**Circle of Hope – Parent Course Group**

**Consent Form**

I have read and understand the following points and am happy to participate in the ‘Circle of Hope’ support group:

* The Circle of Hope group is a structured 10 week psychoeducational group and is not intended as a therapy group.
* Confidentiality is prioritised within the Lighthouse, however if additional information becomes available suggesting that a child, young person or adult may be at risk we may have to share this with police and/or social services. We will attempt to inform you of the need to share information should this issue arise.
* The Lighthouse is a multi-agency service and confidential information relating to your family’s case will be viewed only by those agencies and workers directly involved with providing you support.
* Confidential information is stored on a purpose built computer system which is separate to wider NHS, social care or police records.
* Brief information regarding attendance and themes from the session will be recorded for the purpose of our records.
* The group will be facilitated in the context of specific ground rules, which will be set up by facilitators in collaboration with group members and will be available to review every session.
* Identifying details of the alleged perpetrator and the specifics of the incident can not be shared within the group context. If parents/carers start to share information that is not appropriate, we would have to pause the group and go back to the ground rules (which will also be established from the first session).

Parent Name: …………………………………………………………………………………………………

Parent Signature: ……………………………………………….. Date: ……………………………………………………….

Lighthouse Worker: ………………………………………………………………