

***Koala Babies***

***Referral Form***

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| Koala Babies is an 8-week group for mothers with infants 0-18 months who have experienced family violence. This program provides a safe and supportive infant friendly environment to strengthen the bond between mother and child through play. |

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| *Referral form to be completed by referring worker and returned via email to* [*childrensprogram@salvationarmy.org.au*](mailto:childrensprogram@salvationarmy.org.au)  *\*Please note, Koala Babies facilitators will complete an assessment with mother/carer and child prior to commencement of the group. Confirmation of place will then be confirmed.* |

Has this referral been discussed with the family? Yes  No

Do you have the family’s consent to make this referral? Yes  No

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| **Mother’s Details** | | | | |
| Name: |  | D.O.B |  | |
| Address: |  | | | |
| Phone No: |  | (M) | | |
| Good time to call: |  | Safe to call? | Yes  No | |
| Email: |  | | | |
| Country of Birth |  | Date of Arrival in Aust: |  | |
| Preferred Language: |  | Interpreter required | Yes  No | |
| Aboriginal Identity: Aboriginal  Torres Strait islander  Both  Neither | | | | |
| **Infant/Child Details** | | | | |
| Name: | | D.O.B |  | |
| Age: |  | |
| Gender: | Female  Male | |
| **Infant /Child details (if more than one child attending)** | | | | |
| Name: | | D.O.B |  | |
| Age: |  | |
| Gender: | Female  Male | |
| Special Needs: | | Yes  No | | |
| Diagnosed disability or developmental delay: Please specify | |  | | |
| **Family Details – family type (please tick)** | | | | |
| Single female parent: |  | Other family type (please state): | | |
| Couple with children: |  |  | | |
| **Care Arrangements** | | | | |
| Shared Care? | Yes  No | If yes, frequency: |  | |
| Custody  Arrangements: |  | | | |
| Court Orders: |  | | | |
| Is Child Protection currently involved? | Yes  No | Name of protective worker:  DFFH office:  Phone number: |  | |
| **HOUSING** | | | | |
| What type of accommodation is the family currently staying in? | Crisis Accommodation  Transitional Housing  Living with friends/family | | Private Rental  Own Property  Public Housing | |
| Number of homes/moves the child has experienced in the past 12 months? | | | |  |
| **FAMILY VIOLENCE** (please attached Maram/Tram if available. If not completed, please complete the Aide Memoire) | | | | |
| Is family violence currently an issue for you and/ or have you experienced family violence in the past?  Is there a current Intervention Order in place? | | | | Yes  No  Yes  No |
| Nature, pattern and history of the infant’s exposure/experience to family violence: | | | | |
| Current involvement with the infant’s other parent (please specify if they are identified as the perpetrator of F/V) | | | | |
|  | | | | |
| Are there any access or residency arrangement? (Are there times where mother and infant are separated?) | | | | |
|  | | | | |
| Referrer’s assessment of parent’s progress and demonstrated insight into parenting capacity. | | | | |
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| **REFERER DETAILS** | |
| Referrer: |  |
| Agency: |  |
| Telephone: |  |
| Date of referral: |  |

**Risk Assessment: Aide Memoire**

Note: these risk and vulnerability factors should be explored through the course of a conversation. Risk indicators are not intended to be asked as part of a data collection process and should not be used as such.

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| **Risk or Vulnerability factor** | **Presence of factor** | |
|  | **Yes** | **No** |
| **Victim/Survivor** |  |  |
| Pregnancy/new birth\* |  |  |
| Depression/ mental health issue |  |  |
| Drug and/or alcohol misuse/abuse |  |  |
| Has ever verbalised or had suicidal ideas or tried to commit suicide |  |  |
| Isolation |  |  |
| **Perpetrator** |  |  |
| Use of weapon in most recent event\* |  |  |
| Access to weapons\* |  |  |
| Has ever harmed or threatened to harm victim |  |  |
| Has ever tried to choke the victim\* |  |  |
| Has ever threatened to kill victim\* |  |  |
| Has ever harmed or threatened to harm or kill children\* |  |  |
| Has ever harmed or threatened to harm or kill other family members |  |  |
| Has ever harmed or threatened to harm or kill pets or other animals\* |  |  |
| Has ever threatened or tried to commit suicide\* |  |  |
| Stalking of victim\* |  |  |
| Sexual assault of victim\* |  |  |
| Previous or current breach of intervention order |  |  |
| Drug and/or alcohol misuse/abuse\* |  |  |
| Obsession/jealous behaviour toward victim\* |  |  |
| Controlling behaviour\* |  |  |
| Unemployed\* |  |  |
| Depression/mental health issue# |  |  |
| History of violent behaviour (not family violence) |  |  |
| **Relationship** |  |  |
| Recent separation\* |  |  |
| Escalation – increase in severity and/or frequency of violence\* |  |  |
| Financial difficulties |  |  |

\* May indicate an increased risk of the victim being killed or almost killed. # Mental health issues such as depression and paranoid psychosis, which focuses on the victim as hostile, are high risk when they are present in conjunction with other risk factors, particularly a previous history of violence. The presence of a mental health issue must be carefully considered in relation to the co-occurrence of other risk factors.