



# Family Start Dunedin 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: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Ethnicity/Iwi Affiliation: \_\_\_\_\_ First Language: \_\_\_\_\_

Relationship to Baby: \_\_\_\_\_

NHI:  Other Services Involved: \_\_\_\_\_

## Baby's Details

Name: \_\_\_\_\_ DOB/Due Date: \_\_\_\_\_

Ethnicity/Iwi Affiliation: \_\_\_\_\_ Male  Female

NHI:

## Emergency Contact

Name: \_\_\_\_\_

Phone/Mobile: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Reasons for Referral:

Please forward either by email to [FamilyStartDunedin@FamilyCare.org.nz](mailto:FamilyStartDunedin@FamilyCare.org.nz), or by mail to:

Family Start Dunedin Team Leaders  
Anglican Family Care  
266 Hanover Street  
Dunedin 9016

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

Phone: 0800 FAM CARE or (03) 477 0801 Fax: (03) 477 0888

Email: [FamilyStartDunedin@FamilyCare.org.nz](mailto:FamilyStartDunedin@FamilyCare.org.nz)

# Family Start Criteria

✓ List A – Criteria and Clarification	Please Comment
<p><b>Mental health issues</b></p> <p>Either parent/caregiver has one or more mental health problems, 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><b>Addiction problems</b></p> <p>Either parent/caregiver has a problem with one of the following:</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"/> Excessive gaming</p> <p><input type="checkbox"/> Other (specify) _____</p> <p><b>Childhood history of abuse</b></p> <p><input type="checkbox"/> Either parent/caregiver experienced abuse/neglect/family violence as a child or young person</p> <p><b>Care or protection history</b></p> <p><input type="checkbox"/> Oranga Tamariki is currently working with, or has previously been involved with, this family/whānau</p> <p><input type="checkbox"/> One or more children have been removed from the family/whānau following concerns for their care and protection. This includes formal court-ordered removal and informal removal arranged by family/whānau.</p> <p><b>Relationship problems</b></p> <p>Evidence of relationship problems, including:</p> <p><input type="checkbox"/> Family/whānau violence, including emotional abuse and control</p> <p><input type="checkbox"/> On-going conflict and tension that impacts on parenting</p> <p><input type="checkbox"/> Multiple partner changes or significant instability within the family/whānau</p> <p><b>Parenting, child health and development issues</b></p> <p><input type="checkbox"/> Bonding and attachment issues – parents/caregivers struggling to build a connection with their baby/child</p> <p><input type="checkbox"/> Child with disabilities or significant health needs, including premature babies</p> <p><input type="checkbox"/> Parents/caregivers/child's sibling has a disability or impairment and needs support</p> <p><input type="checkbox"/> Parents/caregivers struggling to establish successful feeding and care routines</p> <p><input type="checkbox"/> Recurring health issues - parents/caregivers struggling with recognising or meeting child's needs</p> <p><input type="checkbox"/> Foetal abnormalities</p> <p><input type="checkbox"/> Little or no antenatal or postnatal care</p> <p><b>Young parents (under 18 years of age) who are experiencing additional challenges or needs</b></p> <p><input type="checkbox"/> Young parent who also meets other referral criteria from List A or B</p>	

✓ <b>List B – Additional indicators/factors</b>	<b>Please Comment</b>
<p><b>Sudden Unexplained Death in Infancy (SUDI) indicators</b></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><input type="checkbox"/> <b>Multiple births or short inter-pregnancy intervals</b></p> <p><b>Lack of positive support networks</b></p> <p><input type="checkbox"/> Disconnected from family/whānau, lack a sense of cultural belonging</p> <p><input type="checkbox"/> Only reference group are unsupportive or high needs themselves</p> <p><input type="checkbox"/> Isolated from or new to community – Migrant, refugee, seasonal workers</p> <p><input type="checkbox"/> Difficulty accessing services</p> <p><b>Criminal justice involvement</b></p> <p><input type="checkbox"/> Police involvement, charges pending or previous convictions</p> <p><input type="checkbox"/> Protection orders</p> <p><input type="checkbox"/> Youth justice involvement</p> <p><input type="checkbox"/> Parent incarcerated, history of imprisonment</p> <p><input type="checkbox"/> Gang involvement</p> <p><b>Financial and material resource difficulties</b></p> <p><input type="checkbox"/> Lack of basic amenities – power, water, phone</p> <p><input type="checkbox"/> Living conditions are unsanitary</p> <p><input type="checkbox"/> Low income</p> <p><input type="checkbox"/> Difficulties managing day-to-day expenses resulting in debt issues</p> <p><input type="checkbox"/> Lack of access to transport</p> <p><b>Frequent change of address</b></p> <p><input type="checkbox"/> Transiency i.e. parents/caregivers and child have changed address more than twice in last six months</p> <p><input type="checkbox"/> Homelessness</p> <p><input type="checkbox"/> Emergency/transitional housing</p> <p><b>Parent educational difficulties</b></p> <p><input type="checkbox"/> Left school early or with no formal qualification</p> <p><input type="checkbox"/> Literacy and/or numeracy difficulties</p> <p><input type="checkbox"/> Parent/caregiver has disability or impairment</p>	