



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](mailto:referralswaipuna@sjog.org.nz)  
Online:        [www.sjog.org.nz](http://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](http://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](http://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.

## 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:	
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		
<b>EDD (Estimated Delivery Date)</b>			

**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: