

Giving children the best start in life...

Family Start



in Christchurch known as EARLY START

Referral Form

Family Start is an intensive home visiting programme that focuses on improving children's growth and health, learning and relationships, family circumstances, environment and safety.

It helps families who are struggling with challenges or problems that may make it harder for them to care for their baby or young child. Family Start will begin to support babies and their parents/caregivers early—before the baby's birth or in their first year. We encourage referrals from the second trimester of pregnancy.

More information about Family Start is available at www.mvcot.govt.nz/

Please complete this referral form with the family, providing details for any of the criteria that apply to the parents/caregivers. With the family's permission, you can also include supporting documents and your agency's assessment report. Do not let a lack of specific information deter you from making a referral.

List A sets out the main criteria for Family Start. Families need to experience challenges in one of these areas to be referred.

List B sets out additional issues that in themselves would not meet the criteria for Family Start. If you feel that a parent has high needs but does not 'fit' into the Family Start criteria use List B to explain why an exception should be made for this family.

Family Start providers are happy to talk through any potential referral if you or the family are unsure if the programme is right for them.

Referrer's name and position:

Referral agency:

Date of referral:

Address:

Telephone:

email:

FAMILY DETAILS:

Child's Name: Male Female

DOB or Expected date of delivery: Any disabilities?

Ethnicity: Iwi affiliations:

Address:

Other children: DOB: Male Female

Male Female

Male Female

Mother's name: DOB:

Ethnicity: Iwi affiliations:

First language: Any disabilities?

Address: *(living alone, with father, partner, family or friends?)*

Father's name: DOB:

Ethnicity: Iwi affiliations:

First language: Any disabilities?

Address:

Please indicate any significant caring arrangements for this child:

Phone:

Phone:

Main Caregiver (if not parent)

Name:	DOB:	Relationship to child:
Ethnicity:	Iwi affiliations:	
First language:	Any disabilities?	
Address:		Phone:

Other Caregiver (if not parent)

Name:	DOB:	Relationship to child:
Ethnicity:	Iwi affiliations:	
First Language:	Any disabilities?	
Address:		Phone:

Other agencies involved:

Agency:	Contact Person:	Phone:
Agency:	Contact Person:	Phone:
Agency:	Contact Person:	Phone:

LIST A. Family Start criteria

The family must meet one of the criteria in this section (List A), or if an exception exists a combination of the indicators in List B. Please provide details about how they affect the parent's/caregiver's ability to care for the child.

I have or have had some issues with my mental health.

If yes, provide details here

The amount that I drink/use drugs/gamble is a problem.

If yes, provide details here

As a child I experienced some abuse.

If yes, provide details here

Oranga Tamariki have in the past been involved with my family or are currently involved.

If yes, provide details here

I have had some serious problems with family / partner relationships.

If yes, provide details here

I am concerned about my child's development.

I struggle with caring for my baby and meeting their health needs.

I had late or very little antenatal care or post natal care.

My baby has a disability or special needs.

If yes, provide details here

I am under 18, and I have other challenges.
(Refer to list B below.)

If yes, provide details here

List B. indicators of potential need

These are additional issues that in themselves would not meet the criteria for Family Start. Where there is a combination of these, we may be able to make an exception.

Please provide details about how they affect the parent's/ caregiver's ability to care for the child.

I do not have family or friends around me to help. I feel isolated.

If yes, provide details here

I find it hard to manage with the money I have.

If yes, provide details here

I have changed address more than once in the last 6 months.

If yes, provide details here

I struggled at school, left early and had few qualifications.
I find learning hard.

If yes, provide details here

There are worries for the health and safety of my baby
because:

- I smoked while I was pregnant
- my baby has not been breast fed – or was for a short time only
- my baby was a low birth weight
- my baby was premature
- my baby was or is exposed to second hand smoke
- I have had other babies with a low birth weight.

If yes, provide details here

I have been in trouble with the police.

If yes, provide details here

THE FAMILY'S STRENGTHS and ASPIRATIONS

What strengths do you see in this family/whānau?

What are your best hopes and dreams for yourself and your baby's/child's future?

POTENTIAL RISKS

Are there any risks that may make visits from a family/whānau worker difficult?

Consent for Family Start Programme

Please ensure this is read, explained and signed.

I/We consent to being referred to the Family Start Programme. The Family Start programme and the purpose of the referral have been explained to me. This will be explained in more detail when a Family Start worker visits.

Parent's/Caregiver's name:

Parent's/Caregiver's Signature:

Date

Parent's/Caregiver's name:

Parent's/Caregiver's Signature:

Date

REFERRER: If you have been unable to complete this form face-to-face with the family but have their verbal consent please indicate here.

NEXT STEPS

Send or fax this form, marked as confidential to your local Family Start provider. Contact information is available at www.mvcot.govt.nz/. Family Start will make contact with the family within 5 working days. After an initial visit is completed the referrer will be notified of the outcome of the referral.

Received by:

Initial visit completed:

Referring agency informed of outcome: