

Restorative and Mediation Service

Confidentiality & Consent Form

The Essex Restorative and Mediation Service (ERMS) is provided by the Police, Fire and Crime Commissioner for Essex and aims to facilitate effective communication between those involved in crime or conflict to help find a positive resolution and repair harm that has been caused. We need your permission to hold and share information about you. We always act responsibly with your information, as explained below. Please read this form carefully before you sign and date at the bottom.

Our full privacy notice outlines your rights and our obligations to handle your data correctly, please visit the website: www.restorativeessex.co.uk/privacy-policy/

What information we would hold:

- Personal information such as your name, contact information, DOB, gender, criminal records and relevant warning markers and notes of our discussions with you. This information ensures that we are able to maintain contact with you, and that facilitators, staff and participants in the process are kept safe.
- Such information is held electronically or where appropriate in hard copy with appropriate technical and organisational measures in place to look to ensure it is retained securely

Why we will hold your information and what we would do with it:

- We will use your information to progress the service we have agreed with you. This may include making referrals to agencies you have agreed we can contact and generally, to make sure that your case is progressing. We may also use your contact details to follow up after the process has closed, or to enquire whether you wish to tell your story further such as in the media or at relevant events or opportunities.
- Your information will only be seen by those who provide the service to you, or our partners, and with whom there is a confidentiality agreement in place.

Why we would share your information:

- Your information will only be shared when we have a legal basis (for example, to comply with the law), vital interest (to protect your life or the life of someone else), public basis (to perform a task in the public interest or for its official functions.), or your consent, to do so *and* where this is relevant to the service that we have agreed with you.
- There are exceptional circumstances where we may have to disclose information without your permission. These are
 - **If we believe that either you or someone else is at risk of significant harm. ERMS individuals have a duty to report any issues relating to child protection or adult safeguarding**
 - **Where there is another legal reason or requirement to disclose your information.**

Who we may share your information with:

There may be other agencies that we share your information with in order to provide the most effective, safe and efficient service. These agencies include:

- Essex Police
- Essex County Fire and Rescue Service
- Community Safety Partnerships
- Community Rehabilitation Company
- Her Majesty's Prison and Probation Services
- RJ providers across the country where one or more parties in the process is, or has been, residing outside of Essex.

What if you don't provide your information?

Should you not provide consent for us to process your information, we may not be able to continue to work with you.

The UK GDPR provides the following rights for individuals:

- The right to be informed
- The right of access
- The right of rectification
- The right to erasure ("the right to be forgotten")
- The right to restrict processing
- The right to data portability
- The right to object
- Rights in relation to automated decision making and profiling

Further information on these rights can be found under Chapter 3 of the Data Protection Act 2018 available here: <https://ico.org.uk/your-data-matters/>

You have a right to request that your information is erased at any time or to request the information we hold about you (Subject Access Request) -

<https://www.essex.pfcc.police.uk/wp-content/uploads/2019/03/Access-to-Information-Policy.pdf>

Consent:

I.....(name of participant) would like to take part in the restorative justice or mediation process. I am happy for my details to be shared with partners of ERMS where appropriate to ensure that I receive an efficient and safe service. I understand that information may be shared if I give facilitators a reason to believe that I, or someone else, is at risk of significant harm. Where possible and safe, this will be discussed with me before anything is disclosed.

Signed..... Date.....

I confirm that I will not share or discuss my case on social media or any form of media during the restorative justice or mediation process. I understand that I do not have permission to record any session without the knowledge and permission of everyone attending (virtually or in person).

Signed..... Date.....

I am willing for my case to be used as an **anonymised** case study for the ERMS and / or the OPFCC media and / or research purposes. I understand that no names and no personal information which would make me identifiable will be used.

Signed..... Date.....

You have a right at any time to remove consent and to ask that information about you be removed from our systems. There are occasions where we may need to retain sufficient information to, for example, evidence what services we provided to you but we will ensure that we comply with data protection legal requirements. For more information about your rights under Data Protection Laws and how we process your data, please visit our website <https://www.essex.pfcc.police.uk/contact-us/privacy-notice/>

Data Monitoring

Essex Restorative and Mediation Service has a duty to eliminate discrimination, advance equal opportunities and ensure appropriate support is in place in the course of delivering our services. This form allows us to monitor our progress towards equal opportunities and identify any support needs you might have. You need only answer the questions you are comfortable with. The information will be kept securely and used only for the purposes of internal monitoring. As ERMS sits within the Police, Fire and Crime Commissioner's Office, some information provided may be shared anonymously for their internal monitoring.

COMPLETION OF THIS FORM IS OPTIONAL

GENDER:

To which gender identity do you most identify?

- Male
- Female
- Non-binary
- Prefer to self-describe (please state)
- Prefer not to say

AGE:

Which age group do you belong to?

- 12 years and under
- 13 to 17 years
- 18 to 24 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 to 74 years
- 75 years or over
- Prefer not to say

ETHNICITY:

To which of these ethnic groups do you consider you belong?

White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy/Irish Traveller
- Any other white background, please describe

Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, please describe

Other ethnic group

- Arab

Mixed/multiple ethnic origins

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/Multiple ethnic background, please describe

Black/African/Caribbean/Black British

- African
- Caribbean
- Any other Black/African/Caribbean background, please describe

- Any other ethnic group, please describe
- Prefer not to say

DISABILITY:

Do you consider yourself to have a health condition, disability or impairment? Please tick all that apply.

- | | | |
|---|--|--|
| <input type="radio"/> No impairment | <input type="radio"/> Deafblind | <input type="radio"/> Autism spectrum disorder |
| <input type="radio"/> Hearing impairment/deaf | <input type="radio"/> Mental health needs | <input type="radio"/> Other (please specify) |
| <input type="radio"/> Visual impairment/blind | <input type="radio"/> Physical impairment | <input type="radio"/> Prefer not to say |
| | <input type="radio"/> Learning difficulties/disabilities | |

DISTRICT:

Which district do you live in?

- | | | |
|------------------------------------|-------------------------------------|---|
| <input type="radio"/> Basildon | <input type="radio"/> Colchester | <input type="radio"/> Tendring |
| <input type="radio"/> Braintree | <input type="radio"/> Epping Forest | <input type="radio"/> Uttlesford |
| <input type="radio"/> Brentwood | <input type="radio"/> Harlow | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Castle Point | <input type="radio"/> Maldon | <input type="radio"/> Outside of Essex |
| <input type="radio"/> Chelmsford | <input type="radio"/> Rochford | |

SEXUAL ORIENTATION:

To which sexual orientation do you most identify?

- | | |
|---|--|
| <input type="radio"/> Heterosexual/straight | <input type="radio"/> Lesbian |
| <input type="radio"/> Bisexual | <input type="radio"/> Prefer to self-describe (please state) |
| <input type="radio"/> Gay | <input type="radio"/> Prefer not to say |

RELIGION/FAITH:

Do you have a religion or belief?

- | | |
|-----------------------------------|--|
| <input type="radio"/> No religion | <input type="radio"/> Sikh |
| <input type="radio"/> Christian | <input type="radio"/> Jewish |
| <input type="radio"/> Muslim | <input type="radio"/> Other (please specify) |
| <input type="radio"/> Hindu | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Buddhist | |

Thank you

