environment for you to disclose sensitive and personal information
  - To respect your decisions
- The information below outlines how we will treat the information that you give us about yourself, your family, others and your circumstances.
- **It is important for you to read this information sheet and for it to be explained to you by your C&YP ISVA. When you have read and understood the agreement please sign and date.**

1. The information you provide is confidential **unless**:

- a. You consent to information being shared.
- b. You choose to disclose information which indicates or identifies an existing or imminent risk, danger or harm to you or any child/children. In this case the C&YP ISVA has a legal obligation to inform Family Services or the Police (Children Act 1989, S.47).
- c. You choose to disclose an intention to carry out act/acts that are likely to put others at serious risk or injury, the C&YP ISVA has an obligation to inform the police to ensure the safety of others. This includes acts of terrorism.
- d. Should you choose to attempt suicide in the presence of the C&YP ISVA, The Hampton Trust (HT) will contact emergency services. Being an accomplice to suicide is an offence under, “Section 2 of the Suicide Act 1961”.

2. We will always try and tell you when information is being shared unless it is not safe for you or if we can't contact you.
3. If we have to share information in this situation, we will only share relevant information that will improve your safety.
4. We will talk this situation through with a senior member of the HT team and will write on your case file what we have shared, why and who with.
5. You have a right to access your file, please contact your C&YP ISVA who will advise you of the process.

## How will we treat any information that you give us?

We will use information you give us to help keep you and any children safe, we will also use this information to improve the service we offer you and others:

- Generally, the information that you share with us about yourself, your family and others and your situation will be treated as confidential by the HT. This means that only authorised people at the HT will have access to this information unless you say otherwise.
- There may be times when it is useful for someone from the HT to share information about you with other agencies. **Unless** there is an immediate risk to you or others, your C&YP ISVA will ask for your permission to share this information and **you** will be able to say yes or no.

## Improving the service we offer:

- So that we can try to improve the service we offer, we might need to make your details and information you give us anonymous so that we can share it with agencies and researchers outside of our service. This helps us to monitor our performance, understand more about sexual violence and the best ways to improve the lives of people who experience it.
- When we share information in this way the identities of our clients and their children will never be revealed.
- You can choose if you are happy for your information to be made available for these reasons. If you decide to say no, this will in no way affect the service that you receive.

**So that we know you have read and understood this agreement please answer yes or no to each statement by placing a cross in the box. It is important that you answer yes or no to each statement.**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| The confidentiality and information agreement has been explained to me.   | <input type="checkbox"/> | <input type="checkbox"/> |
| I give permission for anonymised information about me to be used by other agencies and researchers for the purpose of monitoring and research.  | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that information about me will be held confidentially unless I give my permission for it to be shared with others.   | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that there are exceptions to this and in the event that I, or any child is assessed to be at immediate risk of harm, information about me can be shared without my permission. | <input type="checkbox"/> | <input type="checkbox"/> |
| I give permission for The Hampton Trust to collect electronic records for the purpose of managing my case/enquiry. These records will be kept in line with the Data Protection Act 2018.    | <input type="checkbox"/> | <input type="checkbox"/> |

In order for The Hampton Trust to offer you support, advice and guidance we will need to process some of your personal data. There are strict laws concerning this. We have a policy on data protection which is published on our website. If you would like a printed copy, please request one from a member of staff. By understanding and agreeing to these privacy terms, you Consent to us processing your data for the purposes stated. You may

withdraw your consent at any time.

We promise to only process your data to deliver the support or services you need. We will share your data with third parties to ensure the support is right for you and to give you all the options we can. A list of those third parties is available upon request and may be updated from time to time.

If you withdraw your consent and we believe you are at risk, we may on rare occasions continue to process your data in your best interests, in accordance with the Data Protection Act 2018 or where any other legal obligation exists.

Data is retained in accordance with our policies, a schedule of which is available. Please see [www.hamptontrust.org.uk](http://www.hamptontrust.org.uk)

|   |       |
|---|-------|
| <b>Please sign and date the agreement:</b>                            |       |
| Signature:  | Date: |
| Print name:   |       |
| C&YP ISVA signature:  |       |
| <b>If agreement is explained and consented to over the telephone:</b> |       |
| C&YP ISVA signature:  | Date: |

Notes to practitioner: If you are having this conversation over the telephone, read through the agreement and sign to say you have explained it to the client. On the first opportunity you get to see the client face to face, go through this agreement again and ask the client to sign.