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| ABN 42 686 389 537  PO BOX 151, KYNETON VIC 3444  T 03 5422 0333 – F 03 5422 3623  Email: mrsc@mrsc.vic.gov.au  Website: mrsc.vic.gov.au |
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**Enhanced Maternal Child Health Referral Form**

**Primary Care Giver**

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

**Secondary Care Giver**

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

**Child/Children**

|  |  |
| --- | --- |
| 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:

|  |  |
| --- | --- |
| 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 |  |  |  |