**Attachment and Biobehavioral Catch-up (ABC) Program Referral Form**

ABC is a free evidence-based parenting intervention for caregivers of infants who have experienced early adversity. The pilot ABC intervention project in Western Australia is available for parents or primary caregivers and their infants aged up to 24 months of age (ABC-Newborn and ABC-Infant).

To be eligible for the intervention families must:

* Be an expectant parent in the last trimester of pregnancy, or:
* Be a parent or primary caregiver of a child aged up to 24 months old who will commit to the 10 sessions with their child in the home.
* Be agreeable to the sessions being video recorded (in accordance with privacy and confidentiality agreements in place).
* Be willing to participate in data collection prior to program commencement and at program completion.

Please confirm:

The parent or primary caregiver is aware of this referral and is **willing**, **motivated** and **able** to engage in the ABC program and has consented to this referral being made: **☐ Yes ☐ No**

Please send completed referrals to [admin@lifespancentre.com.au](mailto:admin@lifespancentre.com.au) or call 0478 530972 for further information.

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| **Referral Details** | | | |
| Date of referral |  | Contact number of referrer |  |
| Referred by | ☐ Self-referral  ☐ Service provider – details: | | |
| Email address |  | | |

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| **Parent/Primary Caregiver Details** | | | | |
| Full name |  | Preferred name |  | |
| Primary address (including postal code) |  | | | |
| Date of birth |  | Gender |  | |
| Contact number  (If not a self-referral) |  | Relationship to child | ☐ Mother ☐ Father  ☐ Grandparent  ☐ Foster parent  ☐ Adoptive parent  ☐ Other – details: | |
| Country of birth |  | | | |
| Cultural background |  | | | |
| Main language spoken |  | Is an interpreter required? | | ☐ Yes  ☐ No |
| Does the caregiver identify as a member of one of the following groups? | | ☐ Aboriginal and/or Torres Strait Islander  ☐ Neither | | |
| Family structure | | ☐ Single parent ☐ Couple with child/ren  ☐ Grandparent/s  ☐ Blended family  ☐ Other | | |
| Marital status | | ☐ Married/de facto ☐ Separated  ☐ Divorced ☐ Widowed | | |
| Main source of income | | ☐ Employed ☐ Unemployed  ☐ Student ☐ Centrelink  ☐ Other  (Tick all those that apply) | | |
| Identified disability | | ☐ No  ☐ Yes – details: | | |
| Health conditions | | ☐ No  ☐ Yes – details: | | |
| Are you aware of any orders in place?  (Child Safety, custody, VRO) | | ☐ No  ☐ Yes – details: | | |
| Does the caregiver/s consent to being contacted by an ABC parent coach? | | ☐ Yes  ☐ No | | |

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| **Child’s Details** | | | |
| Full name/s |  | Relationship/s to primary caregiver (if not parent) |  |
| Date of birth  or due date |  | Allergies |  |
| Gender |  | | |
| Cultural background (if different to parent) | |  | |
| Identified disability | | ☐ No  ☐ Yes – details: | |
| Health conditions | | ☐ No  ☐ Yes – details: | |
| Developmental concerns | | ☐ No  ☐ Yes – details: | |
| Is the child a member of one of the following groups? | | ☐ Aboriginal and/or Torres Strait Islander  ☐ Neither | |
| Are there siblings in the home?  If so, please provide their name(s) and age(s) in order of birth | | ☐ No  ☐ Yes – details: | |

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| **Referral information** |

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| Current services provided to parent and infant:  Any additional information relevant to this referral:    **Please provide any risk concerns related to home visits (e.g., safety issues etc.)** |