

COACH Client Details

APPENDIX 10

Client Name:				Referral By:
Partners Name: (if applicable)				Date:
Contact Numbers:	Home:	Mobile 1:	Mobile 2:	
Address:				
Date of Birth:		Gender: M / F	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Living with partner <input type="checkbox"/> Other	
Centrelink Payment & Ref No:				
Children: (names and year of birth)	1) 2) 3)		4) 5) 6)	
Emergency Contact				
Cultural Identity				
Agencies Involved:	Workers Name	Contact Details:	Other	
	What of the following issues contributing to your current life circumstance? <input type="checkbox"/> Improving Relationships / Managing Relationship Breakdowns <input type="checkbox"/> Parenting <input type="checkbox"/> Financial and / or Legal Problems <input type="checkbox"/> Lack Of Employment <input type="checkbox"/> Health Problems (Physical & Mental Health) <input type="checkbox"/> Isolation (Lack of support networks – family, neighbours, friends) <input type="checkbox"/> Addictions <input type="checkbox"/> Need to develop some life skills <input type="checkbox"/> Other			

COACH Client Intake Notes

APPENDIX 10

Date:	Intake Notes
Issue 1. Isolation And Relationship Issues 2. Financial Difficulties 3. Social Interpersonal And Life Skills 4. Household Management 5. Parenting 6. Health And Addictions	How does this client match the COACH Assessment Criteria?
Signed	

Additional Notes

C.O.A.C.H. ASSESSMENT GUIDELINES

INTRODUCTION:

The COACH community mentoring program has been designed and is licensed by Mission Australia.

The program's inception began in 2004, with an initial one year pilot. Designed to mobilize and train people, within the church community, to be Mentors who reach out and support at risk, isolated and disadvantaged families within the local area with the aim of arresting a deterioration of these family's life circumstances.

FAMILY TARGET PROFILE & REFERRAL CRITERIA:

The program is primarily of an early intervention focus. It may also be a function of maintenance after a period of case management by community welfare organizations where a client has demonstrated a capacity to manage their life issues more effectively. The program is targeted toward families who have a child or children 12 yrs of age or under in their care.

Due to the program being resourced by volunteers (albeit carefully matched), a referral criteria has been developed (below) as a reference guide for community welfare services and schools when considering who may be a suitable referral into the program.

Families suitable for referral, may meet more than one of the criteria marked in the "YES" column. Careful consideration would be given to any family who have issues identified within the "NO" column before support would be offered. For these families a referral to a community or government agency may be appropriate.

YES – this is likely COACH	NO – THIS IS UNLIKELY COACH
<p>Isolation & Relationship Issues:</p> <p>Is the person experiencing isolation and relationship breakdown?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lacking positive immediate or family support? <input type="checkbox"/> Lacking positive social and friendship support? <input type="checkbox"/> Have a sense of being alone and unsupported? <input type="checkbox"/> Would benefit from receiving encouragement? 	<p>Isolation & Relationship Issues:</p> <p>Is the person experiencing current & frequent threats of violence?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is there frequent Police involvement? <input type="checkbox"/> Are there a current Intervention orders? <input type="checkbox"/> Are there regular episodes of violence? <input type="checkbox"/> Are there significant threats from a former partner in recent times?
<p>Financial Difficulties:</p> <p>Is the person experiencing low level financial difficulty?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Experiencing periodic financial difficulty that may place housing at risk, utilities at risk of being disconnected or children’s education needs at risk? <input type="checkbox"/> Presenting to material aid agencies for occasional support and would benefit from basic budgeting management? <input type="checkbox"/> Having difficulties on low income or Centrelink payments? <input type="checkbox"/> Finding it challenging self navigating the Centrelink system and advocating successfully for themselves? 	<p>Financial Difficulties:</p> <p>Is the person experiencing chronic and severe financial difficulty?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Regular and severe financial difficulty related to significant problematic & addictive behaviours. <input type="checkbox"/> Serious financial problems with no cause?

YES – this is likely COACH	NO – THIS IS UNLIKELY COACH
<p>Social , interpersonal and Life Skills:</p> <p>Is the person experiencing difficulty accessing or engaging with services within the community?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lacking the resources (transport time management skills) to access services within the community independently. <input type="checkbox"/> Requiring encouragement and advocacy support due to poor social and communicative skills. <input type="checkbox"/> Lack of confidence and low self-esteem. <input type="checkbox"/> Disengaging from successful support & may benefit from less formal support for maintenance. <input type="checkbox"/> Able to manage 12 month or similar engagement. 	<p>Social , interpersonal and Life Skills :</p> <p>Does the person have a history of making threats to others and difficulty in managing anger?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Significant Anger Management Issues. <input type="checkbox"/> Significant threats of violence to others. <input type="checkbox"/> Significant history of abuse & harm to others and or damage to property. <input type="checkbox"/> Currently engaged with multiple health & welfare programs & professionals to address complex ongoing issues. <input type="checkbox"/> Recent significant criminal activity.
<p>Life Skills & Household Management:</p> <p>Is the person experiencing some difficulty managing day to day life skills?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cooking, cleaning, shopping, transport. 	

YES – this is likely COACH	NO – THIS IS UNLIKELY COACH
<p>Parenting:</p> <p>Is the person struggling with the demands of parenting?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Struggling to communicate and relate with children positively and can benefit from basic parenting support and encouragement. <input type="checkbox"/> Children lacking confidence and struggling with the demands of school & socialisation. <input type="checkbox"/> Lack of recreational opportunity. 	<p>Parenting:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current involvement with Child Protection in response to long term problems. <input type="checkbox"/> History of significant interventions with Child Protection? <input type="checkbox"/> All children in the family aged above 12 years.
<p>Health & Addictions:</p> <p>Is the person experiencing health problems that affect their capacity to manage their family life?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Poor and chronic physical health. <input type="checkbox"/> Demonstrated insight into Managing their mental health issues (long term demonstration). <input type="checkbox"/> Recovered substance user who has had significant recovery and abstinence time. 	<p>Health & Addictions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Severe & chronic health issues that preclude undertaking normal activities & that require long term professional support. <input type="checkbox"/> Mental health issues that are not managed and contribute to the client being in regular crisis. <input type="checkbox"/> Substance using issues that are significant and not well managed.

AGENCY CONSENT FORM

Name: _____

Address: _____

Phone: _____

This consent will be used for the sole purpose of authorising the COACH Program to share and exchange information from the following services.

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Client Confirmation

I _____ authorise the COACH Program to discuss my situation with the above agencies.

Signed: _____ Date: _____

End date _____