

**Me aro koe ki te hā o Hineahuone**Pay heed to the dignity of women

## **Family Start Referral Information**

#### What is Family Start?

Family Start is an intensive home visiting programme that has a focus on improving tamariki health, growth, learning, relationships, Whānau circumstances, environment, and their safety. We assist Whānau who are struggling with challenges that make it harder for them to care for their pēpi or young tamariki. Whānau work in partnership to strengthen parenting skills and to achieve Whānau goals. Referrals can be made during second and third trimesters of pregnancy, or up until pēpi is 12 months old.

#### **Referral Process**

Family Start will begin to support babies and their parents/caregivers early – before the baby's birth or in their first year. We encourage referrals from the second trimester of pregnancy.

Contact will be made with whānau/family within five working days of receiving the referral.

Te Puawaitanga ki Ōtautahi will advise the referrer whether the whānau has been "accepted" or "declined" into the programme; or referred to another service.

#### **Referral Criteria**

We are happy to speak directly with referrers and Whānau about the Family Start programme and its suitability.

The programme accepts referrals for pregnant mothers in their second and third trimester and for babies up to 12 months of age.

The referral criteria follow. Two or more must be identified and Whānau need to live within the Greater Christchurch area.

Send referral to: <a href="mailto:familystart@tepuawaitanga.maori.nz">familystart@tepuawaitanga.maori.nz</a>



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### **Referral Criteria**

Please tick appropriate boxes.

Whānau need to be experiencing challenges in one or more of the following in section A.

Care and Protection history. Oranga Tamariki involved or previously involved with Whānau	
Care and Protection history. Oranga Tamariki involved or previously involved with virianda	
Parenting, child health and development concerns, e.g., attachment, health needs, disability	
Childhood history of abuse. Experienced abuse as a child or young person	
Addiction challenges. Difficulties with Alcohol, drug use or gambling	
Mental health challenges, Parent experiences depression, anxiety, PND, self-harm.	
Relationship challenges. Whānau relationship concerns e.g., violence, instability, conflict	
Young parents (under18 year of age) Also experiencing additional challenges or needs.	
Additional circumstances where Whānau may have challenges. Section B	
<b>Criminal Justice involvement.</b> Charges pending/history of convictions/ Imprisonment, protection orders, Gang involvement.	
Financial and material resource difficulties. Lack of amenities-power, phone, transport, low income.	
Frequent change of address or housing issues. Transiency, homelessness, emergency housing	
Lack of positive supports. Disconnect from whanau, isolated	
Parent educational difficulties. Left school early, literacy and/or numeracy difficulties.	
SUDI factors (e.g., smoking during pregnancy)	
Multiple births in short inter-pregnancy intervals.	
lease attach or add any other relevant information:	
	-



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Referral Agency		-7		ramm					
Name of Referrer									
Position									_
Agency Address									
Email						Date o	of referral		
Mobile Phone						Work			
MODILE FITOTIE						WOIK	priorie		
Have Whānau/family	giv	en their c	consent	?					☐ YES ☐ NO
Have Whānau/family	hac	any pre	vious in	volvem	ent w	ith Early St	art or Fami	ly Start	☐ YES ☐ NO
Whānau Details									
Mother's Name						DOB			
					Ethnic	ity			
Address					inguage				
Mobile							phone		
Father's Name						DOB			
A 1.1						Ethnic	Ethnicity		7
Address						First la	inguage		
Mobile						Home	phone		
Baby's Name						DOB	1		
	□м					Ethnic	ity		
Gender	□F					Age			
If mother in second of	or th	nird trime	ester of	pregna	ncy				
EDD									
Other Children in	th	e Whār	nau/fa	mily					
Name	Gender			DOB	Ethnicity		y Address if different from above		
		□М	□F						
		□м	□F						
		□м	□F						



#### Mō tātou, ā, mō ngā uri ā muri ake nei

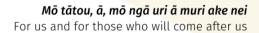
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### **Additional Information**

Has this Whānau been referred to a	any of the following agencies?	
Early Start		☐ YES ☐ NO
Waipuna		☐ YES ☐ NO
Family Help Trust		☐ YES ☐ NO
Other		☐ YES ☐ NO
	,	
15.450		
if YES, please put name of agency, co	ontact person and date of referral if known:	
Are there any known risks that may		☐ YES ☐ NO
E.g. dog on property. If yes, please	state.	
Any additional information that may	be relevant for referral.	
Referrer		
Referrer		
Name		
Signature of referrer		
Date		

Send referral to: <a href="mailto:familystart@tepuawaitanga.maori.nz">familystart@tepuawaitanga.maori.nz</a>





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# Consent for my referral to Family Start

Mother / Parent							
$\square$ I give consent for my referral to the Family Start programme.							
I understand that							
☐ I will be contacted by	y Te Puawaitanga ki Ō	tautahi to dis	cuss my refer	ral.			
☐ At times there is a w	aiting time before I ca	n begin the p	rogramme.				
☐ The programme is from	ee, and my participati	on is voluntar	y.				
arent/Caregiver name							
ignature							
erbal consent provided							
ate							