



## Early Start Project

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### FAMILY START ~ TRANSFER REPORT to Early Start

To complete when a Family Start family requests a transfer to the Early Start programme.

Family Start site being transferred from: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Date: \_\_\_\_\_ Family Support Worker: \_\_\_\_\_

#### Parent / Primary Caregiver

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

DoB: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Mobile: \_\_\_\_\_

Current Address: \_\_\_\_\_

Address moving to: \_\_\_\_\_

Expected date of arrival at new address: \_\_\_\_\_

#### Partner:

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Age: \_\_\_\_\_ DoB: \_\_\_\_\_

Mobile: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Current Address: \_\_\_\_\_

Address moving to if different from above: \_\_\_\_\_

Expected date of arrival at new address: \_\_\_\_\_

Enrolled Child's name: \_\_\_\_\_ Gender: M F

Date of birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Current GP name: \_\_\_\_\_

Medical Practice & phone: \_\_\_\_\_

Current Well Child Provider name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Siblings / Dependents**

Name	Gender	Date of Birth
_____	M F	_____
_____	M F	_____
_____	M F	_____

**Significant other (whanau and friends) contact details:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Any immediate specific safety concerns: (also see attached additional *Transfer Information* pgs)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enrolment date with Family Start:** \_\_\_\_\_ **Current level of service:** \_\_\_\_\_

**Frequency of home visits:**      weekly      fortnightly      monthly      3-monthly

**Family Strengths:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Challenges** - tick the key challenges currently being addressed:

*(also see attached additional **Transfer Information** pgs)*

<input type="checkbox"/>	Housing	<input type="checkbox"/>	Parenting	<input type="checkbox"/>	Social connections
<input type="checkbox"/>	Benefit Income	<input type="checkbox"/>	Health	<input type="checkbox"/>	Safety / security
<input type="checkbox"/>	Behavioural	<input type="checkbox"/>	Education (preschool)		

# Transfer Information

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Procedure:** 1) Address each item and provide a short comment about any issue noted as a **3**. 2) Tick those items the client indicated as challenges. 3) Rate the severity of the challenge from the client's perspective and your perspective:

\* **Rating key 3**(big problem causing real management difficulties and concern), **2** (Medium problem, manageable but concerning), **1** (small problem, manageable and few or no concerns)

3-----2-----1

**Many challenges, concerns and issues identified. The home/family situation is problematic and difficult to manage. Child/ren's ability to flourish is or can be seriously compromised**

**Some challenges identified, Concerns that child/ren are at risk Parent/s struggling to ensure that their child/ren are flourishing**

**Few concerns identified Parent/s manage well and are ensuring that their child/ren are flourishing well.**

**Family Needs & Challenges** ✓

Family Needs & Challenges			FSW comment	FSW rating
1	Child Health Monitoring	Immunisation & WCC are up to date. Enrolled with a GP practice, Child/ren are healthy. Any health issues are immediately attended to. Age appropriate dental checks completed.		
2	Child Development	Child is developing well. Reaching milestones. Language and motor development is age appropriate. Behaviour is within age appropriate expectations.		
3	Child Safety	Home environment is safe. Child is always transported in an age appropriate car seat. Outside play area is safe. Parent is aware of safety issues and takes appropriate actions to ensure safety.		
4	Parent – Child Interactions	Parent child interactions are warm, respectful and age appropriate. Parent makes every effort to understand and attend to the child/ren's needs.		
5	General Child rearing	Good daily routines, parent/s are consistent with boundary setting, children are well cared for e.g good hygiene, child/ren suitably clothed for the weather, consistent age appropriate bed time routines.		
6	Child behaviour management	Parents are able to manage their child/ren's behaviour using positive parenting strategies. Children are responding well. No/few minor behavioral issues present.		
7	Pre-school attendance	Once child is ready for pre school, parent/s ensure that child/ren attend on a regular basis. Child/ren are suitably dressed and have age appropriate food provided.		

				FSW comment	FSW rating
8	Family Nutrition		Parent's have a good knowledge of and are making good choices regarding family healthy nutrition. Regular meal times are observed. Sugar free drinks are available		
9	Smoke free home or car		Parent/s ensure the child is protected from passive smoke.		
10	Family Planning /Sexual Health		Parent/s use contraception. Additional children are planned. Parent/s are aware of sexually transmitted diseases and are practicing safe sex.		
11	Parental Dependencies		No dependencies identified. Responsible use of alcohol. No illicit or non prescribed drug abuse. No gambling issues.		
12	Parental Mental Health		Parent/s are not suffering any mental health issues. If mental health issues are present, parent/s are in treatment and compliant to their treatment regimes and responding to prescribed treatments. Mental ill health symptoms are not evident and parent/s are coping well.		
13	Family Relationships		Family relationships are warm, respectful and supportive. The wider whanau environment is affirmative with realistic & positive aspirations for their children.		
14	Parental Law breaking behaviours		Parent/s are law abiding. Not involved in any criminal activity.		
15	Home Management		Children are raised in a well managed home situation. No/few housekeeping issue e.g. few home hygiene issues, no hoarding, no chaotic living spaces.		
16	Housing situation		The family is living in an adequate, suitable house. The house meets their needs.		
17	Economic Circumstances		Parents are managing their income/budget well. No benefit fraud. Indebtedness is in keeping with their income.		
18	Other – please describe				

**This report was completed by:** Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_