



St John of God Hauora Trust

Young Parents' Development Referral

Waipuna Young Parents Development Service

Young parents have many hopes and goals for their families. We are a service that supports young parents in the process of achieving these. Some goals that have been identified as important by young parents are: a warm safe home and enough money to live on; to feel good about themselves and to make good choices; access to further education and employment opportunities; how to provide gentle guidance and clear boundaries to their children; to have fun and enjoy life.

This can be through parenting, self development, social and activity-based groups, and in some cases may include home-based support.

To make a referral to the Young Parents' Development Team, please fill in this referral form and email, fax or mail it to:

Fax 03 386 2158
Mail St John of God Waipuna, P O Box 24127, Eastgate, Christchurch
Email: referralswaipuna@sjog.org.nz
Online: www.sjog.org.nz and look under 'other services'

Please note that it is necessary for the young person to be aware of the referral.

Client Criteria:

Parents to be 23 years and under:

PPE (Pregnancy & Parenting Education)

Call Waipuna at (03) 386 2159 or register directly at www.plunketppe.org.nz

Parents 23 years and under:

We offer one to one social work support in response to the needs and goals of young parents and their families.

Parents 23 years and under:

We offer a range of group education and support programmes.

Please visit www.sjog.org.nz for current courses.

Parents 25 years and under:

We offer "Watch Wait and Wonder" intervention for relationship, attachment and/or behavioral issues.

HOPE: Housing Opportunities for Parental Enhancement 25 years and under:

Support and advocacy with finding suitable housing options for young families.

Young Parents' Development Service Referral Form

Referral date: _____ / _____ / _____

Type of referral: SELF REFERRAL
 AGENCY REFERRAL → Is the young person referred aware of referral? Yes / No

Client Information:

Name			
Address			
Telephone			
Email Address			
NHI:			
Date of Birth	/	/	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity:	<input type="checkbox"/> Māori → Please indicate iwi/tribal affiliation: _____ <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Fijian <input type="checkbox"/> Niuean <input type="checkbox"/> Cook Island <input type="checkbox"/> NZ European <input type="checkbox"/> Other (Please indicate)		

Children or Estimated Date of Delivery:

Name	Gender	DOB	Ethnicity (if applicable provide iwi)
	M / F		
	M / F		
	M / F		
EDD (Estimated Delivery Date)			

Guardian/Parent Contact Details: (If under 18 years old):

Emergency Contact Details: (If over 18 years old):

Name	
Relationship	
Telephone	

Referring Agency:

Agency's Name	
Referrer's Name	
Role	
Telephone	
Email	
Address	
<p>Will you be having ongoing contact with the person being referred after this referral? Yes/No If yes, what do you see your role as being and what areas will you be assisting with?</p>	

Other Supports Involved:

(please note if Early Start/ Family Start are supporting the family we are able to provide group work, housing and antenatal support to supplement the one on one work they are already providing)

		Contact details if known:
Doctor (GP)	<input type="checkbox"/>	
Midwife	<input type="checkbox"/>	
Oranga Tamariki	<input type="checkbox"/>	
Other Agency	<input type="checkbox"/>	

Support Needed from Waipuna Young Parents Development Team:

<input type="checkbox"/>	Social Work Support	<input type="checkbox"/>	Housing Support
<input type="checkbox"/>	Group Work	<input type="checkbox"/>	Pregnancy and Parenting Education

Any safety concerns for Home Visitors?

Reasons for Referral: Have these been discussed with the client? Yes/No

Tick all that apply.

<input type="checkbox"/>	Parenting Support	<input type="checkbox"/>	Anger Management
<input type="checkbox"/>	Attachment/bonding (relationship with baby)	<input type="checkbox"/>	Family Conflict/ Harm
<input type="checkbox"/>	Custody/Access/Paternity	<input type="checkbox"/>	Grief/Loss
<input type="checkbox"/>	Currently Pregnant	<input type="checkbox"/>	Lack of Support/Isolation
<input type="checkbox"/>	Financial/Budgeting/Resource	<input type="checkbox"/>	Legal/Court
<input type="checkbox"/>	Housing/Accommodation	<input type="checkbox"/>	Relationship struggles
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Self-Harm
<input type="checkbox"/>	Learning Difficulties/Literacy	<input type="checkbox"/>	Suicidality
<input type="checkbox"/>	Physical/Psychological Abuse or Neglect	<input type="checkbox"/>	Self-Esteem struggles
<input type="checkbox"/>	Sexual Abuse	<input type="checkbox"/>	Alcohol/Drug Dependence or Abuse

Concerns for this family:

Strengths of this Family: