

# 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](mailto:barwon@orangedoor.vic.gov.au)

Colac/Corangamite: 5232 5500

[ChildFIRST@cah.vic.gov.au](mailto:ChildFIRST@cah.vic.gov.au)

### BARWON SUPPORT AND SAFETY HUB OFFICE USE ONLY

Date received by Hub

Date & Person Acknowledging

### 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

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

**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

### PARENT/PRIMARY CAREGIVER DETAILS

Name

Date of Birth

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

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 <input type="checkbox"/>	No <input type="checkbox"/>	
					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Child/ren's Name	Gender	D.O.B	Cultural Identity	Relationship to Parent	Residing with Above Parent/Caregiver		Contact Details
					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
					Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**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

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

**Section for Additional Information if Required:**

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

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

**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
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

**SCHOOLS/ KINDERGARTEN/ CHILDCARE ATTENDED BY THE CHILDREN**

Schools/Kinder/Childcare	Past	Current	Contact Person	Contact Numbers/ Email
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

**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**

<b>Parent/Caregiver Signature:</b>	<b>Signature of Worker:</b>
Date <a href="#">Click here to enter a date.</a>	Date <a href="#">Click here to enter a date.</a>

**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.