

## **City of Balaclava Child FIRST/Local Intake Referral Form**

### **Consent and Level of Concern**

**Has the referrer discussed referral with family and got consent for a referral to Child FIRST/Local Intake? ☒ Yes ☐ No**

**Is the family willing to engage with Child FIRST/Local Intake? ☒ Yes ☐ No**

**Does the referrer currently have significant concerns for the wellbeing of a child or children in the family? ☒ Yes ☐ No**

### **Child Protection Involvement**

#### **Historical Involvement**

**Have any of the family/household members had involvement with Child Protection? ☒ Yes ☐ No**

**Details: Recent CP involvement following incident with mother's date (3 months ago). Children placed briefly with maternal grandmother. Case now closed with family engaged with supports.**

#### **Current Involvement**

**Is there any current Child Protection involvement with the family? ☐ Yes ☒ No**

### **Referrer's Details**

**Date of Referral: 07/12/2024**

**Referrer's Name: Juan Zocolo**

**Referrer's Position: Child Protection Worker**

**Referrer's Email address: [j.zocolo@balaclava.org.au](mailto:j.zocolo@balaclava.org.au)**

**Referrer's Agency: Child Protection**

**☒ Professional ☐ Self ☐ Family ☐ Other**

### **Family Details**

#### **Primary Carer Details: Carer 1**

**First Name: Juanity**

**Surname: Notreal**

**Relationship to children: Mother**

**Address: 67 Palm Street, Balaclava**

**Date of Birth: [DOB]**

**Sex: ☐ M ☒ F**

**Phone: [contact details]**

**Best time to contact: After 9am**

### **Children/Young People**

**1. Name: Maria Notreal**  
**Sex: F**  
**DOB/Age: 5 years**  
**Relationship to primary carer: Daughter**  
**Address: Same as above**  
**Reside in Household? ☒ Y ☐ N**

**2. Name: Tommy Notreal**  
**Sex: M**  
**DOB/Age: 7 years**  
**Relationship to primary carer: Son**  
**Address: Same as above**  
**Reside in Household? ☒ Y ☐ N**

#### **Other Family - Kith and Kin**

**Name: Freda Juarez (Maternal grandmother) Relationship: Grandmother Address:**  
**[Local address] Contact details: [Phone number]**

#### **Housing**

**☒ Renting - Private**

#### **Alerts**

**Have you been in the family home? ☒ Yes ☐ No**

**Violence towards workers? ☐ Yes ☒ No**

**Weapons in the home? ☐ Yes ☒ No**

**Pets (dogs) at the home? ☐ Yes ☒ No**

**Brief assessment of home environment: Home environment has stabilized since incident. Organized and appropriate for children. Previous damage from incident has been repaired.**

#### **Safety Issues**

**History of family violence? ☒ Yes ☐ No**

**Details: Recent incident (3 months ago) where mother assaulted a male date found in daughter's bedroom. Mother protective but response resulted in legal charges.**

**Drug and alcohol issues? ☒ Yes ☐ No**

**Details: Mother acknowledges alcohol misuse, now engaged in counseling**

#### **Mental health issues?**

**Past or current thoughts to harm self or others? ☐ Yes ☒ No**

**Past attempts to commit suicide? ☐ Yes ☒ No**

**Involvement with CATT/Mental Health Team? [ ] Yes [X] No**

**Hospital admissions? [ ] Yes [X] No**

**Details: Requires ongoing mental health support**

**Community Partnerships, Resources and Networks**

**Current and previous involvement with services:**

<b>Service/agency</b>	<b>Current status</b>	<b>Contact Person</b>	<b>Phone/contact details</b>
<b>Alcohol Counseling</b>	<b>Active</b>	<b>Mary Smith</b>	<b>[Phone]</b>
<b>Legal Aid</b>	<b>Pending</b>	<b>John Brown</b>	<b>[Phone]</b>
<b>Child Counseling</b>	<b>Pending</b>	<b>Sarah White</b>	<b>[Phone]</b>

**Aim and purpose of referral**

**1. Presenting issues:**

- **Children experiencing trauma symptoms following incident**
- **Mother facing ongoing legal issues from assault charges**
- **Mother requires mental health support**
- **Mother in early recovery from alcohol issues**
- **Children need therapeutic support**
- **Need for community reintegration**
- **Financial stress from legal proceedings**

**2. What is the family seeking from the service?**

- **Support with legal proceedings**
- **Mental health care for mother and children**
- **Substance use recovery support**
- **Community reengagement**
- **Parenting support**
- **Financial counseling**

**3. Identified strengths:**

- **Mother's immediate protective response to threat to child**
- **Engagement with alcohol counseling**

- Stable housing maintained
- Strong support from maternal grandmother
- Children attending school regularly
- Mother's insight into needs
- No further incidents
- Strong engagement with services
- Clear commitment to change

**4. Issues not identified by family:**

- Need for ongoing safety planning
- Potential for trauma triggers
- Need for family healing
- Financial planning

**5. Anticipated ongoing involvement: Regular support to maintain service engagement and monitor family stability during recovery period.**

**Has consent/permission been given for contact with these services? [X] Yes [ ] No**