

Referral Form

Referrer's contact details	
Referrer's name:	Signature:
Relationship:	Address:
Supervisor/manager:	Date:
Agency:	Contact phone:
Email:	Fax:

Consent has been given by family/whānau? **Y / N**
 Is this a differential response coordination referral? **Y / N**
 More than one agency **Y / N**

SF ref no:	
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Family/whānau contact details	
Family/whānau surname(s):	Phone number(s):
Address:	

Children/tamariki and young people/rangatahi in the family/whānau

Full Name (Family name then first name)	Age	School	Date of Birth	Gender M/F	Ethnicity (Please use Codes) ¹	Address (if different from above)	Iwi If known

Ethnicity Codes: NZE=NZ European / Pākehā; M=Maori; S=Samoa; CIM=Cook Island Maori; T=Tongan; N=Niuean; I=Indian; Ch=Chinese; K=Korean; SA=South African

Parents/caregivers and whānau members

Full Name (Family name then first name)	Gender M/F	Ethnicity's (Please use the Codes)	Iwi (as appropriate)	Relationship to children/tamariki/young person	Address (if different from above)

What is the family's / whānau current situation?

What are the family's / whānau current issues?

In the table below, please indicate the **issues** the **family** would like to work on

Education and Skills	√	Economic Situation / Housing	√
• Parenting / child management		• Financial situation / hardship	
• Child/young person's literacy / numeracy		• Benefit entitlement	
• Parent/caregiver's literacy / numeracy		• Outstanding debt	
• Behaviour at school		• Budget management	
• Truancy		• Transience	
• Stand down / suspension		• Housing issues	
• School exclusion / expulsion		• Accommodation for child / young person	
• Alternative schooling needs (eg home schooling, alternative education, Correspondence School)		• Accommodation for family / whānau	
• Other		• Other	
Health	√	Social Connectedness	√
• Child's physical health/disability		• Isolation from community	
• Young person's physical health/disability		• Isolation from family/whānau members	
• Parent/caregiver's physical health/disability		• Isolation from peers	
• Child's mental health		• Lack of support	
• Young person's mental health		• Telephone access	
• Parent/caregiver's mental health		• Transport access	
• Child's intellectual functioning / disability		• Other	

• Young person's intellectual functioning / disability			
• Parent/caregiver's intellectual functioning / disability		Safety / Justice	√
• Child's drug / alcohol abuse		• Child's behaviour	
• Young person's drug / alcohol abuse		• Young person's behaviour	
• Parent/caregiver's drug / alcohol abuse		• Child's offending	
• Gambling problem		• Young person's offending	
• Other		• Parent/caregiver's offending	
Employment	√	• Family violence	
• Childcare		• Child abuse / neglect	
• Unemployment		• Bullying	
• Other		• Other	

Definitions: A child is under 14 years of age; a young person is aged 14-16 years

What does the family/whānau want to achieve from the Strengthening Families process?
(Please list desired outcomes)

What strengths does the family/whānau bring to help them achieve their outcomes?

What resources /support are required to assist them to achieve their outcomes?

Does the family/whānau have any suggestions or requests regarding the meeting
(eg: preferred times, date, venue, language/disability, cultural considerations)

Are there any other comments you wish to make?

Please list agencies to be invited to the Strengthening Families meeting:

Agency	Contact name	Contact details <i>(inc. email)</i>

Please send this form to your local Strengthening Families coordinator	
Name: Carolyn Downer	
Agency: Strengthening Families Coordinator	Address: c/- Supergrans PO Box 31112 Lower Hutt 5040
Email: carolyn.downer008@msd.govt.nz	Phone : Fax 04 5899049

Consent Form 2015

SF ref no: _____

The Strengthening Families process brings together the agencies that can assist your family/whānau 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 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.

Carolyn Downer
Strengthening Families Co-ordinator

Text or call cellphone 029 6500174
E-mail : carolyn.downer008@msd.govt.nz

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 name all agencies currently involved with your family/whānau	I consent for these agencies 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 (eg RTLB)			
Group Special Education			
Community-based education support services (eg Social Worker in School)			
Other (eg 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 (eg mothers and babies)			
School aged (eg public health nurse)			
Adolescent (eg Youth Specialty Services)			
Adult health services (eg adult mental health)			
ACC			
Doctor			
Other (eg 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			
Child, Youth and Family Services			
Courts			
Probation			
Community-based social and support services (eg child/family support services, counselling)			
Other			

INCOME and EMPLOYMENT	Currently involved with my family/whānau	Consent to participate in SF process	Worker's name and postal or email address
Work and Income			
Training providers			
Community-based employment/training service (eg youth work services)			
Other			
HOUSING	Currently involved with my family/whānau	Consent to participate in SF process	Worker's name and postal or email address
Housing New Zealand Corporation			
City council			
Other (eg residential setting, private rental)			
COMMUNITY (Agency name)	Currently involved with my family/whānau	Consent to participate in SF process	Worker's name and postal or email address