



Consent Form

SF ref no:

The Strengthening Families process brings together the agencies that can assist your family/whānau deal with your concerns. Strengthening Family's 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 Family's needs your consent for them to do this.

Privacy Statement for Collection of Personal Information

Strengthening Families is managed by Maori Partnerships and Communities, which is part of Oranga Tamariki Ministry for Children. We will collect some information about your family/whānau during the Strengthening Families process.

The Privacy Act 2020 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 Oranga Tamariki Ministry for Children and dealt with according to the Privacy Act 2020. 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 with other agencies who are assisting you, or if we are required by law to release that information.

Under the Privacy Act 2020, 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.

IN-CONFIDENCE

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, and privacy requirements.
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 person*)

Name:

Signature:
(Agency worker)

Date:

Please send this consent form to the Strengthening Families coordinator with the referral form.

Note: this form is to be completed by the family/whānau before the first meeting.

* If able to obtain

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.

Services and agencies	Please <u>name all agencies</u> currently involved with your family/whānau	I consent for <u>these agencies</u> to participate in SF process – Yes or No	Worker's name and contact details (required for sending out SF invitation to meeting)
EDUCATION	Currently involved with my family/whānau	Consent to participate in SF process	Worker's name and postal or email address
Early Childhood Education Services			
Primary school(s)			
High school(s)			
School support services (e.g., RTLB)			
Group Special Education			
Community-based education support services (e.g., Social Worker in School)			
Other (e.g., Truancy Service etc)			
HEALTH	Currently involved with my family/whānau	Consent to participate in SF process	Worker's name and postal or email address
Early childhood (e.g., mothers and babies)			
School aged (e.g., public health nurse)			
Adolescent (e.g., Youth Specialty Services)			
Adult health services (e.g., adult mental health)			
ACC			
Doctor			
Other (e.g., Needs assessors)			
WELFARE and JUSTICE	Currently involved with my family/whānau	Consent to participate in SF process	Worker's name and postal or email address
Police			
Oranga Tamariki			
Courts			
Probation			
Community-based social and support services (e.g., child/family support services, counselling)			

[illegible]