LIFETIME LEARNING

Lifetime Learning Program

REFERRAL FORM

Anglicare's Lifetime Learning program supports parents of Aboriginal or Torres Strait Islander children aged 0-5 years, to strengthen and family relationships a support a child's wellbeing. The program also includes developmental screenings to support healthy growth and development.

Lifetime Learning includes culturally-appropriate Case Management services and Supported Playgroups.

Case Management:

- Parent education (1:1 or in a group setting)
- Service referral and advocacy
- Support in accessing services
- Fortnightly home visits
- Supports are client focussed and goal driven to empower families to be the best they can be.
- All staff are mandatory reporters and child welfare is always our priority. All case management is confidential.

Supported Playgroups:

- Supported playgroups are for families already accessing the program. As these are supported playgroups the focus is on parent attachment & engagement, early childhood education and school readiness, relating back to the ages & stages questionnaires.
- Transport provided if needed
- Parent education courses and guest speakers throughout the year.

Does this referral meet the target group criteria? ☐ YES ☐ NO

If you are unsure if the referral meets our criteria, please phone 02 6931 3456 to discuss if the referral is appropriate, or to receive assistance to identify other appropriate services.

Children's Details

First Name	Surname	Date of Birth	Parent child resides with

Do any of the children have a disability or additional needs? (*Please provide details*)

Referrer Details			
Name:		Date of Referral:	
Organisation:		Phone Number:	
Email:			

Parent/ Carer 1 Details			
First Name:		Surname:	
Relationship to children:		Date of Birth:	
Cultural Identity:		Phone Number:	
Email Address:			
Residential Address:			
Does the parent/carer have a disability or additional needs? (*Please provide details)*			

Parent/ Carer 2 Details			
First Name:		Surname:	
Relationship to children:		Date of Birth:	
Cultural Identity:		Phone Number:	
Email Address:			
Residential Address:			
Does the parent/carer have a disability or additional needs? (*Please provide details)*			

Family Background	
Name of the parent/carer being referred to the program:	
Has the parent/family had involvement with DCJ?	☐ YES ☐ NO *(If yes, provide details below)*
Are there any court orders in place?	☐ YES ☐ NO *(If yes, provide details below)*

Indentified Vulnerabilities (*Please tick all that apply)*

- ☐ Lack of social support or extended family
- ☐ Managing children's behaviour
- ☐ Family and domestic violence
- ☐ Relationship issues with children
- ☐ Other (*Please provide details below)*
- ☐ Illness (including mental health issues)
- ☐ Cultural barriers
- ☐ Homelessness
- ☐ Parental learning difficulties

Service Components Requested (*Please tick all that apply)*

- ☐ Case Management
- ☐ Supported Playgroup
- ☐ Parent Skills Development:
  - ☐ *parenting skills, info & practical support*
  - ☐ *parent education*
  - ☐ *building relationships with children*
- ☐ Practical Skills Development:
  - ☐ *financial skills & budgeting*
  - ☐ *nutrition and providing family meals*
  - ☐ *household management*
  - ☐ *family management (eg routines)*

Case Management Details

Will you or your agency continue to work with this family or members of this family? (*Please provide details)*

Who is the appropriate contact person in your agency for follow up and contact regarding this referral?

Are you aware of any other services that this family is currently accessing? (*Please list below)*

Worker Safety Information

Have you visited the family at their home? ☐ YES ☐ NO

Are you aware of any worker safety risk factors associated with working with this family or visiting their home?

Client Consent			
I consent to this referral being made to Anglicare's Lifetime Learning Program I have read the information provided in this referral, and I consent to the exchange of relevant information about myself and my family between the organisation making this referral.			
Signature:		Date:	
Client Name:			

If written consent from the client being referred can not be obtained, has verbal consent been obtained?

☐ YES ☐ NO

Please note: Anglicare's Lifetime Learning Program cannot accept referrals without consent from the person being referred.

Referrer Authorisation			
Signature:		Date:	

Please forward this completed referral form to
Child and Family Services, Anglicare NSW South, NSW West & ACT.

Email: childandfamilies@anglicare.com.au

Thank you for forwarding this referral onto Anglicare, our team will advise you of the outcome of this referral.

For further enquiries about the program, please call 02 6931 3456.