

# Intensive Early Childhood Education and Care Research Project

## Referral Form

Please email completed form to [Nichola.combs@unimelb.edu.au](mailto:Nichola.combs@unimelb.edu.au) 0488 030 770

### Eligible Child / Children

First Name	Surname	Gender	D.O.B	Address

### Adult Family Members (parent / primary caregiver)

First Name	Surname	Gender	Relationship	Primary contact YES / NO Phone Number

### Family's knowledge of the referral

Is the family aware of the referral?  YES  NO

### Child and Family Issues (Current)

<input type="checkbox"/> Attachment/Relationship issues	
<input type="checkbox"/> Alcohol and/or substance use	
<input type="checkbox"/> Disability/complex medical issues	
<input type="checkbox"/> Mental Health Issues	
<input type="checkbox"/> Family Violence (current or past)	
<input type="checkbox"/> Other - please consult list overleaf and specify	

### Factors that may cause a detriment to wellbeing or safety

<input type="checkbox"/> Parent/Carer under 20 yrs old	
<input type="checkbox"/> Lack of ability or willingness to prioritise child's needs	
<input type="checkbox"/> Rejection of child	
<input type="checkbox"/> Harsh, inconsistent discipline,	
<input type="checkbox"/> Inadequate supervision	
<input type="checkbox"/> Other - please consult list overleaf and specify	

Is child:

- subject of statutory child protection order (current)
- subject of statutory child protection order (past)
- currently at risk of harm (any detriment to wellbeing), abuse or neglect which may be due to circumstances or events

Interpreter required?  YES  NO (Language \_\_\_\_\_)

Completed By:

Date:

Professional Role:

Phone:

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## Child and family risk factors

- Mental health issue or disorder, current or past (including self-harm or suicide attempts)
- Alcohol/substance abuse, current or past, addictive behaviours
- Disability or complex medical needs, eg. intellectual or physical disability, acquired brain injury
- Newborn, prematurity, low birth weight, chemically dependent, foetal alcohol syndrome, feeding/sleeping/settling difficulties, prolonged and frequent crying
- Unsafe sleeping practices for infants, eg. side or tummy sleeping, ill-fitting mattress, cot cluttered with pillows, bedding or soft toys which can cover an infant's face, co-sleeping with sibling or parent who is on medication, drugs/alcohol or smokes, using other unsafe sleeping place such as a couch or exposure to cigarette smoke
- Disorganised or insecure attachment relationship (child does not seek comfort or affection from caregivers when in need)
- Developmental delay
- History of neglect or abuse, state care, child death or placement of child or siblings
- Separations from parents or caregivers
- Parent, partner, close relative or sibling with a history of assault, prostitution or sexual offences
- Experience of intergenerational abuse/trauma
- Compounded or unresolved experiences of loss and grief
- Chaotic household/lifestyle/problem gambling
- Poverty, financial hardship, unemployment
- Social isolation (family, extended family, community and cultural isolation)
- Inadequate housing/transience/homelessness
- Lack of stimulation and learning opportunities, disengagement from school, truanting
- Inattention to developmental health needs/poor diet
- Disadvantaged community
- Racism
- Recent refugee experience

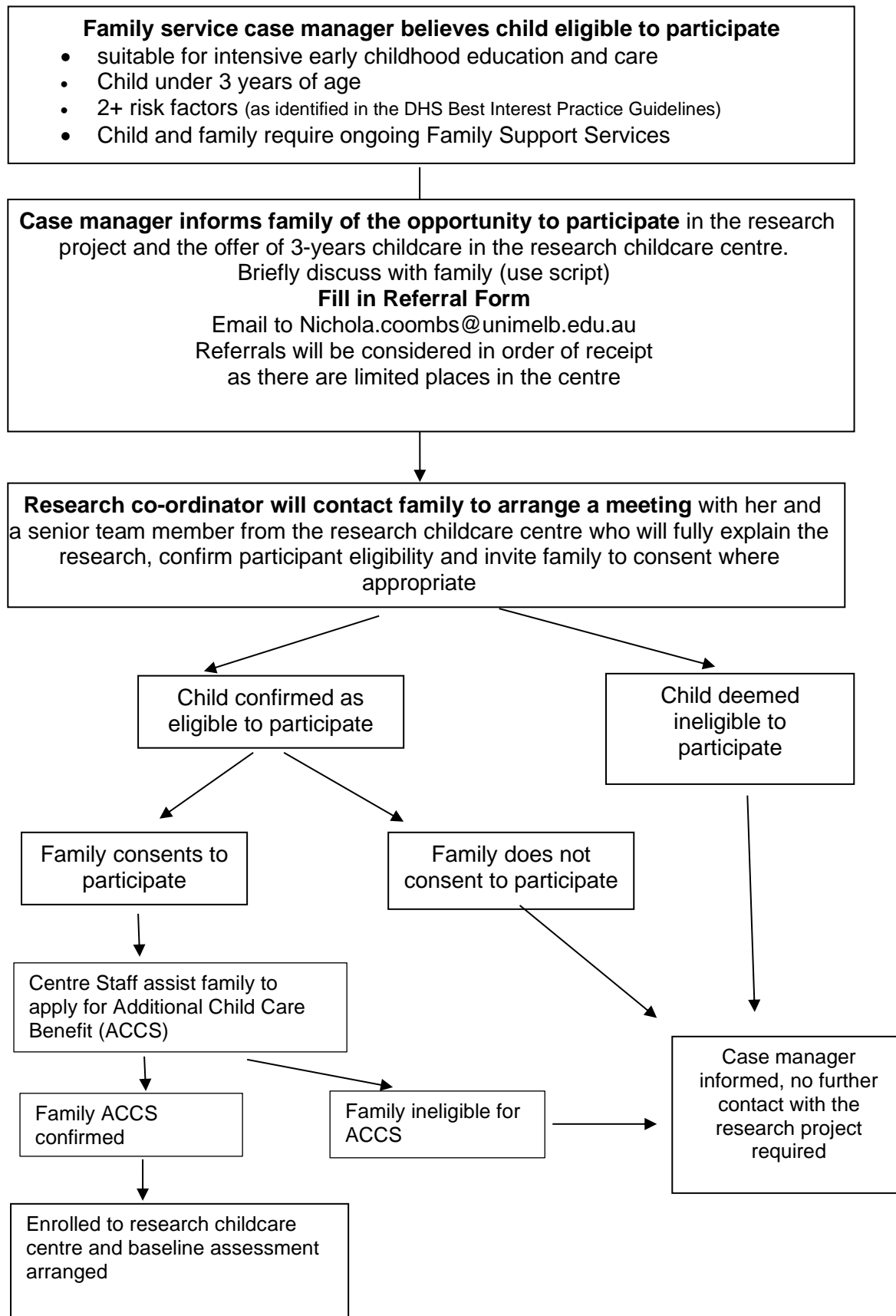
## Parent risk factors

- Parent/carer under 20 years or under 20 years at birth of first child
- Lack of willingness or ability to prioritise child's needs above own
- Rejection or scapegoating of child
- Inadequate supervision of child or emotional enmeshment
- Single parenting/multiple partners

Source: Victorian Department of Human Services 2007 Best Interest Case Practice Model

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## Referral, Eligibility and Consent Process



Please direct questions to  
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