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 10-25-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.**

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Centre	☐ Fremantle	☐ Kensington	☐ Midland	☐ Rockingham
Date of referral		Is the young person aware of the referral?	☐ Yes	☐ No

Young Person's Details

Chosen name		Legal Name	
Date of birth		Age	
Aboriginal or Torres Strait Islander	☐ Yes ☐ No	Cultural identity	
Gender		Pronouns	
Phone		Email	
Address			
Preferred mode of contact:	☐ Call ☐ SMS ☐ Email	If we leave a message, can we say 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

2 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?

4 What is going well for the young person currently?

5 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 Are there any potential barriers to engagement?

10 Any further information that the referrer or the young person would like us to know?

Emergency Contact

Name		Pronouns	
Relationship		Address	
Phone		Email	

Other Services Involved

Contact Person		Pronouns	
Organisation		Position	
Phone		Email	
Contact Person		Pronouns	
Organisation		Position	
Phone		Email	

Referrer's Details

Referrer Name		Pronouns	
Agency/Organisation		Role	
Phone		Email	

How long have you known the young person?