



Family Start

South Otago Referral Form

Date: _____ Referred By: _____

Agency/Service: _____

Phone: _____ Email: _____

Consent from Family* (tick one): Yes No

*Consent must be given as engagement is voluntary

Parent/Caregiver's Details

Name: _____ DOB: _____

Address: _____

Phone: _____ Mobile: _____

Ethnicity/Iwi Affiliation: _____ First Language: _____

Relationship to Baby: _____

NHI:

Baby's Details

Name: _____ DOB/Due Date: _____

Ethnicity/Iwi Affiliation: _____ Male Female

NHI:

Reasons for Referral:

Please forward either by email to South@FamilyCare.org.nz, or by mail to:

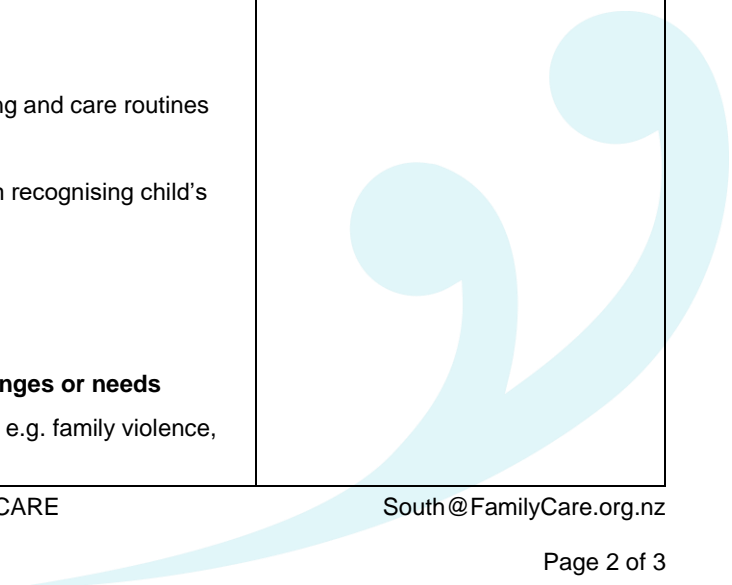
Jackie Greenall
Anglican Family Care
13 High Street
Balclutha 9230

Please feel free to phone or email to discuss this referral with us further:

Phone: (03) 418 2530 or 0800 FAM CARE Fax: (03) 418 2531

Email: South@FamilyCare.org.nz

Family Start Criteria

✓ List A – Criteria and Clarification	Please Comment
<p>Mental health issues</p> <p>Either parent/caregiver has a mental health problem, for example:</p> <p><input type="checkbox"/> Post-natal depression</p> <p><input type="checkbox"/> Anxiety</p> <p><input type="checkbox"/> Depression</p> <p><input type="checkbox"/> Self-harm or suicidal tendencies</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Difficulties with alcohol, drugs or gambling</p> <p>Either parent/caregiver has a problem with one of the following, affecting parenting ability:</p> <p><input type="checkbox"/> Alcohol use</p> <p><input type="checkbox"/> Illicit drug use</p> <p><input type="checkbox"/> Gambling</p> <p><input type="checkbox"/> Gaming</p> <p>Childhood history of abuse</p> <p><input type="checkbox"/> Either parent/caregiver experienced abuse as a child or young person</p> <p>Care and protection history</p> <p><input type="checkbox"/> Child, Youth and Family are or have been working with this family/whānau</p> <p><input type="checkbox"/> One or more children in this family/whānau have been removed from the family by Child, Youth and Family</p> <p><input type="checkbox"/> Family/whānau have arranged for an informal placement of a child due to concerns for child's wellbeing</p> <p>Relationship problems</p> <p>Evidence of significant relationship problems, including:</p> <p><input type="checkbox"/> Family violence</p> <p><input type="checkbox"/> Conflict</p> <p><input type="checkbox"/> Multiple partner changes or significant instability within the family/whānau</p> <p>Child health and development issues</p> <p><input type="checkbox"/> Bonding and attachment concerns</p> <p><input type="checkbox"/> Parents/caregivers struggling to establish successful feeding and care routines</p> <p><input type="checkbox"/> Child with disabilities or special needs</p> <p><input type="checkbox"/> Recurring health issues - parents/caregivers struggling with recognising child's needs</p> <p><input type="checkbox"/> Concerns with health/development of unborn baby</p> <p><input type="checkbox"/> Little or no ante-natal or post-natal care</p> <p>Young parent/caregiver under 18 with additional challenges or needs</p> <p><input type="checkbox"/> Significant relationship problems or difficulties with partner, e.g. family violence, conflict, lack of support</p>	

✓ List B – Additional indicators/factors	Please Comment
<p>Lacks positive support networks</p> <p><input type="checkbox"/> Parent/caregiver lacks family/whānau or community support for positive parenting or they have limited connections to their community</p> <p>Financial and material resources</p> <p><input type="checkbox"/> Difficulties managing day-to-day expenses resulting in debt issues</p> <p><input type="checkbox"/> Family housing situation is unstable or unsuitable for their needs</p> <p><input type="checkbox"/> Lack of access to transport</p> <p><input type="checkbox"/> Lack of basic amenities - no phone, power</p> <p><input type="checkbox"/> Living conditions are chaotic and unsanitary</p> <p>Frequent change of address</p> <p><input type="checkbox"/> Parents/caregivers and/or child have changed address more than twice in the last six months</p> <p>Low parent education</p> <p><input type="checkbox"/> Lacks qualifications - no School Certificate or National Certificate of Educational Achievement</p> <p><input type="checkbox"/> Left school early - under 16 or has a significant non-attendance history</p> <p><input type="checkbox"/> Literacy and numeracy difficulties</p> <p><input type="checkbox"/> Has recognised learning disability</p> <p>Sudden Unexplained Death in Infancy (SUDI) factors</p> <p><input type="checkbox"/> Mother smoked while she was pregnant</p> <p><input type="checkbox"/> Baby has not been breastfed, or has only been breastfed for a short period</p> <p><input type="checkbox"/> Baby was of low birth weight, i.e. less than 2500 grams</p> <p><input type="checkbox"/> Baby was premature, i.e. less than 33 weeks' gestation</p> <p><input type="checkbox"/> Baby was, or is, exposed to second-hand smoke</p> <p><input type="checkbox"/> History of premature birth</p> <p><input type="checkbox"/> Safe sleeping issues</p> <p>Criminal justice involvement</p> <p><input type="checkbox"/> Previous convictions or charges pending</p> <p><input type="checkbox"/> Protection orders</p> <p><input type="checkbox"/> Youth justice involvement</p> <p><input type="checkbox"/> History of imprisonment</p>	