

## Child and Adolescent Trauma Service

### Central West Women's Health Centre

The Child and Adolescent Trauma Service (CATS) is a trauma-informed counselling service for children, young people and their caregivers. Our services require parental/carer involvement; therefore, parents MUST be advised and consent to referral prior to submission. Please submit to [reception@cwwhc.org.au](mailto:reception@cwwhc.org.au)

#### **Parental Awareness and Consent Obtained:**

Yes  No  (Please do not proceed with referral until consent has been given).

#### **Referral Criteria**

The CATS team is divided into two criteria streams based on funding from either the Department of Communities and Justice or Other Grants. Please read the following criteria for each funding to advise if your referral is appropriate for our services.

#### Department of Communities and Justice Referral Criteria for Child/Young Person (Lvl 5):

Sexual Abuse/Assault: No  Yes   
Exposure to domestic/family violence/Neglect: No  Yes   
Involvement with the Joint Child Protection Response Program: No  Yes

*If you have ticked no to all the above, please check criteria below.*

#### Other Grants Referral Criteria for Child/Young Person (Lvl 4):

Anxiety No  Yes   
Depression No  Yes   
Behavioural Concerns (i.e. Autism/ADHD/ID) No  Yes

The Child and Adolescent Trauma Service is not a crisis service and therefore are not equipped to service high level needs such as schizophrenia, psychosis or immediate risk of suicide. Please refer to your local hospital team if these are concerns are present.

#### **Referrer Details**

Date of Referral:
Refers Name:
Referrers Organisation:
Referrers Number:

#### **Contact Details**

Child/Young Person being referred:	
Date of Birth:	Male/Female/Non-Binary/Trans
Address:	
School:	Year:
Parent/Carer Name:	Relation to Child:
Contact Number:	Belongs to:
Siblings + DOB/Age:	

**Reason For Referral**

Please explain what you are hoping for the young person to gain from our service as a result of this referral?

**Case Summary – Current Status**

Presenting problem (consider mood, risk concerns, behaviour, attachment style, social and emotional development, activities of daily living):

**Current Diagnosis, Disabilities and Medication**

Diagnosed Disorders/Disabilities:

Medication:

Current living situation (who lives at home/current ADVOs/Family Court Orders):

ADVO/Family Court Orders: No  Yes  (If yes, please provide a copy if accessible).

Current Suicide and Self-harm Risk:

Is there any risk to others? (including staff):

**Case Summary – History (If Known)**

Developmental History (what is known about the child's experience perinatal through to current day):

Mental Health History (Include previous suicide/self-harm risk/attempts):

Family History (Mental Health, Physical Health, Drug and Alcohol and Family Violence)

Previous Counselling History

**Is the child, young person or family currently involved with any other support services?**

Please list:

Please provide any additional, relevant documentation that may assist us in the assessment process (for example: physical health reports, psychological testing/reports, previous diagnostic reports, family court orders, ADVO/AVO's, hospital discharge summaries). If you, or a person you know is in immediate danger, please contact 000 or present to the local emergency department. Crisis support is available through:

Kids Helpline: 1800 55 1800

Lifeline: 13 11 14

1800 Respect: 1800 737 732