

## 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@lifespancecentre.com.au](mailto:admin@lifespancecentre.com.au) or call 0478 530972 for further information.

Referral Details			
Date of referral		Contact number of referrer	
Referred by	<input type="checkbox"/> Self-referral <input type="checkbox"/> Service provider – details:		
Email address			

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	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Other – details:
Country of birth			
Cultural background			
Main language spoken		Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the caregiver identify as a member of one of the following groups?	<input type="checkbox"/> Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Neither
Family structure	<input type="checkbox"/> Single parent <input type="checkbox"/> Couple with child/ren <input type="checkbox"/> Grandparent/s <input type="checkbox"/> Blended family <input type="checkbox"/> Other
Marital status	<input type="checkbox"/> Married/de facto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Main source of income	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Centrelink <input type="checkbox"/> Other (Tick all those that apply)
Identified disability	<input type="checkbox"/> No <input type="checkbox"/> Yes – details:
Health conditions	<input type="checkbox"/> No <input type="checkbox"/> Yes – details:
Are you aware of any orders in place? (Child Safety, custody, VRO)	<input type="checkbox"/> No <input type="checkbox"/> Yes – details:
Does the caregiver/s consent to being contacted by an ABC parent coach?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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		<input type="checkbox"/> No <input type="checkbox"/> Yes – details:	

Health conditions	<input type="checkbox"/> No <input type="checkbox"/> Yes – details:
Developmental concerns	<input type="checkbox"/> No <input type="checkbox"/> Yes – details:
Is the child a member of one of the following groups?	<input type="checkbox"/> Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Neither
Are there siblings in the home? If so, please provide their name(s) and age(s) in order of birth	<input type="checkbox"/> No <input type="checkbox"/> Yes – details:

### Referral information

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.)**