

# Referral Form

**This form is to be completed by the referrer with the family/whanau.  
The consent form must accompany this request form.**

Strengthening Families (SF) is a structured, voluntary, early intervention process that is family/whānau centred where community organisations and government agencies work together to improve the health, education and social outcomes for the families and whānau.

SF uses an interagency, collaborative case management approach to provide better coordinated support of families/whānau that require a multi agency coordinated approach. As a result families/whānau are stronger, more connected to, and supported by their communities.

The Strengthening Families process is appropriate if:

- a SF approach will provide added value to family's desired outcomes, and is in the best interests of the child, young person or family/whānau
- the child, young person or family/whānau has multiple needs that would benefit from coordinated multi agency support, but do not require a statutory response or intensive intervention
- more than one agency is required (or should be involved) with the child, or young person and their family/whānau.

## Referrer's contact details

Referrer's name:

Relationship:

Address:

Supervisor/manager:

Suburb:

City:

Agency:

Contact phone:

Fax:

Signature:

Email:

Date:

Threshold / Entry criteria met?

YES  NO

Consent has been given by family/whānau?

YES  NO

Is this a differential response coordination referral?

YES  NO

**SF ref no:**

### Family/whānau contact details

Family/whānau surname(s):

Address:

Phone number(s):

Suburb:

City:

### Children/tamariki and young people/rangatahi in the family/whānau

Full Name (Family name then first name)	Age	School	Date of Birth	Gender M/F	Ethnicity (See codes)	Address (if different from above)	Iwi (as appropriate)
--	-----	--------	---------------	---------------	--------------------------	--------------------------------------	-------------------------

---

---

---

---

---

---

---

---

### Parents/caregivers and whānau members

Full Name (Family name then first name)	Gender M/F	Ethnicity's (See codes)	Iwi (as appropriate)	Relationship to children/tamariki/ young person	Address (if different from above)
--	---------------	----------------------------	-------------------------	--	--------------------------------------

---

---

---

---

---

---

---

---

### 1. What is the family's / whānau current situation?

---

---

---

---

---

---

---

---

Ethnicity Codes: NZE=NZ European / Pākehā; M=Maori; S=Samoa; CIM=Cook Island Maori; T=Tongan; N=Niuean; I=Indian; Ch=Chinese; K=Korean; SA=South African Other = please state.

## 2. What are the family's / whānau current issues?

A. In the table below, please indicate the **issues** that are to be worked on:

<b>Education and Skills</b>	<input checked="" type="checkbox"/>	<b>Economic Situation / Housing</b>	<input checked="" type="checkbox"/>
Parenting / child management		Financial situation / hardship	
Child/young person's literacy / numeracy		Benefit entitlement	
Parent/caregiver's literacy / numeracy		Outstanding debt	
Behaviour at school		Budget management	
Truancy		Transience	
Stand down / suspension		Housing issues	
School exclusion / expulsion		Accommodation for child / young person	
Alternative schooling needs (eg home schooling, alternative education, Correspondence School)		Accommodation for family / whānau	
Other		Other	
<b>Health</b>	<input checked="" type="checkbox"/>	<b>Social Connectedness</b>	<input checked="" type="checkbox"/>
Child's physical health/disability		Isolation from community	
Young person's physical health/disability		Isolation from family/whānau members	
Parent/caregiver's physical health/disability		Isolation from peers	
Child's mental health		Lack of support	
Young person's mental health		Telephone access	
Parent/caregiver's mental health		Transport access	
Child's intellectual functioning / disability		Other	
Young person's intellectual functioning / disability			
Parent/caregiver's intellectual functioning / disability		<b>Safety / Justice</b>	<input checked="" type="checkbox"/>
Child's drug / alcohol abuse		Child's behaviour	
Young person's drug / alcohol abuse		Young person's behaviour	
Parent/caregiver's drug / alcohol abuse		Child's offending	
Gambling problem		Young person's offending	
Other		Parent/caregiver's offending	
<b>Employment</b>	<input checked="" type="checkbox"/>	Family violence	
Childcare		Child abuse / neglect	
Unemployment		Bullying	
Other		Other	

Definitions: A child is under 14 years of age; a young person is aged 14-16 years

## 3. What does the family/whānau want to achieve from the Strengthening Families process?

(Please list desired outcomes)

---



---



---



---



---



---



---



---

**4. What strengths does the family/whānau bring to help them achieve their outcomes?**

---

---

---

---

**5. What resources/support are required to assist them to achieve their outcomes?**

---

---

---

---

**6. Does the family/whānau have any suggestions or requests regarding the meeting?**

(For example: preferred times, date, venue, language/disability, cultural considerations)

---

---

---

**Are there any other comments you wish to make?**

---

---

---

Please list agencies to be invited to the Strengthening Families meeting:

Agency	Contact name	Contact details (inc. email)

Please send this form to your local Strengthening Families coordinator

Name:	Address:
Agency:	Suburb:
Email:	City:
	Phone/Fax: