

REFERRAL TO FAMILY HELP TRUST (OT ONLY)

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

CYRAS number for the target child (eg youngest)

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. Status OT requires FHT to work with e.g post-FGC, Family/Whanau agreement etc.....

5. Date of FGC _____ FHT attendance required at FGC:
YES/NO/NA

6. Police Call-outs and Family Violence History:

Date	Agency Involved	Detail of Family Violence

7. History of OT notifications/interventions for this or any child/ren in Primary Caregivers care:

8. History of OT or alternative care experience for this or any child/ren in Primary Caregivers care:

9. Reasons for FGC/Family Whanau agreement etc:

10. Current risks for children:

11. Issues for FHT to assist family with:

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

13. Any safety issues for professionals visiting the home?

14. Date of next review:

15. Other documentation attached (e.g. FGC outcomes, psychologist report etc)

16. OT Contact Details:

OT Contact	
Direct Dial	
Mobile	
Facsimilie	
Email	
Client Signature for referral	
Date of client signature	

Date of Referral _____

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)

Total Score

NB referral requires a minimal total score of 15 for automatic acceptance on services. Any exception requires discussion with FHT

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/OT involvement

Score 0: No answer/unknown	<input type="checkbox"/>
Score 0: No risk	<input type="checkbox"/>
Score 1: Historical OT involvement/Care and Protection concerns over 18mths ago	<input type="checkbox"/>
Score 2: Historical OT 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 OT referral	<input type="checkbox"/>
Score 4: OT currently actively involved at low level e.g. partnered response/family assessment	<input type="checkbox"/>
Score 5: OT 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"/>
Any child of MOB with at least one alternative OT care experience	<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-harming 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"/>
History of at least one OT alternative care experience as a child	<input type="checkbox"/>