Graphical user interface, application

Description automatically generated

**NB: This form is to be completed by the referrer with the family/whänau.**

**The consent form must accompany this request form.**

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

SF uses an interagency, collaborative case management approach to provide better coordinated support of families/whänau that require a multi agency coordinated approach. As a result families/whänau 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/whänau
* the child, young person or family/whänau 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/whänau.

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| **Referrer’s contact details** | |
| Referrer’s name:  Relationship: | Signature:  Address: |
| Supervisor/manager: | Date: |
| Agency: | Contact phone: |
| Email: | Fax: |

Threshold / Entry criteria met?YESNO

Consent has been given by family/whänau?YESNO

Is this a differential response coordination referral?YESNO

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| **SF ref no:** |  |

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| **Family/wh**ä**nau contact details** | |
| Family/whänau surname(s): | Phone number(s): |
| Address: | |

**Children/tamariki and young people/rangatahi in the family/wh**ä**nau**

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| **Full Name**  **(**Family name then first name) | **Age** | **School** | **Date of Birth** | **Gender**  M/F | **Ethnicity**  (Please use the Codes)[[1]](#footnote-1) | **Address**  (if different from above) | **Iwi**  (as appropriate) |
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Parents/caregivers and whānau members

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| **Full Name**  **(**Family name then first name) | **Gender**  **M/F** | **Ethnicity’s**  (Please use the Codes) | **Iwi**  (as appropriate) | **Relationship to children/tamariki/ young person** | **Address**  (if different from above) |
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1. **What is the family’s / wh**ä**nau current situation?**

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1. **What are the family’s / wh**ä**nau current issues?**

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

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| ***Education and Skills*** | **√** | ***Economic Situation / Housing*** | **√** |
| * 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 / whänau |  |
| * Other |  | * Other |  |
| ***Health*** | **√** | ***Social Connectedness*** | **√** |
| * Child’s physical health/disability |  | * Isolation from community |  |
| * Young person’s physical health/disability |  | * Isolation from family/whänau 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 |  | ***Safety / Justice*** | √ |
| * 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 |  |
| ***Employment*** | **√** | * 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

1. **What does the family/whānau want to achieve from the Strengthening Families process?** ***(Please list desired outcomes)***

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

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

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1. **Does the family/wh**ä**nau have any suggestions or requests regarding the meeting?**

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

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

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

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| --- | --- | --- |
| Agency | Contact name | Contact details ***(inc. email)*** |
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| **Please send this form to your local Strengthening Families coordinator** | |
| Name: | |
| Agency: | Address: |
| Email: | Phone/Fax |

1. Ethnicity Codes: **NZE**=NZ European / Pākehā; **M**=Maori; **S**=Samoan; **CIM**=Cook Island Maori; **T**=Tongan; **N**=Niuean; **I**=Indian; **Ch**=Chinese; **K**=Korean; **SA=**South African **Other** = please state. [↑](#footnote-ref-1)