

Referral Form

Junaya Family Development Services (Junaya) is a community-based organisation offering Targeted Earlier Intervention services and support for families living in, or around, the Blacktown LGA. Junaya delivers programs and services to improve the lives of families by focusing on building safe, healthy and happy relationships.	
Do you live in the Blacktown LGA? \square Yes \square No	
What suburb do you live in?	
Junaya offers a variety of programs and services, please tick the services that you are interested	l in:
Family support – You'll be linked with a family worker who may provide you with case manage support and coaching to help you achieve your family goals. This is suitable for families whether have (i) care of their children, or (ii) have children who are living in out-of-home care there is a DCJ family restoration plan in place.	10
Playgroup – Open to all parents and caregivers with children 0-6 years. Playgroup provides a further stimulating space where children are encouraged to explore their environment. Playgroup essential for children's social, emotional and physical development and well-being. It also parents/caregivers to connect and form meaningful relationships with others living in the community.	is
□ <u>Deadly Beginnings Playgroup</u> – Suitable for First Nations parents, carers and children, is a joint venture between Junaya and Sydney Region Aboriginal Corporation (SRAC). The playgroup together cultural strengthening play within an informal parent/carer support network.	
Counselling - we can provide support and individual counselling. If there is a Mental Health treatment plan, we can link you to a suitable local service – this may include an Aboriginal Mental Health provider.	
Parenting Program – Group programs aim to promote positive, respectful parenting relationsh There are a number of programs offered to all parents who would like to build safe and he relationships with their children as well as increase their understanding and ways to respo their children's behaviour in a positive way.	ealthy
Strengthening my family – You'll be linked with a family worker to help you implement the new and ideas discussed in the parenting group you completed.	w skills

Are you working towards a restoration goal? ☐ Yes ☐ No
If yes, is attendance at parenting group:
\square Ordered by the court?
☐ Part of a formal plan for restoration?
\square Parents want to build capacity to apply for restoration in the future
Purpose of referral
What is the main reason for this referral? Provide a brief description:
What do you want to achieve in your family?
Junaya has Weekly Allocation Meetings on Thursdays. Is this referral needing a response within 48 hours? \Box Yes \Box No
If yes, please provide details.

Section 1 – Family details

Date of referral:		
Preferred Title: ☐ Mr ☐ Mrs. ☐ Ms ☐ Miss ☐ Mx	Family Name:	
Preferred Name/s:	Given Names:	
Street Address:	Suburb:	Postcode:
Date of Birth:	Gender: □Male □Female □Non-Bii □ Prefer not to state □Self-describe:	nary
Contact phone number:		
Email:		
What culture/s do you identify with?	What language/s do you speak?	
	What country were you born in?	
	Do you need an interpreter: Yes Junaya Family Development Services does not proparenting programs. If you need interpreter services that can support your language needs	
Do you identify as Aboriginal? □Yes □No Do you identify as Torres Strait Islander? □Yes Prefer not to state □ If you identify as an Aboriginal or Torres Strait Isl	□No	ork with an Ahoriginal
worker or are you happy to work with a non-Abo		ork with an Aboriginal
Do you identify as living with a disability? ☐ Ye	s 🗆 No	
If yes, please state supports you need to access se	ervices:	
Is there any other Information you would like t	o share about your support needs?	

Current living arrangeme	nts:			
☐Living with Family				
□Homeless				
☐Live in Refuge				
☐Sole Parent with C	hild(ren)			
☐Couple with Child(r	ren)			
☐Couple without Chi	ldren			
☐ Other Family				
Information about the c	hildren in th	ne family (all service	types)	
Nows of shild	DOR	la tha abild	Name of Children	Commont com
Name of child	DOB	Is the child Male/Female	Name of Childcare / Preschool /	Current care arrangements
		/Non-binary	School	• With parent/s?
		/Other		Alternate care with /
				without DCJ
				Restoration plan

Section 2 Safety concerns

Are there any current concerns about safety or wellbeing for you or your children? This can include concerns about mental health, violence or abuse, or thoughts about suicide / self-harm. If urgent, notify management immediately.		
\square Yes (if yes, details about safety concerns, including information about current ADVOs or APVOs)		
Tes (if yes, details about sujety concerns, including injormation about current Abvos of Ar vos)		
For Playgroup only referrals – GO TO SECTION 5		
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Department of Communities & Justice – Child protection involvement		
Are the children currently in the care of the parent/carer requesting the service? \Box Yes \Box No		
If no is the:		
\square DCJ is currently working with the family.		
\square the child or young person is living in alternate care arrangements.		
\square there is a formal plan for Restoration with DCJ.		
If involved with DCJ please provide the following details:		
Name of DCJ caseworker: DCJ office:		

Section 3 Support needs
Junaya provides support for families experiencing a range of issues. Which of the following issues below apply to your situation.
\square Financial \square Housing \square Parenting \square Alcohol and/or other drugs \square Mental health \square Legal
\square Domestic or family violence \square Family relationships \square Isolation \square Health and wellbeing
Other, please state:
Are there currently any Family Law proceedings?
□ Yes
Please provide details:
Are you receiving supports from any other agencies? Yes No This information helps us to work with other services if you give your consent to help us provide the coordinated supports.
Please provide the name of any agencies you are currently receiving services from:

Section 4: Parenting programs

What is the main reason for this referral?
What would you like to learn from the program?
and the same to the same programm
Which parenting programs are you interested in? (to be referred to PSO for further assessment)
☐ Bringing up Great Kids
☐ Circle of Security
☐ Tuning into Teens
Have you attended any parenting programs before? \square Yes \square No
If yes, please provide details (List the name of the program/s and when it was completed):
Childcare
Do you require childcare when attending the parenting program?
□ No
□ Yes
If yes, please provide details:
Additional support needs
Additional support fleeds
☐ I have some support needs with reading and writing
☐ I require an interpreter. Which language?
Do you identify as living with a disability? ☐ No ☐ Yes
If yes, please state supports required to assist in accessing our services:

Transport
Groups will be held at Junaya office, 8 Grafton Street Blacktown. Will you need support arranging
transport? \square No \square Yes
If yes, will you require a pickup from your home or from Blacktown Station?
Details:

Section 5 – Consent for Junaya to retain referral information

The information you provide on this form includes your personal information. Your personal information is protected by law, including the Commonwealth Privacy Act.

We are using an IT System called the 'Data Exchange' to store your information. This system is hosted by the Australian Government Department of Social Services (DSS). The personal information that is stored on the Data Exchange is only disclosed to us for the purpose of managing your case.

You do not have to consent to sharing your personal information with DSS. If you do not consent to us sharing your personal information, it will not affect the services you receive. If you do not consent to sharing your personal information with DSS, you can ask for this information to be removed at any time.

DSS de-identifies your data. This means they remove information that identifies you or that could be used to reidentify you (e.g., your name).

DSS combines your data with other clients' data in the Data Exchange to identify trends at the program level. This information is used to develop policy, administer grant programs, and conduct research and evaluation. DSS may use this data to produce reports which may be shared with other organisations. The data in these reports is de-identified.

You can find more information about how DSS will manage your personal information in the DSS privacy policy on their website https://www.dss.gov.au/privacy-policy

This policy explains:

- how to access the personal information that is stores about you on the Data Exchange
- how you can ask for this information to be changed or removed
- the circumstances in which DSS may disclose personal information to overseas recipients
- how to complain about a breach of the Australian Privacy Principles by DSS, and how DSS will deal with your complaint.

	Yes	No
I consent for my personal information to be stored in the Data Exchange		
I consent to participate in follow up Research, Surveys or Evaluation		

Section 6 – Information about referring agency

If this referral is being made on behalf of a person wanting support, please complete the following.

Referring agency:	Address:
Name:	Email:
Phone:	Position:
Is the person being referred aware a referra ☐YES ☐NO	I has been made to Junaya Development Family Services
What is your current role in supporting the p	erson being referred?
Are you planning to continue support followi	ng the referral?
What achievements have been made through	n support provided?
What services are you seeking from Junaya?	i.e., case management, parenting programs, etc.?
Are you aware of other services currently sup	pporting the family? If so, please list:
How did you find out abo	out Junaya Family Development Services
☐ Website ☐ DCJ ☐ C	Other Services

Please forward completed referral to: intake@junaya.org.au

Office U Allocate Date allo	
Service	Type:
	Intake and eligibility
	Assessment
	Family Capacity Building
	Family Capacity Building - Intensive
	Parenting programs
	Strengthening my family
	Playgroup