



# 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)*



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? <i>(Please provide details)</i>			

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? <i>(Please provide details)</i>			

Family Background	
Name of the parent/carer being referred to the program:	
Has the parent/family had involvement with DCJ?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, provide details below)</i>
Are there any court orders in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, provide details below)</i>

Identified Vulnerabilities <i>(Please tick all that apply)</i>	
<input type="checkbox"/> Lack of social support or extended family	<input type="checkbox"/> Illness (including mental health issues)
<input type="checkbox"/> Managing children's behaviour	<input type="checkbox"/> Cultural barriers
<input type="checkbox"/> Family and domestic violence	<input type="checkbox"/> Homelessness
<input type="checkbox"/> Relationship issues with children	<input type="checkbox"/> Parental learning difficulties
<input type="checkbox"/> Other <i>(Please provide details below)</i>	

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

- |                                                                                |                                                                      |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Case Management                                       | <input type="checkbox"/> Practical Skills Development:               |
| <input type="checkbox"/> Supported Playgroup                                   | <input type="checkbox"/> <i>financial skills &amp; budgeting</i>     |
| <input type="checkbox"/> Parent Skills Development:                            | <input type="checkbox"/> <i>nutrition and providing family meals</i> |
| <input type="checkbox"/> <i>parenting skills, info &amp; practical support</i> | <input type="checkbox"/> <i>household management</i>                 |
| <input type="checkbox"/> <i>parent education</i>                               | <input type="checkbox"/> <i>family management (eg routines)</i>      |
| <input type="checkbox"/> <i>building relationships with children</i>           |                                                                      |

**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 Details**

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

**Referrer Authorisation**

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

**Email:** [childandfamilies@anglicare.com.au](mailto: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.**