Children’s Trauma Therapy Service: Consent Form



Dear Parents/Carers,

Your family has been referred / you have self-referred to the Children’s Trauma Therapy Service at Bradford Family Action. We want to you to feel happy and confident regarding the referral that has been made and understand what will happen with any personal information relating to you and your family on that referral.

What do I need to do?

* If you’re happy for a referral for your family to be made to the Children’s Trauma Therapy Service, complete and sign the box number 1 ‘Consent for the Referral to the Children’s Trauma Therapy Service’

1) CONSENT for the Referral to the Children’s Trauma Therapy Service

|  |  |
| --- | --- |
| Name of child / children being referred |  |
| Signature of parent/carer with parental responsibility\* |  |
| Date: |  |

* We’ve sent a sheet along with this form which contains information about your GDPR rights and how we process your personal data following referral. Please take time to carefully read through this document and then indicate your chosen consents in section ‘2: Consents to Share Information’.

2) CONSENTS to Share Information: Children’s Trauma Therapy Service, Family Action

I have read the document ‘CTTS GDPR statement ’concerning data protection. I consent to Children’s Trauma Therapy Service at Family Action using the information I have provided and any supporting information that is required for the purpose of processing the service I receive from the Children’s Trauma Therapy Service at Family Action.

Please tick the relevant boxes below to give consent for us to:

Share anonymised data with Clinical Commissioning Group (CCG) for reporting/funding purposes

*This permission only refers to anonymised data such as the number of families we have worked with & number of therapy sessions we have provided.* ***This does not refer to the content of any therapy sessions****,* ***which are strictly confidential****. More information regarding confidentiality will be shared at the start of therapy.*

Share anonymised case studies of therapy work for funding, or research, purposes

*We provide regular, anonymised, case studies of the therapy we provide to our funding commissioners and occasionally for research purposes. These case studies help us to demonstrate the types of therapy work we offer at our service and the ways we help children and families. These case studies are non-identifiable; your name will not be used, and the contents of the session or specific details of your story will not be shared. The types of therapy used or overarching themes of the work may form part of these studies.*

Share referral and case information with Step2 and Relate Bradford (CALM therapy referrals only)

*The Children’s Trauma Therapy Service (CTTS) leads on CALM: a stream of therapy for children aged 4-11 who have experienced Adverse Childhood Experiences (ACEs). This service is led by CTTS and delivered in partnership with two other local charities: Step2 and Relate Bradford. In order to access this stream of therapy we need permission to share your referral with our partners Step2 and Relate Bradford.*

Share information with other education, health & social care and/or police professionals regarding my family’s care.

*We work in a supportive and collaborative way with families referred to our service. This includes working alongside other professionals who may be involved in supporting your family in order to provide the most holistic support possible. We will not share details relating to content of therapy sessions without your explicit consent, unless there was a clear reason to do so (e.g. safeguarding risk, or unless compelled to do so by a court of law). This consent gives us permission to work collaboratively with other services involved in your family’s care and attend meetings with you, or on your family’s behalf as necessary.*

Share information with other therapy service providers in order to support my family’s clinical and therapeutic needs.

*We work closely with other local mental health services; such as CAMHS, adult mental health services or other third sector mental health providers, in order to provide the best support to the families we work with. We sometimes need to produce reports of the clinical work we have offered to your family, or make referrals to other services, in order to support your family’s ongoing needs. This would always be discussed and agreed with you first.*

Please note that if you do not give consent(s) we will continue to offer our support, but the services provided to you may be affected. Please contact Service Manager or the Clinical Lead to discuss any queries you may have. You have the right to change your consents and preferences at any time.

Signed**\***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Carer) Date: \_ \_ / \_ \_ / \_ \_

Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Changes

Family Action reserves the right to make changes to this policy from time to time. Where we do so, we will publish the new policy on our website <https://www.family-action.org.uk>. Please contact data.protection@family-action.org.uk or the Children’s Trauma Therapy Service using the details below to request any data or discuss any concerns you may have:

Children’s Trauma Therapy Service

Bradford Family Action

Kenburgh House

28 Manor Row

Bradford

BD1 4QU

CTTS@family-action.org.uk

\*Covid-19 update for professionals referring on behalf of families; whilst we would prefer for families to be able to physically check and sign this form to indicate their consent to the referral being made and the various consent options, we understand during current restrictions that this may not always possible. If you are making a referral on behalf of a family and it is not possible to get a written signature, please indicate the date at which verbal consent was sought, from whom and by whom. This will be considered sufficient for the referral in the interim.