Child Wellbeing Unit referral to Brighter Futures

Section 1 - Referral Details

1. Referral date: / / (dd/mm/yyyy) (*Date the Referral is made)*

Child Wellbeing Unit (CWU) Details

2. CWU Agency Name:

3. Referrer Name:

4. Address:
Postcode:

5. Phone: **Fax**: **E-mail**:

6. Date referral received by the Lead Agency: / / (dd/mm/yyyy)

Lead Agency Details:

7. Lead Agency Name:

8. Agency Identifier:

9. Name of Lead Agency contact for this referral:

10. Contact Phone:

Section 2 Consent for Provision of Information for Referral to the *Brighter Futures* program

The purpose of gaining consent from the primary carer/parent(s) is to enable the Lead Agency to assess eligibility to the Early Intervention Program. This eligibility assessment may include contacting Community Services. Some of this information will also be used for evaluation of the program. Information will be treated confidentially.

Due to the nature of the CWU role, consent of the family for a referral to the Brighter Futures program is reliant on the capacity of the mandatory reporter who contacted the CWU to make contact with the family to discuss the program.

If vulnerabilities are identified by the CWU Assessment Officer and a Brighter Futures referral is proposed the mandatory reporter may go back to the client to discuss a referral being made by the CWU with the family. Any positive response by the family will be subsequently passed on to the Brighter Futures Lead Agency as part of the referral.

However, if the mandatory reporter has no ongoing role with the family and there is no opportunity for discussion about a referral to Brighter Futures, the referral may be made by the CWU so that the family do not miss the opportunity of an offer of service provision. Formal consent is not required in these instances however, whenever possible, the family will be made aware a referral has been initiated.

Where consents are not obtained, the referral information is provided to the Lead Agency under Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998. In such cases, consent to release and exchange information with other agencies will be required once the family has been assessed as suitable and the family has agreed to participate in the program.

Has the referral been discussed with the family?

☐ **Yes** ☐**No** *(please cross)*

Comment

Has the family consented to this referral being made?

☐**Yes** ☐ **No** *(please cross)*

Comment

Has the mandatory reporter given permission for their details to be provided to the Lead Agency?

☐**Yes** ☐ **No** *(please cross)*

Comment

Provide name, contact details (include best time of contact for mandatory reporter), and current role of mandatory reporter (if any) with family, **where permission has been given for details to be shared.**

Section 3. Adult Information.

Primary Carer

Has consent for the Provision of information for Referral to the Brighter Futures program been provided by this person?

☐ **Yes Verbal Consent** **Date of Consent:**

First Name: **Family Name:**

Date of Birth: / /

Sex: ☐ Male

☐ Female

Street Address:

Suburb: **State:** **Post Code:**

Telephone: **Mobile:**

Which of the following best describes this person's status in the household?

☐ Partner of Primary Carer
☐ An adult in the household
☐ Other (Specify)

What is the person's indigenous status?

☐ No
☐ Aboriginal
☐ Torres Strait Islander
☐ Both Aboriginal & Torres Strait Is.
☐ Not known

Country of Birth:

What is the main language other than English spoken at home?
Is an interpreter required? ☐ Yes ☐ No

Does this person have a diagnosed disability?

☐ No	☐Psychiatric	☐Physical
☐ Intellectual inc Down Syndrome	☐Deaf/Blind (dual sensory)	☐Acquired Brain Injury
☐ Learning Disorder / ADD	☐Vision	☐Neurological incl epilepsy
☐ Autism	☐Hearing	☐isability group not yet classified
☐Development Delay Child Under 7	☐Speech	

Other Information:

Additional Carer

Has consent for the Provision of information for Referral to the Brighter Futures program been provided by this person

☐**Yes Verbal Consent** **Date of Consent:**

First Name: **Family Name:**

Date of Birth: / /

Sex: ☐ Male
☐ Female

Street Address:

Suburb:
Post Code:

Telephone: **Mobile:**

Which of the following best describes this person's status in the household?
☐ Partner of Primary Carer

☐ An adult in the household
☐ Other (Specify)

What is the person's indigenous status?
☐ No
☐ Aboriginal
☐ Torres Strait Islander
☐ Both Aboriginal & Torres Strait Is.
☐ Not known

Country of Birth:

What is the main language other than English spoken at home?

Is an interpreter required? ☐Yes ☐No

Does this person have a diagnosed disability?

☐ No	☐Psychiatric	☐Physical
☐ Intellectual inc Down Syndrome	☐Deaf/Blind (dual sensory)	☐Acquired Brain Injury
☐ Learning Disorder / ADD	☐Vision	☐Neurological incl epilepsy
☐ Autism	☐Hearing	☐Disability group not yet classified
☐Development Delay Child Under 7	☐Speech	

Other Information:

Section 4: Child Information

Child 1

First Name: **Family Name**:

Date of Birth: / /

Date of Birth Status: ☐Confirmed ☐Approximate

Sex: ☐ Male ☐Female ☐Unborn

What is the person's indigenous status?
☐ No
☐ Aboriginal
☐ Torres Strait Islander
☐ Both Aboriginal & Torres Strait Is.
☐ Not known

What is the main language other than English spoken at home?

Does this person have a diagnosed disability?

☐No	☐Psychiatric	☐Physical
☐ Intellectual inc Down Syndrome	☐Deaf/Blind (dual sensory)	☐Acquired Brain Injury
☐ Learning Disorder / ADD	☐Vision	☐Neurological incl epilepsy
☐ Autism	☐Hearing	☐Disability group not yet classified
☐Development Delay Child Under 7	☐Speech	

Enter the relationships between this child and each person on the form

☐ Biological child ☐ Adopted child ☐ Step child
☐ Other (specify) ☐ Unrelated

Child 2

First Name: **Family Name**:

Date of Birth: / /

Date of Birth Status: ☐Confirmed ☐Approximate

Sex: ☐ Male ☐Female ☐Unborn

What is the person's indigenous status?
☐ No
☐ Aboriginal
☐ Torres Strait Islander
☐ Both Aboriginal & Torres Strait Is.
☐ Not known

What is the main language other than English spoken at home?

Does this person have a diagnosed disability?

☐No	☐Psychiatric	☐Physical
☐ Intellectual inc Down Syndrome	☐Deaf/Blind (dual sensory)	☐Acquired Brain Injury
☐ Learning Disorder / ADD	☐Vision	☐Neurological incl epilepsy
☐ Autism	☐Hearing	☐Disability group not yet classified
☐Development Delay Child Under 7	☐Speech	

Enter the relationships between this child and each person on the form

☐ Biological child ☐ Adopted child ☐ Step child
☐ Other (specify) ☐ Unrelated

Child 3

First Name: **Family Name**:

Date of Birth: / /

Date of Birth Status: ☐Confirmed ☐Approximate

Sex: ☐ Male ☐Female ☐Unborn

What is the person's indigenous status?
☐ No
☐ Aboriginal
☐ Torres Strait Islander
☐ Both Aboriginal & Torres Strait Is.
☐ Not known

What is the main language other than English spoken at home?

Does this person have a diagnosed disability?

☐No	☐Psychiatric	☐Physical
☐ Intellectual inc Down Syndrome	☐Deaf/Blind (dual sensory)	☐Acquired Brain Injury
☐ Learning Disorder / ADD	☐Vision	☐Neurological incl epilepsy
☐ Autism	☐Hearing	☐Disability group not yet classified
☐Development Delay Child Under 7	☐Speech	

Enter the relationships between this child and each person on the form

☐ Biological child ☐ Adopted child ☐ Step child
☐ Other (specify) ☐ Unrelated

Child 4

First Name: **Family Name**:

Date of Birth: / /

Date of Birth Status: ☐Confirmed ☐Approximate

Sex: ☐ Male ☐Female ☐Unborn

What is the person's indigenous status? ☐ No

- [ ] Aboriginal
- [ ] Torres Strait Islander
- [ ] Both Aboriginal & Torres Strait Is.
- [ ] Not known

What is the main language other than English spoken at home?

Does this person have a diagnosed disability?

☐No	☐Psychiatric	☐Physical
☐ Intellectual inc Down Syndrome	☐Deaf/Blind (dual sensory)	☐Acquired Brain Injury
☐ Learning Disorder / ADD	☐Vision	☐Neurological incl epilepsy
☐ Autism	☐Hearing	☐Disability group not yet classified
☐Development Delay Child Under 7	☐Speech	

Enter the relationships between this child and each person on the form

☐ Biological child ☐ Adopted child ☐ Step child
☐ Other (specify) ☐ Unrelated

Section 5. Family's Identified Issues

1. Which of the following issues have been identified? Tick all applicable issues.

	Issue	**Comments** *Are the identified issues recent or do they reflect a chronic situation? Has the family been involved with other services to address these issues?*
☐	Domestic Violence	
☐	Drug and Alcohol Misuse	
☐	Parental Mental health Issues	
☐	Parent(s) with significant learning difficulties or intellectual disability	

☐	Lack of parenting skills or inadequate supervision	
☐	Other	

2. Reasons for referring this family to the *Brighter Futures* program.

3. Please outline what service(s) may be involved with the child / family, (include CWU Mandatory Reporter's service provision if permission given)

4. Family's past involvement with other services (if any).

5. Pregnancy
(A mother-to-be must give consent for her pregnancy details to be included unless there has been a previous ROSH report)

Is the mother pregnant? ☐ Yes ☐ No ☐ Don't Know

Section. 6. Case Management Capacity

This section is to be completed by Brighter Futures Lead Agency

This section is to be completed by **Brighter Futures Lead Agency**

1. Does the Lead Agency currently have the capacity to case manage this family if determined eligible?

☐ Yes ☐ No

2. Name of Lead Agency worker to be contacted about this referral:

3. Contact details:

Phone: **Fax:** **Email:**

4. Lead Agency Manager:

5. Information relating to capacity to case manage this family:

Section. 7. Follow-up

This section is to be completed by Brighter Futures Lead Agency

This section is to be completed by Brighter Futures Lead Agency

ELIGIBILITY

1. Is the family eligible (meets criteria)?

☐ Yes ☐ No

If not why?

2. Has the referring CWU been advised of the eligibility outcome?

☐ Yes ☐ No

3. Date and details of when the referring CWU has been advised of the eligibility outcome:

Name of CWU and phone number:

Name of Assessment Officer:

Date information exchanged:

SUITABILITY AND ENGAGEMENT

4. Is the family suitable (consented and engaged)?

☐ Yes ☐ No

(If not why?)

5. If the family in not suitable what services has the family received/referred to?

6. Has the referring CWU been advised of the suitability outcome and any alternative service the family has been referred to?

☐ Yes ☐ No

7. Date and details of when the referring CWU has been advised if the family is deemed suitable and has engaged in the program?

Name of CWU and phone number:

Name of Assessment Officer:

Date information exchanged: