

**2016 EIYBC Program Referral**

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| **BACKROUND DETAILS** | | | | | | | | | | | | | | |
| SURNAME………………………………………… | | | GIVEN NAMES………………………………………………………………………………….. | | | | | | | | | | | |
| DOB …………………………………………………… | |  | AGE………………………… | | | | | SEX | | Male / Female | | | |  |
| ADDRESS……………………………………………………………………………………………………………………………………………………………………………………… | | | | | | | | | | | | | | |
| SUBURB………………………………………………………………………………………………………………………………. | | | | | | | |  | | POST CODE ……………………. | | | | |
| REFERRAL AGENCY ……………………………………………………………………………………………………………………………………………………………………… | | | | | | | | | | | | | | |
| NAME OF PERSON MAKING REFERRAL…………………………………………………………………… CONTACT NUMBER ………………………………… | | | | | | | | | | | | | | |
| EMAIL ADDRESS………………………………………………………………………………………………………………………………………………………………………….. | | | | | | | | | | | | | | |
| PARENT/CAREGIVER NAME ………………………………………………………………………… CONTACT NUMBER……………………………………………….  ALTERNATIVE CAREGIVER NAME: ………………………………………………………………. CONTACT NUMBER………………………………………………. | | | | | | | | | | | | | | |
| DOES THE YOUNG PERSON IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER? YES / NO | | | | | | | | | | | | | | |
| OTHER CULTURAL BACKGROUND INFORMATION……………………………………………………………………………………………………………………….. | | | | | | | | | | | | | | |
| **CONSULTATION WITH YOUNG PERSON, SCHOOL, FAMILY AND COMMUNITY** | | | | | | | | | | | | | | |
| Consent to discuss this referral from Young person YES / NO signed ...........................................................or vebal  from Parent/ caregiver YES / NO signed ...........................................................or vebal | | | | | | | | | | | | | | |
| Any other consultation that has occurred with young person, family & community in terms of this referral?  ………………………………………………………………………………………………………………………………………………………………………………… | | | | | | | | | | | | | | |
| **SELECTION CONSIDERATIONS** | | | | | | | | | | | | | | |
| Is there historical or current evidence of family and parental conflict? | | | | | | | | | |  | | Yes | | No |
| Is the young person being raised in an environment of poor parental supervision and discipline? | | | | | | | | | |  | | Yes | | No |
| Is there evidence that is young person is associating with a peer group with anti-social attitudes? | | | | | | | | | |  | | Yes | | No |
| Are family members involved in the criminal justice system or condoning antisocial behaviours? | | | | | | | | | |  | | Yes | | No |
| Is there a history of child maltreatment, neglect or child protection concerns? | | | | | | | | | |  | | Yes | | No |
| Is there current offending or anti-social behaviour (including disturbing the peace and/or trespassing)? | | | | | | | | | | | | Yes | | No |
| Is the young person at risk of becoming disengaged from education, training or vocational work roles? | | | | | | | | | | | | Yes | | No |
| Is the young person homeless?  If yes - Describe current situation that will impact on attendance on the program  ……………………………………………………………………………………………………………………………………………………… | | | | | | | | | | | | Yes | | No |
| Does this young person have a history of sexual offending? | | | | | | | | | | | | Yes | | No |
| If yes - Describe current situation that will impact on attendance on the program  ……………………………………………………………………………………………………………………………………………………… | | | | | | | | | | | |  | |  |
| Does this young person have a history of violent aggressive acts towards others?  If yes - Describe current situation that will impact on attendance on the program  ……………………………………………………………………………………………………………………………………………………… | | | | | | | | | | | | Yes | | No |
| Is there evidence of severe cognitive or social impairment (e.g. functionally impairing FASD/autism)?  If yes - Describe current situation that will impact on attendance on the program  ……………………………………………………………………………………………………………………………………………………… | | | | | | | | | | | | Yes | | No |
| Is the young person suicidal or presenting with severe psychological problems (e.g., psychosis)?  If yes - Describe current situation that will impact on attendance on the program  ……………………………………………………………………………………………………………………………………………………… | | | | | | | | | | | | Yes | | No |
| Has the young person used alcohol or drugs before the age of 14? | | | | | | | | | |  | | Yes | | No |
| If yes - Describe current alcohol or drug use that will impact on attendance on the program  ……………………………………………………………………………………………………………………………………………………… | | | | | | | | | |  | |  | |  |
| **CURRENT SITUATION** | | | | | | | | | | | | | | |
| **Please answer the following on the basis of your best judgement. In the past 4 weeks, on how many separate occasions has the young person:** | | | | | | | | | | | | | | |
| Used alcohol or drugs (or misused prescription medication) | | | | | 0 1 2 3 4-9 10+ | | | | | | | | | |
| Participated in an organised sporting or community group activity | | | | | 0 1 2 3 4-9 10+ | | | | | | | | | |
| Shared time with prosocial peers (outside of school/education/work) | | | | | 0 1 2 3 4-9 10+ | | | | | | | | | |
| Broken the law or committed an offence | | | | | 0 1 2 3 4-9 10+ | | | | | | | | | |
| Been verbally aggressive or violent towards another person | | | | | 0 1 2 3 4-9 10+ | | | | | | | | | |
| Truanted or refused to attend school | | | | | 0 1 2 3 4-9 10+ | | | | | | | | | |
| Witnessed or participated in family violence | | | | | 0 1 2 3 4-9 10+ | | | | | | | | | |
| Been verbally or physically aggressive towards authority | | | | | 0 1 2 3 4-9 10+ | | | | | | | | | |
|  | | | | |  | | | | | | | | | |
| **STRENGTHS AND NEEDS** | | | | | | | | | | | | | | |
| **On the basis of your best judgement, please respond to the following statements that relate to your current observations and assessment of the young person being referred to the EIYBC Program.** | | | | | | | | | | | | | | |
| **HEALTH AND WELLBEING** | |  |  |  | | |  | | Not at all | | Somewhat | | Very much so | |
| Is willing to engage with supporting agencies to manage and improve their health | | | | | | | | | 1 2 3 4 5 | | | | | |
| Has the knowledge and skills to manage their health and wellbeing | | | | | | | | | 1 2 3 4 5 | | | | | |
| Struggles to regulate their feelings or emotions (anger, sadness, grief, anxiety) | | | | | | |  | | 1 2 3 4 5 | | | | | |
|  |  |  |  |  | | |  | |  | |  | | |  |
| **FAMILY AND COMMUNITY CONNECTIONS** | | |  |  | | |  | | Not at all | | Somewhat | | Very much so | |
| Is provided support by safe, stable and predictable family members | | | |  | | |  | | 1 2 3 4 5 | | | | | |
| Has an identified community group which provides meaning and validation | | | | | | | | | 1 2 3 4 5 | | | | | |
| Has ongoing contact to safe, predictable and prosocial adult relationships | | | | | | |  | | 1 2 3 4 5 | | | | | |
|  |  |  |  |  | | |  | |  | |  | |  | |
| **HEALTHY FRIENDSHIPS** | |  |  |  | | |  | | Not at all | | Somewhat | | Very much so | |
| Has regular extended contact with one or more prosocial peers | | | |  | | |  | | 1 2 3 4 5 | | | | | |
| Has the knowledge and skills to form healthy prosocial peer or adult relationships | | | | | | | | | 1 2 3 4 5 | | | | | |
| Identifies strongly (e.g., idealises, looks up to) with anti-social peers or adults | | | | | |  | | | 1 2 3 4 5 | | | | | |
|  |  |  |  |  | | |  | |  | |  | |  | |
| **PROSOCIAL THINKING AND CHOICES** | | |  |  | | |  | | Not at all | | Somewhat | | Very much so | |
| Has positive attitudes to authority (e.g., teachers, police) | | | |  | | |  | | 1 2 3 4 5 | | | | | |
| Can critically judge and review the consequences (positive and negative) of future decisions | | | | | | | | | 1 2 3 4 5 | | | | | |
| Can consistently demonstrate self-control (manage impulses without reacting) | | | | | | |  | | 1 2 3 4 5 | | | | | |
|  |  |  |  |  | | |  | |  | |  | |  | |
| **ALCOHOL AND OTHER DRUGS** | |  |  |  | | |  | | Not at all | | Somewhat | | Very much so | |
| Understands the consequences of alcohol and drug use | | | |  | | |  | | 1 2 3 4 5 | | | | | |
| Can negotiate negative feeling states (anger, anxiety, grief) without using alcohol or drugs | | | | | | | | | 1 2 3 4 5 | | | | | |
| Identifies strongly (e.g., idealises, looks up to) with peers or adults who use alcohol or drugs | | | | | | | | | 1 2 3 4 5 | | | | | |
|  |  |  |  |  | | |  | |  | |  | |  | |
| **POSITIVE RISK TAKING** | |  |  |  | | |  | | Not at all | | Somewhat | | Very much so | |
| Has the knowledge and skills to identify future goals and set actions for those goals | | | | | | |  | | 1 2 3 4 5 | | | | | |
| Has the knowledge and skills to express persistence and determination | | | | | | |  | | 1 2 3 4 5 | | | | | |
| Is willing to ask for help or support when undertaking an unfamiliar task | | | | | | | | | 1 2 3 4 5 | | | | | |
|  |  |  |  |  | | |  | |  | |  | |  | |
| **IDENTITY AND CULTURE** | |  |  |  | | |  | | Not at all | | Somewhat | | Very much so | |
| Is able to express a personally meaningful narrative of their family or cultural heritage | | | | | | |  | | 1 2 3 4 5 | | | | | |
| Has ongoing access to prosocial family/cultural mentors or leaders | | | | | | | | | 1 2 3 4 5 | | | | | |
| Demonstrates pride in their cultural or family identity | | | | | | | | | 1 2 3 4 5 | | | | | |
|  |  |  |  |  | | |  | |  | |  | |  | |
| **BOUNCE BACK THINKING AND BEHAVIOUR** | | |  |  | | |  | | Not at all | | Somewhat | | Very much so | |
| Has a hopeful or optimistic outlook to life | | |  |  | | |  | | 1 2 3 4 5 | | | | | |
| Demonstrates the skills and abilities to solve problems (problem solving ability) | | | | | | |  | | 1 2 3 4 5 | | | | | |
| Talks about themselves and their abilities in a generally positive and self-accepting manner | | | | | | | | | 1 2 3 4 5 | | | | | |
| **RESPONSIVENESS TO CHANGE AND GOAL SETTING** | | | | | | | | | | | | | | |
|  |  |  |  |  | | |  | | Not at all | | Somewhat | | Very much so | |
| This young person has high levels of awareness of their problems impacting on their life | | | | | | | | | 1 2 3 4 5 | | | | | |
| This young person is motivated to make changes in their life | | | | | | | | | 1 2 3 4 5 | | | | | |
| This young person is willing to work alongside adults to set goals for their future | | | | | | | | | 1 2 3 4 5 | | | | | |
| This young person sees the EIYBC program as an opportunity to make positive changes | | | | | | | | | 1 2 3 4 5 | | | | | |

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| **OTHER DETAILS** |

Please outline any other details that you believe will help support this young person’s involvement in the EIYBC program

4 week pre-camp engagement:

On 8 day camp:

10 week post case-management:

**Thank you for your referral**