**SECTION 132 BRIEF**

**ONLY Tick the concerns raised in the evidence that the Court would like investigated:**

1. **Safe Parenting**:

**❑** Mother/father/carer mental health

**❑** Mother/father/carer intellectual functioning

**❑** Mother/father/carer substance abuse

**❑** Mother/father/carer physical health;

**❑** Offending by mother /father

1. **Safety and Basic Care**:

**❑** Family violence

**❑** Mother/ father protecting child/ren from harm and risk

**❑** Mother/father/carer meeting child/ren’s physical needs

**❑** Adult Relationships - dysfunction, power and control

**❑** Other household members- risk or strength

**❑** Otherpeople visiting the child’s home - risk

**❑** Physical environment

1. **❑ Mother/father/carer parenting skills and knowledge,** boundaries, routines, role-modelling, guidance etc
2. **❑ Mother/father/carer interactions with children**
3. **Family/whānau history and functioning:**

**❑** detail thehistory of reports of concern and identify, analyse and report on any relevant patterns in the whānau/family history known to Oranga Tamariki

**❑** comment on the whānau/wider family context; strengths and weaknesses

1. **Cultural factors**

**❑** factors relevant to the child/ren’s culture including the involvement of whānau/hapū/iwi and wider family (as relates to the child’s safety)

1. **Impact of adult behaviours on child/ren’s:**

**❑** Health –physical, emotional, disability

**❑** Education – attendance, engagement, achievement

**❑** Developmental milestones

**❑** Behaviour – offending, substance use

**❑** Safety while having contact and whether the contact needs to be supervised

**❑** Other (specify)

1. **Any other relevant information or concerns identified by the social worker.**
2. **Have you formed a belief that the child/ren is/are in need of care or protection?**
3. **Will you refer for a FGC?**

**Attach parent’s consents for Oranga Tamariki to obtain their criminal histories and family violence (Family Violence Information Reports) reports.**

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Counsel for Applicant

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

Counsel for Respondent

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

Lawyer for Child

Applicant

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone / Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent

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

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone / Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details about other persons i.e. partners or family members:

(N.B. to include full name, date of birth, address, phone numbers