



Early Start Project

PO BOX 21013, EDGEWARE, CHRISTCHURCH 8143, 136 HOLLY ROAD, ST ALBANS, CHRISTCHURCH 8014
PHONE (03) 365 9087 • FAX (03) 365 9237 www.earlystart.co.nz

Referral Process

Referral Process:

1. Please complete the 'Referral for Assessment' documentation including the signed 'Consent from Parent' on page 3:
 - a. For young mothers 24 years and under from 3 months antenatal to 9 months postnatal
 - b. For mothers over 24 years from 6 months antenatal to 9 months postnatal
2. Then either fax or post the completed forms to Early Start:
 - **Fax 365-9237** **PO Box 21013, Edgware, Christchurch 8143**
3. On receipt of the referral the client family will go onto our waiting list and you will be notified of the expected waiting time.
4. During the waiting time our intake Family Support Worker will:
 - a. liaise with the referrer; *and*
 - b. make contact with the client family to do an initial home visit, and then stay in telephone contact with them until they are allocated a Family Support Worker.

Criteria for referral:

1. Family lives in the Christchurch area
2. Family is willing to participate
3. Mother is pregnant or has an infant – referrals accepted 3 or 6 months antenatal (see 1a or 1b above) to 9 months postnatal
4. Parent faces two or more of the following challenges:
 - Young mother under 18 years of age
 - Limited support networks
 - Minimal antenatal care
 - Economic disadvantage and/or lack of essential resources
 - Social skills minimal and/or inadequate
 - Little or no formal educational qualifications
 - Limited experience or skills in parenting
 - Past Child Youth and Family involvement
 - Mental Health issues / depression, anxiety etc.
 - Addictions: drug, alcohol, gambling
 - Involvement with the criminal justice system
 - Difficult family relationships – history of abuse
 - Relationship problems
 - Moved at least twice in the last 12 months
 - Additional baby needs: premature, low birth weight, special needs



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REFERRAL FOR ASSESSMENT

Self-Referral

Date of referral: _____

Whanau / Aiga / Family Details

Mother's name: _____

Address: _____

DoB: _____ Telephone: _____ Ethnicity: _____

Father's name: _____

Address: _____

DoB: _____ Telephone: _____ Ethnicity: _____

Baby's name: _____ Date of birth: _____ Age: _____

Ethnicity: _____ Gender: M F

If currently pregnant - Expected date of birth: _____

Other Children in the Family

| Name | Gender | Ethnicity | Date of Birth |
|-------|--------|-----------|---------------|
| _____ | M F | _____ | _____ |
| _____ | M F | _____ | _____ |
| _____ | M F | _____ | _____ |
| _____ | M F | _____ | _____ |

Please turn over

Entry Criteria

Please tick the appropriate boxes

Family Challenges



| | |
|---|--|
| I am a young mother under 18 years | |
| I do not have many support networks I can rely on | |
| I started late antenatal care or did not make use of regular antenatal care | |
| I have difficulties with depression, anxiety etc. | |
| I have difficulties with addictions – eg drug, alcohol, gambling | |
| My family relationships can be problematic and stressful | |
| I am involved with the Criminal Justice System or have had involvement with the CJS in the past | |
| My partner relationship is difficult at times – I do not feel supported, we argue a lot | |
| I have difficulties with housing, transport and or meeting the expenses of day to day living, e.g. electricity bills, rent, food, clothing. | |
| I have moved at least twice in the last 12 months | |
| I left school early | |
| I want to improve my social skills: e.g. feeling good about myself, getting on with others, home management, budgeting, asking for what I need, learning to take care of myself and my family | |
| I do not have a lot of experience or confidence in parenting and want to learn to be a good parent | |
| I have had involvement with the Child Youth and Family Services | |
| My baby has needs: pre-maturity; low birth weight; special needs | |

Other _____

Additional Information:

Has your family been referred to any other Agency (e.g. Waipuna, Safer Families, Child Wise, PAFT or New Start etc.)? **YES** **NO**

If **YES** please put name of Agency and date of referral if known: _____



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Consent from parent to refer to Early Start for assessment

Mother / Parent:

I give consent to have a referral for assessment forwarded to Early Start.

Early Start operates a waiting list; the waiting times are variable and can range from as little as 4 weeks (or sooner) or stretch to 12 weeks or more.

When a vacancy arises I understand that:

- Early Start will contact me to arrange an initial home visit and welcome me to the Service.
- When a Family Support Worker is allocated they will either visit or telephone me within two weeks.
- The Service is free and my participation is voluntary.

Parent's Name: _____

Signature: _____

Date: _____