

Safer Families Referral Form (Oranga Tamariki Only)

OT Referrer Details:	
Date of referral:	Direct dial:
Social worker name:	Mobile:
Site:	Email:
Client signature for referral:	Date of client signature:

Referred Child / Children (There must be at least one child under the age of five years)			
	Target child (youngest or unborn)	Child two	Child three
Name of child			
Gender			
Date of birth			
Ethnicity			
Iwi			

Details of any other children in the house				
	Child one	Child two	Child three	Child four
Name:				
Relationship to target child:				
Gender:				
Date of birth:				
Ethnicity:				
Iwi:				

Parents / Caregivers / Significant Adult Contact Details			
	Adult one	Adult two	Adult three
Name:			
Relationship to child:			
Date of birth:			
Address:			
Contact phone number:			
Ethnicity:			
Iwi			

Current OT Involvement			
a) Core assessment	<input type="checkbox"/>	b) Pre – FGC	<input type="checkbox"/>
c) Post – FGC	<input type="checkbox"/>	d) Other (specify)	

Will the case remain open with Oranga Tamariki following this referral?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:		

ISR and Family Violence History		
Date	Agency Involved	Details of incident

In order to accept a referral and create an appropriate plan with the whānau we require all relevant information please.

	Attached	Not applicable
Most recent FGC referral	<input type="checkbox"/>	<input type="checkbox"/>
FGC plan	<input type="checkbox"/>	<input type="checkbox"/>
Hui whānau plan	<input type="checkbox"/>	<input type="checkbox"/>
Tuituia	<input type="checkbox"/>	<input type="checkbox"/>
Genogram	<input type="checkbox"/>	<input type="checkbox"/>
Psychological reports	<input type="checkbox"/>	<input type="checkbox"/>
Parenting assessment	<input type="checkbox"/>	<input type="checkbox"/>
Safety plan	<input type="checkbox"/>	<input type="checkbox"/>
Other relevant reports (please specify)		

Please detail any further information about Oranga Tamariki involvement that is not included in the attached documents:

Please detail any needs of the child that require specialist follow up and monitoring (e.g. sight, hearing, developmental delay, etc.)

What are you most worried about?

What are you expecting from Family Help Trust?

Safety issues for professionals visiting the home (please specify)	
Weapons	
Threatening or violent behaviour	
Other	

Date of next FGC review (if applicable): _____

RISK SCREEN	
<p>Please tick all the factors that apply.</p> <p>(NB: For each of the ten risk clusters, the highest scoring factor only will be tallied in order to reach a total score. A total score of at least 15 out of a possible 50 is required to qualify for the service).</p> <p>Any questions regarding this risk screen, please contact the Practice Manager at Family Help Trust (bill@familyhelptrust.org.nz or 03 3659912 or 021606729)</p>	
Total Score	

Risk One: Parent / Caregiver substance use and alcohol and/or illicit drug use (including non-prescription drugs)		
Score 0	No answer / unknown	
	No risk	
Score 1	Previous history but no evidence currently – alcohol	
	Previous history but no evidence currently – drugs	
Score 2	Occasional binges – alcohol	
	Occasional binges – drugs	
	Recreational use – alcohol (excessive use only e.g. client gets drunk)	
	Recreational use – drugs	
Score 3	Stable on methadone	
Score 4	Some compliance with interventions, but also using fairly regularly – alcohol	
	Some compliance with interventions, but also using fairly regularly - drugs	
Score 5	Frequent use and non-compliance with interventions – alcohol	
	Frequent use and non-compliance with interventions – drugs	
	Frequent use but non-involvement with interventions - alcohol	
	Frequent use but non-involvement with interventions – drugs	

Risk two: Unstable home / lifestyle		
Score 0	No answer / unknown	<input type="checkbox"/>
	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 three: Lack of or conflictual family / community support / young parent / lack of education		
Score 0	No answer / unknown	<input type="checkbox"/>
	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"/>
Score 4	Recognised learning disability	<input type="checkbox"/>
	Some conflict / ambivalence hinders family functioning	<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"/>
Score 5	Multiple partner changes (e.g. three or more in previous two years, this would include multiple separations from the same partner)	<input type="checkbox"/>
	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 four: Low income / poverty		
Score 0	No answer / unknown	<input type="checkbox"/>
	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 five: Unable or unwilling to provide adequate care / concern for unborn baby / OT involvement		
Score 0	No answer / Unknown	<input type="checkbox"/>
	No risk	<input type="checkbox"/>
Score 1	Historical OT involvement / care and protection concerns over 18 months ago	<input type="checkbox"/>
Score 2	Historical OT involvement within the last 18 months	<input type="checkbox"/>
	Care and protection concerns being adequately addressed	<input type="checkbox"/>
Score 3	Care and protection concerns not being adequately addressed	<input type="checkbox"/>
	Considering OT referral	<input type="checkbox"/>
Score 4	OT currently actively involved at low level e.g. initial assessment	<input type="checkbox"/>
Score 5	OT currently actively involved at serious level e.g. core assessment/pre-FGC/ post-FGC/ court orders	<input type="checkbox"/>
	Maltreatment substantiated in any child (by primary caregiver)	<input type="checkbox"/>
	Maltreatment substantiated in any child (by partner)	<input type="checkbox"/>
	Any child of MOB with at least one alternative OT care experience	<input type="checkbox"/>

Risk six: History of offending (by primary caregiver or current partner)		
Score 0	No answer / unknown	<input type="checkbox"/>
	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 two years	<input type="checkbox"/>
	Multiple convictions within previous two years	<input type="checkbox"/>
	Community based sentence within previous two 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"/>
	It 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 three months	<input type="checkbox"/>

Risk seven: History of family harm		
Score 0	No answer / unknown	<input type="checkbox"/>
	No risk	<input type="checkbox"/>
Score 1	Experienced previous family harm as a child or adult but no exposure now	<input type="checkbox"/>
Score 2	Recent family harm suggested but little detail known	<input type="checkbox"/>
Score 2	Refugees or migrants who have escaped violent situations	<input type="checkbox"/>
Score 3	Recent family harm known	<input type="checkbox"/>
	Two or less police callouts	<input type="checkbox"/>
Score 4	Recent family harm and more than two police call outs	<input type="checkbox"/>
	Involvement of Family Harm services e.g. refuge services	<input type="checkbox"/>
Score 5	Currently living in a violent relationship	<input type="checkbox"/>
	With little or no protection in place	<input type="checkbox"/>
	Gang member	<input type="checkbox"/>

Risk eight: Child and health development / foetal abnormality / SUDS risk		
Score 0	No answer / unknown	<input type="checkbox"/>
	No risk	<input type="checkbox"/>
Score 1	Premature birth with this child but no significant issues	<input type="checkbox"/>
	History of premature birth with previous children 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 breastfed or breastfed for a minimal period	<input type="checkbox"/>
Score 3	Mild development delay in child	<input type="checkbox"/>
	Some health issues for child due to premature birth	<input type="checkbox"/>
	Parent(s) with mild bonding / attachment issues with child	<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 in child	<input type="checkbox"/>
	Chronic child health issue causing significant stress to parent / caregiver	<input type="checkbox"/>
	Sudden infant death with a previous child	<input type="checkbox"/>
Score 5	Severe foetal abnormality	<input type="checkbox"/>
	Serious development delay in child	<input type="checkbox"/>
	Premature birth under 33 weeks	<input type="checkbox"/>
	Significant evidence of attachment / bonding issues	<input type="checkbox"/>

Risk nine: Parent / Caregiver history of mental health issues (other than alcohol and drugs)		
Score 0	No answer / unknown	<input type="checkbox"/>
	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 and parent/primary caregiver compliant with treatment	<input type="checkbox"/>
Score 5	Serious mental health concerns and non-compliant with treatment	<input type="checkbox"/>
	Recent incident of self-harming behaviour e.g. wrist cutting	<input type="checkbox"/>
	Recent statements about suicidal intent or suicidal ideation	<input type="checkbox"/>

Risk ten: Parent / Caregiver history of abuse as a child		
Score 0	No answer / unknown	<input type="checkbox"/>
	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 and sought appropriate support	<input type="checkbox"/>
	Identified history of witnessing family violence and sought appropriate support	<input type="checkbox"/>
Score 3	History of child abuse has minor impact on daily functioning/ ambivalent regarding support	<input type="checkbox"/>
	History of witnessing family violence has minor impact on daily functioning/ ambivalent regarding support	<input type="checkbox"/>
Score 4	Significant history of child abuse both in degree and/or impact	<input type="checkbox"/>
	Significant history of witnessing family violence both in degree and/or impact	<input type="checkbox"/>
Score 5	Severe history clearly impacting on daily functioning and little insight into own challenges	<input type="checkbox"/>
	History of at least one OT alternative care experience as a child	<input type="checkbox"/>

PLEASE EMAIL THIS FORM TO FHT PRACTICE MANAGER (bill@familyhelptrust.org.nz)