Barnardos LEAP SERVICE

Referral Form

IF YOU HAVE IMMEDIATE CONCERNS ABOUT THE SAFETY OF THESE CHILDREN PLEASE CONTACT ORANGA TAMARIKI IMMEDIATELY ON 0508 FAMILY (0508 326459)

Barnardos Aotearoa

FOR BARNARDOS OFFICE USE ONLY

Referral received by	Date referral received	Referral allocated to	Date referral allocated

Child and family information

COMPLETE ONE FORM PER FAMILY

The Barnardos LEAP service provides support and interventions to vulnerable children and families.
The purpose of the service is to keep vulnerable children and their families safe and reduce the risk of maltreatment particularly where there are complex and multiple needs.

CHILD/EN DETAILS

Family Name	First Name	DOB DD/MM/YY	Gender	Ethnicity	Iwi / Country of birth

CONTACT DETAILS WHERE CHILD/REN LIVE

CARER ONE

Family name _____ First name _____

DOB DD/MM/YY _____ Ethnicity _____ Relationship to child _____

Language spoken at home _____ Interpreter required? ☐ Yes ☐ No

Unit no./ Street no./ Street _____ Town/ City _____

Postcode _____ Home phone no. _____ Mobile phone no. _____ Work phone no. _____

Email address _____ Preferred method of contact _____

CARER TWO

Family name _____ First name _____

DOB DD/MM/YY _____ Ethnicity _____ Relationship to child _____

Email address _____ Home phone no. _____ Mobile phone no. _____

Indicate who is aware of this referral ☐ Carer one ☐ Carer two

Details of other people living at the child's address

Name	Relationship to child e.g. Maternal G/parent

Details of other significant people in child's life NOT living at child's address

Name	Relationship to child e.g. Maternal G/parent

Are there any safety issues to be aware of when visiting this family?

Referrer/ referral agency information

REASON FOR REFERRAL

Please TICK which of the following vulnerability categories are present and detail the supporting evidence.

Vulnerability category	Evidence that this vulnerability is present	Provide further details, or other evidence, relating to this vulnerability category
Family Violence (FV)	Current Protection Order (PO) ☐	
	Police callouts for FV in last 12 months ☐	
	Injury to protected person and/or child from FV incident ☐	
	FV incident or breach of PO in last 12 months ☐	
Parental mental health issues	Diagnosis of adult mental health condition ☐	
	Acute symptoms of adult mental health condition ☐	
	Compulsory Assessment and Treatment Order ☐	
Alcohol or drug misuse	Criminal conviction for drug or alcohol ☐	
	Acute symptoms of drug or alcohol abuse ☐	
	Orders for detention and treatment under the Alcoholism and Drug Addiction Act ☐	
Neglect or emotional abuse	Substantiated finding of child abuse ☐	
Child has significant health issues or disability	Diagnosis of significant child health condition or disability ☐	
	Multiple health or disability issues ☐	
Risk of or actual statutory involvement	Multiple notifications in the last 12 months ☐	
	FGC convened in the last 12 months ☐	
	Is or has been in state care ☐	

CHILD/EN DETAILS

Please explain what you have noticed about the child/ren that suggests to you they are vulnerable

OTHER AGENCIES KNOWN TO BE INVOLVED WITH THE CHILD/REN OR FAMILY

SOCIOECONOMIC 'AT HIGHER RISK' FACTORS

Parenting alone	☐ Yes	☐ No	☐ Unknown
Young parent (< 20 years)	☐ Yes	☐ No	☐ Unknown
Young parent between 20 and 25 years	☐ Yes	☐ No	☐ Unknown
Parent has been in statutory care	☐ Yes	☐ No	☐ Unknown
Parent with a criminal conviction	☐ Yes	☐ No	☐ Unknown
Family on income tested benefit	☐ Yes	☐ No	☐ Unknown
Temporary housing	☐ Yes	☐ No	☐ Unknown

INTERVENTION SOUGHT

(if known) Indicate which LEAP service package size you are seeking for this family

☐ LEAP Targeted (10) ☐ LEAP Intensive (40)

Please tell us what you are asking Barnardos LEAP service to deliver for the referred family

LIST ANY DOCUMENTS ATTACHED

Statutory referral – Tuituia attached ☐ Yes ☐ No

REFERRED BY

Persons name _____ Job Title _____

Agency name _____

CONTACT DETAILS OF REFERRER:

Mobile phone no. _____ Work phone no. _____ FAX no. _____

Email address _____ Date of referral _____

Postal address _____ Postcode _____

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OUTCOME: ☐ **L 1.** ☐ **L 2.** ☐ **DNC.** Does not meet criteria

Intake Assessor _____