



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: familystart@tepuawaitanga.maori.nz

0800 66 99 57

reception@tepuawaitanga.maori.nz

Level 3, 7 Winston Ave, Papanui, Ōtautahi 8053

PO Box 16886, Hornby, Christchurch 8441

tepuawaitanga.maori.nz



Referral Criteria

Please tick appropriate boxes.

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

Section A

Care and Protection history. <i>Oranga Tamariki involved or previously involved with Whānau</i>	<input type="checkbox"/>
Parenting, child health and development concerns, <i>e.g., attachment, health needs, disability</i>	<input type="checkbox"/>
Childhood history of abuse. <i>Experienced abuse as a child or young person</i>	<input type="checkbox"/>
Addiction challenges. <i>Difficulties with Alcohol, drug use or gambling</i>	<input type="checkbox"/>
Mental health challenges, <i>Parent experiences depression, anxiety, PND, self-harm.</i>	<input type="checkbox"/>
Relationship challenges. <i>Whānau relationship concerns e.g., violence, instability, conflict</i>	<input type="checkbox"/>
Young parents (under 18 year of age) <i>Also experiencing additional challenges or needs.</i>	<input type="checkbox"/>

Additional circumstances where Whānau may have challenges.

Section B

Criminal Justice involvement. <i>Charges pending/history of convictions/ Imprisonment, protection orders, Gang involvement.</i>	<input type="checkbox"/>
Financial and material resource difficulties. <i>Lack of amenities-power, phone, transport, low income.</i>	<input type="checkbox"/>
Frequent change of address or housing issues. <i>Transiency, homelessness, emergency housing</i>	<input type="checkbox"/>
Lack of positive supports. <i>Disconnect from whanau, isolated</i>	<input type="checkbox"/>
Parent educational difficulties. <i>Left school early, literacy and/or numeracy difficulties.</i>	<input type="checkbox"/>
SUDI factors (e.g., smoking during pregnancy)	<input type="checkbox"/>
Multiple births in short inter-pregnancy intervals.	<input type="checkbox"/>

Please attach or add any other relevant information:



Referral to the Family Start Programme

Referral Agency			
Name of Referrer			
Position			
Agency Address			
Email		Date of referral	
Mobile Phone		Work phone	

Have Whānau/family given their consent?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have Whānau/family had any previous involvement with Early Start or Family Start	<input type="checkbox"/> YES <input type="checkbox"/> NO

Whānau Details

Mother's Name		DOB	
Address		Ethnicity	
		First language	
Mobile		Home phone	
Father's Name		DOB	
Address		Ethnicity	
		First language	
Mobile		Home phone	
Baby's Name		DOB	
Gender	<input type="checkbox"/> M	Ethnicity	
	<input type="checkbox"/> F	Age	
If mother in second or third trimester of pregnancy			
EDD			

Other Children in the Whānau/family

Name	Gender		DOB	Ethnicity	Address if different from above
	<input type="checkbox"/> M	<input type="checkbox"/> F			
	<input type="checkbox"/> M	<input type="checkbox"/> F			
	<input type="checkbox"/> M	<input type="checkbox"/> F			



Additional Information

Has this Whānau been referred to any of the following agencies? Early Start Waipuna Family Help Trust Other	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
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If YES, please put name of agency, contact person and date of referral if known:

Are there any known risks that may make a visit by a worker difficult? E.g. dog on property. If yes, please state.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Any additional information that may be relevant for referral.

Referrer

Name	
Signature of referrer	
Date	

Send referral to: familystart@tepuawaitanga.maori.nz



Consent for my referral to Family Start

Mother / Parent

I give consent for my referral to the Family Start programme.

I understand that

I will be contacted by Te Puawaitanga ki Ōtautahi to discuss my referral.

At times there is a waiting time before I can begin the programme.

The programme is free, and my participation is voluntary.

Parent/Caregiver name	
Signature	
Verbal consent provided	
Date	