

MST CAN HEAD OF SERVICE APPROVAL FORM

Childs Name:

Liquid Logic ID:

Referral to be completed by (Social Worker):

Inclusionary criteria			
Criteria	Evidence	Yes (Eligible)	No (Ineligible)
There is a child/children aged 6-17 subject to one or more specific episodes of physical abuse or neglect within the last 180 days (6 months) and on a Child Protection Plan (Please provide specific episodes and dates such as parent hitting the child, lack of food in the house, child missing school, child missing medical appointments etc.)			
There is a risk of family breakdown which contributes to a risk of care			
The children are living at home or there is an agreed plan/date to return the children home within 28 days			

Exclusionary criteria		
Criteria	Yes (Ineligible)	No (Eligible)
Families where a Section 47 Investigation has not found evidence of abuse or neglect.		√
There is active sexual abuse.		
Active partner violence is occurring in the absence of child physical abuse and neglect.		
Children are in care or other placement for which the plan does NOT include reunification within 28 days of placement.		
Child is actively suicidal, homicidal, or psychotic.		
Childs whose psychiatric problems are the primary reason leading to referral, or who have severe and serious psychiatric problems such as suicidality.		
Child or adults who have committed sexual offences against family members or other persons.		
Child with moderate to severe difficulties with social communication, social interaction, and repetitive behaviours, which may be captured by a diagnosis of autism.		

Head of Service agreement to refer to MST CAN:

Comments/timeframe to refer

Signed:

Name/Title:

Date: