

Referral Form

IF YOU HAVE IMMEDIATE CONCERNS ABOUT THE SAFETY OF THESE CHILDREN PLEASE CONTACT ORANGA TAMARIKI IMMEDIATELY ON 0508 FAMILY (0508 326459)

FOR BARNARDOS OFFICE USE ONLY

Referral received by	Date referral received	Referral allocated to	Date referral allocated
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Baby and family information

COMPLETE ONE FORM PER FAMILY

The Barnardos FAMILY START service is a long term home visiting programme that provides early support to vulnerable babies and their families/whānau who are struggling with **significant challenges** that may impact on the baby's safety and ability to flourish.

FAMILY START is for babies up to 12 months of age and pregnant women after their first trimester. Babies between 12 months and 24 months of age may also be eligible.

Baby Due date	Name of baby Family Name First Name		DOB DD/MM/YY	Gender	Ethnicity	Country of birth

GP	LMC	Well Child Provider	NHI number

CONTACT DETAILS WHERE BABY LIVES / WILL LIVE

CARER ONE

Family name	First name
DOB DD/MM/YY	Ethnicity
Relationship to baby	Language spoken at home
Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit no./ Street no./ Street
Town/ City	Postcode
Home phone no.	Mobile phone no.
Work phone no.	Email address
Preferred method of contact	

Indicate who has agreed to this referral Carer one Carer two

CARER TWO

Family name	First name
DOB DD/MM/YY	Ethnicity
Relationship to baby	Email address
Home phone no.	Mobile phone no.

Name of siblings Family Name First Name		DOB DD/MM/YY	Gender	Ethnicity	Country of birth

Details of other significant people in baby's life

Name	Relationship to baby e.g. Maternal G/parent	Name	Relationship to baby e.g. Maternal G/parent

Referrer/ referral agency information

REASON FOR REFERRAL

To be eligible to receive support from FAMILY START the baby's family must have either

- A. At least one of the **LIST A** risk indicators present in their life, OR
 B. have a combination of other risk factors in respect to caring for their baby (**LIST B**)

A. Risk Indicators	For example:	<input checked="" type="checkbox"/>	Provide further details relating to this challenge (e.g. ongoing / historic as it connects to the care, or future care, of the baby referred.
Care and protection history	<ul style="list-style-type: none"> Oranga Tamariki - Ministry for Children have previously worked with this family/whānau 	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Current care and protection involvement with Oranga Tamariki Removal of a sibling from the care of the family/whānau has occurred due to concern over the child's care and protection. (This removal could be formally by Oranga Tamariki, some other legal means (i.e. through the Family Court) or as part of an informal family/whānau arrangement) 	<input type="checkbox"/>	<p>NOTE: Where there is current care & protection Oranga Tamariki involvement, or a history of removal of a sibling, Barnardos FAMILY START will not proceed with the referral until this has been agreed by Oranga Tamariki.</p>
Parental mental health issues	<ul style="list-style-type: none"> Post-natal depression Anxiety Depression Self-harm or suicidal tendencies 	<input type="checkbox"/>	
Difficulties with drugs, alcohol or gambling	<ul style="list-style-type: none"> Alcohol use Illicit drug use Gambling 	<input type="checkbox"/>	
Parental childhood history of abuse	<ul style="list-style-type: none"> Either parent/carer experienced abuse as a child or young person 	<input type="checkbox"/>	

Family violence	<ul style="list-style-type: none"> • Intimate partner violence • Domestic violence • Coercive or controlling forms of violence 	<input type="checkbox"/>	
Relationship problems	<ul style="list-style-type: none"> • Conflict • Multiple partner changes • Significant instability within the family/whānau 	<input type="checkbox"/>	
Child health or development issues	<ul style="list-style-type: none"> • Bonding & attachment issues – parents struggling to build rapport, connection & interest with baby/child • Parents struggling to establish feeding & care routines • Child with disabilities or special needs • Recurring health issues – parents struggling with recognising child's needs • Foetal abnormalities • Little or no ante-natal care 	<input type="checkbox"/>	
Young parent with additional challenges or needs	<ul style="list-style-type: none"> • Parent under 18 experiencing additional challenges which increase their need for intensive support. 	<input type="checkbox"/>	

Please also select risk factors from List B below

B.

Indicate the combination of other risk factors that are present for this family

SOCIOECONOMIC 'AT HIGHER RISK' FACTORS	
Lacks positive support networks	<input type="checkbox"/>
Changed address more than twice in last 6 months	<input type="checkbox"/>
FINANCIAL & MATERIAL RESOURCES	
Debt issues	<input type="checkbox"/>
Unstable/unsuitable housing	<input type="checkbox"/>
Lacks access to transport	<input type="checkbox"/>
Lacks basic amenities e.g. phone	<input type="checkbox"/>
Living condition chaotic	<input type="checkbox"/>
CRIMINAL JUSTICE INVOLVEMENT (adult family members)	
Previous convictions or charges pending	<input type="checkbox"/>
Protection orders	<input type="checkbox"/>
Youth Justice involvement	<input type="checkbox"/>
History of imprisonment	<input type="checkbox"/>
SUDI FACTORS	
Baby has not been breast fed or only short period	<input type="checkbox"/>
Baby low birth weight (less than 2500 grams)	<input type="checkbox"/>
Baby was premature (less than 33 weeks gestation)	<input type="checkbox"/>
History of premature birth	<input type="checkbox"/>
Mother smoked while pregnant	<input type="checkbox"/>
Baby was, or is, exposed to second hand smoke	<input type="checkbox"/>
Safe sleeping issues	<input type="checkbox"/>
LOW PARENT EDUCATION	
Lacks formal qualifications	<input type="checkbox"/>
Left school early – under 16	<input type="checkbox"/>
Poor school attendance history	<input type="checkbox"/>
Literacy/numeracy difficulties	<input type="checkbox"/>
Has recognised learning disability	<input type="checkbox"/>

Please explain what you have noticed about this family's situation and this baby/pregnancy that suggests to you this baby is vulnerable

OTHER AGENCIES KNOWN TO BE INVOLVED WITH THE CHILD/REN OR FAMILY

LIST ANY DOCUMENTS ATTACHED

Statutory referral - Tuituia attached

Yes No

REFERRED BY

Persons name _____ Job Title _____

Agency name _____

CONTACT DETAILS OF REFERRER:

Mobile phone no. _____ Work phone no. _____ FAX no. _____

Email address _____ Date of referral _____

Postal address _____ Postcode _____

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OUTCOME: L 1. L 2. DNC.
Does not meet criteria

Intake Assessor _____