### SafeSPACE™ Connect

## Case management - Referral process



The following process is for referring a young person to PCYC's case management program.

### What's Case Management?

Case management involves supporting a young person to achieve the goals that they feel are important to them. Though the journey of case management looks different for each individual young person, the overarching themes include the building of support networks and positive relationships and increasing their ability to understand and navigate systems and processes through goal setting and achievement.

Case management isn't counselling, or therapy, but can result in positive outcomes such as the building of life skills, increased resilience, self-esteem and protective behaviours, improving social connections, developing meaningful relationships, and an increased stability in various life domains.

PCYC's case management program is driven by the young person, assisting them to identify areas of support, and create achievable goals.

#### **DURATION**

This service has no time limit, providing support for young people across the 12-25-year lifespan.

#### LOCATION

Service provision includes both in-reach (at school, at a PCYC Centre, at another service's office) and outreach (in community locations).

Catchment areas include the suburbs surrounding the following PCYC Centres:

- Fremantle
- · Kensington,
- Midland,
- Rockingham

### How does it work?



#### STEP 1:

- Complete the referral form with the young person
- Email the referral form to connect@wapcyc.com.au

» PCYC staff will contact you to acknowledge receipt of referral.



#### STEP 2:

 PCYC staff will notify the referrer / young person of the outcome.



#### STEP 3:

 Case worker will contact the referrer / young person to arrange an initial meeting.

## SafeSPACE™ Connect





Centre	☐ Fremantle	☐ Kensington	☐ Midland	☐ Rockingham			
Date of referral		Is the	e young person a	ware of the referral?	☐ Yes	□ No	
Young Person's Details							
Chosen name							
Legal name							
Date of birth			Age				
Aboriginal or Torres Strait Islander	☐ Yes ☐ No	)	ultural entity				
Gender		Pror	nouns				
Phone			Email				
Preferred mode of contact:	☐ Call ☐ S	MS 🗌 Email		re a message, ay we're from PCYC?	☐ Yes	□ No	
Any considerations for the young person? (eg. Accessibility, cultural, sensory, information processing, etc)							
1 Reasons for referral to PCYC							
Please provide a summary of the young person's situation, including housing, family, education, and relevant background information.							
3 What does the young person hope to achieve through case work support?							
What is going well for the young person currently?							
Does the young person experience any mental health concerns, including taking any medication?							

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6	Please provide information on any risk factors, including self-harm, suicidal ideation or attempts, substance use, aggressive behaviours, or triggers.						
7	What do you believe are the young person's strengths, skills and likes.						
8	Has the young person previously, or are they currently, engaged in any recreational activities?						
-							
9	9 Are there any potential barriers to engagement?						
10	Any further information that the referrer or the young person would like us to know?						
Othe	er Services Inv	olved					
Other Services Involved Contact Person		Pronouns					
	nisation	Position					
Phon		Email					
FIIOII	C	Lindi					
Conta	act Person	Pronouns					
Organisation		Position					
Phon	е	Email					
Conta	act Person	Pronouns					
Orgai	nisation	Position					
Phon	е	Email					
Referrer's Details							
Referrer Name		Pronouns					
Agency/Organisation		Role					
Phone		Email					
How	long have you kno	own the young person?					