The Strengthening Families process brings together the agencies that can assist your family/whanau deal with your concerns.

Strengthening Families needs your permission for these agencies to become involved in the process. Sometimes these agencies need to share your information with the other agencies involved in your case. Strengthening Families needs your consent for them to do this.
Privacy Statement for Collection of Personal Information

Strengthening Families is managed by Family and Community Services, which is part of the Ministry of Social Development (MSD). We will collect some information about your family/whānau during the Strengthening Families process.

The Privacy Act 1993 requires us to tell you that:

- All personal information you share with the Strengthening Families coordinator and agencies involved in your case will be held by MSD, and dealt with according to the Privacy Act 1993. Your records will be kept securely.
- This information is being collected to provide Strengthening Families services to you and your family/whānau.
- Your personal information will only be shared with agencies involved in your case, or if we are required by law to release that information.
- Under the Privacy Act 1993, you have the right to ask to see all the information Strengthening Families holds about you and to ask us to correct that information.

Giving your consent

This consent form sets out the choices you have when you take part in a Strengthening Families process. It also explains how your personal information will be used. If you do consent to your information being shared, you have the right to change your mind at any time.

I understand and agree that:

1. The person/agency organising the meeting has explained the Strengthening Families process and its possible benefits to me.
2. Information may be shared with the agencies named on this form, not just individual workers from those agencies.
3. I can decide to no longer take part in Strengthening Families at any time.
4. By signing this form I consent to the selected agencies being involved.
5. Information about my whānau/family’s Strengthening Families process will be used for statistical purposes, but only information that does not identify any member of my family/whānau.
6. The referring agency or the Strengthening Families co-ordinator has explained the complaints process to me. If I make a complaint, agencies that take part in my Strengthening Families process will follow their agency’s complaint procedure.
7. Agencies will only share my information with other agencies involved in this case. They will follow their agency’s confidentiality code.
8. My family/whānau can choose to bring support people to the meeting.
9. I can make suggestions about the meeting venue, cultural protocol to follow at the meeting, and any other needs I may have, such as translators, disability access, etc.
10. I have read the privacy statement (see above) and I understand how my whānau/family’s personal information may be used.
11. I am entitled to a copy of this consent form.

Name: 

Signature: ...............................................................  
(Parent/caregiver)

Name: 

Signature: ...............................................................  
(Young person1)

Name: 

Signature: ...............................................................  
(Agency worker)
Please name or write Yes to all services and agencies involved with your family/whānau.

In the third column, please write YES or NO beside those agencies you consent to participating in the Strengthening Families process.

<table>
<thead>
<tr>
<th>SERVICES &amp; AGENCIES</th>
<th>PLEASE NAME ALL AGENCIES CURRENTLY INVOLVED WITH YOUR FAMILY/WHĀNAU</th>
<th>CONSENT Yes or No</th>
<th>WORKER’S NAME, POSTAL/EMAIL ADDRESS (Required for sending out SF invitation to meeting)</th>
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</thead>
<tbody>
<tr>
<td>Early Childhood Education Services</td>
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<tr>
<td>Primary school(s)</td>
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<tr>
<td>High school(s)</td>
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<tr>
<td>School support services (eg RTLB)</td>
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<tr>
<td>Group Special Education</td>
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<tr>
<td>Community-based education support services (eg Social Worker in School)</td>
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<tr>
<td>Other (eg Truancy Service etc)</td>
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<tr>
<td>Early Childhood (eg mothers and babies)</td>
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<td>School aged (eg public health nurse)</td>
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<td>Adolescent (eg Youth Specialty Services)</td>
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<td>Adult health services (eg adult mental health)</td>
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<td>Doctor</td>
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<td>Other (eg needs assessors)</td>
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<td>Police</td>
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<td>Child, Youth and Family Services</td>
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<td>Courts</td>
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<td>Probation</td>
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<tr>
<td>Community-based social &amp; support services (eg child/family support services, counselling)</td>
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<td>Other</td>
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<td>INCOME AND EMPLOYMENT</td>
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<td>Training providers</td>
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<td>Community-based employment/training service (e.g. youth work services)</td>
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<td>Other</td>
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<td>HOUSING</td>
<td>Housing New Zealand Corporation</td>
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<td>City council</td>
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<td>Other (e.g. residential setting, private rental)</td>
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<tr>
<td>COMMUNITY</td>
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