



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, Edgeware, 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:

Parent faces two or more of the following challenges:

- Young parent under 18 years of age
- Mother started late antenatal care
- Mental health issues; i.e. depression, anxiety etc.
- Significant difficulties with drugs, alcohol or gambling
- Family relationships can be problematic and stressful
- Child Youth and Family are currently or have previously been involved with the family
- Baby has needs; i.e. prematurity, low birth weight, special needs or health and development issues
- Parent/s experienced abuse as a child or young person
- Partner relationship is difficult at times
- Difficulties with housing, transport and/or meeting day-to-day living expenses
- Family has been in trouble with the Police
- Parent/s struggled at school and left early
- Moved at least twice in the last 12 months
- Minimal or inadequate social skills
- Lacks confidence and experience in parenting
- Limited support networks



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REFERRAL FOR ASSESSMENT

Self-Referral

Date of referral: _____

Whanau / Aiga / Family Details

Mother's name: _____ **First language:** _____

Address: _____

DoB: _____ **Ethnicity:** _____

Landline: _____ **Mobile phone:** _____

Father's name: _____ **First language:** _____

Address: _____

DoB: _____ **Ethnicity:** _____

Landline: _____ **Mobile phone:** _____

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	Address if different
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____

Entry Criteria

Please tick the appropriate boxes

Family Challenges



I am under 18 and have other challenges	
I started late antenatal care or did not make use of regular antenatal care	
I have or have had difficulties with depression, anxiety, mental health	
I have significant difficulties with drugs, alcohol, gambling	
My family relationships can be problematic and stressful	
Child Youth and Family have in the past been involved with my family or are currently involved	
My baby has needs: pre-maturity; low birth weight; special needs, health & development issues	
I have experienced abuse as a child	
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 and/or my family have been in trouble with the police	
I struggled at school and left early	
I have moved at least twice in the last 12 months	
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 do not have many support networks I can rely on	

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: _____

Please sign the consent on page 3



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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.

Waiting List:

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 16 weeks or more.

When a vacancy arises I understand that:

- Early Start will write to me and welcome me to the Service.
- A Family Support Worker will make contact with me by telephone or text to arrange a visit.
- The Service is free and my participation is voluntary.

Parent's Name: _____

Signature: _____

Date: _____

Breastfeeding Support for Mothers 24 years and Younger:

Would you like Early Start to send you information about the Te Māhuri Breastfeeding Group? **YES** **NO**

By answering **YES** to the above question I give consent for my name, baby's name and phone number to be passed on to the Te Māhuri Breastfeeding Group facilitators.

Do you live in Shirley, Mairehau, Dallington, Burwood, Richmond or St Albans?

The Shirley Hub at 69B Briggs Road is part of Early Start. You are very welcome to 'drop in' while you are waiting to meet an Early Start Family Support Worker. Would you like Early Start to post you a brochure about this? **YES** **NO**