

# Initial Needs and Referral Tool

This tool can be completed by a worker with a young person to identify the area(s) of initial need(s) and record appropriate details for referral(s). It may not be necessary to complete every section.



Date \_\_\_\_\_

## Young Person's Details

Given Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Gender  Male  Female  Other

Date of birth \_\_\_\_\_

Education In Education  Yes  No  Full Time  Part Time

Employment Status Employed?  Yes  No  NA  Full Time  Part Time  Casual

Cultural Identity Aboriginal or Torres Straight Islander  Yes  No  
CALD  Yes  No

Ethnicity \_\_\_\_\_

Language spoken \_\_\_\_\_  
Interpreter required  Yes  No

## Young Person's Contact Details

Address \_\_\_\_\_

Phone Mobile \_\_\_\_\_ Home \_\_\_\_\_

Email \_\_\_\_\_

Is it ok to send or leave a message  Yes\*  No \*If yes, please tick appropriate box(es)  
 Mobile  Home  Text  Email  Post  Social Media

Homeless / no fixed address

## Parent/Carer/Guardian Details

Relationship to Young Person \_\_\_\_\_

Given Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Phone Mobile \_\_\_\_\_ Home \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Email \_\_\_\_\_

Permission to contact identified Parent/Carer/Guardian?  Yes  No

## Professional/Volunteer/Referrer's details

Given Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Service/School \_\_\_\_\_

Role/Position \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Consent to Share Information

Please refer to the training manual for a comprehensive explanation regards consent and the need for permission to share information for different purposes. It is compulsory that all young people's information is managed and stored in accordance with privacy legislation, and the policies of your service or school.

### Personal/health information to be shared with:

Service Type	Name of Service Provider	Type of Information	Purpose/s

### Record of consent:

**Written young person's (or parent/caregiver's where applicable) consent**

*The worker/practitioner has discussed with me how and why certain information about me may be shared with other service providers, as above. I understand this and I give my consent for the information to be shared. I understand I can withdraw this consent at any time.*

Name: \_\_\_\_\_

Young person's signature: \_\_\_\_\_ Date \_\_\_\_\_

**or**

*The worker/practitioner has discussed with me how and why certain information about my child may be shared with other service providers, as above. I understand this and I give consent for my child's information to be shared. I understand I can withdraw this consent at any time.*

Name: \_\_\_\_\_

Parent/caregiver's signature: \_\_\_\_\_ Date \_\_\_\_\_

**Verbal young person's (or parent/caregiver's where applicable) consent**

*I have discussed with the young person or parent/caregiver how and why certain information may be shared with other service providers/schools. I am satisfied that this has been understood and that informed consent for the information to be shared as detailed above has been given. I have informed the young person or parent/caregiver that they can withdraw their consent at any time.*

Professional/volunteer/referrer's name: \_\_\_\_\_

Professional/volunteer/referrer's signature: \_\_\_\_\_ Date \_\_\_\_\_

**Does the young person gives consent that de-identified information obtained through completing this tool can be used for evaluation purposes?**

Yes

No

**This information has been collected by myself (the professional / volunteer / referrer as listed on page one), and I verify that it is true and correct.**

**Professional/Volunteer/Referrer's signature:**

\_\_\_\_\_ Date \_\_\_\_\_

## **Service/School Involvement**

1. Are any other Service(s)/School involved with the young person/family?  Yes  No

If yes, please list them below. If No, continue to page 4.

### **Service 1**

Name of organisation	
Contact person	
Phone number	
Email	

### **Service 2**

Name of organisation	
Contact person	
Phone number	
Email	

### **Service 3**

Name of organisation	
Contact person	
Phone number	
Email	

If it is identified that there are other Service(s)/School involved, consultation should be sought to assess the need for completing a needs identification/referral as it may cause duplication of work and unnecessary delay in the young person receiving the support they require.

2. Have you spoken with the other Service(s)/School involved with the young person and/or their family/carer/guardian?

Yes  No

3. Having spoken to the other Service(s)/School are you completing the Needs Identification?

Yes (go to page 4)

No (go to page 8 to refer the young person back to the Service(s)/School already involved).

## Needs Identification

Are you completing this section for the purposes of:  Screen  Referral

Who is completing this section?  Young Person  Professional  Together

This section is used as a determination or expression of a young person's risk, eligibility and priority for service, it is not for the purposes of assessment.

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### 1. Overall

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On the scale below how happy would you consider yourself in general?

☹ 0 1 2 3 4 5 6 7 8 9 10 ☺

The remainder of this screen is divided up into sections so we can get an overview of important parts of your life that may have contributed to your overall happiness.

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### 2. Family and relationships

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2a. How do you get on with your family members/carer/guardians?

☹ 0 1 2 3 4 5 6 7 8 9 10 ☺

2b. How would you rate your friendships/intimate relationships?

☹ 0 1 2 3 4 5 6 7 8 9 10 ☺

2c. Do you feel safe at home?  Yes  No

2d. Have you current or previous involvement by Child Protection or Child First?  Yes  No

2e. Do you need support with your relationships (family, friends or intimate)?  Yes  No

**Tell us more...**

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### 3. Accommodation

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3a. On this scale where would you rate your current housing situation?

☹ 0 1 2 3 4 5 6 7 8 9 10 ☺

**Tell us more...**

3b. Do you need assistance with housing?

Yes

No

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#### 4. Finances/Material Aid

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Are you/your family coping financially?

☹ 0 1 2 3 4 5 6 7 8 9 10 ☺  
\_\_\_\_\_

**Tell us more...**

4a. Do you or your family need help with finances or material aid?  Yes  No  
(Food, transport, clothing, medication, school books, furniture, washing facilities)

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#### 5. Education and Employment

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5a. Are you in education?  No (go to question 5d.)  
 Yes. If yes, where:  
 School  TAFE  
 University/College  Other \_\_\_\_\_

Education provider name: \_\_\_\_\_

5b. Days attended per week: \_\_\_\_\_

5c. Given all the factors, how do you rate your participation in School/TAFE/College/University/other?

☹ 0 1 2 3 4 5 6 7 8 9 10 ☺  
\_\_\_\_\_

5d. Have you ever been suspended or excluded from School?  Yes  No

5e. Would you like support with your education?  Yes  No

**Tell us more...**

5f. Do you enjoy work?  N/A

☹ 0 1 2 3 4 5 6 7 8 9 10 ☺  
\_\_\_\_\_

**Tell us more...**

5g. Do you need help in finding employment?  Yes  No

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## 6. Drugs and Alcohol

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6a. Do you have any concerns regarding drug and alcohol use, either your own, your families or a friend?  
 Yes  No

If yes, how on this scale does it affect your life?

☹ 0 1 2 3 4 5 6 7 8 9 10 ☺  
\_\_\_\_\_

Tell us more...

6b. Do you want support/information/education around your own or anyone else's drug or alcohol use?  
 Yes  No

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## 7. Physical Health

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7a. Do you feel healthy?

☹ 0 1 2 3 4 5 6 7 8 9 10 ☺  
\_\_\_\_\_

Tell us more...

7b. If you are sexually active, have you had a health check?  Yes  No  N/A

7c. Do you think that you need to see a doctor/nurse?  Yes  No

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## 8. Mental Health

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8a. Where on this scale would you consider your mental health to be?

☹ 0 1 2 3 4 5 6 7 8 9 10 ☺  
\_\_\_\_\_

8b. Do you feel...?

- Hopeless (*bad, bleak doomed to fail, desperate*)  Yes  No
  - Helpless (*powerless, weak, vulnerable, impossible, unable to help*)  Yes  No
  - Confused (*strange things happening to you, people are talking about you, paranoid, hearing noises or people talking to you that don't appear to be there*)  Yes  No
- If you have answered yes to any of these, how often do you feel like this?

8c. Do you ever feel so sad that nothing will cheer you up?  Yes  No

8d. Do you ever feel nervous fidgety or restless?  Yes  No

If yes, how often? \_\_\_\_\_

8e. Are you currently taking medication for your mental health?  Yes  No

If yes, tell us more (over page)

If yes, has the amount you have been taking increased lately?  Yes  No

If yes, tell us more (over page)

8f. What are your plans for the coming week? Do you think you will need any support for your mental health?

Yes  No (if yes, tell us more)

8g. Have you or any of your friends ever tried to hurt or kill themselves?

Yes  No (if yes, tell us more)

If yes, do you have a plan now for how you would hurt or kill yourself?

Yes  No (if yes, tell us more)

**Tell us more...**

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## 9. Participation

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9a. Do you participate in any activities, sports or interests outside of school/work?  Yes  No

**Tell us more...**

9b. Would you like to participate in any/more activities or sports outside of school/work?  Yes  No

**Tell us more....**

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## 10. Legal matters

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10a. Do you or any of your friends and family have any current legal concerns?  Yes  No

**Tell us more....**

10b. Do you need legal assistance?  Yes  No

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## 11. Anything else

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Is there any other information that has not been covered in this screen that you would like to share or you think is relevant to your own safety and wellbeing?  Yes  No

## For professional use

- Is the young person currently in crisis?  Yes  No
- Is the young person an immediate risk to themselves or others?  Yes  No
- Are there any identified Child Protection concerns?  Yes  No
- Does the young person require immediate medical attention?  Yes  No
- Do you have any other immediate concerns for the welfare and safety of the young person?  Yes  No

**If you have ticked yes to any of the above questions you will need to take the appropriate course of action immediately in line with your Service/School policy.**

### **Summary of need identified through the Needs Identification...**

## Referrals

Provide details of any referrals to services or schools that will be made for this young person

Name of Service/School	
Contact person	
Phone number	
Email	
Type of referral	<input type="checkbox"/> Supported <input type="checkbox"/> Assisted
Date	

Name of Service/School	
Contact person	
Phone number	
Email	
Type of referral	<input type="checkbox"/> Supported <input type="checkbox"/> Assisted
Date	



Name of Service/School	
Contact person	
Phone number	
Email	
Type of referral	<input type="checkbox"/> Supported <input type="checkbox"/> Assisted
Date	

Name of Service/School	
Contact person	
Phone number	
Email	
Type of referral	<input type="checkbox"/> Supported <input type="checkbox"/> Assisted
Date	

Name of Service/School	
Contact person	
Phone number	
Email	
Type of referral	<input type="checkbox"/> Supported <input type="checkbox"/> Assisted
Date	

**After you have sent the referral**

Once you have sent the referral it is your responsibility to ensure that it has been received by the intended recipient. Once you are satisfied that it has been received it is then the responsibility of the Service/School receiving the referral to make contact with you in a timely fashion to discuss the outcome of the referral.

To protect the young person’s confidentiality the information that you receive will be on a need to know basis, but at the very least you will know if the young person is engaged with another Service/School.

If you are unhappy with the service that you and/or the young person have received please refer to the practice manual for an agreed process that you can take to report this.



No Wrong Door is a Youth Partnerships project funded by the Department of Education and Early Childhood Development.