Mura Lanyon Youth and Community Centre

Youth Engagement Case Work

**Initial Assessment and Referral Tool**



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| **Personal Details** | | | | | | | | |
| **Name** |  | | **DOB** | |  | **Gender** |  | |
| **Phone** | Home: | Mobile: | | **Is it safe to leave a message?** | | | | Yes  No |
| **Address** |  | | | | | | | |
| **Access Issues** |  | | | | | | | |

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| **Youth Engagement Referrer** | | | |
| **Youth Engagement Officer** |  | **Initial Contact Date** |  |

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| **Primary Referrer’s Details** | | | |
| **Referrer’s Name** |  | **Organisation** |  |
| **Email address** |  | **Phone number** |  |

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| **Other Household Members** | | |
| **Name** | **DOB** (or est. age) | **Relationship to Young Person** |
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| **Culture and Communications** | | | | | | | |
| **Aboriginal** | **Torres Strait Islander** | | | **Both** | | **Neither** | |
| **Other**   **Please specify** | |  | | | | | |
| **Primary Language** | |  | | | **Interpreter needed?** | | Yes  No |
| **Additional Needs or Disability** | | | | | | | |
| Yes  No  **Please specify** | | |  | | | | |

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| **Why is this referral being made?** (What are the main areas of concern for the young person and what would they like assistance with?) |
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| **Involvement with statutory child protection services** (current and past) |
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| **Expectations of service provision.** (What service is needed to meet the needs of the young person?) |
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| **What are the strengths of this young person? What interventions have previously been successful?** |
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| **Other information to assist in referral acceptance, prioritisation and allocation** (eg. risk level, court orders, legal issues, housing situation, income status, violence, safety issue, history of engaging services) |
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| **Other services involved with the family** | | | | |
| **Family Member** | **Organisation** | **Service Provided** | **Contact Name** | **Contact Number** |
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| **Knowledge and Involvement in Referral Process** | |
| **Are the service users aware of the referral?** | Yes  No |
| **Are the service users interested in receiving support?** | Yes  No |
| **Has the service user provided verbal or written consent for this information to be shared with a service that may provide suitable support?** | Yes  No |
| **Has the service user provided verbal or written consent for this referral to be reviewed by a multi-disciplinary panel?** (eg. weekly allocation meeting) | Yes  No |

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| **Needs Assessment** | | | |
| **Please use your professional judgement to rate the level of support needed for this young person in terms of the following areas:**   * **Safety** * **Stability** * **Development**   **Please also consider how age, stage, gender and culture affects or impacts on their vulnerability** | | | |
|  | **Low needs**   * Few unmet needs * Some good supports in place * May benefit from some further community supports | **Medium needs**   * Several unmet needs * Problems with (or little) current family/social support * Would benefit from a community service | **High Needs**   * Multiple unmet needs * No (or very little) current family/social support * Currently in crisis |
| Young Person |  |  |  |