

KIND Referral Form



- K**inship
- I**mproving relationships
- N**o violence
- D**eveloping skills

KIND is a voluntary program for young people using violence, past or presently, in their family setting or intimate partner relationships.



The KIND program supports participants through:



Therapeutic support

Young people participate in one-to-one psychoeducational therapeutic sessions.



Skill building

Young people are supported to learn how to stay calm, communicate well, make safe choices, and build healthy relationships.



Voluntary participation

We work with young people to foster their own motivation for wanting to learn and change.



Tailored delivery

KIND covers 9 modules of content. Modules often take multiple sessions to complete. We go at the young person's pace.



Flexible location

Sessions can be held at Brisbane Youth Service. Pending safety, we can also hold sessions in community, in the home, or in carceral settings.



Supporting everyone

With consent, KIND can also work with the person/s affected by the violence (family and/or partner). Everyone has their own worker.

The KIND program can support young people who are:



Age 12-25

(12-14 on a case-by-case basis)



Any gender



Any sexuality



In Brisbane

(or can travel to meet there)



Have hurt or controlled family members and/or intimate partners

(current or past)



Want to work on their skills to build safe, healthy relationships

(including reducing violence)

Completing the referral

Email directly to: kind@brisyouth.org

Please discuss the referral with the young person to ensure they meet eligibility criteria and are willing to engage in KIND.

By completing this referral form, the young person is consenting to:

- Personal information being shared with BYS for the purpose of providing support.
- BYS storing personal information on a confidential client information management system for referral purposes.
- The BYS KIND team contacting them to discuss support.

The young person understands and provides verbal consent for this KIND referral to take place?

☐

Yes

☐

No

Referrer name:

Organisation:

Position:

Date of referral: (DD.MM.YY)

Young person's details

Full Name:

Date of Birth: (DD.MM.YY) Gender identity:

Pronouns: Cultural background:

Language group (if known):

Access needs:

Access needs might be sensory needs (such as low-light environments or fidget toys), reminder texts/calls before appointments, easy-read activities (if they find reading challenging) etc.:

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.....

Address:

Phone: Email:

Young person's details (CONTINUED)

Preferred contact method:

- ☐ Phone call
- ☐ Text/SMS
- ☐ Email

Safe to call and identify service:

☐ Yes ☐ No

Safe to SMS and identify service:

☐ Yes ☐ No

Safe to leave a voicemail:

☐ Yes ☐ No

Safe to email:

☐ Yes ☐ No

Please list any safety considerations when contacting the young person:

For example, can a voicemail be left on this number, what are the safest times or day to contact them?

Young person's situation

Reason for referral:

☐ Adolescent family violence

☐ Intimate partner violence

How would you rate the young person's readiness/motivation to engage in the KIND Program?

1 2 3 4 5 6 7 8 9 10

Low ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ High

Is the young person currently experiencing violence?

☐ Yes ☐ No

Details (including by whom):

Are there any mandate details or legal issues for the young person?

☐ Yes ☐ No

Sentenced, remand, probation, upcoming court dates etc. Please provide details:

Intervention Order in place (such as a DVO)?

☐ Yes ☐ No

Details:

Young person's situation (CONTINUED)

Housing and living situation

Does the young person have safe and stable housing? Who do they live with?

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.....

History of domestic and family violence

Within family or the life of the young person using violence:

.....

.....

Other known information that may impact how the young person shows up to KIND?

Select all that apply:

- | | |
|--|--|
| ☐ Learning difficulties (including challenges with reading and writing) | ☐ Mental health symptoms or diagnosis |
| ☐ Disability | ☐ Substance use |
| ☐ Something else we should know | |

Details:

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Other supports, services, or programs that this young person is engaged with

Details:

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Including the person/s being targeted by the violence

Our KIND program aims to engage with those being targeted by the violence (i.e. family member or partner/ex-partner), as this helps everyone feel supported and build a shared language about safety, emotional regulation, and healthy relationships.

Each person is allocated their own worker, and most sessions take place separately. Joint sessions are only held if everyone feels safe to do so.

Including the person/s being targeted by the violence (CONTINUED)

Is the young person being referred open to the inclusion of the person/s being targeted in the program?

☐ Yes☐ No

These discussions can be explored by the KIND practitioner with the young person directly if more appropriate.

Comments:

.....

Details of the person experiencing the violence

Name:

Relationship to young person:

Contact details:

Does the person targeted by the violence wish to participate in KIND?

☐ Yes☐ No

Use of violence



Please use your professional judgement to assess whether the young person should be present when filling out this section.

What types of violence are being used by the young person?

Tick all that apply and provide examples in the identified areas.

Physical

☐ Yes☐ No

For example, punching, kicking, hair pulling, slapping, spitting, preventing sleep or access to a bathroom:

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Verbal

☐ Yes☐ No

For example, insults, slurs:

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Use of violence (CONTINUED)**Emotional**☐ Yes ☐ No

For example, cruelty, manipulation, gaslighting:

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Financial☐ Yes ☐ No

For example, controlling / monitoring / spending others' money:

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Sexual☐ Yes ☐ No

For example, sexual assault, using threats/violence to coerce sex, reproductive coercion:

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Strangulation/suffocation☐ Yes ☐ No

For example, pressure to the neck with hands, body parts (forearm, foot), objects (belt, scarf, cord) etc., or limiting breathing by covering the nose/mouth with hands, objects etc. or applying pressure to the chest/lungs:

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Property damage☐ Yes ☐ No

For example, deliberately breaking windows or damaging personal belongings, setting fire to a person's property:

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Coercive control☐ Yes ☐ No

For example, imposing restrictions on access to employment and education etc., make threats of violence or other harm to instil fear and control:

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Use of violence (CONTINUED)

Stalking

☐ Yes ☐ No

For example, following around, monitoring their house:

Technology-facilitated abuse

☐ Yes ☐ No

For example, phone tracking apps, monitoring calls, texts and emails, harassment on social media platforms, image-based sexual abuse (“revenge porn”):

Other

☐ Yes ☐ No

For example, harm to pets, spiritual abuse, deprivation of liberty, systems abuse:

Worker assessment

Have you identified any worker safety concerns when engaging with this young person?

☐ Yes ☐ No

Please provide details:



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