

REFERRAL TO FAMILY HELP TRUST

1. Name/Date Of Birth/Ethnicity Of Each Child Included In Referral:

Name of child	Gender	DOB	Ethnicity

2. Details of Any Other Children In The Home:

Name of child	Gender	DOB	Ethnicity

3. Parents contact details:

Name of Parent/Care Provider	Ethnicity	DOB	Address	Contact Phone Numbers

4. Police Call-outs and Family Violence History: (if known)

Date	Agency Involved	Detail of Family Violence

5. Current risks for children:

6. Issues for FHT to assist family with:

7. Special Needs of the Child/Baby that require Specialist Follow Up and Monitoring e.g. Sight, Hearing, Developmental Delay etc.

8. Any safety issues for professionals visiting the home?

9. Specify other documentation attached (e.g. copies of notification to CYF, child's medical needs etc)

10. Other professionals involved:

General Practitioner: Name..... Phone.....

Midwife: Name..... Phone.....

Plunket Nurse: Name..... Phone.....

11. Referrer Details:

Referral Name and agency	
Direct Dial	
Mobile	
Facsimile	
Email	
Client Signature for referral	
Date of Client Signature	

Guidelines for the Risk Criteria Scoring System (only give ONE SCORE FOR EACH RISK although where multiple factors may apply to one score, e.g. Risk 1- Score 2, more than one factor can and should be ticked)

Referral date.....

Total score

Risk 1: Parent/Caregiver substance use and Alcohol and/or illicit drug use (including non prescription drugs)

Score 0: No answer/unknown	<input type="checkbox"/>
Score 0: No risk	<input type="checkbox"/>
Score 1: Previous history but no evidence currently - alcohol	<input type="checkbox"/>
Previous history but no evidence currently - drugs	<input type="checkbox"/>
Score 2: Occasional binges - alcohol	<input type="checkbox"/>
Occasional binges - drugs	<input type="checkbox"/>
Recreational use - alcohol (excessive use only - eg client gets drunk)	<input type="checkbox"/>
Recreational use - drugs	<input type="checkbox"/>

Score 3: Stable on methadone	<input type="checkbox"/>
Score 4: Some compliance with interventions, but also using fairly regularly - alcohol	<input type="checkbox"/>
Some compliance with interventions, but also using fairly regularly - drugs	<input type="checkbox"/>
Score 5: Frequent use and non compliance with interventions - alcohol	<input type="checkbox"/>
drugs	<input type="checkbox"/>
Frequent use but non-involvement with interventions - alcohol	<input type="checkbox"/>
drugs	<input type="checkbox"/>

Risk 2: Unstable Home/Lifestyle

Score 0: No answer/unknown	<input type="checkbox"/>
Score 0: No risk	<input type="checkbox"/>
Score 1: History of transience but more stable recently	<input type="checkbox"/>
Score 2: Some difficulty finding stable accommodation	<input type="checkbox"/>
Score 3: Living in unsuitable situation e.g. family conflict, flat too small, Damp etc.	<input type="checkbox"/>
Score 4: Extreme unsuitable situation e.g. gross overcrowding, unsafe adults	<input type="checkbox"/>
Score 5: No fixed abode	<input type="checkbox"/>
Extreme transience/multiple changes of living situation	<input type="checkbox"/>
Immediate accommodation issue	<input type="checkbox"/>

Risk 3 Lack of or conflictual family/community support/young parent/lack of education

Score 0: No answer/unknown	<input type="checkbox"/>
Score 0: No risk	<input type="checkbox"/>
Score 1: Previous isolation or conflict - no evidence currently	<input type="checkbox"/>
Young parent under 20 with some family support	<input type="checkbox"/>
Score 2: Actively seeking support but lack of or only partially addressed	<input type="checkbox"/>
Parent lacks social skills	<input type="checkbox"/>

Young parent under 20 with little family support	<input type="checkbox"/>
Score 3: Actively seeking support but remain highly isolated socially or culturally	<input type="checkbox"/>
Mild intellectual disability	<input type="checkbox"/>
Young parent under 18 with some support	<input type="checkbox"/>
Left school early (under 16)	<input type="checkbox"/>
No qualifications	<input type="checkbox"/>
Literacy difficulties	<input type="checkbox"/>
Recognized learning disability	<input type="checkbox"/>
Score 4: Some conflict/ambivalence hinders family	<input type="checkbox"/>
Lack of community/cultural support	<input type="checkbox"/>
Moderate intellectual disability	<input type="checkbox"/>
Brain injury	<input type="checkbox"/>
Young parent under 18 with limited support	<input type="checkbox"/>
Significant school truancy (if parent a teen)	<input type="checkbox"/>
Multiple partner changes (eg 3 or more in previous 2 yrs) this would include multiple separations from the same partner)	<input type="checkbox"/>
Score 5: Extreme isolation/unable or unwilling to engage with social/family or cultural support	<input type="checkbox"/>
Young parent under 18 with no support	<input type="checkbox"/>

Risk 4 Low income/poverty

Score 0: No answer/unknown	<input type="checkbox"/>
Score 0: No risk	<input type="checkbox"/>
Score 1: On benefit or very low wage but managing	<input type="checkbox"/>
Score 2: Low level debt	<input type="checkbox"/>
Seeking support for budgeting/financial management	<input type="checkbox"/>
Score 3: Using emergency options e.g. foodbank use but seeking support	<input type="checkbox"/>
Limited access to transport	<input type="checkbox"/>

Score 4: Little attempt to address financial situation	<input type="checkbox"/>
Frequent food bank use	<input type="checkbox"/>
Score 5: Financial chaos	<input type="checkbox"/>
Extreme pressures	<input type="checkbox"/>
Refusing intervention	<input type="checkbox"/>
No income	<input type="checkbox"/>
Lack of basic amenities (phone, power)	<input type="checkbox"/>
Gambling is impacting on the family finances/situation	<input type="checkbox"/>

Risk 5 Unable or unwilling to provide adequate care/concern for unborn baby/CYF involvement

Score 0: No answer/unknown	<input type="checkbox"/>
Score 0: No risk	<input type="checkbox"/>
Score 1: Historical CYF involvement/Care and Protection concerns over 18mths ago	<input type="checkbox"/>
Score 2: Historical CYF involvement within last 18mths	<input type="checkbox"/>
Care and Protection concerns being adequately addressed	<input type="checkbox"/>
Score 3: Care and Protection concerns not being adequate addressed	<input type="checkbox"/>
Considering CYF referral	<input type="checkbox"/>
Score 4: CYF currently actively involved at low level e.g. partnered response/family assessment	<input type="checkbox"/>
Score 5: CYF currently actively involved at serious level e.g investigation/FGC	<input type="checkbox"/>
Maltreatment substantiated in any child (primary caregiver)	<input type="checkbox"/>
Maltreatment substantiated in any child (partner)	<input type="checkbox"/>

Risk 6: History of offending (include current partner)

Score 0: No answer/unknown	<input type="checkbox"/>
Score 0: No risk	<input type="checkbox"/>
Score 1: One minor charge	<input type="checkbox"/>
One minor conviction	<input type="checkbox"/>
Community-based sentence	<input type="checkbox"/>
Score 2: Multiple charges but not within previous two years	<input type="checkbox"/>
Multiple convictions but not within previous two years	<input type="checkbox"/>
Score 3: Multiple charges within previous 2 years	<input type="checkbox"/>
Multiple convictions within previous 2 years	<input type="checkbox"/>
Community based sentence within previous 2 years	<input type="checkbox"/>
Protection orders	<input type="checkbox"/>
Score 4: Previous prison term within previous two years	<input type="checkbox"/>
Still currently offending	<input type="checkbox"/>
If teen, significant youth justice involvement (either parent)	<input type="checkbox"/>
Charges pending	<input type="checkbox"/>
Score 5: Currently serving prison terms	<input type="checkbox"/>
Released from prison within last 3 months	<input type="checkbox"/>

Risk 7: History of family violence

Score 0: No answer/unknown	<input type="checkbox"/>
Score 0: No risk	<input type="checkbox"/>
Score 1: Experienced previous family violence as a child or adult but no exposure now	<input type="checkbox"/>
Score 2: Recent family violence suggested but little detail known	<input type="checkbox"/>
Refugees or migrants who have escaped violent situations	<input type="checkbox"/>
Score 3: Recent family violence known	<input type="checkbox"/>
Two or less police callouts	<input type="checkbox"/>
Score 4: Recent family violence more than 2 police call outs	<input type="checkbox"/>
Involvement of FV services e.g. refuge services	<input type="checkbox"/>

Score 5: Currently living a violent relationship	<input type="checkbox"/>
With little or no protection in place	<input type="checkbox"/>
Gang member	<input type="checkbox"/>

Risk 8: Child and health development/foetal abnormality/SUDS risk

Score 0: No answer/unknown	<input type="checkbox"/>
Score 0: No risk	<input type="checkbox"/>
Score 1: Premature birth	<input type="checkbox"/>
History of premature birth but no significant issues	<input type="checkbox"/>
Score 2: Baby require(d) methadone withdrawal assistance but no other significant issues	<input type="checkbox"/>
Little or no ante-natal/post natal care	<input type="checkbox"/>
Baby not breast fed or breast fed for a minimal period	<input type="checkbox"/>
Score 3: Mild development delay	<input type="checkbox"/>
Some issues re premature birth	<input type="checkbox"/>
Parent(s) with mild bonding/attachment issues with infant	<input type="checkbox"/>
Parent(s) struggling with establishing feeding and routine cares	<input type="checkbox"/>
Continuous or significant smoking during pregnancy	<input type="checkbox"/>
Score 4: Moderate development delay	<input type="checkbox"/>
Chronic child health issue causing significant stress to parent/caregiver	<input type="checkbox"/>
SUDS death with a previous child	<input type="checkbox"/>
Score 5: Severe foetal abnormality	<input type="checkbox"/>
Serious development delay	<input type="checkbox"/>
Premature birth under 33wks	<input type="checkbox"/>
Parent(s) or child with significant evidence of attachment/bonding issues	<input type="checkbox"/>

Risk 9: Parent/Caregiver History of mental health issues (other than alcohol and drugs)

Score 0: No answer/unknown	<input type="checkbox"/>
Score 0: No risk	<input type="checkbox"/>
Score 1: History of minor issues e.g. anxiety/stress related but no formal diagnosis	<input type="checkbox"/>
Score 2: Recent history of depression generally well managed	<input type="checkbox"/>
Recent history of post natal depression generally well managed	<input type="checkbox"/>
Score 3: Long term illness managed by GP, significant history of mental health issues	<input type="checkbox"/>
Significant history of mental health, no current problems	<input type="checkbox"/>
Score 4: Mental health service currently involved with parent compliant with treatment	<input type="checkbox"/>
Score 5: Serious mental health concerns but non-compliant with treatment	<input type="checkbox"/>
Recent incident of self harm behavior e.g. wrist cutting	<input type="checkbox"/>
Recent statements about suicidal intent or suicidal ideation	<input type="checkbox"/>

Risk 10: Parent/Caregiver history of abuse as a child

Score 0: No answer/unknown	<input type="checkbox"/>
Score 0: No risk	<input type="checkbox"/>
Score 1: Identified history of child abuse - no current impact	<input type="checkbox"/>
Witnessed family violence as a child - no current impact	<input type="checkbox"/>
Score 2: Identified history of child abuse seeking appropriate support	<input type="checkbox"/>
Identified history of witnessing family violence seeking appropriate support	<input type="checkbox"/>
Score 3: History of child abuse impacting on functional - ambivalent re support	<input type="checkbox"/>
History of witnessing family violence impacting on functioning - ambivalent re support	<input type="checkbox"/>
Score 4: Significant history of child abuse both in degree or impact	<input type="checkbox"/>
Significant history of witnessing family violence both in degree and impact	<input type="checkbox"/>
Score 5: Severe history clearly impacting on daily functioning and little insight	<input type="checkbox"/>