**CNAP CONSENT FORM**

The Complex Need Assessment Panel (CNAP) has been established to support children, young people and their families with complex needs on the Gold Coast and in Beenleigh. This service relies on the exchange of information between a number of agencies; which include government and non-government departments, tertiary institutions and other services. The meetings consist of senior staff from each department or agency and other personnel specifically relevant to each individual situation being presented.

To assist with interagency collaboration, we ask that you consent to the exchange of information between these services and personnel.

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| --- | --- | --- |
| Full current legal name: |  |  |
| Chosen name: |  |  |
| DOB: |  |  |
|  |  |  |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent / legal guardian / young person) consent to the exchange of information about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and relevant family information, within the services represented at the Complex Needs Assessment Panel. | | |
| I consent to the use of my / my child’s de-identified / identified information (please tick) for:   1. Quality and Research 2. External Auditing   Signature: | | |
| Date: |  |  |
|  | | |

**The panel process is a collaborative, co-case management model. The referring agency is expected to retain case management responsibility throughout panel involvement. Should the primary case manager close, it is important that details of the new primary case manager are passed to the panel facilitator.**

**CNAP Eligibility Criteria:**

1. A child unborn to 18 years of age
2. The child has multiple and complex needs. Complex needs are defined by breadth of need, that is, the child has multiple needs that are interrelated, as well as depth of need, the child experiences serious, severe or profound needs;
3. The child presents with challenging or complex needs that place them, or others, at risk of harm and require a response from two or more services / departments;
4. The child / young person / family / child guardian consents to the process and information being shared; and
5. There is evidence that the current service system has been unable to meet the needs of the child or their family and that only a collaborative and multi-agency approach can meet their needs.

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| --- | --- | --- | --- | --- |
| Date of referral |  |  | |  |
| **Referring Agency** | | | | |
| Referrers Name |  | Phone | |  |
| Agency |  | Email | |  |
| Role |  | Address | |  |
| Has this young person been previously supported by CNAP? | | | Yes  No *If yes, further info is needed.* | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Details** | | | | | | | | |
| Family Name (Legal) |  | | | DOB | | |  | |
| Chosen Name |  | | | Address | | |  | |
| Name (Legal) |  | | | Phone | | |  | |
| Access to a private motor vehicle? | Yes  No | | |  | | |  | |
| Gender | Male  Female  Other: | | |  | | |  | |
| Does client identify with Intersex Variance? | Yes  No  Unsure | | Does the client identify as: | | Lesbian/Gay  Bisexual  Transgender  Queer  Asexual  Pansexual  Other: \_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Cultural Identity | Aboriginal  Torres Strait Islander  Both  Neither  South Sea Islander  CALD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Family Details** | | | | | | | | |
| *Please include parents, legal guardians, siblings and people who reside with the young person.* | | | | | | | | |
| Chosen Name | |  |  | | |  | |  |
| Family Name (Legal) | |  |  | | |  | |  |
| Name (Legal) | |  |  | | |  | |  |
| Date of birth | |  |  | | |  | |  |
| Reside with yp? | | Yes  No | Yes  No | | | Yes  No | | Yes  No |
| Address | |  |  | | |  | |  |
| Contact number | |  |  | | |  | |  |
| Relationship to yp | |  |  | | |  | |  |
| Will this sibling potentially require a CNAP referral? | | Yes  No | Yes  No | | | Yes  No | | Yes  No |
| *Please include any other important people in the young person’s life (i.e. extended family, community supports)* | | | | | | | | |
| Chosen Name | |  |  | | |  | |  |
| Family Name (Legal) | |  |  | | |  | |  |
| Name (Legal) | |  |  | | |  | |  |
| Date of birth | |  |  | | |  | |  |
| Address | |  |  | | |  | |  |
| Contact number | |  |  | | |  | |  |
| Relationship to yp | |  |  | | |  | |  |
| Will this sibling potentially require a CNAP referral? | | Yes  No | Yes  No | | | Yes  No | | Yes  No |
| *Are there any current Family Court orders, AVO/ DVO which is relevant to the Young person or family?* | | | | | | | | |
| Yes  No  Comments if applicable: | | | | | | | | |

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| **Current agencies / health professionals** | | | | | | | | |
| Agency | Worker | | | Phone | Email | Supports offered | | Aware of CNAP referral? |
|  |  | | |  |  |  | | Yes  No |
|  |  | | |  |  |  | | Yes  No |
|  |  | | |  |  |  | | Yes  No |
|  |  | | |  |  |  | | Yes  No |
|  |  | | |  |  |  | | Yes  No |
| **Education** | | | | | | | | |
| *Please include all available information including as attachments WISC reports, absenteeism data, and any other reports or documentation deemed relevant.* | | | | | | | | |
| School | | |  | | Engagement with support staff? | | Yes  No  If yes, please provide contact details below | |
| Year Level | | |  | | Name | |  | |
| Address | | |  | | Role | |  | |
| Phone | | |  | | Email | |  | |
| Fax | | |  | | Phone | |  | |
| Email | | |  | | Work days (if relevant) | |  | |
| **Reasons for referral to CNAP** | | | | | | | | |
| *Please detail presenting concerns &/or background information which have prompted referral.* | | | | | | | | |
|  | | | | | | | | |
| **Interventions to date** | | | | | | | | |
| *Please detail interventions which may or may not have been successful and outline reasons for this / barriers encountered.* | | | | | | | | |
|  | | | | | | | | |
| *Please provide evidence demonstrating that the current service system has been unable to meet the needs of your client. (Include service system gaps if applicable)* | | | | | | | | |
|  | | | | | | | | |
| **Purpose of CNAP referral** | | | | | | | | |
| *What specific supports / services are being sought from CNAP?* | | | | | | | | |
|  | | | | | | | | |
| *Please outline what the young person / family hopes to achieve from this referral.* | | | | | | | | |
|  | | | | | | | | |
| *Please outline any safety concerns / risks you are aware of for workers visiting the family.* | | | | | | | | |
|  | | | | | | | | |
| **Strengths / Challenges and Additional Information** | | | | | | | | |
| *Please select the most relevant description for each domain based on your knowledge of the young person and their family.*  *Please provide detailed information for each domain.* | | | | | | | | |
| **DOMAIN** | | **ASSESSMENT, RATING & COMMENT** | | | | | | |
| **Living Situation** | | Please rate the **level of safety** for the young person in their current living situation. This relates to risk of violence, abuse, harassment, state of shelter or facilities, risk of homelessness:  High risk  Moderate risk  Low risk  Safe  Safe & stable  **Comment:**  Please rate the young person’s **level of well-being and care** in their current living situation. This relates to access to food & sanitation, clothing, sleep, opportunities for learning & play:  Needs not met  Not adequately met  Somewhat met  Basic needs being met  Needs well met  **Comment:** | | | | | | |
| **Education & Employment** | | Please rate the **level of participation** for the young person in current education and/or employment:  No participation  Low participation  Some participation  Active participation  High participation  **Comment:**  Please rate the young person’s **level of motivation** to engage in education and/or employment:  No interest  Low interest  Some interest  Actively engaged  Demonstrated success  **Comment:** | | | | | | |
| **Relationships with Others** | | Please rate the **quality** of the young person’s **relationships or social connections:**  Very limited  Limited  Some relationships  Good relationships  High social connectedness  **Comment:**  Please rate the degree to which the young person is **motivated to interact** with others:  No interest  Low interest  Some interest  Active involvement  Demonstrated success  **Comment:** | | | | | | |
| **Physical Health & Well-Being** | | Please rate the **general health status** of the young person. This relates to hygiene, nutrition, exercise, sexual behaviours and dental health:  Serious illness in crisis  Serious illness that is unmanaged  Illness not well managed  Chronic or acute illness is managed  Chronic or acute illness well managed or absent  **Comment:**  Please rate the young person’s **level of motivation** with respect to health behaviours:  No interest in improving health  Low interest  Interest in improving health  Active attempts to improve health  Demonstrated success in improving health  **Comment:** | | | | | | |
| **Drug & Alcohol Use** | | Please rate the young person’s level of substance use:  Multiple simultaneous substance use  Multiple, non-simultaneous substance use  Controlled drug use  Substance use under control  No usage  **Comment:**  Please rate the young person’s **usage patterns:**  Compulsive use  Situational use  Recreational use  Experimental use  No use  **Comment:** | | | | | | |
| **Mental Health & Well-Being** | | Please rate the young person’s **mental health:**  In critical crisis  In crisis  Resolving situation  Mainly resolved  No problem or well managed  **Comment:**  Please rate the young person’s **level of motivation** with respect to their mental health:  No interest  Low interest  Occasional participation  Active participation  High participation  **Comment:** | | | | | | |
| **Disability** | | Please rate the young person’s **disability status** (please skip if not relevant):  More than one disability that is unmanaged  Not well managed  Limited management  Reasonably managed  Very well managed  **Comment:** | | | | | | |
| **Safety & Legal Issues** | | Please rate the young person’s **level and risk of involvement** with **child protection services**:  High risk  Moderate risk  Low risk  Protective factors  Good protective factors  **Comment:**  Please rate the young person’s **level and risk of involvement** with the **Law** (i.e. police, courts, custody):  High risk  Moderate risk  Low risk  Protective factors  Good protective factors  **Comment:** | | | | | | |
| **Core Skills**  **(includes planning skills, social skills and self-confidence skills)** | | Please rate the young person’s **planning skills** (which include goal setting, problem solving & decision making skills):  Severely limited  Limited  Inconsistent  Some planning  Good planning  Please rate the young person’s **social skills** (which include communication & interpersonal skills):  Severely limited  Limited  Inconsistent  Some social skills  Good social skills  Please rate the young person’s **self-confidence skills** (which include coping & self-management):  Severely limited  Limited  Inconsistent  Some self-confidence  Good self-confidence  **Comment:** | | | | | | |
| **Strengths** | | Please provide details of the young person’s **strengths** ( these may be drawn from any context however referrers are encouraged to utilise examples from their own observations):  **Comment:** | | | | | | |
| **Child Development (including milestones)** | | Please provide information regarding the child’s physical, social, emotional and cognitive development as well as developmental milestones (i.e. growth, nutrition, fine and gross motor skills, language, sensory processing, memory, social skills, and theory of mind).  **Comment:** | | | | | | |
| ***The following domains are specific to parenting and are assessed from the parent/guardians perspective****.* | | | | | | | | |
| **Parenting** | | Please rate the **level of parenting quality and care**:  Severely limited  Limited  Inconsistent  Good care  High level of care  **Comment:** | | | | | | |
| **Family Safety** | | Please rate the **level of parental involvement** with **child protection services and the law:**  High risk  Moderate risk  Low risk  Protective factors  Good protective factors  **Comment:** | | | | | | |
| **Family Well-Being** | | Please rate the **well-being of the family / caregivers** (this relates to mental health, substance use, and personal / financial support):  Needs intensive support  Needs support  Resolving situation  Mainly stable  Well managed  **Comment:** | | | | | | |