**Consent for Evaluation**

**Evaluation**

As well as gaining your consent for accessing the services at the Lighthouse, we also need to get separate consent which gives us permission to include your personal information as part of the evaluation of the service that is happening.

Firstly, we want to say you can still access The Lighthouse services even if you don’t consent to be part of the evaluation.

However, by being part of the evaluation it will help us ensure that the service is making things better and not worse for those that use us. It will ensure we are clear about what’s working well and why. This is the first service of its kind in the whole of the UK and a two year pilot, so it’s important to understand clearly what is happening for the children and young people who access services via the Lighthouse. This will help us when we are talking about the impact of the Lighthouse with other people around the UK who may want to develop one.

**How is the service being evaluated?**

The Lighthouse is supported by the London Mayor’s Office for Policing and Crime (MOPAC). Their job is to evaluate how good the service of the Lighthouse is. To do this they would like to access some of your personal information.

Only information about you which is necessary to understand the service will be used. This information may be about your

* health,
* mental health,
* if you report to the police,
* if your case goes to court and
* the support you receive.

Detailed medical records, or detail of your therapy sessions will not be shared.

If you report to the police, they will record lots of different details about your case including information about you, any witnesses, the suspect and what actually happened in the offence. Your case will be given a ‘Crime Reference Number’. We want to share this Crime Reference Number with MOPAC so that they will be able to access this information from the Police system so that they can use it as part of the evaluation too.

If you are happy to be involved your personal information will only be viewed by the people doing the research. They have been security checked and vetted. All the data will be stored

on secure computers, within a secure building. The research information that identifies you will only be kept for the length of the service. MOPAC will never identify you in a report and your data will always be protected and kept private. For further details please email [enquiries@mopac.london.gov.uk](mailto:enquiries@mopac.london.gov.uk) can or call MOPAC on (020) 7983 6532.

If you require a videoed police interview this is also part of a separate evaluation project and has another form. This will be discussed and explained with you at the time.

**Withdrawal of consent**

You can withdraw your consent for the evaluation at any time by informing your Lighthouse worker. This will not affect or have any impact on the service you receive from us.

**If you have any questions about any of these things you can always talk to your Lighthouse worker again.**

## YOUR CONSENT

* I give consent for my personal information being used as part of the evaluation of the Lighthouse services as outlined above.
* I understand what information the Lighthouse will share with MOPAC and how this will be linked with information the police and court hold about my case
* I understand that only the necessary information will be shared and this will be kept confidential.
* I understand that I can withdraw my consent at any time without impacting on what help I receive from the Lighthouse
* I consent to my personal information being shared with MOPAC

Signed …………………………………………………………Young person. Date………………………………

Signed  ………………………………………….. Carer (where appropriate). Date………………………………

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***For the Lighthouse Practitioner***

* *I have assessed the child able to provide their own informed consent*
* *I have assessed that the child is not able to provide informed consent and that agreement from the adult(s) with parental responsibility for the child is needed.*

*Signed ……………………………………………………. Lighthouse Practitioner. Date……………………………………….*

*Date ………………………………*