

Enhanced Maternal and Child Health Program Referral Form



GLEN EIRA
CITY COUNCIL

For use by external professionals.

Please return completed referral form to EMaternalChildHealth@gleneira.vic.gov.au

This referral has been completed with the family's consent.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Referee* details			
Referee name		Date	
Job title		Phone	
Organisation		Email	

*The external professional making this referral.

Parent/carer details	Parent/carer 1	Parent/carer 2
Given name		
Family name		
Relationship to child		
Date of birth (DD/MM/YY)		
Gender		
Address		
Phone number		
Email address		
Interpreter required? (If yes, indicate language or dialect)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of birth		
Of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say

Child/ren's details	Child 1	Child 2
Given name		
Family name		
Date of birth (DD/MM/YY)		
Age		
Gender		
Of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say

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Child/ren's details	Child 3	Child 4
Given name		
Family name		
Date of birth (DD/MM/YY)		
Age		
Gender		
Of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say

Are court orders or custody arrangements in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide further details and attach a copy if available.	

Support agency* details		
Agency name	Allocated worker	Contact details

*List any support agencies currently or recently involved with the child/ren.

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The EMCH program works with children and families to address an increased need due to factors currently impacting on child development, parenting capacity or family wellbeing. To be eligible for the program the family must meet two or more of the below criteria.

Eligibility criteria			
<input type="checkbox"/>	Parent/carer is under 20 years of age	<input type="checkbox"/>	Family violence currently impacting safety, parenting and child development
<input type="checkbox"/>	Child residing in out-of-home care	<input type="checkbox"/>	Current intervention from Child Protection
<input type="checkbox"/>	Family is socially isolated (e.g. due to housing, cultural group, transport, unemployment)	<input type="checkbox"/>	Child born with congenital abnormalities
<input type="checkbox"/>	Mental health issue currently impacting parenting capacity	<input type="checkbox"/>	Child born with complex growth, health and development issues
<input type="checkbox"/>	Parent/carer expresses or demonstrates poor attachment to child	<input type="checkbox"/>	Concerns on the part of the assessing MCH nurse
<input type="checkbox"/>	Substance abuse-related issues currently impacting parenting capacity	<input type="checkbox"/>	Family not currently engaged with the UMCH program
<input type="checkbox"/>	Child identified as Aboriginal or Torres Strait Islander and not actively attending the UMCH program	<input type="checkbox"/>	Family requires language/interpreting support

Protective factors present in family			
<input type="checkbox"/>	Strong attachment to child	<input type="checkbox"/>	Connection to culture
<input type="checkbox"/>	Knowledge of parenting and child development	<input type="checkbox"/>	Employment
<input type="checkbox"/>	Primary carer feeling supported	<input type="checkbox"/>	Positive social connection and support
<input type="checkbox"/>	Parenting capacity	<input type="checkbox"/>	Access to health and social services
<input type="checkbox"/>	Strong reflective functioning	<input type="checkbox"/>	Parental resilience
<input type="checkbox"/>	Parental self-esteem	<input type="checkbox"/>	Adequate housing
<input type="checkbox"/>	Family cohesion	<input type="checkbox"/>	Level of education

Other factors relevant to the family	
Child health and development	
<input type="checkbox"/>	Premature infant
<input type="checkbox"/>	Faltering growth
<input type="checkbox"/>	Social and emotional wellbeing of child (e.g. withdrawal, delayed communication, anxiety)
<input type="checkbox"/>	Injuries (e.g. falls, accidents, assault)
<input type="checkbox"/>	Chronic health conditions

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<input type="checkbox"/>	Affected by family violence
<input type="checkbox"/>	Expressing/displaying symptoms of trauma
<input type="checkbox"/>	Out-of-home care placement
<input type="checkbox"/>	Significant behaviour issues
<input type="checkbox"/>	Developmental delay
<input type="checkbox"/>	Intellectual or physical disability
Parent/family health and safety	
<input type="checkbox"/>	Mental health concerns
<input type="checkbox"/>	Intellectual or physical disability
<input type="checkbox"/>	Chronic illness/unexpected illness impacting family
<input type="checkbox"/>	Drug, substance or alcohol issues
<input type="checkbox"/>	Financial distress/unemployment
<input type="checkbox"/>	Family violence
<input type="checkbox"/>	Child Protection intervention
<input type="checkbox"/>	Relationship breakdown
<input type="checkbox"/>	Contested custody/access to child
<input type="checkbox"/>	History of trauma currently impacting the family
Environment	
<input type="checkbox"/>	Housing issues
<input type="checkbox"/>	Homelessness
<input type="checkbox"/>	Limited access to health services
<input type="checkbox"/>	Geographical isolation
<input type="checkbox"/>	Social isolation
<input type="checkbox"/>	New settler/refugee
<input type="checkbox"/>	Limited social connection/support
<input type="checkbox"/>	Poor antenatal attendance
<input type="checkbox"/>	Parent/carer under 20 years of age
<input type="checkbox"/>	Significant financial distress
Parenting capacity	
<input type="checkbox"/>	Parent/carer not able to keep child in mind most of time
<input type="checkbox"/>	Multiple birth
<input type="checkbox"/>	Significant carer/child bonding issues
<input type="checkbox"/>	Significant carer/child attachment issues
<input type="checkbox"/>	Difficulty with parenting skills (e.g. warmth, nurturing, ability to provide structure, communication)
<input type="checkbox"/>	Lack of engagement with UMCH service

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Please provide a short summary of your expectation of the EMCH program.

Please provide details of any home safety concerns.

Please provide any additional information that is relevant to referral.

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