



Breaking the cycle for New Zealand children

## Referral Criteria (Safer Families)

Date: .....

Patient Name..... Hospital No:.....

(Circle)

Ward: (if approp).....

In-Patient	Out-Patient
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Home Address:.....

If baby born (Full Name).....

If baby not born, when due (date) .....

1	Alcohol and/or Drug use	1	2	3	4	5	dk
2	Unstable home/lifestyle	1	2	3	4	5	dk
3	Lack of family/community support/social problems	1	2	3	4	5	dk
4	Low income/poverty	1	2	3	4	5	dk
5	Unable/unwilling to provide adequate care/history of Child Youth & Families service	1	2	3	4	5	dk
6	Young mother and/or under 18yrs	1	2	3	4	5	dk
7	History of Family Violence	1	2	3	4	5	dk
8	Foetal abnormalities/premature difficulties	1	2	3	4	5	dk
9	History of mental health issues	1	2	3	4	5	dk
10	Maternal History of childhood abuse	1	2	3	4	5	dk

Does client have criminal history - within last two years?

Yes	No
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Total Score.....

Maximum score = 50

(Minimal score for referral = 15)

SCAN meeting scheduled yes/no

SCAN meeting ..... (date)

**RISK FACTORS GUIDELINES: Safer Families (to be read in conjunction with referral criteria)**

<b>No:</b>	<b>Risk</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>1</b>	Alcohol and/or drug use	Previous history - no evidence this pregnancy/ currently	Occasional use of alcohol/drug	Monthly recreational use of alcohol/drug/ bingeing/ stable on methadone treatment	Weekly drug or alcohol use	Daily use of alcohol or drugs or both
<b>2</b>	Unstable home/lifestyle	Recently left a stable situation	Has moved twice in previous 12 months	Living in unsuitable situation	Living in grossly overcrowded circumstances	No fixed abode Transience No stable environment
<b>3</b>	Lack of family/ community support/social problems	Previous history of family dysfunction, no evidence this pregnancy/now	Limited social skills/ developmental and/or intellectual disability	Some conflict with family members/obvious developmental/ intellectual disability	Constantly in conflict with family members/ significant symptoms of both disabilities	Unable/unwilling to engage with helping agencies/major or multiple disabilities
<b>4</b>	Low income/ poverty	On benefit, no other means of income	Poor budgeting skills, seeking help	Has utilized food banks occasionally	Consistently requires food parcels, can't manage	Financial chaos/large debts
<b>5</b>	Unable/unwilling to provide adequate care/history of CYFS	Has had historical CYFS involvement, but not within the last three years/needs some assistance but is unwilling	Has had historical involved with CYFS, but not within the last 18mths/some assistance from community agencies concerning parenting	Has had historical involved with CYFS, but not within the previous six months/community agency involvement due to considerable parenting difficulties	C & P concerns raised by other agencies/C & P referral made	CYFS currently actively involved/ considerable concern from other agencies/ Professionals

<b>6</b>	Young mother and/or under 18yrs	Under 18yrs of age/has some support	Under 17yrs of age/minimum support	Under 16 yrs of age/little support	Under 15yrs of age/no support	Under 18yrs of age/ isolated/ no supports/intensive parenting support required
<b>7</b>	Childhood history/adult history of family violence	Has previously been in a violent environment/relationship	Previously used Women's Refuge/use of support agencies	Had used Refuge on a number of occasions	Currently living in a violent environment/relationship/recent incident of physical assault/violence	Protection order in place/interim custody orders/court process/currently in Refuge
<b>8</b>	Foetal abnormalities/premature difficulties	Premature birth under 40wks/methadone baby/previous history of a premature birth	Methadone baby undergoing withdrawal/unborn child probable withdrawal from methadone	Moderate developmental delay	Physical disabilities and/or developmental delay	Severe foetal abnormalities/dev elopmental global delay/premature birth under 26wks
<b>9</b>	History of mental health issues	History of minor mental health issues/anxiety/stress related episodes (undiagnosed)	Previously diagnosed with mental illness	Currently diagnosed with a mental illness	Currently diagnosed with a mental illness and on medication	Mental health service/sector teams involved with mother
<b>10</b>	Maternal History of childhood abuse	Identified history of childhood abuse/no longer impacting on functioning	Identified history of childhood abuse/has some impact on functioning	History has significant impact/lacking insight to activate treatment	Personal functioning a major issue/unreal expectations concerning their current pregnancy	Severe history requiring treatment/maternal history of foster care