

COMMON ASSESSMENT FRAMEWORK

Confidential



Connecting
Youth & Services

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COMMON ASSESSMENT FRAMEWORK

1. DETAILS OF PERSON(S) UNDERTAKING ASSESSMENT

Date Created:	/ / 200	Time:	Version number:
Created by:			
Position:		Organisation:	
Telephone number:		Mobile:	
Fax number		Email:	
Address:			

2. DO YOU HAVE A KEY CASE MANAGER?

Yes	No	Not sure
If yes details-		
Have you completed this form before Yes		

3. CONFIDENTIALITY/PERSONAL INFORMATION AGREEMENT - SIGNED BY CLIENT

Yes	Refused	Not necessary
If refused is ticked you cannot complete this form.		

4. IDENTIFYING DETAILS

Name:		Previous Names:	
Age:		Date of Birth:	/ /
Gender:	M / F / Unknown	Job Seeker ID	
Telephone number:		Mobile:	
Email Address:			
Current Address:			

What is the cultural identity of the young person?

Please tick one box only

- | | |
|---|--|
| <input type="checkbox"/> Anglo/Australian
<input type="checkbox"/> Aboriginal or Decent:
<input type="checkbox"/> Not given
<input type="checkbox"/> Unknown | <input type="checkbox"/> Australian South Sea Islander
<input type="checkbox"/> Torres Strait Islander
<input type="checkbox"/> Other (please specify) _____ |
|---|--|

Country of birth of the young person *(Please tick one box only)*

- | | | |
|-------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Australian | <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Unknown |
|-------------------------------------|---|----------------------------------|

Immigration Status of the young person?

What is the young person's first language? *(Please tick one box only)*

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> Australian English | <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Unknown |
|---|---|----------------------------------|

What is the Parent's first language? *(Please tick one box only)*

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> Australian English | <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Unknown |
|---|---|----------------------------------|

Does the young person experience difficulties understanding Australian English in a classroom environment because Australian English is their second language?

- | | | |
|------------------------------|-----------------------------|----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
|------------------------------|-----------------------------|----------------------------------|

Does the young person have a health condition or disability that has lasted or is likely to last six months or more?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
------------------------------	-----------------------------	----------------------------------

If yes which primary health condition or disability group does the young person have?

<input type="checkbox"/> Intellectual <input type="checkbox"/> Specific learning / Attention deficit disorder (ADD) <input type="checkbox"/> Autism (including Asperger's syndrome) <input type="checkbox"/> Sensory (eg speech, vision, hearing, deaf/blind) <input type="checkbox"/> Mental Health <input type="checkbox"/> Other(please specify)	<input type="checkbox"/> Physical <input type="checkbox"/> Acquired brain injury <input type="checkbox"/> Psychiatric <input type="checkbox"/> Neurological <input type="checkbox"/> Terminal illness <input type="checkbox"/> Unknown
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Is an interpreter or signer required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has been arranged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Details of any special requirements (for young person and/or their parent/carer)

5. WHAT IS THE EDUCATIONAL AND LABOUR FORCE STATUS OF THE YOUNG PERSON?
Please tick all that apply

Name of School or TAFE	Year level
<input type="checkbox"/> Attending school full time <input type="checkbox"/> Attending school part time <input type="checkbox"/> Suspended from school <input type="checkbox"/> Attending non-school training <input type="checkbox"/> Attending TAFE <input type="checkbox"/> Cert <input type="checkbox"/> 1 <input type="checkbox"/> 11 <input type="checkbox"/> 111 <input type="checkbox"/> 1V <input type="checkbox"/> Diploma <input type="checkbox"/> Get set for work <input type="checkbox"/> Not in the labour force, school, education or training	<input type="checkbox"/> Excluded from school <input type="checkbox"/> Attending school intermittently <input type="checkbox"/> Enrolled but not attending <input type="checkbox"/> Post compulsory enrolment cancelled <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Employed Casually <input type="checkbox"/> Unemployed (looking for work) <input type="checkbox"/> Back to Learning <input type="checkbox"/> Other

6. WHAT IS THE PRIMARY INCOME SOURCE OF THE YOUNG PERSON?
Please tick one or more boxes

<input type="checkbox"/> No income <input type="checkbox"/> Registered /awaiting benefit <input type="checkbox"/> Support income from parents/caregivers <input type="checkbox"/> Income from employment <input type="checkbox"/> Youth Allowance-independent/dependent at home <input type="checkbox"/> Disability Support Pension - independent/dependent <input type="checkbox"/> Youth Allowance – independent/dependent not at home	<input type="checkbox"/> ABSTUDY – at home <input type="checkbox"/> ABSTUDY – independent <input type="checkbox"/> ABSTUDY – away from home <input type="checkbox"/> Other Centrelink income <input type="checkbox"/> Living Allowance <input type="checkbox"/> Unknown <input type="checkbox"/> Other(please specify)
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7. CURRENT FAMILY AND HOME SITUATION

(e.g family structure including siblings, other significant adults etc; who lives with the young person and who does not live with the young person.)

Is the young person a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
--------------------------------------	------------------------------	-----------------------------	----------------------------------

Who was the young person living with at initial contact? *Please tick one box only*

- | | |
|--|---|
| <input type="checkbox"/> With both parents or guardians | <input type="checkbox"/> With friend(s) / friend's family |
| <input type="checkbox"/> With one parent or guardian | <input type="checkbox"/> With other unrelated individual(s) |
| <input type="checkbox"/> With one parent and their parent's spouse/partner | <input type="checkbox"/> With partner or spouse |
| <input type="checkbox"/> With relative(s) – temporarily | <input type="checkbox"/> Alone |
| <input type="checkbox"/> With relative(s) – long term | <input type="checkbox"/> Other |
| <input type="checkbox"/> With shared family carers | <input type="checkbox"/> Unknown |

Which of the following best describes the type of dwelling in which the young person lived at initial contact? *Please tick one box only*

- | | |
|---|--|
| <input type="checkbox"/> House, flat or unit | <input type="checkbox"/> Boarding house |
| <input type="checkbox"/> Supported accommodation provided under SAAP | <input type="checkbox"/> No fixed place of abode |
| <input type="checkbox"/> Mobile dwelling (eg caravan, mobile home, houseboat) | <input type="checkbox"/> Unknown |
| | <input type="checkbox"/> Other |

8. PARENTS/GUARDIANS CONTACT DETAILS:

(note if foster carer, or single parent etc)

Name:		Relationship:	
Telephone number:		Mobile:	
Email Address:			
Current Address:			
Parental responsibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has parent/caregiver been advised of assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, why?			

Name:		Relationship:	
Telephone number:		Mobile:	
Email Address:			
Current Address:			
Parental responsibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has parent/caregiver been advised of assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, why?			

9. IS THE YOUNG PERSON CURRENTLY BEING CASE MANAGED BY A GOVERNMENT DEPARTMENT AND OR OTHER COMMUNITY ORGANISATIONS? Please tick all that apply

<input type="checkbox"/> Child Safety order	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> Child Safety Order - Custody	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> Child Safety Order – Guardianship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> Child Safety Order -Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> Disability Services Queensland	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> Education Support Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> Evolve-DSQ team	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> Integrated Mental Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> Juvenile Justice order	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other community organisation/s (please list below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

10. WHAT WERE THE MAIN PRESENTING ISSUES IMPACTING ON THE YOUNG PERSON AT THE TIME OF FIRST CONTACT?

Issues	will work on issue	will not work on issue	Issues	will work on issue	will not work on issue
Abuse 01					
Emotional abuse of young person			Sexual abuse of young person		
Physical abuse of young person			Verbal abuse of young person		
Conflict 02					
Conflict with parent(s)/guardian(s)			Inter-generational cultural conflict		
Conflict with other household member					
Drug and alcohol misuse 03					
Drug/alcohol/substance misuse by family member			D/A/S by young person		
Family 04					
Change in family structure			Difficulties in family relationships		
Homelessness 05					
Homelessness			Imminent homelessness		
Relationships and self esteem 06					
Anger management issues of young person			At risk of self harm/suicide		
Difficulties in personal relationships			Low self esteem		
Difficulties coping with stress			Feeling isolated and solitary		
Experiences of discrimination due to race, religion, age, gender, sexuality and disability			Levels of association for negative relationships		
Violence 07					
Domestic violence (of young person by a partner)			Violence and aggression (by young person)		
Dating violence			Witnessing domestic violence		
Sexual assault of young person					
Behavioural development 08					
Reckless or impulsive activity			Anti-social behaviour		
Sexual behaviour			Offending		
Easily distracted			Restless and overactive		
Low attention span/concentration					
Other issues					
Financial difficulty 09			Health related problems 14		
Involvement in legal processes 10			Mental health problem or illness 15		
Pregnancy/parenting 11			Protection or guardianship order issues 16		

Sexuality issues ¹²			Transgender issues 17		
Young person's disability 13			Transport difficulties 18		
Other (please specify)			Grief and Loss 19		

Issues	will work on issue	will not work on issue		will work on issue	will not work on issue
School behaviour 20					
At risk of being, or has been, excluded or suspended from school			Does not fit into traditional schooling environment		
Bullying/harassment/conflict with peers (of young person)			Bullying/harassment/conflict with peers (by young person)		
Exhibiting challenging behaviour at school			Experiencing conflict with school personnel		
Truancing school			Difficulties in learning at school		
Difficulties in coping with school					

If "difficulties in coping with school" is ticked, then complete the following

Constant failure		
Difficulties managing school because of caring responsibilities		
Difficulties managing school because of work responsibilities		
Difficulties managing school because of other responsibilities		
Difficulties with peers		
Don't feel respected in the school		
Feeling stressed by pressure from school/family		
Home/family environment does not support study/school attendance		
Inadequate transport		
Negative relationship with teachers		
Not motivated and would prefer to go to work		
Not motivated as young person, does not see connection of schooling to their future		
School experience is not enjoyable		
Timetable difficulties		
Unsupportive school environment		
Poor numeracy and literacy skills		
Other(please specify)		

11. STRENGTHS AND NEEDS

Consider each of the elements to the extent they are appropriate in the circumstances. You do not need to comment on every element. Where ever possible, base comments on evidence, no just opinion, and indicate what your evidence is. However, if there are any major differences of view, these should be recorded too.

11.1 DEVELOPMENT OF CHILD OR YOUNG PERSON

HEALTH

General health

Conditions and impairments; access to and use of dentist, GP, optician; immunisations, developmental checks, hospital admissions, accidents, health advice and information

Physical development

Nourishment; activity; relaxation; vision and hearing; fine motor skills (drawing etc.); gross motor skills (mobility, playing games and sport etc.)

Speech, language and communication

Preferred communication, language, conversation, expression, questioning; games; stories and songs; listening; responding; understanding

Emotional and social development

Feeling special; early attachments; risking/actual self-harm; phobias; psychological difficulties; coping with stress; motivation, positive attitudes; confidence; relationships with peers; feeling isolated and solitary; fears; often unhappy

Behavioural development

Lifestyle, self-control, reckless or impulsive activity; behaviour with peers; substance misuse; anti-social behaviour; sexual behaviour; offending; violence and aggression; restless and overactive; easily distracted, attention span/concentration

Identity, self-esteem, self-image and social presentation

Perceptions of self; knowledge of personal/family history; sense of belonging; experiences of discrimination due to race, religion, age, gender, sexuality and disability

Family and social relationships

Building stable relationships with family, peers and wider community; helping others; friendships; levels of association for negative relationships

Self-care skills and independence

Becoming independent; boundaries, rules, asking for help, decision-making; changes to body; washing, dressing, feeding; positive separation from family

LEARNING

Understanding, reasoning and problem solving

Organising, making connections; being creative, exploring, experimenting; imaginative play and interaction

Participation in learning, education and employment

Access and engagement; attendance, participation; adult support; access to appropriate resources

Progress and achievement in learning

Progress in basic and key skills; available opportunities; support with disruption to education; level of adult interest

Aspirations

Ambition; pupil's confidence and view of progress; motivation, perseverance

11.2 PARENTS AND CARERS

Basic care, ensuring safety and protection

Provision of food, drink, warmth, shelter, appropriate clothing; personal, dental hygiene; engagement with services; safe and healthy environment

Emotional warmth and stability

Stable, affectionate, stimulating family environment; praise and encouragement; secure attachments; frequency of house, school, employment moves

Guidance, boundaries and stimulation

Encouraging self-control; modelling positive behaviour; effective and appropriate discipline; avoiding over-protection; support for positive activities

Family history, functioning and well-being

Illness, bereavement, violence, parental substance misuse, criminality, anti-social behaviour; culture, size and composition of household; absent parents, relationship breakdown; physical disability and mental health; abusive behaviour

Wider family

Formal and informal support networks from extended family and others; wider caring and employment roles and responsibilities

Housing, employment and financial considerations

Water/heating/sanitation facilities, sleeping arrangements; reason for homelessness; work and shifts; employment; income/benefits; effects of hardship

Social and community elements and resources, including education

Day care; places of worship; transport; shops; leisure facilities; crime, unemployment, anti-social behaviour in area; peer groups, social networks and relationships

12. SERVICES THAT HAVE PREVIOUSLY WORKED WITH / ARE CURRENTLY WORKING WITH THE YOUNG PERSON

1 st Organisation: Lead		Dates/Duration:	
Name:		Position/Role:	
Telephone number:		Mobile:	
Fax number:		Email:	
Address:	_____		
I agree to the sharing of all information contained in this form with this service.		<input type="checkbox"/> Yes	<input type="checkbox"/> No Please go to question (A) below
(A) I agree to share specific information contained in this form with this service as listed below			
Service codes in section 10 - 01 02 03 04 05 06 07 08 09 10 12 13 14 15 16 17 18 19 20 (please circle)			
other information as listed			

2 nd Organisation:		Dates/Duration:	
Name:		Position/Role:	
Telephone number:		Mobile:	
Fax number:		Email:	
Address:	_____		
I agree to the sharing of all information contained in this form with this service.		<input type="checkbox"/> Yes	<input type="checkbox"/> No Please go to question (A) below
(A) I agree to share specific information contained in this form with this service as listed below			
Service codes in section 10 - 01 02 03 04 05 06 07 08 09 10 12 13 14 15 16 17 18 19 20 (please circle)			
other information as listed			

3 rd Organisation:		Dates/Duration:	
Name:		Position/Role:	
Telephone number:		Mobile:	
Fax number:		Email:	
Address:	_____		
I agree to the sharing of all information contained in this form with this service.		<input type="checkbox"/> Yes	<input type="checkbox"/> No Please go to question (A) below
(A) I agree to share specific information contained in this form with this service as listed below			
Service codes in section 10 - 01 02 03 04 05 06 07 08 09 10 12 13 14 15 16 17 18 19 20 (please circle)			
other information as listed			

4 th Organisation:		Dates/Duration	
Name:		Position/Role:	
Telephone number:		Mobile:	
Fax number:		Email:	
Address:			
I agree to the sharing of all information contained in this form with this service.		<input type="checkbox"/> Yes	<input type="checkbox"/> No Please go to question (A) below
(A) I agree to share specific information contained in this form with this service as listed below Service codes in section 10 - 01 02 03 04 05 06 07 08 09 10 12 13 14 15 16 17 18 19 20 (please circle) other information as listed			

GP -Name::		Dates/Duration	
Name:		Position/Role:	
Telephone number:		Mobile:	
Fax number:		Email:	
Address:			
I agree to the sharing of all information contained in this form with this service.		<input type="checkbox"/> Yes	<input type="checkbox"/> No Please go to question (A) below
(A) I agree to share specific information contained in this form with this service as listed below Service codes in section 10 - 01 02 03 04 05 06 07 08 09 10 12 13 14 15 16 17 18 19 20 (please circle) other information as listed			

Other:		Dates/Duration	
Name:		Position/Role:	
Telephone number:		Mobile:	
Fax number:		Email:	
Address:			
I agree to the sharing of all information contained in this form with this service.		<input type="checkbox"/> Yes	<input type="checkbox"/> No Please go to question (A) below
(A) I agree to share specific information contained in this form with this service as listed below Service codes in section 10 - 01 02 03 04 05 06 07 08 09 10 12 13 14 15 16 17 18 19 20 (please circle) other information as listed			

13. CONSENT FOR INFORMATION STORAGE AND INFORMATION SHARING

I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to:

- Me
- This child or young person for whom I am a parent
- This child or young person for whom I am a carer

I agree to the sharing of information as agreed between the services listed above. Yes No

I have had the reasons for information sharing explained to me and I understand those reasons Yes No

14. ASSESSMENT INFORMATION

People present at assessment:

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

What has led to this young person being assessed?

15. SIGNATURES

Young Person

Name:		Signature:		Dated:	/ /
-------	--	------------	--	--------	-----

Parent/Carer

Name:		Signature:		Dated:	/ /
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Others Present (if relevant)

Name:		Signature:		Dated:	/ /
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Name:		Signature:		Dated:	/ /
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Name:		Signature:		Dated:	/ /
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Name:		Signature:		Dated:	/ /
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Name:		Signature:		Dated:	/ /
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Assessor

Name:		Signature:		Dated:	/ /
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16 REVIEW

This form will be review by the key case manager on