

## 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.

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

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:

Parenting capacity	
<input type="checkbox"/> Strong attachment to child	<input type="checkbox"/> Knowledge of parenting and child development
<input type="checkbox"/> Parenting self-efficacy	<input type="checkbox"/> Parenting capacity
<input type="checkbox"/> Parental resilience	<input type="checkbox"/> Strong reflective functioning

**Parent / family health and wellbeing**

- |   |  |
|---|--|
| <input type="checkbox"/> Parental self-esteem | <input type="checkbox"/> Family cohesion         |
| <input type="checkbox"/> Family functioning   | <input type="checkbox"/> Connection to culture   |
| <input type="checkbox"/> Two-parent household | <input type="checkbox"/> High level of education |
| <input type="checkbox"/> Employment           |  |

**Environmental factors**

- |   |   |
|---|---|
| <input type="checkbox"/> Positive social connection and support     | <input type="checkbox"/> Access to health and social services |
| <input type="checkbox"/> Neighborhood social capital                | <input type="checkbox"/> Adequate housing                     |
| <input type="checkbox"/> 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**

- |   |  |
|---|--|
| <input type="checkbox"/> Premature infants and failure to thrive  | <input type="checkbox"/> Complex feeding or sleep issues   |
| <input type="checkbox"/> Children with poor social or emotional wellbeing (e.g. withdrawal, anxiety, behavioural issues, delayed communication) | <input type="checkbox"/> Children with a developmental delay or disability   |
| <input type="checkbox"/> Children with chronic health conditions (often with multi-medical co-morbidities)                                      | <input type="checkbox"/> Children with serious injury due to falls, accidents, assault, accidental poisoning and intentional self-harm |
| <input type="checkbox"/> Children affected by family violence   | <input type="checkbox"/> Children expressing symptoms of trauma  |
| <input type="checkbox"/> Child in Out of Home Care  |  |

**Parenting capacity**

- |   |   |
|---|---|
| <input type="checkbox"/> Parent is not able to keep the child in mind most of the time  | <input type="checkbox"/> Multiple births                            |
| <input type="checkbox"/> Significant parent-child bonding issues  | <input type="checkbox"/> Significant parent-child attachment issues |
| <input type="checkbox"/> Inadequate parenting skills (e.g. warmth/ nurturing, ability to provide home structure, communication) | <input type="checkbox"/> Lack of engagement with UMCH program       |

**Parent/family health, wellbeing and safety**

- |  |   |
|--|---|
| <input type="checkbox"/> Parent mental health issue (e.g. anxiety and/or depression) | <input type="checkbox"/> Parent with an intellectual or physical disability   |
| <input type="checkbox"/> Parent with a chronic illness/unexpected illness            | <input type="checkbox"/> Parent with drug, substance or alcohol issues  |
| <input type="checkbox"/> History of trauma having a current family impact            | <input type="checkbox"/> Financial distress, low income or partner unemployed   |
| <input type="checkbox"/> Parent affected by family violence                          | <input type="checkbox"/> Families currently known to Child Protection or currently have a child in kinship or out of home care (OoHC) |
| <input type="checkbox"/> Recent relationship breakdown/separation                    | <input type="checkbox"/> 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**

<b>Agency</b>	<b>Family member referred</b>	<b>Date referred</b>	<b>Contact name, email and phone number</b>
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			