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**Enhanced Maternal Child Health Referral Form**

**Primary Care Giver**

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| --- | --- | --- | --- |
| Full name: |  | Relationship to child/ren: |  |
| CDIS number:  |  | Date of Birth: |  |

**Secondary Care Giver**

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| --- | --- | --- | --- |
| Full name: |  | Relationship to child/ren: |  |
| CDIS number:  |  | Date of Birth: |  |

**Child/Children**

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| --- | --- |
| Full name/s: |  |
| CDIS number/s:  |  |
| Date of Birth: |  |
| Last KAS: |  |

Are there any court orders / custody arrangements for the child? If yes, please attach a copy when you submit this form. [ ]  Yes [ ]  No

#### Expectation of EMCH program support: the program works with children and families to address an increased need due to factors currently impacting on child development, parenting capacity, or family wellbeing. Please provide a short summary or dot points detailing the expectation of support from the EMCH program.

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#### What is parent/carer’s understanding of need for extra support?

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Family has consented to be referred to EMCH: [ ]  Yes [ ]  No

**Protective factors present -** enablers that assist the infant/child to be safe and healthy and have their wellbeing, learning and development needs met:

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| **Parenting capacity**  |
| [ ]  Strong attachment to child | [ ]  Knowledge of parenting and child development  |
| [ ]  Parenting self-efficacy  | [ ]  Parenting capacity  |
| [ ]  Parental resilience  | [ ]  Strong reflective functioning  |
| Parent / family health and wellbeing  |
| [ ]  Parental self-esteem  | [ ]  Family cohesion |
| [ ]  Family functioning | [ ]  Connection to culture  |
| [ ]  Two-parent household | [ ]  High level of education  |
| [ ]  Employment  |  |
| Environmental factors  |
| [ ]  Positive social connection and support  | [ ]  Access to health and social services  |
| [ ]  Neighborhood social capital  | [ ]  Adequate housing  |
| [ ]  Socio-economically advantaged neighborhood  |  |

**Needs/risk factors present -** disablers that impact the infant/child’s safety, health, wellbeing, learning and development and/or stop their needs from being met:

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| Child health, wellbeing, safety, learning and development  |
| [ ]  Premature infants and failure to thrive  | [ ]  Complex feeding or sleep issues |
| [ ]  Children with poor social or emotional wellbeing (e.g. withdrawal, anxiety, behavioural issues, delayed communication)  | [ ]  Children with a developmental delay or disability  |
| [ ]  Children with chronic health conditions (often with multi-medical co-morbidities)  | [ ]  Children with serious injury due to falls, accidents, assault, accidental poisoning and intentional self-harm  |
| [ ]  Children affected by family violence  | [ ]  Children expressing symptoms of trauma  |
| [ ]  Child in Out of Home Care  |  |
| Parenting capacity  |
| [ ]  Parent is not able to keep the child in mind most of the time  | [ ]  Multiple births  |
| [ ]  Significant parent-child bonding issues  | [ ]  Significant parent-child attachment issues  |
| [ ]  Inadequate parenting skills (e.g. warmth/ nurturing, ability to provide home structure, communication)  | [ ]  Lack of engagement with UMCH program  |
| Parent/family health, wellbeing and safety  |
| [ ]  Parent mental health issue (e.g. anxiety and/or depression)  | [ ]  Parent with an intellectual or physical disability  |
| [ ]  Parent with a chronic illness/unexpected illness | [ ]  Parent with drug, substance or alcohol issues  |
| [ ]  History of trauma having a current family impact  | [ ]  Financial distress, low income or partner unemployed  |
| [ ]  Parent affected by family violence  | [ ]  Families currently known to Child Protection or currently have a child in kinship or out of home care (OoHC)  |
| [ ]  Recent relationship breakdown/separation  | [ ]  Contested custody/access to infant/child  |
| Environmental factors  |
| [ ]  Social or geographical isolation  | [ ]  Housing issues or homelessness  |
| [ ]  Aboriginal families who are not linked into, and/or require additional support to the Universal MCH program |

#### Other relevant information. Include details of the supports that are currently in place.

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**Other agencies involved**

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| **Agency** | **Family member referred** | **Date referred** | **Contact name, email and phone number** |
| GP / paediatrician |       |       |       |
| Child Protection |       |       |       |
| Child First |       |       |       |
| Family Support |       |       |       |
| Family Violence |       |       |       |
| PASDS |       |       |       |
| Mental Health Service |       |       |       |
| Disability (NDIS) Service |       |       |       |
| Housing |       |       |       |
| Cultural/Aboriginal/CALD service |       |       |       |
| Drug and alcohol service |       |       |       |
| Other |       |       |       |