



Early Start Project

PO Box 21013, Edgware, Christchurch 8143
Phone (03) 365 9087 Fax (03) 365 9237

56 Shirley Rd, Christchurch 8013
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, email or post the completed forms to Early Start:
Fax **365-9237** Email: reception@earlystart.co.nz Post: **PO Box 21013, 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/Whanau Awhina 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/Whanau Awhina.

Criteria for referral:

1. Family lives in the Canterbury 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 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
 - Oranga Tamariki 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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Information for Referrers

Early Start Project is a child centred, early intervention programme working with families in 'high need' caring for vulnerable children. Home visits by Family Start whanau workers are initially weekly. There is a focus on parenting education and supporting the achievement of individual family goals. These goals focus on the wellbeing and safety of the child and achieving positive outcomes for the child as part of a longer term intervention.

The aims of Early Start Project are to:

- improve health, education and social outcomes for children
- improve parents' parenting capability and practice
- improve children and parents' personal and family circumstances.

Early Start Project begins supporting children and their parents/caregivers when the child is 9 months and under, with a particular focus on engaging pregnant mothers. Referrals for assessment can be made for young mothers under 24 years from 3 months antenatal to 9 months postnatal. For mothers over 24 years from 6 months antenatal to 9 months postnatal.

The following information is to help referrers understand the nature of the family situations that should be referred to Early Start Project. The key things to remember when considering a referral to Early Start Project are:

- how the challenge outlined in the criteria affects the parent or caregivers ability to care for the child
- that the family is aware of your worries and why you think a referral might help them (referrers are encouraged to complete the referral form *with* the family)
- that the family must consent to being referred.

Referral Criteria

The Early Start Project Intake team are happy to talk through any potential referral if you or the family are unsure if the programme is right for them.

Please provide as much additional information as you can.

Early Start Project will advise the referrer/self-referred client within 3 working days of the acceptance for Assessment and indicate the probable waiting time. It is up to the referrer to inform their client of the approximate waiting time.

Additional Information Requested:

Are there any known risks that may make a visit by a family/whanau worker more difficult?

- dangerous dog
- difficult family relationships
- gang associations
- difficult access e.g. padlocked gates



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REFERRAL FOR ASSESSMENT

Referral Agency Details

Referral agency: _____

Name & Position of referral person: _____

Agency Address: _____

Email: _____

Landline: _____ Mobile phone: _____

Fax: _____ Date of referral: _____

Have the family/whanau given their signed and dated consent on page 3? YES NO

Have the family/whanau had any previous involvement with Early Start? YES NO

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 mother in second or third trimester of pregnancy *Expected date of birth:* _____

Other Children in the Family

Name	Gender	Ethnicity	Date of Birth	Address if different
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____



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Entry Criteria

Family Challenges

Please tick the appropriate boxes



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	
Oranga Tamariki 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 and 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	

Please attach or add any other relevant information: _____

Additional Information:

Is this family engaged with or have they 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, contact person and date of referral if known: _____

Are there any known risks that may make a visit by a family/whanau worker more difficult? **YES** **NO**

If **YES**, please state: _____

Referrer:

I have explained how the Early Start Service can offer support to this mother and her family and have gained consent to forward a referral to Early Start Project.

Referrers Name: _____

Signature: _____



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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 Project will write to me and welcome me to the Service.
- A Family Support Worker/Whanau Awhina 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 Project 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.