

Situational Assessment *(please circle)*

Instructions: *if there are children in the referral, complete the situational assessment for the primary parent/carer. If you are referring a couple or a household/family with multiple adults, please complete separate referral forms and outline the relationship in the REFERRAL DETAILS box above. This will indicate to the panel that the referrals need to be considered together. Separate consents will also need to be gained for adults.*

Case/service coordination around referred person/s *(Effective Service Collaboration at Stakeholder Group level)*

-2 Stakeholders not connected to each other	-1 Stakeholders connected to each other Not yet communicating	0 Stakeholders connected to each other Communicating poorly.	+1 Stakeholders connected to each other Communicating irregularly	+2 Stakeholders connected to each other Communicating regularly
-2 Care team not yet established	-1 Care team established. Not yet meeting	0 Care team established Meeting irregularly	+1 Care team established Meeting regularly	2 Care team no longer required

Expand:

Housing situation *(add additional details in the EXPAND box below)*

-2 Unsafe accommodation <i>(Urgently needs addressing)</i>	-1 Mostly safe but unsuitable accommodation <i>(Overcrowding etc.)</i>	0 Mostly safe but unstable accommodation <i>(Couch surfing/ crisis)</i>	+1 Mostly safe & mostly stable accommodation	+2 Safe & stable accommodation
-2 Relevant support service required Not currently connected	-1 Relevant support service required Connected to referred person/s No genuine engagement	0 Relevant support service required Connected to referred person/s Irregular engagement	+1 Relevant support service required, connected to referred person/s Regular engagement	+2 Relevant support service not currently required for referred person/s

Expand:

Employment/Training Situation *(if there are school aged children in the referral, please outline their schooling situation in the EXPAND box below)*

-2 Not involved in employment or training	-1 Involved in employment or training Not attending	0 Involved in employment or training Irregular engagement/attendance	+1 Involved in employment or training Regular attendance	+2 Involved in employment or training Active attendance
-2	-1	0	+1	+2

Relevant support service required Not currently connected with referred person/s	Relevant support service required Connected to referred person/s No genuine engagement	Relevant support service required Connected to referred person/s Irregular engagement	Relevant support service required Connected to referred person/s Regular engagement	Relevant support service not currently required
Expand:				
Money/resources situation				
-2 No access to resources to meet genuine needs <i>(e.g. genuine needs not being met/ no or suspended Centrelink /no family or other support)</i>	-1 High difficulty accessing resources to meet genuine needs <i>(e.g. genuine needs not being met/ cut off from Centrelink/ no family or other supports unable to provide assistance)</i>	0 Moderate difficulty accessing resources to meet genuine needs <i>(e.g. some genuine needs met/ family or other support providing for some needs irregularly/ funds directed to non-genuine needs ie. AOD, gambling)</i>	+1 Mild difficulty accessing resources to meet genuine needs <i>(e.g. most genuine needs met/ family or other supports providing for needs mostly/ issues with budgeting)</i>	+2 Access to financial resources to meet genuine needs <i>(e.g. majority of genuine needs met/ Job/ Centrelink payments/ family or other support)</i>
-2 Relevant support service required Not currently connected with referred person/s	-1 Relevant support service required Connected to referred person/s No genuine engagement	0 Relevant support service required Connected to referred person/s Irregular engagement	+1 Relevant support service required Connected to referred person/s Regular engagement	+2 Relevant support service not currently required for referred person/s
Expand:				
Family/support networks				
-2 No functional family &/or support networks <i>(e.g. socially isolated)</i>	-1 Unhealthy family &/or support networks <i>(e.g. socially connected but connection viewed as problematic for referred person/s ie. predatory and/or exploitative)</i>	0 Weak or unbalanced family &/or support networks <i>(e.g. limited social connection/ unreliable or inconsistent support networks leading to additional stress upon referred person/s)</i>	+1 Moderate family &/or support network <i>(e.g. socially connected/ mostly positive and/supportive/ support networks limited in their capacity to respond to presenting needs of referred person/s due to genuine restrictions ie. location)</i>	+2 Healthy family &/or support network <i>(e.g. socially connected/ strong role models/ proactive support network)</i>

-2 Relevant support service required Not currently connected with referred person/s	-1 Relevant support service required Connected to referred person/s No genuine engagement	0 Relevant support service required Connected to referred person/s Irregular engagement	+1 Relevant support service required, connected to referred person/s Regular engagement	+2 Relevant support service not currently required for referred person/s
Expand:				
Mental health situation				
-2 Ongoing mental health needs currently presenting Not managed	-1 Ongoing mental health needs currently presenting Being managed poorly <i>(e.g. Unwillingness to address / non-compliant with treatment advice)</i>	0 Ongoing mental health needs currently presenting Being managed <i>(e.g. Willingness to address / compliant with treatment advice)</i>	+1 Mild or minor mental health needs currently presenting <i>(e.g. situational or temporary/ acceptable levels of sadness or anxiety etc.)</i>	+2 Nil or insignificant mental health needs currently presenting
-2 Relevant support service required Not currently connected with referred person/s	-1 Relevant support service required Connected to referred person/s No genuine engagement	0 Relevant support service required Connected to referred person/s Irregular engagement	+1 Relevant support service required Connected to referred person/s Regular engagement	+2 Relevant support service not currently required
Expand:				
Physical health situation				
-2 Ongoing physical health needs currently presenting Not managed <i>(e.g. urgent/untreated/severe/ chronic)</i>	-1 Ongoing physical health needs currently presenting Being managed poorly <i>(e.g. Unwillingness to address/ non-compliant with treatment)</i>	0 Ongoing physical health needs currently presenting Being managed <i>(e.g. Willingness to address/ compliant with treatment)</i>	+1 Mild, minor or temporary physical health needs currently presenting <i>(e.g. generally well overall)</i>	+2 Nil or insignificant physical health needs currently presenting
-2 Relevant support service required	-1 Relevant support service required Connected to referred person/s	0 Relevant support service required Connected to referred person/s	+1 Relevant support service required	+2

Not currently connected with referred person/s	No genuine engagement	Irregular engagement	Connected to referred person/s Regular engagement	Relevant support service not currently required for referred person/s
Expand:				
Legal situation <i>(including public guardian matters, forensic orders including mental health, bail, probation, parole, custody orders including family court and child safety)</i>				
-2 Ongoing legal matters	-1 Ongoing legal matters/orders etc Non-compliant	0 Ongoing legal matters/orders etc Compliant	+1 No ongoing legal matters however are at high risk of due to history of ongoing legal matters	+2 No legal, or ongoing legal, matters/orders
-2 Relevant support service required Not currently connected with referred person/s	-1 Relevant support service required Connected to referred person/s No genuine engagement	0 Relevant support service required Connected to referred person/s Irregular engagement	+1 Relevant support service required Connected to referred person/s Regular engagement	+2 Relevant support service not currently required
Expand:				
AOD situation				
-2 Problematic AOD use Not being addressed <i>(e.g. severe impact on life functioning/ impacting mental health/ impacting physical health)</i>	-1 Problematic AOD use Being addressed poorly <i>(e.g. impacting life functioning/ unwillingness to address/ poor self-care/ addiction)</i>	0 Problematic AOD use Being addressed <i>(e.g. impacting upon life functioning/ willing to address/ some insight)</i>	+1 Mild AOD use <i>(e.g. occasional/ social/ not significantly impacting life functioning)</i>	+2 Nil, or non-problematic, AOD use <i>(e.g. acceptable social/ societal usage)</i>
-2 Relevant support service required Not currently connected with referred person/s	-1 Relevant support service required Connected to referred person/s No genuine engagement	0 Relevant support service required Connected to referred person/s Irregular engagement	+1 Relevant support service required Connected to referred person/s Regular engagement	+2 Relevant support service not currently required
Expand:				

Risk <i>(Other immediate risks not addressed above eg. exposure to DFV or complexities in social or family network)</i>
Identified barriers <i>(Ongoing barriers to goal attainment not addressed above that require further addressing)</i>

CONSENT INFORMATION

I understand that personal information about me may be obtained from and released to the following support services and associated persons:

NB: please include other agencies you are working with in the blank box if they are not listed, including the agency that is referring

Access Community Housing	Anglicare Nth Qld
Department of Education	Department of Communities, Housing and Digital Economy
Mission Australia	Queensland Health
QShelter	SHAC
St Vincent de Paul	The Women’s Centre
Wuchopperen	YETI
Youthlink	

CLIENT/GUARDIAN CONSENT

I acknowledge that the purpose of the consent form has been explained to me. I understand that relevant personal information will be disclosed to the organisations above; and to a limited number of agreed additional service providers for the purpose of improving my/their current circumstances. I understand that agencies listed and associated agencies will hold information about me in accordance with their individual client information recording procedures, operational policies and privacy legislation. I understand that my de-identified information may be used for research purposes. I understand that this consent extends for 12 months from the date of signature. I understand that I can withdraw this consent at any stage.

NAME

SIGNATURE

DATE

REFERRING AGENCY AGREEMENT

I acknowledge that the CHHII panel process has been explained to the person/s referred to on this referral form. They understand that relevant personal information about them will be disclosed to the organisations above; and to a limited number of agreed additional service providers for the purpose of improving their current circumstances whilst an active referral with the CHHII panel. They understand that CHHII, and associated agencies, will hold information about them in accordance with their individual policies and privacy legislation. They understand that they can withdraw this consent at any stage.

REFERRER NAME

SIGNATURE

DATE

Referrer Details			
Name:		Signature:	
Position:		Organisation:	
Phone and email:		Date:	

Referral assessment outcome (PANEL USE ONLY)			
Date of referral:		Referral accepted (<i>Y or N</i>)	
Rationale:			
Action taken:			
Panel member:		Signature:	