

**GENERIC REFERRAL TO FAMILY HELP TRUST**  
(NB OT referrers please used the other form)

**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)**

<b>Date</b>	<b>Agency Involved</b>	<b>Detail of Family Violence</b>

**5. Current risks for children:**

**6. History of OT or alternative care experience for this or any child/ren in Primary Caregivers care (if known)**

**7. Issues for FHT to assist family with:**

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

**9. Any safety issues for professionals visiting the home?**

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

**11. Other professionals involved:**

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

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

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

**12. Referrer Details:**

<b>Referral Name and agency</b>	
<b>Direct Dial</b>	
<b>Mobile</b>	
<b>Facsimile</b>	
<b>Email</b>	

**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)**

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

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"/>

<b>Score 5:</b> 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**

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

<b>Score 0:</b> No answer/unknown	<input type="checkbox"/>
<b>Score 0:</b> No risk	<input type="checkbox"/>
<b>Score 1:</b> Previous isolation or conflict - no evidence currently	<input type="checkbox"/>
Young parent under 20 with some family support	<input type="checkbox"/>
<b>Score 2:</b> 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"/>

<b>Score 3:</b> 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"/>
<b>Score 4:</b> 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"/>
<b>Score 5:</b> 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**

<b>Score 0:</b> No answer/unknown	<input type="checkbox"/>
<b>Score 0:</b> No risk	<input type="checkbox"/>
<b>Score 0:</b> No answer/unknown	<input type="checkbox"/>
<b>Score 0:</b> No risk	<input type="checkbox"/>
<b>Score 1:</b> On benefit or very low wage but managing	<input type="checkbox"/>

<b>Score 2:</b> Low level debt	<input type="checkbox"/>
Seeking support for budgeting/ financial management	<input type="checkbox"/>
<b>Score 3:</b> Using emergency options e.g. foodbank use but seeking support	<input type="checkbox"/>
Limited access to transport	<input type="checkbox"/>
<b>Score 4:</b> Little attempt to address financial situation	<input type="checkbox"/>
Frequent food bank use	<input type="checkbox"/>
<b>Score 5:</b> 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**

<b>Score 0:</b> No answer/unknown	<input type="checkbox"/>
<b>Score 0:</b> No risk	<input type="checkbox"/>
<b>Score 1:</b> Historical OT involvement/Care and Protection concerns over 18mths ago	<input type="checkbox"/>
<b>Score 2:</b> Historical OT involvement within last 18mths	<input type="checkbox"/>
Care and Protection concerns being adequately addressed	<input type="checkbox"/>
<b>Score 3:</b> Care and Protection concerns not being adequate addressed	<input type="checkbox"/>
Considering OT referral	<input type="checkbox"/>
<b>Score 4:</b> OT currently actively involved at low level e.g. partnered response/family assessment	<input type="checkbox"/>
<b>Score 5:</b> 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)**

<b>Score 0:</b> No answer/unknown	<input type="checkbox"/>
<b>Score 0:</b> No risk	<input type="checkbox"/>
<b>Score 1:</b> One minor charge	<input type="checkbox"/>
One minor conviction	<input type="checkbox"/>
Community-based sentence	<input type="checkbox"/>
<b>Score 2:</b> Multiple charges but not within previous two years	<input type="checkbox"/>
Multiple convictions but not within previous two years	<input type="checkbox"/>
<b>Score 3:</b> 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"/>
<b>Score 4:</b> 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"/>
<b>Score 5:</b> Currently serving prison terms	<input type="checkbox"/>
Released from prison within last 3 months	<input type="checkbox"/>

**Risk 7: History of family violence**

<b>Score 0:</b> No answer/unknown	<input type="checkbox"/>
<b>Score 0:</b> No risk	<input type="checkbox"/>
<b>Score 1:</b> Experienced previous family violence as a child or adult but no exposure now	<input type="checkbox"/>



<b>Score 2:</b> Recent family violence suggested but little detail known	<input type="checkbox"/>
Refugees or migrants who have escaped violent situations	<input type="checkbox"/>
<b>Score 3:</b> Recent family violence known	<input type="checkbox"/>
Two or less police callouts	<input type="checkbox"/>
<b>Score 4:</b> Recent family violence more than 2 police call outs	<input type="checkbox"/>
Involvement of FV services e.g. refuge services	<input type="checkbox"/>
<b>Score 5:</b> 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**

<b>Score 0:</b> No answer/unknown	<input type="checkbox"/>
<b>Score 0:</b> No risk	<input type="checkbox"/>
<b>Score 1:</b> Premature birth	<input type="checkbox"/>
History of premature birth but no significant issues	<input type="checkbox"/>
<b>Score 2:</b> 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"/>
<b>Score 3:</b> 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"/>

<b>Score 4:</b> 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"/>
<b>Score 5:</b> 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)**

<b>Score 0:</b> No answer/unknown	<input type="checkbox"/>
<b>Score 0:</b> No risk	<input type="checkbox"/>
<b>Score 1:</b> History of minor issues e.g. anxiety/stress related but no formal diagnosis	<input type="checkbox"/>
<b>Score 2:</b> Recent history of depression generally well managed	<input type="checkbox"/>
Recent history of post natal depression generally well managed	<input type="checkbox"/>
<b>Score 3:</b> 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"/>
<b>Score 4:</b> Mental health service currently involved with parent compliant with treatment	<input type="checkbox"/>
<b>Score 5:</b> 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**

<b>Score 0:</b> No answer/unknown	<input type="checkbox"/>
<b>Score 0:</b> No risk	<input type="checkbox"/>
<b>Score 1:</b> Identified history of child abuse – no current impact	<input type="checkbox"/>
Witnessed family violence as a child – no current impact	<input type="checkbox"/>
<b>Score 2:</b> Identified history of child abuse seeking appropriate support	<input type="checkbox"/>
Identified history of witnessing family violence seeking appropriate support	<input type="checkbox"/>
<b>Score 3:</b> 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"/>
<b>Score 4:</b> 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"/>
<b>Score 5:</b> 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"/>