



Me aro koe ki te ha o Hineahuone
"Pay heed to the dignity of women"

*Te Puawaitanga
ki Ōtautahi Trust*

Mō tātou a mō ngā uri a muri ake nei
"For us and for those who will come after us"

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.



Referral Criteria

Please tick appropriate boxes, a minimum of two is required:

Whānau are willing to participate	<input type="checkbox"/>
Mental wellness concerns, e.g. depression, anxiety, self-harm	<input type="checkbox"/>
Difficulties with drugs, alcohol, or gambling	<input type="checkbox"/>
Parent(s) experienced abuse as a child or young person	<input type="checkbox"/>
Whānau are currently or have previously been involved with Oranga Tamariki	<input type="checkbox"/>
Whānau relationship concerns e.g. violence, instability, conflict	<input type="checkbox"/>
Child health and development concerns, e.g. milestone delays, attachment	<input type="checkbox"/>
Low confidence in parenting skills, wanting to be a nurturing parent	<input type="checkbox"/>
Little or no antenatal or postnatal care	<input type="checkbox"/>
Parent under 18 years of age and experiencing challenges	<input type="checkbox"/>
SUDI factors e.g. smoking during pregnancy	<input type="checkbox"/>
Financial pressures	<input type="checkbox"/>
Housing issues, frequent change of address	<input type="checkbox"/>
Lack of positive support networks	<input type="checkbox"/>
There is a short interval between this pregnancy and previous pregnancies	<input type="checkbox"/>
Parent(s) struggled at school and left early	<input type="checkbox"/>
Parents have previous criminal convictions or charges pending	<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			
Work Phone		Mobile phone	
Fax		Date of referral	

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

Is this whānau engaged with or have they been referred to any other Agency (e.g. Waipuna, Early Start, Family Help Trust)?	<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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If YES, please state

Referrer

Signature of referrer	
Date	





**Te Puawaitanga
ki Ōtautahi Trust**

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	
Signature	
Verbal consent	
Date	

