

Finding Solutions

Self-Referral Form

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Finding Solutions is a short to medium-term, early intervention program aimed at coaching and supporting parents with children aged between twelve and seventeen years of age who are at risk of entering the child protection system.

This is due to issues such as challenging behaviours, difficulties in maintaining safe boundaries and parent-child conflict.

Finding Solutions is a voluntary service best suited to families with some awareness of the problem, and parents are committed to making change.

YOUNG PERSON DETAILS	
Full Name:	
Gender Identity/Pronoun:	
Date of Birth:	
Phone Number:	
Primary Address:	
Current address if different to above:	
Aboriginal/Torres Strait Islander	
Cultural Identity	
Language/Interpreter Required:	
Disability Diagnosis:	
Are there any Family Law Court orders in place to be aware of:	

PARENT OR PRIMARY CARER DETAILS

	Primary Carer 1	Primary Carer 2
Full name:		
Date of Birth:		
Gender:		
Mobile Number:		
Primary Address:		
Relationship to Young Person:		
Cultural Identity		
Aboriginal/Torres Strait Islander:		
Disability Diagnosis:		

OTHER HOUSEHOLD MEMBERS/SIGNIFICANT OTHERS

Name	DOB/Age	Relationship to YP	Contact Details (if required)

OTHER AGENCIES/CURRENT SUPPORTS INVOLVED (INCLUDING SCHOOL)

Name	Agency/Role	Contact Details

PRESENTING ISSUES

For any boxes ticked, please expand when considering the 'reason for referral'.

FAMILY STRUCTURE	Recent Divorce/Separation <input type="checkbox"/> Loss of Family Member <input type="checkbox"/> New Sibling/Step-sibling <input type="checkbox"/> New Parental Figure <input type="checkbox"/>
HOUSING	Homelessness <input type="checkbox"/> Transience <input type="checkbox"/> Other <input type="checkbox"/>
EDUCATION	Non School Attendance <input type="checkbox"/> Suspended/Expelled <input type="checkbox"/> Bullying <input type="checkbox"/> Other <input type="checkbox"/>
MENTAL HEALTH CONCERNS	Young Person Experiencing Poor Mental Health <input type="checkbox"/>
SOCIAL CONCERNS	Isolation <input type="checkbox"/> Friendship difficulties <input type="checkbox"/> Anti-Social Behaviour <input type="checkbox"/> Other <input type="checkbox"/>
YOUNG PERSON USES VIOLENCE	Violence Towards Family <input type="checkbox"/> Violence Towards Others <input type="checkbox"/>
SUBSTANCE MISUSE	Tobacco Vape <input type="checkbox"/> Illicit Drug Use <input type="checkbox"/> Overuse of Prescription Medication <input type="checkbox"/> Alcohol <input type="checkbox"/> Other <input type="checkbox"/>
HIGH RISK BEHAVIOUR	Absconding <input type="checkbox"/> Criminal Behaviour <input type="checkbox"/> High Risk Sexual Behaviour <input type="checkbox"/> Self-harming <input type="checkbox"/> Other <input type="checkbox"/>

REASON FOR REFERRAL

- Summary of current situation/crisis – including current living arrangements.

