

For any questions or further clarification regarding referral eligibility or filling out the referral form please direct your query to: barwon@orangedoor.vic.gov.au (Geelong) or barwon.colac@orangedoor.vic.gov.au (Colac) or call 1800 312 820.

1. Referrer Details Section:

Protected Identity	Check 'yes' if referrer does not wish to be identified
Date of Referral	Date the referral is <u>sent</u> to the Orange Door
Name of Referrer	Person who is supporting the client/family and has completed the form
Agency/Relationship	Name of the agency the referrer works for and their relationship to client (E.g. Geelong High welfare worker / Geelong West MCHN / Bethany NEWPIN support worker)
Postal Address	Work address to be provided
Email	Work email address to be provided
Landline/Mobile Numbers	Provide a work telephone number that the Orange Door can contact regarding any enquiries in relation to referral

2. Client Details Section:

Presenting Client	The name of the primary client you are referring. <ul style="list-style-type: none"> - Family Services referrals please name the primary carer. - Specialist women's family violence please provide the victim-survivor details - Men's services please provide perpetrator details
EDB	Estimated date of birth <u>only</u> to be provided if date of birth is unknown
Role in Family Relationship (relationship status)	Note if the presenting client is the mother, father, aunt, uncle, kinship carer, foster carer etc.
Do you identify as LGBTIQ+	If client does identify as LGBTIQ+ please ask "what is your preferred pronoun?" Pronouns, also known as "I", "they", "she", "he", "we", "her", "him" and many others, are a part of our daily language. We use pronouns as a way to identify or refer to someone. Gender neutral or gender inclusive pronouns are unspecific to one gender. Using gender neutral pronouns does not label or associate an individual with a specific gender. This is especially important for those who do not identify with their assigned gender at birth. Physical sex does not determine gender. Rather than assume someone's pronouns based on their perceived gender or appearance, it is crucial to ask what their pronouns are. When someone is referred to with the wrong pronoun, it can make them feel disrespected, invalidated, dismissed and/or alienated. Asking and correctly using a person's preferred pronoun is one of the most basic ways to show your respect for their gender identity.
Address	Provide the primary residential address. Client must reside within the area boundaries of City of Greater Geelong, Borough of Queenscliff, Surf Coast Shire or Colac.
Safe to Leave a Message	This question pertains to whether the perpetrator may have access to or be

	monitoring the phone. Please confirm with the client it is safe for the Orange Door to leave a message on either landline or mobile phone . Is there a safe or preferred day or time for the Orange Door to contact the client?
Advocate	Do the family have an advocate that they would like to be present or contacted? If so, please provide name and contact details.
Communication needs	Please place any information in relation to concerns regarding literacy, understanding and ability to process or retain information. How would referred parties prefer to receive communication? (letters, telephone call).

3. Service Engagement Section:

Consent given to make this referral?	<p>Specialist Family Violence Men’s and Women’s Service clients must be agreeable for the referral to be made. Referrals cannot be accepted if the client has not consented to engage with the Orange Door except under certain circumstances. If you are unsure, you can contact The Orange Door to discuss.</p> <p>To promote positive engagement with Family Services referrals it is preferred that the family are made aware of the referral and written or verbal consent is provided. The Orange Door will accept referrals without consent in exceptional circumstances. It is requested that Family Services referrals with no consent given are discussed with a Hub Intake Practitioner in advance.</p>
Family willingness engage with support service(s)	<p>Specialist Family Violence Men’s and Women’s Service’s; participant <u>must</u> be willing to participate in Specialist Services.</p> <p>Family Services; it is preferred that this question be asked of the family however this should not stop a referral being made to the Orange Door and it is hoped that through Intake space we may be able to actively engage to support willingness to engage in support services.</p>
Emergency Accommodation	Provide details of the accommodation provider, dates accommodation has been provided including end date and any other known relevant details including whether the client has been added to the Victorian Housing Register etc.
Considerations	<p>Examples for this section include but are not limited to the following</p> <p>Worker safety alerts: List any past / current risks to worker safety. E.g. Verbally abusive to workers, any threats made towards worker/organisation</p> <p>Any legal orders in place: Intervention orders, parenting orders, family law court orders, Child Protection orders, corrections orders etc. Please note: staff at The Orange Door cannot provide legal advice.</p> <p>Access to weapons: Any information known about legal/illegal access to weapons.</p> <p>Environmental: Any concerns about home environment. E.g. Hoarding, environmental neglect, poor level of cleanliness etc.</p> <p>Bush Fire Area: Does the client reside in a bush fire prone area. Concerns in summer months.</p> <p>Mobile coverage at the home: Difficulty in contacting due to poor coverage</p> <p>Pets in the Home: Provide information about pets; this question related to possible risk or allergy issues for Orange Door practitioners.</p> <p>Does the perpetrator live in the home? Please provide any information you may have relating to this. E.g. Is this in breach of an IVO? Are there safe contact times or times that the perpetrator is not present?</p> <p>Other people residing in the home. Any associated risk? Does anyone who resides in the home or regularly visit the home, have a history of violence?</p>

	<p>Are there risks associated with mental health or alcohol or other drug use? Registered sex offender? Person responsible for harm as assessed by DHHS Child Protection?</p> <p>CRAF/TRAM Risk Level: If you have completed a CRAF or TRAM (Serious Risk, Elevated risk or at Risk) should be placed here. Details of CRAF / TRAM are to be provided as an attachment with this referral – See presenting issues section. If you have been unable to determine a risk level, please place rationale here. If a male has been assessed as ‘Serious’ or ‘Elevated Risk’ then this should be stated here</p> <p>MAISM (Multi agency information sharing meeting): Has the client ever been discuss at MAISM? If yes, what was the outcome of this meeting?</p>
Disability/Medical concerns	<p>Disability: Is there an identified/diagnosed or undiagnosed disability present?</p> <p>Medical: Are there any medical alerts? E.g. diabetes, epilepsy, mental health diagnoses, infectious diseases, specific medication being prescribed etc.</p>
Income	Please provide information about current income and employment status.
Housing	Please provide information about current housing status.

4. Significant Others Section:

Significant others	<p>Please name all members in the household and significant people to the referred person.</p> <p>Include any information about past partners with IVOs or FVOs.</p> <p>Please make perpetrators aware that Men’s Behaviour Change Program must have the contact details of the victim-survivor of the most recent incident. Men cannot participate in MBC if we are unable to provide Partner Safety Contact to the Victim-Survivor.</p>
Children	Provide details of all children, inclusive of those not currently in the clients primary care and those on Kinship placements
EDD	Estimated date of delivery for an unborn
Cultural considerations	Is English the first language? Are there specific considerations that should be taken into account when working with this member of the family? E.g. Connection to family and elders, spirituality, religion, values, beliefs, immigration status etc.
Service Access Needs	Please place any information in relation to concerns regarding literacy, understanding, ability to process or retain information. How would referred parties prefer to receive communication? (letters, telephone call)
Advocate	Do the family have an advocate that they would like to be present or contacted? If so, please provide name and contact details

5. Professional Network Section:

Please provide details of any professionals that have been known to the family within the last year

Agency Name	The name of the agency that was working with the referred parties.
Contact Person	Who was the named worker? If they are no longer present then provide the name of their supervisor.
Professional role	Describe the role that the professional held (E.g. case manager, counsellor, social worker) with the referred parties. Clarify whether they remain working with family or the date they closed the case.

Contact number	Provide the work landline or mobile phone for the professional that was/is working with the referred person.
Postal Address	Work address should be provided and/or email.
Date of first and last contact	This should be completed in all cases, to provide information about when was last contact with the family
Informed of closure	Were referred parties informed of the agencies closure?

Cultural Safety Section:

6. Aboriginal and Torres Strait Islander Section:

(‘Asking the Question’) The importance of identifying Aboriginal or Torres Strait Islander clients.	<p>It is not offensive to ask whether a person is Aboriginal or Torres Strait Islander, please ask this question of everyone, regardless of physical appearance. Please don’t assume that cultural heritage has been identified previously. Information on previous referrals may not be accurate in regard to cultural identity.</p> <p>Aboriginal or Torres Strait Islander children have the right to know their cultural identity and heritage.</p> <p>Once a person identifies, there are a number of cultural appropriate services that can assist Aboriginal or Torres Strait Islander clients with a clear understanding of the impact of transgenerational trauma and the impact of colonization.</p> <p><u>Please ask if a person identifies as Aboriginal or Torres Strait Islander.</u></p> <p><u>Please also ask if they have any children in their care who are Aboriginal or Torres Strait Islander</u></p> <p><u>If a person identifies that they or their children are Aboriginal or Torres Strait Islander consult with the Aboriginal Practice Leader or Practitioner in the first instance. Consultation can take place in person, over the phone or via email.</u></p>
Does the client / family wish to engage with an Aboriginal specific support service?	Offering the choice of a specific Aboriginal or Torres Strait Islander service (ACCO) or mainstream service ensures a high level of self-determination in the clients service choice and the service response provided
Cultural consultation	Provide details of any consultations you have completed (Wathaurong, KESO, Lakidjeka etc), otherwise, please leave blank

7. CALD Details Section:

CALD specific services	Where available, Diversitat can be referred to as the providing agency for Family Services or other programs
Main language spoken in the home	Please identify language and dialect
Interpreter required	<p>Confirm language required.</p> <p>Indicate whether the client / family have concerns about using an interpreter service for any reason. E.g. Known members of the community are employees of an interpreting service.</p>

8. Spiritual/ Religious Consideration Section:

Does the family identify with any particular religion?	Provide information about what this means for the family? Are they practicing their faith/religion?
Needs or considerations the family would like us to be aware of in our contact with their family	Examples include; days that may not be appropriate for visiting, appropriate clothing, female workers only or shoes not to be worn in home.

9. Presenting Issues Section – please provide as much information as possible:

<p>Current situation / Reason for referral</p>	<p>Be clear about the purpose for making the referral. Describe any strategies/approaches that have been tried to address the concerns. How long have you worked with the family? Will there be on-going involvement from your service? If no, why? What have the referred parties identified as their priority needs?</p> <p><u>When referring a male for men’s programs, please include:</u> How fearful is the victim-survivor of the perpetrator? How safe does the victim-survivor feel? How safe does the perpetrator feel? E.g. Self-harm, housing, mental health, self-assessed risk of re-offending</p> <p><u>When referring a woman for family violence supports please include:</u> ** To ensure safety and promote the agency of victim survivors victim survivors cannot be contacted by practitioners within the Orange Door if they are not aware of or have not provided consent to the referral. Where possible, please support the victim survivor to make phone contact with the Orange Door to speak to an intake practitioner</p> <p>All referrals must have evidence of the victim survivors consent Include safe contact numbers / safe times for contact Explore and describe the women’s current support needs. Describe any immediate action taken/required to reduce risk or increase safety and stability. Include a copy of the Safety Plan. If there is a child(ren) living within the household? See supporting documents below for inclusion of any risk assessments</p>
<p>Other Presenting Themes/Needs</p>	<p>Themes that are present in the family in addition to the current referral issue. These can be provided in dot points. Please provide date(s) and details regarding any intervention(s) being offered</p> <p>These themes could include but are not limited to; Housing, alcohol and other drugs, mental health, education (E.g. learning needs or school non-attendance), behavioural concerns, environment, disability and housing.</p>
<p>Child Protection History/Other Service History</p>	<p>If known, provide a chronology of significant events for all family members.</p> <p>Please Include: Start date and closing date Level of intervention/ program provided Level of engagement (and any relevant information) Concerns raised during intervention Reason for closure / recommendation(s) made should the family re-present. Clarify the parties involved</p> <p><u>For Child Protection History Please Include:</u> CRIS number and total number of reports; Details of the most recent report Details of how many reports (if any) progressed beyond intake Protective concern themes including any risks that specifically apply to individual children Child Protection recommendations</p>
<p>Aims/Goals of Service Intervention</p>	<p>Provide details of goals for service intervention:</p> <p>Clarify whether these goals have been identified by the referred people or the professional</p>

	<p>Ensure that there are client/family identified goals listed</p> <p>Is there a particular program that you believe would benefit this family?</p> <p>These goals could relate to safety, education, brokerage, child's needs, service system gaps and linkage to community / support services</p>
Supporting documents	<p>Please reference and attach all additional supporting documents (e.g. needs assessment, family violence report (L17), safety plan, case notes, case plans, Best Interest Assessment, Inter-Agency Referral Documents etc).</p>

Attachments:

9.1 – Child and family risk and vulnerability factors

This table can be copied and pasted in to the presenting issues section under ‘Main presenting themes/needs’.

Please note that the tick boxes should be accompanied by a narrative that further explains the presenting risks.

CHILD AND FAMILY RISK AND VULNERABILITIES FACTORS		
* Please tick all the apply to the family unit		
* See supporting documents below for details of family violence risk assessment if applicable		
<input type="checkbox"/> Pregnancy/Newborn	<input type="checkbox"/> History of non-engagement	<input type="checkbox"/> Social / physical isolation
<input type="checkbox"/> Current or historical AOD issues	<input type="checkbox"/> Current or historical MH issues	<input type="checkbox"/> Parent/ Child suicidal ideation
<input type="checkbox"/> Migrant / Refugee	<input type="checkbox"/> Chronic neglect of basic care	<input type="checkbox"/> Housing instability and transience
<input type="checkbox"/> Financial difficulties	<input type="checkbox"/> Poor school engagement	<input type="checkbox"/> Parental childhood trauma
<input type="checkbox"/> Disability (physical / intellectual) – Child or Adult	<input type="checkbox"/> Child/Youth Behavioural issues	<input type="checkbox"/> Chronic or serious health issues
<input type="checkbox"/> Child/Parent attachment and bonding issues	<input type="checkbox"/> High risk & challenging child/youth behaviour’s	<input type="checkbox"/> Current or historical FV *Attach supporting documentation; risk assessment, Police reports etc.