



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

Te Whatu Ora
Health New Zealand
Hauora a Toi Bay of Plenty

Report of Concern to Oranga Tamariki - Ministry for Children

[For use by professionals and members of the public]

Call Oranga Tamariki: **0508 326 459**

Email address for sending the written referral: contact@ot.govt.nz

or Fax: (09) 914 1211 [telephone and e-mail is our preferred method]

*Before you make this referral we encourage you to speak to whānau about your concerns and let them know your plan to contact Oranga Tamariki. However if children (or you) are at **immediate** risk of harm, we understand you may make a referral without contacting the child's whānau.*

If you have spoken with an Oranga Tamariki social worker about this referral, please record

Name of Social Worker:

Date/time of conversation:

Outcome of the discussion:

Wherever possible we will work with you and will endeavour to make contact with you prior to visiting the whānau.

We prefer you speak to a social worker at our National Contact Centre by phone **0508 326 459**, so you can discuss your concerns and answer any questions the social worker may have to help inform their decision about the next step. If you as a member of the public or your agency requires a written referral please send a copy of this document - we prefer an electronic word document.

This form may ask for information you do not have, that's okay. For these please write "not known/not applicable". The more information you can share, the better our decision making will be and the better the outcome for the child will be.

You will receive an auto-reply message once you email through this completed template to contact@ot.govt.nz to advise you it has been received. If you do not receive one within ten minutes call 0508 326 459 to confirm it has been received.

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Your details

Date:

Your name and role:

Your email address:

Your contact phone number/s:

Your afterhours contact phone number: *(for emergency situations only)*

Your postal address:

Your organisation [for professionals only]:

Alternate contact person:

Alternate contact person phone number/s:

Notifier confidentiality

Please advise if you wish your identity to remain confidential from the family. Keep in mind that families may form their own views on who made contact with Oranga Tamariki. We generally do not disclose your identity but there may be exceptional situations where we may need to share your details with other agencies such as the police and the courts.

Do you wish to be confidential? Yes No

Reason (optional):

Have you informed the whānau that your concern is being reported to Oranga Tamariki? Yes No (please tick one)

What was their response?

What steps have you already taken to address your concerns with the whānau or through referrals to other agencies before referring to Oranga Tamariki?

Key Information:

Please enter information below for all the children and young people in the whānau that you are concerned about including their siblings.

Child's Name:

Also known as:

Date of Birth: *(or Expected Due Date)*

Unique identifier: (eg. NHI, NSN)

Gender:

Child's address: *(This is essential information to enable the Oranga Tamariki - Ministry for Children National Contact Centre to refer the case to the appropriate Oranga Tamariki site)*

Ethnicity: *(include Iwi/Pacific Island Affiliation if known)*

Early Childhood Education / School: *(please include, contact person and contact phone number)*

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| |
|--|
| Child's name: |
| Also known as: |
| Date of birth: <i>(or Expected Due Date)</i> |
| Unique identifier: <i>(eg. NHI, NSN)</i> |
| Gender: |
| Child's address: <i>(This is essential information to enable the Oranga Tamariki - Ministry for Children National Contact Centre to refer the case to the appropriate Oranga Tamariki site)</i> |
| Ethnicity: <i>(include Iwi/Pacific Island Affiliation if known)</i> |
| Early Childhood Education / School: <i>(please include, contact person and contact phone number)</i> |

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| Child's name: |
| Also known as: |
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| Unique identifier: (eg. NHI, NSN) |
| Gender: |
| Child's address: <i>(This is essential information to enable the Oranga Tamariki - Ministry for Children National Contact Centre to refer the case to the appropriate Oranga Tamariki site)</i> |
| Ethnicity: <i>(include Iwi/Pacific Island Affiliation if known)</i> |
| Early Childhood Education / School: <i>(please include, contact person and contact phone number)</i> |

Please add any additional children and their details (name; also known as; date of birth; unique identifier; gender; address; ethnicity; early childhood education/school) below:

| |
|---|
| Mother's name: |
| Also known as: |
| Date of birth: Or approximate age: |
| Ethnicity/Language spoken: <i>(Interpreter required)</i> |
| Phone number: |
| Address: |

| |
|---|
| Father's name: |
| Also known as: |
| Date of birth: Or approximate age: |
| Ethnicity/Language spoken: <i>(Interpreter required)</i> |
| Phone number: |
| Address: |

| |
|--|
| Who else is living in the home: <i>(name and age)</i> |
|--|

| |
|--|
| If a child has a parent/carer different from those stated above please provide the details and their relationship to the child/ren: |
|--|

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|---|
| Other whanau or people involved in the care of the child/young person: <i>(please include name, relationship to the child, address and contact phone number)</i> |
|---|

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It is helpful to know who else is working with the whānau. We may need to talk to the agency before talking with the whānau. Please tell us about other agencies working with this whānau.

| Agency | Contact name | Contact number | Why/how are they involved |
|--|---------------------|-----------------------|----------------------------------|
| <i>General Practitioner</i> | | | |
| <i>Alcohol/Drug and other addiction services</i> | | | |
| <i>Child and Adolescent Mental Health Service</i> | | | |
| <i>Community Mental Health or Addiction Service (adult services)</i> | | | |
| <i>Cultural Support (church)</i> | | | |
| <i>DHB Social Worker</i> | | | |
| <i>Disability Services</i> | | | |
| <i>Family Start</i> | | | |
| <i>Maternity Service/Lead Maternity Carer. If antenatal referral, what is the expected date of delivery?</i> | | | |
| <i>Plunket / Well Child / Tamariki Ora</i> | | | |
| <i>Police</i> | | | |
| <i>Public Health Nurse</i> | | | |
| <i>Special Education / School Counsellor / SWISS / MASSIS</i> | | | |
| <i>Children's Team</i> | | | |
| <i>Other e.g. Paediatrician, NGO social service (please specify)</i> | | | |

What was the outcome of your discussion with them about referring to Oranga Tamariki? (It is helpful to know why they are involved and what they are working on with the whānau)

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Reason for referral

Please describe what your worries and concerns are for this child or young person, this group of children and their whānau:

What is your main concern for this child or young person?

Describe what you are observing, what you have heard or what you have been told rather than using general terms such as “*emotional abuse*”.

Note in the child or young person’s words anything they may have said to concern you (*When did they say it and to whom?*).

Make a note of how recent and frequent any specific incidents or events are (explain who, what, when, how?).

Describe any other issues that could be impacting on the child or young person eg. family violence, chronic ill health, disabilities, mental illness, substance misuse, lack of support, truancy, behavioural, family stress, transience, criminal history, non-engagement/avoidance of services and describe how this has affected the child or young person?

Source of the information (eg. observed directly or name and contact details).



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What has prompted you to refer to Oranga Tamariki now? *(What are your immediate safety concerns for this child or young person?)*

Where is the child or young person now? *(eg. school, hospital, home)*

Who in the whānau or friends of this whānau can help provide support around the concerns you have and how can they do this? *(Please provide contact details)*

What is working well for this whānau? *(What needs of the children and young people are being met and how does this happen?)*

What is in place to support the whānau and keep the children or young person safe currently? *(Services and agencies providing support, family and friends visiting, people providing care for the children)*

Tell us why you think Oranga Tamariki is the most appropriate agency to assess the needs and circumstances of this whānau now: *(What have you already tried to address the concerns? What is currently in place to address your concerns? What would you like Child, Youth and Family to do?)*

What happens next?

A social worker at our National Contact Centre will read your Report of Concern and make a decision as to the next best step to ensure the safety of the children or young people in this whānau.

They may need to talk to you to clarify some information to help them make the best decision for these children or young people. Please ensure you are available to be phoned by the social worker.

Developed in collaboration with New Zealand Police, Ministry of Health and Ministry of Education

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OFFICE USE ONLY - DO NOT FILL THIS PAGE OUT

Child Protection Concern - MDT Discussion Summary Form

| | | | |
|---------------------------------|--|----------------------------|---------------------------|
| Child's NHI Number | | Relationship to child | Mother of Child/Caregiver |
| Child's Name | | Name | |
| Child's DOB | | Relationship to child | Father of Child/Caregiver |
| Child's Gender | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other | Name | |
| Ethnicity | | If antenatal concern, EDD: | |
| Person making Report of concern | | | |
| Dept making Report of concern | | | |

Family Environment

| | | |
|---|---|--|
| <input type="checkbox"/> Family Violence | <input type="checkbox"/> Gang Affiliations | <input type="checkbox"/> Alcohol and drug abuse |
| <input type="checkbox"/> Severe social stress | <input type="checkbox"/> Suicidal Ideation | <input type="checkbox"/> Mental illness including post-natal depression |
| <input type="checkbox"/> Complex Medical Needs | ACE Scores | <input type="checkbox"/> Truancy <input type="checkbox"/> At Risk Behavior |
| <input type="checkbox"/> Custody Issues | <input type="checkbox"/> Forensic History | |
| <input type="checkbox"/> At risk family actively avoids family support agencies | <input type="checkbox"/> Parent very young | |
| <input type="checkbox"/> Frequent changes of address, more than 2 over the last year | <input type="checkbox"/> Parents abused as children | |
| <input type="checkbox"/> Parent indifferent, intolerant - views child as particularly troublesome | <input type="checkbox"/> Severe isolation and lack of support | |

Nature of abuse

| | |
|--|---|
| <input type="checkbox"/> Physical | <input type="checkbox"/> Sexual |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> Medical neglect | <input type="checkbox"/> Risk to unborn child |

Processes in place to address abuse

| | |
|--|--|
| <input type="checkbox"/> Family engagement <input type="checkbox"/> Agency involvement <input type="checkbox"/> Alleged Perpetrator access <input type="checkbox"/> Family support <input type="checkbox"/> Oranga Tamariki currently or previously involved <input type="checkbox"/> Children Team Involvement | |
|--|--|

| | |
|--------------------------------|--|
| CPAS MDT PANEL FEEDBACK | |
| | |
| | Meeting date |
| | Review date |
| | Caregivers informed <input type="checkbox"/> YES <input type="checkbox"/> NO |

Name and designation of members present on MDT panel: