# Home Stretch WA

<provider> offers young people leaving care in <region> the Home Stretch WA service.

Home Stretch WA is different to Child Protection, you have to make all the decisions.

That means we need to make sure you have all of the information about what it is and what your rights are and how we keep your information confidential.

**Consent to Participate**

Getting help through our Home Stretch WA team is your choice.

You can change your mind at any time by telling me or someone else in our team that you want to stop working with us. You can also come back at any time up to you turn 21.

From 17 ½ to the time you turn 18, Home Stretch WA will work together with your case manager from Department of Communities.

The Department will still pay for things, but Home Stretch WA will start to help out so you can get to know us.

From 18 to the time you turn 21 you access all leaving care support through Home Stretch WA. Your Transition Coach will be the main person you get help from.

You won’t be ‘in care’ anymore, and Home Stretch WA respects you as the expert in your life who makes the decisions.

You also won’t need go to the district anymore to get help with paying for things, we have funding call Invest In Me instead. If there are really big costs then we can ask the District to help pay for them.

**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 |

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## 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** |