

VULNERABLE UNBORN REFERRAL

If you believe a child is in immediate danger or in a life-threatening situation contact Police immediately by dialling 111

REFERRER DETAILS	
Date: _____	Name and role: _____
E-mail address _____	
Contact phone numbers/s: _____	
Postal address: _____	
Organisation: _____	
Alternate contact person: _____	
Alternate contact person phone number/s: _____	
Confidentiality Can this information be shared? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who with _____	
KEY INFORMATION	
Mother's details	
Name: _____	Also known as: _____
Date of birth: _____	or approximate age: _____
Address: _____	
NHI: _____	
Ethnicity: _____	Iwi: _____
Date baby due: _____	LMC/Midwife/GP: _____
Partner's details	
Name: _____	
Is partner the father of the unborn? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, complete Father details below)	
Date of birth: _____	
Address: _____	
Ethnicity: _____	Iwi: _____
Father's details (if not partner)	
Name: _____	
Date of birth: _____	
Address: _____	
Ethnicity: _____	Iwi: _____
Other Children	
Child's name: _____	Date of birth: _____
NHI: _____	
Address: _____	
Child Protection Alert: (found on rCP) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child's name: _____	Date of birth: _____
NHI: _____	
Address: _____	
Child Protection Alert: (found on rCP) <input type="checkbox"/> Yes <input type="checkbox"/> No	

VULNERABLE UNBORN REFERRAL

KEY INFORMATION

Child's name: _____ Date of birth: _____

NHI: _____

Address: _____

Child Protection Alert: (found on rCP) ☐ Yes ☐ No

Child's name: _____ Date of birth: _____

NHI: _____

Address: _____

DHB Child Protection Alert: (found on rCP) ☐ Yes ☐ No

RISKS IDENTIFIED (must tick at least one for referral criteria)

☐ At risk family actively avoids family support agencies

☐ Alcohol and Drug Abuse ☐ Mental illness including postnatal depression

☐ Complex Medical Needs ☐ Suicidal Ideation

☐ Gang Affiliations ☐ ACE Score 0-12 select

☐ Family Violence - Nature of the violence:

☐ Emotional ☐ Medical Neglect ☐ Physical ☐ Sexual ☐ Risk to unborn

☐ Custody issues ☐ Little or no ante-natal care

☐ Parent very young ☐ Severe isolation and lack of Support

☐ Frequent changes of address (more than 2 over the past year) and parent indifferent/intolerant and views child as particularly troublesome

REASON FOR REFERRAL

Please describe what your worries and concerns are for this unborn and their whānau:
What is your main concern for this unborn? **Describe** what you are observing, what you have heard or what you have been told rather than using general terms. Describe how the risk factors are impacting on the safety and wellbeing of the unborn.

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Does the woman know she has been referred to the VU Forum?

☐ Yes Response:

☐ No Why not?:

Are there key workers / other agencies already involved with this family?

Identify any protective/supportive whanau members: Name and relationship to unborn

Please tick any agencies referrals that have been made to Health NZ Hauora a Toi Bay of Plenty-wide

☐ No referral or report made. Why not?

☐ Health NZ Midwives

☐ Health NZ Social Work (*Inpatient only*)

☐ Family Start (Plunket)

☐ Mental Health & Addiction Services

☐ Plunket

☐ Adult

☐ PIMHS Team

☐ Oranga Tamariki (MVCOT) Report of Concern completed and sent

☐ Police – with consent

☐ Police – without consent

☐ Pepi Pod

☐ Wahakura

☐ Sexual Health Service

☐ Smoking Cessation

☐ Tamariki Ora / Pepi Ora

☐ Specialist FV agencies (i.e. SHINE, SHAKTI, Women's Refuge)

Western BOP Agencies (Tauranga)

☐ Maketu Health & Social Services

☐ Nga Kakano Foundation

☐ Teen Parent Unit

☐ Te Tomika Trust

☐ Whaioranga Trust

☐ Poutiri Trust

☐ Ngati Kahu Hauora

☐ Te Awanui Hauora

☐ Te Rau O Te Huia

☐ Huria Management Trust

☐ Other

VULNERABLE UNBORN REFERRAL

Western Bay of Plenty

☐ Ngai Tamawhariua
☐ Te Puna Hauora
☐ Waitaha Hauoranga Trust

☐ Pirirakau
☐ Te Manu Toroa (also family start)

Eastern BOP Agencies (Whakatane)

☐ Children's Team Whakatane Hospital
☐ Ngati Awa Social & Health Services
☐ Te Ika Whenua Counselling Services Trust
☐ Te Pou Oranga o Whakatohea Ltd
☐ Te Tohu o te Ora o Ngati Awa (Whakatane)
☐ Tuwharetoa Ki Kawerau Health Education & Social Services/Tamariki Ora provider (Kawerau)
☐ Whakatohea Iwi Social & Health Services (Opotiki)
☐ Whakaatu Whanaunga Trust
☐ Other:

☐ Hinepukohurangi Trust
☐ Sexual Assault Assessment and Treatment Service (BOPSASS)
☐ Te Ika Whenua Hauora
☐ Te Puna Ora O Mataatua
☐ Tuhoe