

<p style="text-align: center;">ROC Tele-Mentors Referral Guidelines</p>	
<p style="text-align: center;">YES – this is likely ROC Tele-Mentors</p>	<p style="text-align: center;">NO – This is unlikely ROC Tele-Mentors</p>
<p>Isolation & Relationship Issues:</p> <p>Is the person/family experiencing isolation, poor well being or relationship challenges?</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"/> Has sense of being alone and unsupported? <input type="checkbox"/> Would benefit from receiving encouragement? 	<p>Isolation & Relationship Issues:</p> <p>Is the person/family 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/family 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 benefit payments? <input type="checkbox"/> Finding it challenging self navigating the benefit system and advocating successfully for themselves? 	<p>Financial Difficulties:</p> <p>Is the person/family 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?
<p>Social, interpersonal and Life Skills:</p> <p>Is the person/family experiencing difficulty accessing or engaging with services within the community?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lacking the resources 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 10 weeks of support /engagement on-line 	<p>Social, interpersonal and Life Skills :</p> <p>Does the person/family 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 programmes & professionals to address complex ongoing issues. <input type="checkbox"/> Recent significant criminal activity.

<p>YES – this is likely ROC ROC Tele-Mentors</p> <p>Life Skills & Household Management:</p> <p>Is the person/family experiencing some difficulty managing day to day life skills?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cooking, cleaning, shopping, transport. 	<p>NO – This is unlikely ROC Tele-Mentors</p>
<p>Parenting:</p> <p>Is the person/family 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 families struggling with the demands of schooling & 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/family 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"/> Becoming anxious & struggles with well being <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.