



Families Growing Together

Contract and Consent for Therapeutic Intervention

Child's name		Date of Birth/age School year	
Address		Medical issues/allergies	
Parent's names		Referrers details	

1. Confidentiality and Privacy

I will collect and store information about you in the course of the intervention. I will not share information about you or your child with anyone without agreement from you (and your child, if appropriate), except when it is required by a court of law or a local authority, or if I believe your child or another person is at risk

Please refer to my Data Processing, Confidentiality and Privacy statement and relevant policies on my website www.familiesgrowingtogether.com for details of the ways in which your data will be stored, handled and managed.

2. Covid 19 support

I will take appropriate safety measures led by government guidance.

3. Intervention

I will provide you with the therapeutic intervention agreed which will involve providing you/you and your child with regular sessions, keeping notes about the work and writing summary reports. The intervention may also involve me attending multi-agency and other meetings and making referrals. I will always inform you about this and gain your permission before doing so.

4. Absences

Please contact me by email / text / through the social worker, if you are unable to attend a session. I will try to reschedule the session within the same week. I require 24 hours notice of cancellation. If a session is cancelled with less than 24 hours notice it will be classed as one of your allocated sessions.

5. Videoing

I will video record therapeutic sessions with children. I will use these for analysis purposes, to prepare for feedback sessions with you and the professionals we have agreed are supporting this case, and to

share with my supervisor. I will share sections of the videos with you but will not give you a copy of the videos.

6. Safeguarding Children

Safeguarding children and promoting their welfare is paramount and is at the forefront of my work. Whilst I adhere to working confidentially, if i feel that any child is at risk of harm, we have a duty to protect them and are required to have a discussion with your referring social worker or inform the relevant authority. I will always aim to have a discussion with you first and gain your consent for this.

Please refer to my Safeguarding Policy and Procedures on website www.familiesgrowingtogether.com for further details of the ways in which I will safeguard and promote the welfare of children. You can request a copy from me if required.

7. Insurance

The work I undertake with you is covered by my professional liability and indemnity insurance.

8. Conduct, performance and ethics

I am required to maintain an up-to-date membership of the regulatory body for social workers; Social Work England and I adhere to Social Work England's Standards of conduct, performance and ethics.

9. Clinical supervision/consultation

I will receive regular supervision so that I can discuss and reflect on my cases. This is to ensure I maintain good practice and protect my clients from harm.

10. Complaints and Complements

If you are not happy with the way I am working with your family, you are welcome to tell me about this either in writing or directly. In the first instance I will invite you to discuss the issue with me so that we can try to resolve any misunderstanding or differences. If you are not satisfied with the outcome, the second stage is for an independent social worker to review your complaint and respond in writing. My complaints policy is on the website www.familiesgrowingtogether.com and you can also request a copy from me.

I welcome feedback on my services, positive and negative and will use these to build on my practice. These can be provided anonymously if preferred.

Consent for Therapeutic Intervention and video recording

- ☐ I consent to my child and I undertaking the Therapeutic Intervention
- ☐ I consent to my child and I being video recorded during sessions.
- ☐ I understand and agree to the procedures for the therapeutic intervention described above.
- ☐ I consent to you having contact with me using the following mediums
- ☐ Face-to-face
 - ☐ Zoom
 - ☐ Telephone
 - ☐ Email
 - ☐ Text message

Consent for using feedback about services

- ☐ I consent to you using my comments and feedback anonymously for quality assurance, marketing and publicity purposes

Parent/carer 1 name			
Signed		Date	
Parent/carer 2 name*			
Signed		Date	

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