# Home Stretch WA

Consent to Participate and Collect Information Form

**Introduction**

Home Stretch WA aims to help young people leaving out-of-home care at 18 to transition to independent living by providing extended support and resources until the age of 21.

The Department of Communities is partnering with community service organisations and Aboriginal Community Controlled Organisations (Home Stretch WA providers) to deliver the Home Stretch WA program across the State.

Participating in the Home Stretch WA program is voluntary. If you want to, you can talk to your case manager about the program and get help understanding information in this form.

**National Privacy Law**

As employees of a Home Stretch WA provider (provider), Transition Coaches respect and follow strict confidentiality guidelines. When handling your information, the provider and all its employees follow strict privacy rules. These are part of a national law called the *Privacy Act 1988*. Under this law, the Transition Coach must tell you why they need your information and what they will do with it.

This means your ‘personal information’ will not be shared with anyone outside of the provider unless you have given permission.

Personal information that your Transition Coach will collect about you includes:

* your name, date of birth and where you live; and
* your health, education/training and employment, finances, living arrangements, community and social participation, and social and family relationships.

There are some circumstances when the provider may need to breach confidentiality, such as:

* there is an ‘immediate and obvious threat to life’ (including to you, your friends, or your child)
* you provide information about known or suspected child abuse
* we have concerns or believe a child is at risk of harm or neglect
* a court orders the information to be released.

If at any point we were going to breach confidentiality, where possible, we would try and speak to you about this first and explain what the process might involve.

Your Transition Coach will keep electronic case notes to record the activities and work that you do together. They will record your information on a secure database and your information is only accessible by the provider and its staff.

## Smooth Transition

A Transition Coach will attend meetings with you and your Department of Communities Case Manager and other relevant staff as part of preparing for you to transition to the Home Stretch WA program.

Your Transition Coach will negotiate with you on what information you would like shared with the Department of Communities, while you are in the program.

If you want to know more about how we keep your information private, please speak to your Transition Coach or contact the Office of the Australian Information Commissioner. Visit [www.oaic.gov.au](http://www.oaic.gov.au) or call 1300 363 992.

## Consent

I have read or had the contents of this form explained to me. I understand and accept the information in this consent form.

|  |  |  |
| --- | --- | --- |
| Name of Young Person | Signature | Date |
| **Name of Transition Coach** | **Signature** | **Date** |

Young people who are supported through a Guardianship or Administration Order may require signed consent from their Guardian/Administrator to confirm the young person’s consent to sharing and storing of information.

|  |  |  |
| --- | --- | --- |
| Name of Guardian/Administrator  (if required) | Signature | Date |

## Participation in Program Development and Evaluation

The Department of Communities funds the Home Stretch WA program. Anglicare WA designed the program with young people. This means the Department of Communities, AnglicareWA and providers will be working together in collaboration on the Home Stretch WA program. This is called the Home Stretch WA - Community of Practice.

The Department of Communities will also be working with an independent evaluator to gather information on how the program is working for young people and to ensure Home Stretch WA providers are delivering a high quality service. We may share general non-identifying information regarding participants in the program with the Department of Communities, Anglicare WA and the evaluator to inform this.

Your feedback and experience of the program is important. Along the way, we and the independent evaluator may ask for your feedback on the support you have received from the program. Your views, ideas and experiences will inform improvements that are made to the program along the way.

Any of your personal information or feedback collected for the purpose of research and evaluation of the program, will be anonymised/de-identified, which means your name and identity will not be revealed.

A report will be written for the Department of Communities about what the evaluation finds about the Home Stretch WA program to help make the service better. No names will be used in the report, so your identity and that of your family is kept confidential.

Participating in the Home Stretch WA program is voluntary, and you have the right to opt out at any time until you reach 21. If you choose to opt out, you may be asked for feedback as to why you have chosen to leave the program.

## Consent

I have had the chance to discuss and ask questions about the research and evaluation process of the Home Stretch WA program.

I understand what is being offered by the program and the invitation to provide feedback on my experiences.

| Name of young person | Signature | Date |
| --- | --- | --- |
| **Name of Transition Coach** | **Signature** | **Date** |
| **Name of Guardian/Administrator**  (if required) | **Signature** | **Date** |

## Participation in Home Stretch WA

It’s your choice to take part in the Home Stretch WA program.

### Consent

A Home Stretch WA worker has explained how the program works and what the service offers.

I have had the chance to discuss and ask questions about the program.

I understand what is being offered by the program and the invitation to provide feedback on my experiences.

I agree to the Home Stretch WA provider accessing information about me from the Department of Communities, including obtaining a copy of my Leaving Care and Cultural Plans.

I understand my participation in the program is voluntary, and I can opt out if I wish.

By signing this form, I am agreeing to participate in the Home Stretch WA program.

|  |  |  |
| --- | --- | --- |
| Name of young person | Signature | Date |
| **Name of Transition Coach** | **Signature** | **Date** |
| **Name of Home Stretch WA Provider Agency** |  | |
| **Name of Guardian/Administrator**  (if required) | **Signature** | **Date** |