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# **Children’s Team Referral Form**

# Child/children - who are being referred to the Children’s Team

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| --- | --- | --- |
| 1. Child’s name and any other name known by: | | |
| DOB: | Ethnicity/Iwi : | M / F |
| Phone number/s: | | |
| Early childhood / school: | | |
| Address/s: | | |

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| --- | --- | --- |
| 2. Child’s name and any other name known by: | | |
| DOB: | Ethnicity/Iwi: | M / F |
| Phone number/s if different from above: | | |
| Early childhood / school: | | |
| Address/s if different from above: | | |

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| 3. Child’s name and any other name known by: | | |
| DOB: | Ethnicity/Iwi: | M / F |
| Phone number/s if different from above: | | |
| Early childhood / school: | | |
| Address/s if different from above: | | |

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| 4. Child’s name and any other name known by: | | |
| DOB: | Ethnicity/Iwi: | M / F |
| Phone number/s if different from above: | | |
| Early childhood / school: | | |
| Address/s if different from above: | | |

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| 5. Child’s name and any other name known by: | | |
| DOB: | Ethnicity/Iwi : | M / F |
| Phone number/s if different from above: | | |
| Early childhood / school: | | |
| Address/s if different from above: | | |

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| 6. Child’s name and any other name known by: | | |
| DOB: | Ethnicity/Iwi: | M / F |
| Phone number/s if different from above: | | |
| Early childhood / school: | | |
| Address/s if different from above: | | |

# Parent(s)/guardians(s)/caregiver(s) contact details

|  |  |  |
| --- | --- | --- |
| Name and any other name known by: | | |
| DOB: | Ethnicity/Iwi: | M / F |
| Phone number/s: | | |
| Email: | | |
| Address/s: | | |
| Relationship to child(ren): | | |

|  |  |  |
| --- | --- | --- |
| Name and any other name known by: | | |
| DOB | Ethnicity/Iwi | M / F |
| Phone number/s if different from above: | | |
| Email if different from above: | | |
| Address/s if different from above: | | |
| Relationship to child(ren): | | |

|  |  |  |
| --- | --- | --- |
| Name and any other name known by: | | |
| DOB: | Ethnicity/Iwi: | M / F |
| Phone number/s if different from above: | | |
| Email if different from above: | | |
| Address/s if different from above: | | |
| Relationship to child(ren): | | |

# If known, please list others who live with the child/children who live in the household who are not being referred to the Children’s Team.

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1. **Reasons for Referral** - If there is information already available (e.g. reports, assessments) that would be relevant for the Children’s Team they can be attached to save replication.

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| **What are the presenting concerns and background history of service to date?** |

# Support questions

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| **Safety considerations – is there potential risk to safety for professionals when doing a home visit?**  **Cultural Engagement:**   * Is there a specific cultural protocol that needs to be followed? * Is an interpreter needed? Please state the language spoken or read. |
| **Information pertaining to Family Violence:**  Is anybody in the household involved with the Police and/or Department of Corrections? Specify:  Is there a protection order in place? Specify:  Is there a parenting order in place? Specify:  Is there a non-association order in place? Specify: |

# List the agencies and groups who are currently, have previously been, or need to be engaged with the child and family/whānau

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| --- | --- | --- | --- | --- | --- | --- |
| **Agency/Group** | | **Person the child or parent/caregiver mostly sees. If known, please include any relevant information.** | **Currently engaged** | **Previously engaged**  **(incl. historical)** | **Need to be engaged** | **Parent initial** |
| **Government Agencies** | Child, Youth and Family |  |  |  |  |  |
| Work and Income |  |  |  |  |  |
| NZ Police |  |  |  |  |  |
| Corrections |  |  |  |  |  |
|  | General Practitioner |  |  |  |  |  |
| **Health Providers** | Well Child/Tamariki Ora provider  (e.g. Plunket, Te Piki Oranga) | Please state: |  |  |  |  |
| Lead Maternity Carer |  |  |  |  |  |
| Public Health Nurse |  |  |  |  |  |
| DHB (e.g. Paediatrician, other specialist services) | Please state: |  |  |  |  |
|  | **Agency/Group** | **Person the child or parent/caregiver mostly sees. If known, please include any relevant information.** | **Currently engaged** | **Previously engaged**  **(incl. historical)** | **Need to be engaged** | **Parent initial** |
| **Education Providers** | Early Childhood Centre and Key Staff  (e.g. Kohanga Reo, kindy, In Home Childcare, Playcentre etc) |  |  |  |  |  |
| School  and Teacher |  |  |  |  |  |
|  | Group Special Education (psychologist, SLT, EI etc) |  |  |  |  |  |
|  | RTLB Services |  |  |  |  |  |
|  | Attendance Services |  |  |  |  |  |
|  | Social Workers in Schools |  |  |  |  |  |
| **Community Based Organisations** | NGO Social Service Providers (Barnardos, Open Home Foundation, Bread of Life, Maataa Waka etc) | Please state: |  |  |  |  |
| Mental Health Services  (AMHS, CAMHS, Supporting Families etc) | Please state: |  |  |  |  |
| **Agency/Group** | **Person the child or parent/caregiver mostly sees. If known, please include any relevant information.** | **Currently engaged** | **Previously engaged**  **(incl. historical)** | **Need to be engaged** | **Parent initial** |
| Family Violence Services  (Womens Refuge, Maataa Waka) | Please state: |  |  |  |  |
| Family Start | Please state: |  |  |  |  |
| Disability Services  (CCS Disability Action, IDEA Services, Support Works) | Please state: |  |  |  |  |
|  | Addiction Services  (Drug, Alcohol, Gambling) | Please state: |  |  |  |  |
| Social Housing Providers  (Housing NZ) | Please state: |  |  |  |  |
|  | Budgeting Support Services |  |  |  |  |  |
| **Cultural organisations** | Maori/iwi organisations/ marae | Please state: |  |  |  |  |
| Pasifika organisations & groups | Please state: |  |  |  |  |
| Refugee and Migrant organisations | Please state: |  |  |  |  |
| **Other** | Please state any other agencies/services/organisations the child and/or their family/whānau are, or have been, engaged with: | | | | |  |

# Who is the referrer

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| --- | --- | --- |
| Referrer’s name and designation: | | |
| Relationship to the child or family/whānau & organisation (if applicable): | | |
| Address: | | |
| Phone: | Mobile: | Email: |

1. **Referrer’s checklist**

Before sending the form, please make sure you have:

* Discussed with the child, parents/guardians and family/whānau privacy rights and consent for referral
* Attached additional supporting referral documentation and the Consent Form
  + Tick here if you have included extra pages of information in addition to the Consent form.
* Arranged for the Referral Form and additional personal information to be transferred securely to the Children’s Team.

**Referral date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referrer’s signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# For use by Children’s Team

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| **Children’s Team decision rationale:**  (Full detail required)  **Need for a Safety Plan identified at time of referral (to be completed with 1 week): Yes / No**  Recommendations (please identify the unmet needs and risk posed requiring safety plan):  **Most suitable candidate/s to be the Lead Professional for the referred child:** |
| **Children’s Team Entry (circle): Accept / Decline** |
| **Decision sign off:**  Date:  Children’s Team Director name and signature: |

**Children’s Team Consent Form**

This form gives permission for your referral to the Children’s Team and the collection and sharing of your information by the Children’s Team and those agencies included in your referral.

Please tick the boxes below to show that you understand how the Children’s Team works, what we’ll do with information about you and your family/whānau, and what your rights are. If two parents or guardians are signing the form, tick once for both parents/guardians.

**It has been explained to me how the Children’s Team works**

* I have been given the Children’s Team Information Pack.
* How the Children’s Team will work has been discussed with me and my child (if appropriate).
* I understand what working with the Children’s Team will mean for me and my child.
* I understand that if the Children’s Team accept the referral they will appoint a Lead Professional to work with my child and our family/whānau.
* The Lead Professional will check to see if we still want the Children’s Team to work with us.
* I understand a Child Action Network will be formed following discussion with the Lead Professional. These will be people that we work with and respect.
* I understand that the Lead Professional, along with members of the Child Action Network, will take my child and family/whānau through an assessment and action planning process.
* I understand the Child’s Plan will include the names of the people/agencies that will support my child and our family/whānau. I understand I can have a copy of my child’s Plan

**It has been explained to me what will happen to the information**

* I understand that the referrer, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will give the information in the Referral Form to the Children’s Team.
* I agree that the agencies that make up the Children’s Team and those listed on the Referral Form may share personal information about my child and family/whānau to plan for Children’s Team support.
* I understand that any person who, in their formal role has access to Children’s Team personal information, is under a specific obligation to keep this information confidential.
* I understand that information may be stored in an IT system to enable authorised Children’s Team members to securely store, share and update information about my child and family/whānau.
* I understand that this IT system would be administered by the Children’s Action Plan, and that systems administrators may have access to information about my child and family/ whānau for the purpose of maintaining the IT system.
* I understand that Children’s Action Plan administrators may (in specific circumstances) need to access files in order to maintain paper and IT records, and that this will only be done under supervision and with specific permission.
* I understand that the Children’s Team may use our non-identifying information for auditing, reporting and research purposes to monitor and improve future Children’s Teams.
* I understand that I will be given a copy of this form.

**Our questions have been answered and explained**

* I have had the chance to ask questions, and I feel that my questions have been answered.
* I understand that, if I have more questions, I can ask the Children’s Team. I have been given contact details for the Children’s Team.

**My rights have been explained to me**

* I understand that we can change our minds about accepting support from the Children’s Team. If we decide to refuse the support, we can tell the Lead Professional or any other member of the Children’s Team.
* I have been explained my rights under the Privacy Act and the Health Information Privacy Code. I understand these rights.

**Child consent**

|  |  |  |
| --- | --- | --- |
| **Name of Child:** | | **Date:** |
| **By signing, I consent to the Children’s Team providing support and sharing information about me and with agencies listed in the Referral Form** |  | |

|  |  |  |
| --- | --- | --- |
| **Name of Child:** | | **Date:** |
| **By signing, I consent to the Children’s Team providing support and sharing information about me and with agencies listed in the Referral Form** |  | |

|  |  |  |
| --- | --- | --- |
| **Name of Child:** | | **Date:** |
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|  |  |  |
| --- | --- | --- |
| **Name of Child:** | | **Date:** |
| **By signing, I consent to the Children’s Team providing support and sharing information about me and with agencies listed in the Referral Form** |  | |

**Parents’ consent**

|  |  |  |
| --- | --- | --- |
| **Name:** | | **Date:** |
| **Relationship to child:** | | |
| **By signing, I consent to the Children’s Team providing support and sharing information about me and with agencies listed in the Referral Form** |  | |

|  |  |  |
| --- | --- | --- |
| **Name:** | | **Date:** |
| **Relationship to child:** | | |
| **By signing, I consent to the Children’s Team providing support and sharing information about me and with agencies listed in the Referral Form** |  | |

|  |  |  |
| --- | --- | --- |
| **Name:** | | **Date:** |
| **Relationship to child:** | | |
| **By signing, I consent to the Children’s Team providing support and sharing information about me and with agencies listed in the Referral Form** |  | |