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| **The Orange Door -** BARWON SUPPORT AND SAFETY HUB**Child & Family Referral Form****Barwon Region:** City of Greater Geelong, Queenscliffe, Surf Coast Shire & Colac/Corangamite**Geelong:** 1800 312 820 barwon@orangedoor.vic.gov.au**Colac/Corangamite:** 5232 5500ChildFIRST@cah.vic.gov.au  |

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| **BARWON SUPPORT AND SAFETY HUB OFFICE USE ONLY** |
| Date received by Hub | Click here to enter a date. | Date & Person Acknowledging  |   |

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| **REFERRER DETAILS** |
| **Name and Role of Referrer** |  |
| **Agency Name** |  |
| **Contact Number:** | **Phone No :**  |
| **Worker email address – referral acknowledgment** |   |
| **Referrer Identity Protected –** The CYF Act allows for the identity of the referrer to be protected. In order to engage families, we prefer to be open with families regarding their support needs. As this service is voluntary, we encourage, where possible referrers to discuss the referral prior to submitting.  | Yes [ ]  | No [x]  |
| **Has the referral been discussed with the family?** | Yes [ ]  | No  [ ]  |
| **Is the family willing to engage with a support service?** | Yes [ ]  | No [ ]  |
| **Do you have significant wellbeing concerns for the safety, wellbeing or development for the Children/ Youth raised in this referral?** | Yes [ ]  | No [ ]  |

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| **ALERTS** (Including worker safety issues) | Yes | No | Unknown | Details |
| **Current Family Violence** |[ ] [ ] [ ]  Intervention Order Yes [ ]  No [ ]  |
| **Weapons in the Home** |[ ] [ ] [ ]   |
| **Violence Towards Workers** |[ ] [ ] [ ]   |
| **Pets at the Home** |[ ] [ ] [ ]   |

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| **PARENT/PRIMARY CAREGIVER DETAILS** |
| **Name** |  |
| **Date of Birth** | Click here to enter a date. |
| **Relationship to Child/ren** |  |
| **Does the parent identify as Aboriginal or Torres Strait Island descent** |  **Aboriginal** [ ]   |  **T/ S Islander** [ ]  |
| **Cultural Identity** |   |
| **Is an Interpreter required** |  Yes  [ ]   |  No [ ]  |
| **Language/Dialect** |  |
| **Contact Numbers:** | **Home:**  | **Mobile:**  |
| **Email Address (if utilised)** |  |
| **Family Address** |  |
| **Does the family have their own transport?** |  Yes [ ]   |  No [ ]   |

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| **SIGNIFICANT FAMILY MEMBERS** |
| **Other Adult Family Members** | **Gender** | **D.O.B** | **Cultural Identity**  | **Relationship to Children** | **Residing with Above Parent/Caregiver** | **Contact Details if applicable** |
|  |  |  |  |  | Yes [ ]  No [ ]   |  |
|  |  |  |  |  | Yes [ ]  No [ ]   |  |
|  |  |  |  |  | Yes [ ]  No [ ]   |  |
| **Child/ren's Name** | **Gender** | **D.O.B** | **Cultural Identity**  | **Relationship to Parent** | **Residing with Above Parent/Caregiver** | **Contact Details** |
|  |  |  |  |  | Yes [ ]  No [ ]   |  |
|  |  |  |  |  | Yes [ ]  No [ ]   |  |
|  |  |  |  |  | Yes [ ]  No [ ]   |  |
|  |  |  |  |  | Yes [ ]  No [ ]   |  |
|  |  |  |  |  | Yes [ ]  No [ ]   |  |
|  |  |  |  |  | Yes [ ]  No [ ]   |  |
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| **REFERRAL REASON** |
| **Child and Family Vulnerability:** Please provide details of current situation, factors impacting on individual, child/ren & family capacity – based on risk and vulnerability, specific family violence information & relevant background information  |

 Please enter text here

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| **Current Family Violence:** Please provide details of current experiences of family violence and in particular the impacts/effects on child/ren & perpetrator risks. |

 Please enter text here

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| **RISK AND VULNERABILITIES FACTORS****Please tick all the apply to the family unit** |

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| [ ]  Social Isolation | [ ]  Chronic neglect of basic care  | [ ]  Significant behavioural issues |
| [ ]  Current MH or AOD issues | [ ]  Housing instability and transience | [ ]  Migrant / Refugee |
| [ ]  Parent/ Child suicidal ideation | [ ]  Disability – Child or Adult | [ ]  Chronic or serious health issues |
| [ ]  Child/Youth Behavioural issues | [ ]  Underdeveloped parenting skills | [ ]  Poor school engagement |
| [ ]  Child/Parent attachment and bonding issues | [ ]  Prior Child Protection involvement - investigation | [ ]  High risk & challenging Child/Youth behaviour’s |
| [ ]  Current family violence or sexual assault | [ ]  Escalation/increase in FV severity and/or frequency of behaviours | [ ]  Serious FV threats to kill/harm - Self, victim/child, family, professional |
| [ ]  Pregnancy/Newborn | [ ]  Threats and stalking behaviour/ obsession with victim. | [ ]  Past use of/access to weapons (guns, knives) – FV incidents |

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| **AGENCIES/SERVICES ACCESSED BY THE FAMILY**Include Medical (GP, MCH), Social/Welfare, Community Services etc |
| Service/ Agency Name  | Past | Current | Contact Person | Contact Numbers/ Email |
|  | [ ]  | [ ]  |  |  |
|  | [ ]  | [ ]  |  |  |
|  | [ ]  | [ ]  |  |  |
|  | [ ]  | [ ]  |  |  |
|  | [ ]  | [ ]  |  |  |
| **SCHOOLS/ KINDERGARTEN/ CHILDCARE ATTENDED BY THE CHILDREN** |
| Schools/Kinder/Childcare | Past | Current | Contact Person | Contact Numbers/ Email |
|  | [ ]  | [ ]  |  |  |
|  | [ ]  | [ ]  |  |  |
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| **AUTHORISATION BY PARENT/CARER FOR RELEASE OF INFORMATION** |
| I consent to the release of information about my family to the Barwon Support and Safety Hub. I understand the referral information will be used by the Barwon Support and Safety Hub to provide a service to my family and make referrals to other services as agreed upon.I understand that for Barwon Support and Safety Hub Intake Practitioners to undertake their assessment for the most suitable support for my family, Practitioners will be required to gather information from services and supports involved with my family.**Signature**

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| **Parent/Caregiver Signature:**       Date Click here to enter a date. | **Signature of Worker:**         Date Click here to enter a date.  |

**Verbal Consent Obtained from Client:** Yes [ ]  No [ ]  **Whilst signed consent is ideal, verbal consent is adequate.**Please note, it is best practice for the referral to be discussed with the family, however the Barwon Support and Safety Hub will accept referrals without family consent in exceptional circumstances. It is requested that family referrals with no consent given are discussed with a Hub Intake Practitioner in advance. |