

Youth Services Referral Form

13 to 17 years



- Please answer all questions
- If information is unavailable or a question is not applicable, please indicate this.
- Incomplete referral forms cannot be processed and will be returned to the referrer.
- Referrals can be sent to: PO Box 8726, Symonds Street, Auckland 1150 | Faxed to 09 377 9229

CLIENT DETAILS:

Client name:		
Date of birth: / /	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender-diverse
Ethnicity:	Iwi / Hapu	
Address:		Postcode:
Home phone:	Work phone:	Mobile:
Email:		

REFERRER DETAILS

Referred by: <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Relative: <input type="checkbox"/> Other – please describe		
Referrers name:	Position:	
Agency:	Branch:	
Address:		Postcode:
Home phone:	Work phone:	Mobile:
Email:		
Youth Justice involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Care and Protection involved? <input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY DETAILS

Father's name:		Ethnicity:	
Address:			Postcode:
Home phone:	Work phone:	Mobile:	
Email:			
Mother's name:		Ethnicity:	
Address:			Postcode:
Home phone:	Work phone:	Mobile:	
Email:			

GUARDIANSHIP

Who is the client's legal guardian?	<input type="checkbox"/> Parents	<input type="checkbox"/> Oranga Tamariki	<input type="checkbox"/> Other – give details

Please supply a copy of Guardianship orders where applicable.

NOTE: For the assessment to proceed, the legal guardian must sign the assessment agreement at the first appointment.

CURRENT LIVING SITUATION

Where will the young person be placed for the duration of the assessment?

Caregiver's name:

Relationship to client:

Address:

Postcode:

Home phone:

Work phone:

Mobile:

Email:

Are there any safety concerns or care and protection issues at this placement:

For this young person:

☐ No

☐ Yes – give details:

For previous or potential victims?

☐ No

☐ Yes – give details:

Is this young person living with children younger than themselves?

☐ No

☐ Yes – give details:

Gender

Age

Relationship to young person

AGENCIES INVOLVED AND CONTACT DETAILS

Care and Protection Social Worker:

Phone:

Email:

Youth Justice Social Worker:

Phone:

Email:

Community Probation Officer:

Phone:

Email:

Other:

Phone:

Email:

Other:

Phone:

Email:

Other:

Phone:

Email:

PREVIOUS PLACEMENTS

Number of placement this young person has had over the past two years:

Has the young person ever engaged in concerning sexual behaviour towards another child or young person they are in care with? ☐ No ☐ Yes – give details:

HARMFUL SEXUAL BEHAVIOUR

Please describe the behaviour(s) that have prompted this referral and include brief details with dates of the young persons recent or current harmful or problematic sexual behaviour:
(Please include any documents or reports relating to these problems with the referral).

Has this young person admitted to any harmful sexual behaviour?

☐ Yes

☐ No

If you answered yes, to whom has the young person admitted the harmful sexual behaviour?

Comment on the young person's denial or admission e.g. is any admission consistent with other information?

Please indicate what other data has been gathered in relation to the behaviour:

☐ Evidential video or interview

☐ Police interview or summary of facts

☐ Other – please describe:

Describe other known or alleged sexual behaviours both historic and current:

OTHER BEHAVIOURAL PROBLEMS

Describe the young person's other problem behaviours if any i.e. stealing, running away, drug and alcohol use, truancy, anger problems, fire setting, self harm, suicide etc.
(Please include any relevant documents with the referral).

VICTIM DETAILS

Victim	Gender	Relationship of the victim to the young person	Current age of victim	Victims age range when harmful sexual behaviour occurred
1				
2				
3				
4				

SUPPORT

Please indicate what steps have been taken to address the needs of the children affected by the young persons harmful sexual behaviour:

☐ Counselling arranged, please give the names of the counsellor(s):

☐ Social Work arranged, please give the name of the social worker(s):

☐ Other – please describe:

DEVELOPMENTAL, LEARNING OR MENTAL HEALTH DIFFICULTIES

Please summarise the young person's history of developmental, learning or mental health problems:
(Please include any relevant documents with the referral).

EDUCATION

Current School:

Phone numbers:

Principal:

Email:

School attendance history, including number of schools attended:

PREVIOUS COUNSELLING / INTERVENTION

Has this young person had previous counselling/intervention for any needs?

Counsellor / Provider:

Dates:

Purpose:

Counsellor / Provider:

Dates:

Purpose:

FAMILY INFORMATION

Who are the significant members of this family involved with this young person?

Briefly describe the young person's family background i.e. birth order, culture, significant losses, separations etc.

Describe the attitude and response of the young person's family members to the reported harmful sexual behaviour:

Describe any family history of harmful sexual behaviour, criminal behaviour or mental health issues:

ORANGA TAMARIKI INVOLVEMENT

Briefly summarise Oranga Tamariki service involvement with this young person and their family:

☐ Family Group Conference (FGC) has been held

☐ FGC is being arranged

Please indicate any Court orders or FGC outcomes that are in force:

Order:

Dated:

Expiry:

ASSESSMENT DETAILS

Who of the family or caregivers are able to attend the assessment meetings?

The number of assessments may vary. The most common framework involves four interviews over consecutive weeks for the young person and their family. Assessment sessions usually last one and a half hours. How will transport be organised for the assessment?

REPORTS

Please ensure the following reports, where available are included with the referral:

Report	Written by	Date:	<input checked="" type="checkbox"/> if included
Victim Impact			<input type="checkbox"/>
Summary of evidential review			<input type="checkbox"/>
Police summary of facts			<input type="checkbox"/>
Psychological Report			<input type="checkbox"/>
Neuropsychological Report			<input type="checkbox"/>
Educational Report			<input type="checkbox"/>
Psychiatric Report			<input type="checkbox"/>
Medical Reports			<input type="checkbox"/>
Tuituia Assessment			<input type="checkbox"/>
FGC Plan			<input type="checkbox"/>
Orders to family i.e. trespass/protection			<input type="checkbox"/>
Gateway Report			<input type="checkbox"/>
Other:			<input type="checkbox"/>

OTHER COMMENTS OR ADDITIONAL INFORMATION

Has the person being referred ever been the victim of sexual abuse? ☐ Yes ☐ No

Has the person being referred ever lodged an Integrated Sensitive Claims (ISCC) with ACC ☐ Yes ☐ No

Please provide additional information or further comments that could be helpful:

COMPLETION CHECKLIST AND REFERRER SIGNATURE

☒ Before sending the referral, please check the following and sign below:

☐ All sections and information have been completed

☐ All reports and documents have been included

☐ The referred has signed and dated the referral below. **Unsigned referrals will not be accepted**

☐ The Oranga Tamariki Manager has signed below to accept possible costs incurred (*Oranga Tamariki referrals only*)

☐ **The client and their legal guardian acknowledge and agree with the referral being made.**

Referrer's signature:

Date: / /

ORANGA TAMARIKI SITE MANAGER SIGNATURE FOR COSTS (*for Oranga Tamariki referrals only*)

Most Oranga Tamariki referrals will have the assessment cost covered by Oranga Tamariki National Office bulk funding contract.

In the event there is no Oranga Tamariki National Office bulk funding available we will always advise the site or Youth Justice Manager of this prior to starting the assessment process. If you choose to proceed with the assessment, an invoice for all costs will be forwarded post assessment, including for abandoned or incomplete assessments.

The Oranga Tamariki Site or Youth Justice Site Manager must sign below as acknowledgement of this referral and to accept responsibility for payment of these costs if necessary. **Unsigned referrals will not be accepted**

Site Manager name:

Phone:

Email:

Mobile:

Site Manager signature:

Date: / /

Safe Network will store all personal information collected in a client management database managed by Trinity Alliance, a grouping of three agencies providing similar services: Safe Network, WellStop and Stop. Personal information stored in the Trinity Alliance client management database may be accessible to the other agencies within Trinity Alliance.

All Trinity Alliance agencies will respect the confidential nature of a Client's personal information.

ADDITIONAL NOTES:

