

CHCCCS004

Assess co-existing needs

Release 2

Learner guide

Aspire version 1.4



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Version control and modification history

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Release 2, version 1.1	April 2017	First release
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Release 2, version 1.3	December 2018	Minor corrections as part of our continuous improvement program
Release 2, version 1.4	July 2019	Updated to reflect the new Aged Care Quality Standards

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Before you begin

This learner guide is based on the unit of competency *CHCCCS004 Assess co-existing needs*, Release 2. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

This learner guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the learner guide you need to read, and which practice tasks and learning checkpoints you need to complete. The features of this learner guide are detailed in the following table.

Feature of the learner guide	How you can use each feature
Learning content	<ul style="list-style-type: none"> ▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
Examples and case studies	<ul style="list-style-type: none"> ▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints. ▶ Case studies highlight learning points and provide realistic examples of workplace situations.
Practice tasks	<ul style="list-style-type: none"> ▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
Video clips	<ul style="list-style-type: none"> ▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help 
Summary	<ul style="list-style-type: none"> ▶ Key learning points are provided at the end of each topic.
Learning checkpoints	<ul style="list-style-type: none"> ▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

The following table outlines specific foundation skills noted for your learning in this learner guide.

Foundation skill area	Foundation skill description
Learning	<ul style="list-style-type: none"> ▶ Understanding your job role, organisational procedures and legal responsibilities ▶ Managing your work and seeing how well you are going and making goals for yourself at work ▶ Seeking professional development opportunities for continuous improvement
Reading	<ul style="list-style-type: none"> ▶ Understanding how documents are presented and being able to navigate through documents ▶ Understanding industry- and job-specific terminology ▶ Interpreting key information in relevant documents ▶ Understanding routine workplace checklists and documentation
Writing	<ul style="list-style-type: none"> ▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	<ul style="list-style-type: none"> ▶ Clarifying instructions ▶ Providing information ▶ Supporting others through encouragement, negotiation and conflict resolution ▶ Using body language to model desired behaviour and responding to others' body language
Numeracy	<ul style="list-style-type: none"> ▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	<ul style="list-style-type: none"> ▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	<ul style="list-style-type: none"> ▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	<ul style="list-style-type: none"> ▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	<ul style="list-style-type: none"> ▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	<ul style="list-style-type: none"> ▶ Recognising opportunities to develop and apply new ideas ▶ Generating ideas by thinking of new ways to do something ▶ Making suggestions to improve work

Foundation skill area	Foundation skill description
Technology and digital literacy	<ul style="list-style-type: none"> ▶ Efficiently using digitally based technologies and systems correctly and safely ▶ Accessing, organising and presenting information ▶ Using equipment correctly and safely

What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Prepare for assessment	1A Identify and prepare assessment tools and processes	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Gather existing information about the person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Seek additional information from specialists and other sources	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Organise practical aspects of assessment in consultation	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1E Provide information about the assessment process and obtain consent	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Analyse the person's needs	2A Work within scope of own role	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Empower the person to identify and prioritise their own needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Evaluate needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Identify and analyse complex, multiple and interrelated issues	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
	2E Evaluate issues of urgency and eligibility	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2F Assess potential risk factors for service delivery	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Determine appropriate services	3A Consider service delivery and referral options	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Evaluate internal capability and other service networks	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Provide the person with service information	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Encourage the person to advocate on their own behalf	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Complete reporting	4A Document outcomes of the assessment	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Maintain and store the person's information	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4C Provide the person's information to other services	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 5 Evaluate assessment and referral processes	5A Seek feedback about assessment processes	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5B Monitor processes and their outcomes	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5C Routinely seek feedback	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5D Use feedback to improve processes	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic 1

In this topic, you will learn how to:

- 1A Identify and prepare assessment tools and processes**

- 1B Gather existing information about the person**

- 1C Seek additional information from specialists and other sources**

- 1D Organise practical aspects of assessment in consultation**

- 1E Provide information about the assessment process and obtain consent**

Prepare for assessment

It is essential to prepare for assessments to ensure the assessment process takes into account the different physical, emotional, social, cognitive and cultural needs of individuals. Establish rapport during initial consultations to identify the need for assessments. When you identify a need, negotiate an appropriate time and place for assessment, and inform the person about relevant policies, such as their right to privacy. The individual also needs to provide their written consent for the assessment. To ensure the individual understands the process, you may need to arrange for an interpreting service.

1A Identify and prepare assessment tools and processes

A diverse range of assessment tools and processes are available for use in the community services sector. Identification of the most appropriate assessment tool requires a thorough understanding of the types of tools available, their use in different contexts, and the processes, policies, procedures and guidelines of your organisation.

Community Service Organisations have standardised assessment tools and processes. It is important to familiarise yourself with these prior to conducting assessments. Take time to review the approved assessment tools and processes of your organisation. Clarify questions that you have about these tools and processes with your supervisor prior to conducting assessments.

When preparing for assessment, the following questions should be considered:

- ▶ Is an assessment required?
- ▶ What is the reason for the assessment?
- ▶ What issues/needs are we assessing?
- ▶ Which type of assessment will best address these needs/issues?
- ▶ Will the assessment tool be relevant to the person's individual characteristics and circumstances?
- ▶ What is my role in the assessment process?
- ▶ Does the person require referral to a more qualified or specialised agency for assessment?
- ▶ How will the assessment be conducted?
- ▶ Where should you conduct the assessment?
- ▶ What resources will you need to conduct the assessment?

Reasons for assessment

Reasons for assessment and the type of assessment required vary depending on the context and the person's specific needs. Determining these are key components of the assessment planning process.

You should clearly understand your role in this process, including the type of assessments you are expected to carry out and who, within or outside of your organisation, conducts other types of assessments. For example, a service coordinator may carry out an initial comprehensive assessment when a person first accesses the service, but other workers may be responsible for ongoing assessments or assessing specific needs. It is also important to understand when you should refer a person to another organisation for assessment that is outside the scope of your organisation's practice, such as a medical or a clinical mental health assessment.



Types of assessment

Peoples' individual situations and specific needs vary greatly, therefore the types of assessments needing to be conducted vary too. Who carries out the assessment will depend greatly on what services the organisation provides. For example, an aged care assessment service may assess individual who requires respite. A carer support service may also assess them to determine eligibility for the service.

The types of assessment organisations might provide include:

- ▶ comprehensive assessments when a person first joins a service to determine their needs and the services required
- ▶ crisis assessments when a person is experiencing an emergency
- ▶ periodic assessments to identify a person's changing needs
- ▶ assessments in response to a change in a person's personal circumstances or condition
- ▶ specialised assessments that focus on specific areas of a person's life, such as behaviour and physical or psychological needs.

Purposes of assessment

Your organisation's assessment policies and procedures will indicate when you need to conduct assessments to meet people's needs or identify changing needs.

Here are some examples of some different assessment types and reasons you may need to conduct them.

Assessments

1

Intellectual disabilities

Assessment will identify the person's IQ and determine eligibility for funding. People with intellectual disabilities are supported to access generic services and disability-specific services, which will make further assessments to determine the person's skill level and support needs.

2

Physical disabilities or impairments

Medical practitioners and physiotherapists carry out assessments to determine accessibility needs, skill level and needs regarding required support. People with physical disabilities are assessed to determine the level of funding required to support them.

3

Drug and alcohol use

People with alcohol and other drug issues will have medical assessments, behavioural assessments and needs assessment. These assessments can determine the level of support required.

4

People with mental health issues

Psychiatrist and general health practitioners can be involved in needs assessments to determine level of care required. An individual may need support with their medication needs, short-term intervention and/or longer skills developments.

5

Sensory impairments

Assessment through medical practitioners, depending on age, may involve aged care assessment services/team; support services providers and physiotherapists in relation to aids; and appliances that may support the person's independence.

6

Centre Against Sexual Abuse (CASA)

An adult or child who has been referred to CASA will undertake assessment to determine the best type of support required; for example, individual counselling coupled with small group work.

7

Homelessness

Depending on the support service, you can do some assessments through informal conversation to determine the level of support the person needs. The information from the informal assessment method is then transferred onto an assessment tool.

8

Behaviours of concern

Although assessment tools may differ, they all capture the same information about the antecedent to the behaviour, what the behaviour is, and the consequences of the behaviour. This is information referred to as the ABC of behaviours.

Identify need for assessment

Prior to assessment, look at what can be achieved if the assessment is conducted. Determine whether the person actually requires assessment, and if so, consider which form of assessment is most appropriate.

Here is further information to consider when identifying the need for assessment.

Determine assessment method

- ▶ The following will assist in determining the required assessment method:
 - Review a referral letter addressing why and how assessment should take place.
 - Check with the person to ensure they agree to undergo an assessment of needs.
 - Interview the person about their needs.
 - Where relevant, interview the individual's family about their specific needs.
 - Observe verbal and nonverbal cues and check with the person to ensure you have captured all relevant information.

Consider required outcomes

- ▶ Consider the required outcomes by asking the following questions:
 - What will assessment achieve?
 - How will outcomes affect the person?
 - Is the person capable of undergoing assessment?
 - Has assessment been recommended by another party?

Determine resources

- ▶ Resources required may include:
 - funding requirements for assessment
 - expertise to carry out assessment
 - assessment instruments or tools
 - the location of assessment; for example, a safe location.

Organisational policies, procedures and guidelines

Assessment, like all aspects of community services, should follow organisational policies, procedures and guidelines. Policies will specify the intention for conducting assessments, and procedures and guidelines will specify how to determine whether an assessment is required.

Work contexts will vary, as will reasons and types of assessments. Ensure you understand the policy and procedure implemented by your workplace when preparing to conduct an assessment. These may outline methods for determining whether assessment is required; for example, the organisational procedure may require assessment for all people entering a service. Another organisation may only require assessment if the person has not previously been assessed.

Identify and use assessment tools and processes

You may use different methods of assessment depending on the context and the person's specific needs. These methods include a strengths-based assessment, a domain-based assessment, a norm-based assessment and a competency-based assessment. A combination of these methods may be used, depending on the person's needs. Discuss the types of assessment used in the organisation with your manager or supervisor, and ensure that you follow organisational policies, procedures, protocols and guidelines when conducting assessment.



Strengths-based assessment

Community services operate from strengths-based service delivery models. Strengths-based assessment focuses on a person's strengths and competencies. This approach sees the individual potential and focuses on the resources the person already has access to. A strengths-based approach looks at building on individual strengths.

In contrast, problem-focused assessment limits the person's potential and emphasises the diagnosis or limitations. Give attention to what is not functioning with the person, which makes it easy for the person to become discouraged and/or develop further dependencies.

Advantages of the strengths-based perspective

- ▶ Empowers the individual by avoiding victimisation and focusing on the person's resources
- ▶ Limits stigmatising language
- ▶ Gives the individual being assessed a sense of ownership of their situation
- ▶ Enhances participation, encouraging people to identify their own strengths and available resources
- ▶ Gives the person a sense of hope and encouragement

A strengths-based assessment tool

An example of a strengths-based assessment tool is the Behavioural and Emotional Rating Scale (BERS), a standardised assessment tool developed to focus on strengths. The BERS is a 52-item scale that measures the behavioural and emotional strengths of children and adolescents. It measures how well the young person can regulate their behaviours and emotions, evaluates the quality of the young person's relationship to their family and measures the young person's perceptions of their achievements and competencies.

Domain-based assessment

Domain-based assessment, also called criterion-referenced assessment, occurs when assessing a person against a predetermined criterion or set standard. The assessment focuses on using a holistic approach to assess a number of domains of health and functioning, such as mental health, physical abilities, social needs or alcohol and other drugs (AOD). This is important for people with complex needs, as it is likely that their needs will fall across multiple domains.

Judgments are made about a person's performance; they either meet the criterion, or they do not. Consider the following examples of and advantages in using domain-based assessment.

Criterion

An example of domain-based assessment is a student who wants to study medicine at university. To do so, they must score 99 per cent on their final exams in high school; that is, 99 per cent is the criterion.

Demonstrating skills

Another example of domain-based assessment is demonstrating designated skills at a required level when attempting a driving test to gain your licence. The level of skill and the number of skills the driver is required to demonstrate are the criteria.

Advantages

A key advantage is that you do not need to assess the person against a large sample, so smaller, specific assessments can be conducted. Also, particular areas of the person's life may be assessed; for example, family relationships or cognitive functioning.

Norm-based assessment

Norm-based assessment, or norm-referenced assessment, assesses the individual in relation to a predefined population, known as a sample. It is a way of assessing an individual against their peers. Statistical methods are used to interpret norm-referenced assessment. Assessment data is collected from a standardised sample. The raw scores on the assessment are standardised into a bell curve. The mean, median and mode are calculated, as well as the standard deviation.

Here is some more information on norm-based assessment.

Raw score and bell curve

- ▶ The raw score is the actual score on the assessment, prior to standardisation. For example, 6/10 is the raw score on an assessment where 10 is the highest score.
- ▶ A bell curve is a symmetrical curve that represents the normal distribution of scores. A rank of 50 is the middle score (at the highest point on the curve), indicating that 50 per cent of people score higher and 50 per cent score lower.

Mean, median and mode

- ▶ The mean score is the average score. For example, to obtain an average of the following scores, add each score and divide by the number of scores: $5 + 6 + 2 + 6 = 19 \div 4 = 4.75$
- ▶ The median is the middle score. If you ordered the given scores, the median score is between 5 and 6 = 5.5
- ▶ The mode is the score that appears most frequently. In the given set of scores, the mode score is 6.

Standard deviation

- ▶ Standard deviation describes the variance or dispersion of a sample; that is, how spread out the scores are and how far away they are from the mean.
- ▶ A small standard deviation implies that scores are clustered around the mean.
- ▶ A larger standard deviation means scores are more spread out.

Advantages of norm-based assessment

- ▶ This assessment gives the individual scores a context. It allows the assessor to determine how the individual compares with other people in a similar situation. For example, norm-based assessment can determine that a child's score of 5/10 on a skills assessment is below average when compared to other children in their age group, who average 6/10.

Wechsler Intelligence Scale for Children

- ▶ An example of norms-based assessment is the Wechsler Intelligence Scale for Children, an intelligence test that assesses children against normative samples. Scores are given as percentages and compared to scores in the sample. For example, if a child scores 85 per cent on an item, and the norm mean for that particular item is 81 per cent, the child has scored above average on that particular item.

Competency-based assessment

Competency-based assessment is the process of assessing a person's competencies in different areas. The person being assessed must demonstrate a skill under a set of conditions, and demonstrate evidence of competency. They are then deemed competent or not yet competent.

Here is further information about competency-based assessment.



Competency-based tools

Competency-based assessment is often used in a work or educational context. The person being assessed can build on their skills and competencies through training.

A variety of assessment techniques and procedures can be used when assessing competency, including observation, written tests, oral tests or questioning, simulation exercises and role-plays, case studies or reports and portfolios.



Assessment emphasis

Assessment emphasises resources, rather than problems, and encourages participation. In mental health and social work, competency-based assessment focuses on person's strengths, coping and management strategies, and how environmental stressors affect the individual. It also takes a holistic approach, assessing the individual in their social, biological and psychological contexts.

As assessment used in community services is more strengths-based than problem-focused, it is more empowering to the individual being tested than some types of assessments.



Functional assessment

Competency-based assessment can be used to assess the individual's current life situation, such as their:

- ▶ cognitive functioning, including perception, motivation and problem-solving abilities
- ▶ emotional functioning, including current stressors that may affect emotional stability
- ▶ behavioural functioning, including the person's physical appearance, mannerisms and speech
- ▶ interpersonal or family issues, including the person's relationship to family members and current stressors.

Assessment questions

Assessment can be performed through observation, testing and asking questions. Most assessments need to be completed over time to ensure the information collected is an accurate depiction of needs. For example, assessing for dementia should not be done in one assessment setting.

These questions may need to be answered when carrying out an assessment:

- ▶ What skills, attitudes, motivations, perceptions, strengths and potentialities does the person possess?
- ▶ How does the person demonstrate coping strengths?
- ▶ How does the individual demonstrate resilience?
- ▶ What social support networks enable coping mechanisms?
- ▶ What resources are available to the person?
- ▶ How has the individual used coping mechanisms in the past?

Assessment tools or screening instruments

Most organisations have standard procedures and tools for collecting and assessing a person's information. Using these ensures the information you obtain is comprehensive and covers all the issues you need to examine. Within your organisation's assessment protocols, you may use a range of tools and methods to assess people's needs including interviewing them, reviewing their files or health records, direct observation, consulting others, asking them to fill in questionnaires, or administering specialised screening or assessment tools.

There are many specialised screening and assessment tools to assess specific areas of wellbeing or functioning.

Examples of tools

- ▶ The Mini-Mental State Examination (MMSE) is a commonly-used test designed to quickly evaluate a person's current mental state and cognitive skills.
- ▶ The Severity of Dependence Screening Instrument (SDS) is used to assess the degree of a person's drug or alcohol dependence.
- ▶ The Caregiver Strain Index (CSI) is designed to identify caregiver stress and need for support.
- ▶ The Geriatric Depression Scale (GDS) is used to identify depression in older people.
- ▶ The Duke Social Support Index (DSSI) is used to measure a person's level of social support.
- ▶ The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) screens for levels of substance use in adults.
- ▶ The DMI-10 Self-Report Questionnaire is designed to determine the severity and duration of depression.
- ▶ The Edinburgh Depression Scale is a 10-item self-rating scale used to screen pregnant women and postnatal women for depression.
- ▶ The Antenatal Risk Questionnaire (ANRQ) is used to identify risk factors for depression in pregnant women.
- ▶ The Postnatal Risk Questionnaire (PNRQ) is used to identify risk factors for depression in women following the birth of a child.

Administration of assessment tools

It is important that workers only use tools and procedures that their organisation has adopted or approved of. Do not use a tool or procedure that you used while working for another agency. When you use the tools adopted by the organisation you are currently working for, you are following their approved procedures and guidelines. This means you are fulfilling your responsibility to the organisation and meeting your duty of care obligations to people using the service and others.

A professional, such as a psychologist, who is trained to interpret the results, must administer some assessment and screening tools. Others can be used by anyone working in human services as an additional tool for obtaining information about individuals. Many of these instruments are available on the internet.

Reliability and validity of assessment tools

Assessment tools must be as reliable and as valid as possible. Reliability and validity are affected by how objective the variable is and the conditions under which the assessment is conducted.

Here is some more information on reliability and validity.

Factors to consider

Imagine you are assessing an individual's happiness. Assessing happiness is difficult, because the conditions in which you assess a person's happiness will vary daily. At nine o'clock, the person may rate their level of happiness as high, but at three o'clock, they may rate the level of happiness as low. Which score would you use? Some of the factors that may affect responses are the weather, time of day, where the test is conducted and the assessor's tone of voice. Furthermore, the person may have a different interpretation of happiness than the assessor.

Error and standardised instruments

Assessment instruments always contain an element of error. The variable you are testing for will affect how accurate the testing instrument is. There is also error when testing for constructs such as intelligence and happiness, because these concepts are less concrete than factors like height and weight.

Assessment instruments should be standardised, which is the process of implementing guidelines so as many variables as possible are controlled, and the reliability and validity of the instrument is increased.

Assessment reliability

Reliability is the extent to which measurements are consistent. To be reliable, the assessment should produce similar results on separate occasions. Height and weight are considered reliable measurements. For example, if a set of scales is reliable, it will weigh an orange as 200 grams one day and as 200 grams again the following day.

An intelligence test is reliable if it produces similar results on two separate occasions, when testing has been done under similar, standardised conditions. However, an intelligence test is less reliable than a set of scales, because intelligence is a more fluid construct than weight. Here is an example of four different forms of assessment reliability.

- 1 Internal consistency**

Internal consistency refers to how strongly the items on the assessment relate to one another.

Internal consistency is high if a respondent agrees with the item, 'I have difficulty getting out of bed in the morning' and disagrees with the item 'I generally wake up feeling happy and energetic'.
- 2 Test-retest reliability**

Test-retest reliability refers to how stable the assessment is over different conditions.

Test-retest reliability is high if a person is found to have an overall IQ of 91 on one administration, and, when tested again with variations of the questions, is found to have an overall IQ of 91.2.
- 3 Parallel forms of reliability**

Parallel forms of reliability refers to how strong the correlation is between two different tests that have been constructed and administered in a similar way.

Parallel forms of reliability are high if two similar scales for depression are administered in succession in the same room under the same conditions and produce similar results.
- 4 Inter-rater reliability**

Inter-rater reliability refers to how similar assessment results are when an assessment instrument is administered by two different assessors.

Inter-rater reliability is high if a personality test is administered by two different assessors under similar conditions and produces similar results.

Validity

Validity of an assessment relates to its usefulness or accuracy in measuring what it is intended to measure. For example, a set of scales are valid if they measure weight. An intelligence test is valid if it measures intelligence.

Here are examples of four different types of validity.

Face validity

- ▶ Face validity refers to whether the assessment instrument appears to measure what it claims to measure.
- ▶ Face validity of a self-efficacy assessment is high if the assessor reads through the questions and believes they accurately assess self-efficacy.

Content validity

- ▶ Content validity refers to whether the assessment instrument covers the range of content it claims to cover.
- ▶ Content validity of an assessment for coping and resources is high if all the questions in the assessment refer to coping mechanisms and resources.

Criterion-related validity

- ▶ Criterion-related validity refers to how well the assessment instrument can be used as a predictor for another related variable.
- ▶ Criterion-related validity is high if an assessment of drug and alcohol usage correlates with how much and how often drugs and alcohol are consumed.

Construct validity

- ▶ Construct validity refers to how well the assessment instrument represents the underlying construct.
- ▶ Construct validity of a happiness assessment is high if the assessment tool produces similar results to a different happiness assessment.

Organisational checks for validity and reliability of assessment tools

An organisation will have procedures in place to guide assessors into using assessment methods that produce valid and reliable measurements.

Ensuring assessment methods are valid and reliable

- ▶ Consult organisational procedures to determine validity and reliability of screening tools and assessment instruments used by the organisation.
- ▶ Clarify with supervisor, colleagues and relevant social networks, such as professional body, to determine reliability and validity of screening tools and assessment instruments.
- ▶ Ask questions in interview that have been suggested/ approved by organisation/ accredited body.
- ▶ Follow organisational procedures for conducting interviews and making observations, to ensure that assessment procedures are reliable and valid.
- ▶ Consider variables that may impact of the reliability and validity of assessment, such as timing and environment for assessment.

Identify need for assessment

The following example follows the steps followed by a worker who notices a change in a person that she provides care to.

Scenario

- ▶ Judy is a 60-year-old lady with Down Syndrome, and is being cared for by her mother, Nancy, who is 85 years old. Judy usually attends a day centre program five days a week, but lately the staff have noticed that her attendance has been sporadic. On the days she attends, the staff noticed that she has lost weight, her clothes are unwashed and her hair is not brushed. Judy tells staff that she has not had a shower for several days because 'Mum has been too sick to help me'.

What will be achieved?

- ▶ Wendy is a carer at the centre. She knows Judy well and believes that these changes are very out of character for Judy. Wendy has discussed her concerns with her supervisor who suggested that Nancy and Judy may benefit from an assessment. The supervisor explains that an assessment will help to determine what factors have contributed to the changes being observed, to identify needs that require support for both Nancy and Judy and to identify possible funding options available to access services. Wendy and her supervisor agree that an assessment would enable Nancy to care for Judy by providing support where required and to enable Judy to return to her optimum weight, level of personal care and participation in her usual daily activities.

Does the person require assessment?

- ▶ Wendy is aware that the organisation's guidelines stipulate that assessment is deemed necessary in response to a change in a person's circumstances or condition. Due to the significant changes in Judy's appearance, participation in daily activities, and circumstances at home, Wendy decides that an assessment is warranted to determine Judy's personal care, hygiene, nutrition and activity of daily living needs. Wendy also decides that an assessment is warranted for Nancy due to her age, ill health and responsibilities as sole carer for Judy.

Which assessment is most appropriate?

- ▶ Wendy consults the organisation's procedures and guidelines, which indicate the assessments required are outside the scope of her organisation. The guidelines outline the process for engaging an assessment team, so Wendy refers Judy to an appropriate agency that is capable of conducting assessment of her mobility, hygiene, personal care, diet and emotional needs and social activities. She also refers Judy for a GP assessment to determine if there are any underlying physical causes for her weight loss. Wendy also refers Nancy to the agency to undergo a Caregiver Strain Index Assessment to assess her current situation and to identify possible support requirements. She refers Nancy to her GP for a physical assessment to identify any underlying illness that may require treatment.

Practice task 1

1. What are the benefits of applying a strengths-based approach to an assessment?

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2. How should the need for assessment be determined?

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3. List two types of assessment tools that an agency can use to conduct assessment for new people accessing a service for the first time. What is the aim of conducting assessment for a new person entering the service for the first time?

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4. List two factors that may affect the reliability of an assessment. How can these factors influence assessment results?

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5. What is a bell curve and what does a rank of 50 indicate?

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Click to complete Practice task 1

1B Gather existing information about the person

When preparing for assessment, you need to gather existing information about the person. The assessment process will vary from case to case, and organisation to organisation. The type of questions asked also depends on the person's needs and the assessment circumstances. Always ensure you give the individual the opportunity to ask questions and consent to the process before proceeding.

The elements of gathering information for assessment are explored here.

Assessment types

- ▶ Self-report – Interviewing the person while considering the factors that may affect the person's ability to self-report accurately, such as acute illness or confusion
- ▶ Informant reports – Information from GPs, other health professionals, family members or other service providers
- ▶ Health records – Medical records, previous assessment reports and referrals from health professionals
- ▶ Direct observation – Asking the person to perform a certain task
- ▶ Indirect observation – Observing the overall presentation of the person; for example, their body language, tone of voice and personal hygiene

Key areas

The assessment process generally covers the following key areas:

- ▶ Obtaining essential information, such as the person's contact details, date of birth and next of kin
- ▶ Obtaining the person's medical/family history, such as history of mental illness, history of drug abuse or hereditary factors
- ▶ Obtaining information about the person's current situation, such as current medications, current feelings and experiences, and current financial situation
- ▶ Determining future or predictive risk factors, such as medical risks, risks of drug overdose, risk of homelessness or risk of financial stress

Other processes

Other assessment processes that may be used include:

- ▶ a genogram – a diagram of family relationships and interrelationships, including history of family stressors and traumatic events
- ▶ an eco-map – a visual representation of family and social support networks and resources
- ▶ specially-designed scales and rating systems – such as the environmental cleanliness and clutter scale.

Gather existing information

The stages of the assessment process include gathering a range of information about people from a variety of sources; collating and analysing the information to interpret the result; and presenting a report that summarises the most relevant information and prioritises the person's needs for service delivery.

Consider the sources of information and the use of a combination of procedures, as explained here.

Information sources

You may have obtained assessment information from a range of sources, including:

- ▶ interviews with the person
- ▶ questionnaires
- ▶ specific screening tools, such as the Severity of Dependence Screening Instrument (SDS)
- ▶ speaking with the person's family members, guardian, carers and friends
- ▶ speaking to other workers and service providers
- ▶ observing people.

Combination of procedures

You may have used a combination of these assessment procedures to assess multiple needs. For example, you may have:

- ▶ used the alcohol and other drug (AOD) screening tool to determine the person's degree of alcohol dependency
- ▶ spoken to the person's family members and interviewed the person about their financial situation
- ▶ consulted medical records and reports from medical professionals
- ▶ conducted an interview to determine the person's current mental state.

Analyse information

How you analyse information depends on the type of assessments conducted, the assessment tools used and your organisation's guidelines.

The following information illustrates different types of assessment information you may need to consider when analysing assessment results.

Assessment domains

It is likely that you will consider information in a range of domains of the person's life; for example, their psychological, social/emotional, physical, spiritual and cultural needs. Much of this information can be obtained by talking with people and those familiar with them. You may also consider information from observation and screening tools; for example, you may refer a person to a psychologist to assess levels of depression.

Competency-based assessment

To assess and interpret personal needs in some areas, you may need to observe people or have specialists conduct competency-based assessment. This may involve using a checklist to observe a person as they undertake specific activities. The checklist helps to assess a person's skills in a consistent way and across a number of areas, allowing you to draw conclusions about their competency in these areas.

Norm-based assessment

Norm-based assessments let you compare a person's level of functioning or other characteristics against other people in their particular situation or age group. This will tell you where a person is on a standardised scale for a particular characteristic; for example, a person may be considered very underweight based on norms for their height and age.

Assessment tools – reliability and validity

It is important to consider the reliability and validity of the results when using questionnaires and screening tools. The tools should accurately measure what they are supposed to, and they should be reliable in that they produce the same results across time and can be interpreted in the same way by different workers.

Consulting with others

You may need to consult with workers or service providers who have provided input to the assessment process. For example, where a psychologist has identified that a person is depressed, you may need to discuss how this may affect areas of a person's life, such as their ability to engage in self-care tasks and relate to others. Do not attempt to interpret results outside your own scope of practice.

Person individuality

When analysing an individual's information, always be mindful that each person is an individual with unique characteristics and needs. Take a person-centred approach by recognising that the person is the expert in their own life, and that the needs and concerns they identify themselves are usually the most important to them. Always take person strengths into account, as well as areas of concern.

Analyse existing issues

When analysing existing issues, it is important to take a structured approach to ensure that you identify and explore the needs of the person. You must consider their goals and desired outcomes along with options and possible solutions. You can achieve this by adopting a problem-solving strategy.



Use existing information

Take time to review the following problem-solving process.

Problem-solving process**1****Step 1: Identify the problem**

A person presents with an AOD dependency, signs of domestic abuse and indications of depression.

2**Step 2: Explore the problem**

Conduct a multi-disciplinary team meeting to discuss assessment results. Discuss the implications of results and needs priorities. Involve the person in discussions. Present the results and ask how they would assess their own safety and which actions would be of greatest benefit.

3**Step 3: Consider goals or desired outcomes**

Meet with the person and relevant stakeholders to discuss goals and desired outcomes. Prioritise safety. For example, the person may decide the most important outcome is to move away from domestic abuse, and then begin to address mental health and AOD issues. Record goals and outcomes.

4**Step 4: Look at alternatives**

Consider options for achieving the desired outcome. For example, assist the person to consider where they will move to when they leave the abusive relationship, and how planning should proceed to allow them to leave safely. As well as the person with support needs, you may need to consult others, such as your supervisor.

5**Step 5: Select a possible solution**

Choose a solution that seems to best resolve the issue and meet the needs of the parties involved. For example, develop a plan of action for supporting the person to leave the relationship and begin to address other complex issues.

6**Step 6: Implement the possible solution**

Record goals, actions and outcomes, seek agreement with the person about proceeding with a plan, and support the person to implement actions. For example, liaise with a refuge about supporting the person in the short-term, and facilitate the person with the transition.

7**Step 7: Evaluate**

Evaluate how this solution worked. If after a time it does not seem to have given suitable results, consider other options. For example, if the person was unable to leave the abusive relationship, discuss alternative options, such as counselling.

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2. List three ways that you could collect further information about Rory to ensure that you have sufficient information for assessment.

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Click to complete Practice task 2

1C Seek additional information from specialists and other sources

To be clear on which assessment procedures lie outside your scope of practice, you can consult your supervisor, colleagues, organisational policy and professional body. You may identify the need to engage a specialist to assist with the assessment process.

A specialist can help you in a range of ways, including administering the assessment, analysing the assessment results, making decisions about a person's needs and determining development goals.



Methods to collect information

The methods used to collect information will vary depending on the person's needs or the issues you are assessing. Your agency guidelines for assessment will outline the approved methods of assessment for your organisation. Assessors must ensure that a person's right to privacy and confidentiality are maintained when collecting, storing, handling or discussing information.

Common methods of information collection include:

- ▶ conducting an interview with the person
- ▶ direct and indirect observations
- ▶ the use of assessment or screening tools
- ▶ reviewing records
- ▶ interviews with family/carers
- ▶ discussion with other service providers
- ▶ discussion with other staff or supervisor
- ▶ reviewing referral letters or correspondence from other service providers
- ▶ reviewing case files, reports and notes
- ▶ participating in case conferences
- ▶ participating in multi-agency meetings
- ▶ discussion at in-house staff meetings
- ▶ reviewing referral letters or correspondence from other service providers
- ▶ reviewing case files, reports and notes.

Seek additional information

A comprehensive assessment involves gathering a range of information from a variety of sources. Accessing information from other service providers requires informed and written consent from the person who you are assessing. All information requested must be relevant and necessary for that assessment. All documentation, correspondence and consultation must be managed in accordance with your organisation's records management and its privacy and confidentiality policies and guidelines.

Request information

You will need to complete a request for information form when requesting documents from a third party service provider. This form contains information about the identity of the person and the reason for request. This form also contains a section to be completed and signed by the person to indicate consent to release information. Your organisation must approve the request for information form for use. Check with your organisation's policy and procedures and discuss with your supervisor to identify and locate your organisation's approved request for information form. Take time to familiarise yourself with your agency's approved process for obtaining records and information.

Ways of obtaining additional information

Requesting a meeting to discuss patient with other service providers

Participating in case conferences

Discussion with other service providers

Interview or discussion with family or carers

Discussion or meeting with your supervisor

Requesting documentation, reports or correspondence from a third party service provider

Engage the assistance of specialists

There may be occasions when you need to consult specialists about higher-level assessment or specialist needs assessment. Here are examples of various specialists who you may consult while assessing people with complex care needs.

Supervisor

Your supervisor can provide you with guidance regarding assessments and may be qualified to conduct higher-level assessments. They may also have access to further information about analysing assessment results.

Health professional

Health professionals conduct medical or functional assessment and provide specific services such as counselling, medication, and therapy. For example, a nurse, GP or psychologist should conduct a depression-screening questionnaire. The health professional should also provide information about assessment results and outcomes.

Clergy – pastoral care

Clergy/pastoral care providers and other religious figures can provide comfort and guidance when people require spiritual or religious support. If an assessment reveals that an individual has a spiritual interest and they express a need for emotional support, a pastoral care provider may be appropriate.

Grief and loss

The National Association for Loss and Grief (NALAG) can provide the names of counsellors who specialise in supporting people who are experiencing grief, loss and trauma. Palliative care associations can provide referrals to palliative care professionals and hospices for people with terminal illnesses.

Specialist association

Many associations and community organisations that provide support to people with specific health issues and conditions such as diabetes, cancer, multiple sclerosis, mental health conditions, AOD issues and disabilities. There are also organisations to support veterans and war widows.

Support groups

Support groups exist for many issues and conditions. The purpose of these groups is to provide self-help and mutual support for people with a range of concerns and conditions. Group members can share experiences and their coping strategies.

Work with specialists

Establish sound working relationships with specialists and other service providers through regular liaison. For example, if you are working with a person who requires an AOD or mental health assessment, you need to liaise and exchange information with the appropriate people (with the individual's consent) to provide effective and coordinated services.

Building a good working relationship involves:

- ▶ being courteous and respectful
- ▶ using appropriate communication skills, including clear written communication
- ▶ returning phone calls and emails promptly
- ▶ making yourself familiar with their service guidelines, such as their referral procedures and opening hours
- ▶ attending case management meetings as required
- ▶ keeping your records and person file notes up to date
- ▶ providing reports and relevant information as requested.

Determine the range of issues

Each person has their own unique set of circumstances and issues that impact on their individual needs. To determine the range of issues and their impact on a person's needs, you should adopt a holistic approach when conducting assessment. A holistic assessment takes into account a number of domains of health and functioning such as mental health, physical abilities, social needs or alcohol and other drugs (AOD) use.



Holistic approach to assessment

During a needs assessment, it is important to take a holistic approach to ensure you address the various domains of the person's needs. Since domains can affect one another, it is important to consider the person's needs collectively (rather than individually) when conducting a complex needs assessment. For example, a person who is experiencing pain because of a medical condition may have crossover effects in other domains, including social and psychological or emotional areas. Pain can cause a person to feel anxious or withdrawn, leading to social isolation. Relevant support staff should continually assess the effects of one domain on others.

Here is an explanation of the domains of needs.

The domains of needs

Social – a person's social interactions with others, including family members, program or service staff and other service users

Cognitive – a person's ability to understand rules, and participate effectively; examples include dementia and intellectual disabilities

Spiritual/cultural – beliefs and cultural practices can play an important role in lifestyle; examples include religious beliefs and customs

Physical/medical – a person's ability to participate in tasks that require dexterity; examples include physical disabilities and medical conditions

Psychological/emotional – can impact on their desire and ability to benefit from activities; examples include grief and depression

Seek additional information

The following is an example referral form to communicate with a specialist when seeking secondary consultation.

Referral form**Client details**

Name: Emmanuella Salako

Date of birth: 1/2/1991

Address: No current fixed address

Consent to release information

Completed: Yes No

Filed: Yes No

Copy attached: Yes No

Date: 1/4/2017

Referred to: Psychologist, Ana Valour

Reason for referral: During the intake interview, Emmanuella advised that she frequently thinks about suicide to the point of making plans. She stated during the assessment interview that she would like counselling to address this.

Relevant history

Emmanuella presents with:

- a heroin dependency
- borderline personality disorder
- risk of kidney failure.

Emmanuella has been involved in sex work and drug trafficking. She currently has no medical or psychological support and is unemployed.

Emmanuella has made one suicide attempt six months ago and was hospitalised as a result.

Name:

Signature:

Position: AOD intake assessor **Contact details:**

1D Organise practical aspects of assessment in consultation

Organisation of the practical aspects of assessment involves coordination of the time and place of the assessment in consultation with the person who you are assessing, their family/ carers and other service providers. It is important to ensure that you have informed the person about the assessment process, about the need for assessment and about who will have access to information. If you do, the assessment process can take place with informed consent. The service provider has a responsibility to ensure that they take into account legal and ethical considerations when organising assessments. The service provider must also ensure that the appropriate resources to carry out the assessment are available.



Organise setting

It is important that you choose or set up the assessment environment to promote the feeling of security and comfort for the person with support needs. Ensure you negotiate with the person prior to scheduling the assessment location to ensure their needs are met, and assessment can take place in a way that increases the assessment's reliability.

Ideally, the environment for the assessment should:

- ▶ suit both the person and the assessor
- ▶ increase the person's comfort and security
- ▶ be private and allow for confidentiality
- ▶ not be noisy or disruptive
- ▶ be safe and comfortable; for example, have adequate lighting
- ▶ be easy to access; for example, have wheelchair access if necessary
- ▶ be appropriate for the type of assessment; for example, if a person is being assessed for mobility, they need enough room to demonstrate their current mobility skills
- ▶ have the required resources; for example, there should be enough light, tables, and chairs available if a written assessment is being conducted.

Schedule a suitable time

You should always schedule assessment times in consultation with the person with support needs. The time of assessment should meet the requirements of both the assessor and the person. You may be arranging an assessment that involves other parties, such as the person's family members or a health professional. Ensure the scheduled time suits all relevant parties and that you inform all people of the time and place well ahead of schedule so they can make arrangements.

In all contexts, it is important to arrange an appropriate time and place for assessment to occur.

Considerations for scheduling an assessment

- ▶ Comfort of the person in the assessment environment
- ▶ Effect on the assessment if the person does not feel comfortable in the assessment environment
- ▶ Ability of the person to access the assessment location
- ▶ Suitability of the scheduled time for the person, the assessor and any other relevant parties
- ▶ Need for a reminder about assessment time/place prior to the scheduled assessment

Organise assessment

To ensure assessment results are both reliable and valid, you need to ensure the scheduled time of day does not confound the results. A confounding variable refers to a hidden variable that confuses the appearance of the results. For example, if you were assessing attention, tiredness would be a confounding variable. The time of day you conduct the assessment is important in this scenario, because assessment in the morning would produce different results than late in the day, when the person is tired. Speak to the referrer, such as the nurse or medical professional, about the person's individual requirements before scheduling an assessment.

Work directly with the person and the referrer, if necessary, to schedule an assessment time that is appropriate for everyone involved. It may be necessary to remind the individual and relevant parties about the appointment time. Always follow organisational guidelines for reminding others about scheduled assessments.

Factors to consider when arranging a time for assessment

- ▶ Can all parties make the scheduled assessment time?
- ▶ Will the time of day affect the results of the assessment? For example, if the person has medication with food, is it appropriate to arrange an assessment after meal times?
- ▶ Is the assessment location available at the time of the scheduled assessment?

Consult the person

The following provides guidance on ensuring the person being assessed can make an informed decision.

Briefing the person

You should make all decisions in consultation with the person being assessed. If the individual is not able to communicate, ensure that an interpreter, guardian or advocate is engaged to represent the person's interests.

You should also formally brief the person about the assessment results. Depending on what the person wants and needs, you may be able to do this over the phone, or in a face-to-face interview. In addition, you may be required to prepare and present a document that summarises the reports. Organisational guidelines and protocols for communicating with people will guide this process.

Presenting options

Present options and informing the other person of their rights.

Present the options for service delivery to the person, focusing on areas to be prioritised. For example, a person with a disability and AOD issues should be informed about:

- ▶ relevant disability support and AOD agencies
- ▶ how to access the agencies
- ▶ the cost and whereabouts of the agencies
- ▶ how the agency can meet their needs.

Also, inform the person about their right to make a complaint or refuse a service. You need to explain in detail the avenues for making a complaint, so the person is empowered to make a complaint or refuse a service if the need arises.

Respect and consent

When liaising with the person about assessment results and service delivery options, be sure to:

- ▶ be calm and courteous
- ▶ treat them with respect
- ▶ be fair; present the person with all alternatives and make available all information.

Ensure the person has the support required to access and understand the provided information.

Always obtain consent from the person before you take action, or before personal information is released to other agencies.

Obtain informed consent

The Victorian Charter of Human Rights states that 'Consent must be voluntary, and the person must be given sufficient information about assessment to make a decision'. This is known as informed consent. Other state and territories use different words in official policy. For example, in Queensland the term 'informed decision making' is preferred, as it implies a less passive transaction for service users. There is a broad range of definitions that reflect the ethical, legal and practical conceptions of this term. People have a moral right to autonomy over their own bodies.



Record of service user's decisions

You must obtain a record in writing of any informed decision that the person who you are assessing has made. The record of consent must detail exactly what the person has consented to. If you need to share the assessment results, you must inform the person about where results will be shared, and the purpose of sharing results. You should file a record of consent according to organisational policies. The requirement protects the legal and ethical rights of service users, protects organisations and improves communication between service users and the people who provide healthcare or support services to them.

The following outlines the requirements for obtaining individual consent.

Prerequisites

- ▶ Information, competence, willingness, understanding and voluntariness

Decision-making process

- ▶ Willingness and ability to analyse and make decisions

Outcomes

- ▶ The right to accept or reject assessment

Organise practical aspects of assessment in consultation

The process of organising practical aspects of assessment in consultation is summarised here.

Need for assessment

Identify the need for assessment; refer to workplace procedures and guidelines.

Select tool

Identify most appropriate type of assessment and assessment tool by referring to workplace procedures and guidelines.

Ability to consent

Determine the following:

- ▶ Is the person is physically, emotionally and intellectually capable of undergoing assessment? Arrange support or advocacy if required.
- ▶ Can the person give their informed consent? If not, a family member or guardian may be required to consent.
- ▶ Is the person willing to undertake assessment process?

Offer to arrange support

If appropriate, offer the following support persons to attend assessment:

- ▶ Interpreter
- ▶ Advocate
- ▶ Family member or friend
- ▶ Carer
- ▶ Cultural or spiritual support person

Explain the assessment

Explain the type of assessment that will take place, the purpose of assessment, how you will conduct the assessment and how results and personal information will be disseminated to other relevant parties.

Obtain support

Obtain written informed consent on agency-approved consent forms. This should outline exactly what is the person is consenting to.

Arrange time

Negotiate an appropriate time to conduct the assessment in consultation with the person and other parties attending. Consider factors that may influence the reliability and validity of the assessment.

Arrange location

Identify the most appropriate location in negotiation with all parties attending, taking into account safety, the type of assessment, privacy and other factors that may influence the validity of the assessment. Consider factors that may influence the reliability and validity of the assessment.

Arrange resources

Arrange the use and availability of any equipment and resources required to undertake the assessment.

Send reminders

Send reminders prior to assessment. Refer to workplace procedures and guidelines for approved reminder process.

Take your time

Make sure you allocate enough time to set up and conduct the assessment. If the assessment is rushed, the person may feel uncomfortable or uneasy and you may miss valuable information.

Practice task 4

1. Obtain a copy of the privacy policy from the organisation you work for, or an organisation that conducts assessments. What privacy principles does the policy cover?

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1E Provide information about the assessment process and obtain consent

When conducting a needs assessment, it is important to make the person aware of their right to privacy and relevant organisational policies and procedures. To understand privacy is empowering for the person, and gives them the confidence to share necessary information. It is also important that the individual consent to each stage of the process, including the release of assessment result to other services. This is an ethical requirement as well as the person's basic right.

Explain privacy principles

Prior to assessment taking place, the assessor should inform the person about their right to privacy and confidentiality.

The *Privacy Act 1988* (Cth) protects the individual's right to privacy of information. The Act identifies 13 Australian Privacy Principles (APPs), which regulate how agencies must manage personal information. These must be applied throughout the assessment process.

Privacy, confidentiality and disclosure

When discussing an individual's situation, always be aware of maintaining their privacy. You must protect confidential details. You always need the individual's consent if you wish to talk about their situation. Often people are happy to give their consent because they know you want to help.

Maintaining confidentiality is part of respecting a person's privacy and individual rights. In practice, confidentiality means not discussing an individual's personal information unless they have given their consent. There are exceptional circumstances that do enable you to disclose private information, but this is generally only when you become aware that someone may be harmed.



You can read more about privacy, confidentiality and disclosure at the following site:

- ▶ <http://aspirelr.link/law-handbook-privacy-confidentiality>

Privacy regulations

According to the *Privacy Act 1988* and the Information Privacy Principles (IPPs), the individual is entitled to have personal information protected.

Service providers have a legal and ethical obligation to adhere to these principles

- 1 Manner and purpose of collection**
 Information obtained from the individual must be necessary and obtained fairly. If the person has difficulty communicating, you may need to engage with an interpreter or advocate.
- 2 Collecting information directly from individuals**
 You need to inform individuals of the reason for the collection of information, the privacy laws that apply, and to whom you may disclose the information. Prior to conducting assessment, you should clearly explain the assessment process.
- 3 Collecting information**
 Agencies must ensure the information they collect is relevant, current and complete and is not collected in a way that is in any way intrusive. You must ensure assessment methods are appropriate and non-intrusive.
- 4 Storage and security**
 Information must be stored securely to prevent loss or misuse. All information obtained in assessment must be stored securely and not released without the person’s permission.
- 5 Access and amendment**
 Individuals must have access to their own information, and workers need to correct information if necessary.
- 6 Information use**
 Information must be accurate, complete and current, and used for relevant purposes. You may only use this for purposes with the individual’s consent.
- 7 Disclosure**
 The agency must disclose policies about circumstances under which they would give information to someone else.

Explain rights

Each sector and organisation you work for will provide an outline of the rights and responsibilities of individuals – this should include information about their rights to privacy. For example, the Charter of Residents Rights and Responsibilities, which outlines aged care residents’ rights and responsibilities, states that people have the right to personal privacy.

Know your organisation’s privacy policy

- ▶ An organisation’s privacy policy is usually located on their intranet. You need to know any special circumstances under which workers can release personal information; for example, mandatory reporting of child abuse requires sharing personal information. In these circumstances, consult the agency’s disclosure principle in the privacy policy.

Explain privacy and confidentiality

- ▶ Ensure the person understands what this involves. If they speak a language other than English, you may need an interpreter to communicate the information. If the person has impaired cognitive or intellectual functioning, or is underage, consult a relative or guardian before sharing personal information. You must inform the legal representative or guardian about the person’s right to privacy.

Obtain consent

Prior to the assessment, clearly explain to the person the assessment process, your duty of care, and the organisation's policy and processes for mandatory reporting. The strategies used to explain this information need to take into account the person's complex needs.

There are factors may influence how you provide information to people.

Factors include the individual's:

- ▶ level of functioning and comprehension; for example, people with dementia require additional support, such as the presence of family members
- ▶ mental health status; for example, do not attempt to conduct an assessment when a person is extremely agitated or experiencing delusions
- ▶ cultural background and preferred language; for example, arrange for an interpreter, translated documentation or cultural support.

Informed consent prior to assessment

Before assessment commences, the person must fully understand the process. This is an ethical and legal obligation. Without the person's full consent, assessment should not take place.

The person must consent to:

- ▶ the assessment taking place
- ▶ the purpose of assessment
- ▶ how the assessment is conducted
- ▶ the dissemination of results and personal information to other relevant parties.

Example

Provide information about assessment

The following is an edited excerpt from the *Aged Care Assessment Guidelines (2015)*. Later sections in this document address the need to obtain consent in writing, and the procedures to follow when a person cannot provide informed consent.

Aged Care Assessment Teams (ACATs) must obtain consent from the person/guardian prior to undertaking an assessment. The ACATs must ensure that people referred for an ACAT assessment understand what the assessment process involves and their rights and responsibilities. ACATs should explain the role of both themselves and service providers when obtaining the person's consent to the assessment, and inform them that information ACATs gather will be provided to appropriate service providers.

Before contacting the individual's General Practitioner (GP), other health professionals, or family members/carers as appropriate, the ACAT should ask the person for, and obtain consent from them, to do so. The ACAT should document this.

You should also make the person aware that the information gathered on the Aged Care Person Record (ACCR) is part of a national, de-identified data set, which assists in the monitoring and management of the Aged Care Assessment Programme.

From *Aged Care Assessment Guidelines*; reproduced with permission of the Australian Government.



Practice task 5

Read the case study, then answer the questions that follow.

Case study

A community services agency is assessing a community member, Kostya, who was identified in an anonymous report as living in a hoarding situation. The house is dilapidated. Car and truck parts are in piles in the front garden.

Erik, the assessor, contacts Kostya, who is strongly resistant to assessment. On the third attempt, Kostya agrees to make an appointment.

On arrival, Erik establishes rapport by remaining non-judgmental and making Kostya feel comfortable. He sits down with Kostya and explains the assessment process clearly. He says he would like to ask Kostya some simple questions about his past living situations and hoarding tendencies, medical history and current living situation.

Erik also explains that, depending on the results of the assessment, Kostya may be eligible for mental health care assistance and funding, and support to reduce his hoarding tendencies. He explains the importance of addressing the issue, as hoarding and squalor pose a serious health and safety risk to Kostya and his neighbours.

Erik invites Kostya to ask questions about the assessment process. He also seeks Kostya's consent. Although Kostya appears uncomfortable, he agrees to the assessment process.

1. What factors would Erik have considered before seeking to obtain Kostya's consent to assessment?

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2. List four elements of the assessment process that would require Kostya's informed consent before any assessment takes place.

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3. Which element did Erik fail to explain when obtaining Kostya's consent?

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Click to complete Practice task 5

Summary

1. Refer to organisational policies and procedures when identifying and preparing assessment tools and processes.
2. Gauge the need for assessment prior to assessment taking place.
3. There are four types of assessment approaches: strengths-based; domain-based; norm-based; and competency-based.
4. Existing information about an individual can be gathered from a variety of sources. Ways of collecting information include:
 - ▶ interviews with the person
 - ▶ questionnaires
 - ▶ specific screening tools
 - ▶ speaking with the person's family members, guardian, carers and friends
 - ▶ speaking to other care workers and service providers
 - ▶ observing the individual.
5. Follow your organisational guidelines to request additional information from specialists or other sources to determine the range of issues that may be affecting the person.
6. Assessment approaches may be used in conjunction, and should be suitable for the purposes of the assessment.
7. Use a problem-solving approach when analysing information about existing issues.
8. The location of the assessment can affect the results. Prior to the assessment, arrange an appropriate environment and a time that suits all relevant parties.
9. Explain assessment process prior to obtaining consent and consult with the person when organising assessment.
10. Make the person aware of their right to privacy and any relevant organisational policies prior to assessment.
11. The person must grant informed consent before assessment is conducted or any personal information is shared.

Learning checkpoint 1

Prepare for assessment

This learning checkpoint allows you to review your skills and knowledge in preparing for assessment.

1. List four assessment tools in the following table. Identify the assessment type for each tool and explain the purpose for use of each assessment tool.

Assessment tool	Assessment type	Purpose of assessment

2. How can an assessor ensure that assessment methods are reliable and valid?

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3. In relation to preparing for a holistic assessment of the needs of a person you are supporting, answer the following:
- a. What domains must you consider when applying a holistic approach to assessment?

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- b. What are five factors that will determine whether there is a need to conduct assessment?

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- c. What methods/processes will you use to gather information?

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d. Which organisational policy and procedures will you follow?

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4. According to the *Privacy Act 1988* and the Information Privacy Principles (IPPs), a person is entitled to have personal information protected. Explain how the legislation and IPPs apply to the following:

a. The manner and purpose of collection of information

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b. Collecting information directly from individuals

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c. Collecting information generally

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d. Storage and security

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6. List two practical aspects of assessments that should be considered when planning assessment. Who should be consulted when organising these practical aspects, and how would you would organise them?

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7. How would you seek additional assistance from other specialists or sources to obtain information about the person being assessed? What types of information might you request in order to determine the range of issues that may be affecting the person?

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8. List two specialist service providers that a person may be referred to for assessment. For each, provide an example of the type of assessment they are capable of conducting.

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Topic 2

In this topic you will learn how to:

- 2A Work within scope of own role**
- 2B Empower the person to identify and prioritise their own needs**
- 2C Evaluate needs**
- 2D Identify and analyse complex, multiple and interrelated issues**
- 2E Evaluate issues of urgency and eligibility**
- 2F Assess potential risk factors for service delivery**

Analyse the person's needs

The analysis and prioritisation of needs identified during assessment should be undertaken in collaboration with the person and, if necessary, through consultation with a specialist. A specialist's input is of particular importance if the person's needs are complex and urgent. Once the needs are identified, information about available services can be compiled and the person's eligibility to access the services can be determined. Decisions about how to proceed can then be made by the person.

2A Work within scope of own role

It is imperative when assessing individuals with complex needs that you understand the limitations of your work role and expertise. Community service providers have a duty of care to the person accessing their service and teamwork is often necessary to meet this requirement. Operating outside the scope of your work role or level of qualification poses the risk of a failure in your duty of care to the person. Where a person needs assessment or services beyond your scope of practice, the individual must be referred to a service that is better suited to meet their needs. If this occurs, you will need to liaise with and report to the people or agencies responsible for the assessment. Some individuals with complex needs can be a risk to themselves and others, so if assessment is beyond your scope of practice, you need to seek assistance from colleagues, senior staff and/or experts in the area.

There are a range of factors and guidelines that determine the limitations of your work role and responsibilities in assessing and addressing needs. These are outlined here.

Your assessment role and responsibilities

- ▶ Your position description
- ▶ The organisation's policies and procedures
- ▶ Your qualifications and accreditation
- ▶ Your duty of care
- ▶ Legislation
- ▶ Scope of practice

Position description

Your position description details:

- ▶ the purpose of your role
- ▶ main duties
- ▶ reporting requirements
- ▶ responsibilities and outcomes
- ▶ capabilities, behaviours and knowledge
- ▶ the experience and minimum qualifications required to effectively perform your role.

Your position description is a key document to refer to when seeking clarification about your limitations in assessing and addressing people's needs.

Organisational policies and procedures

The limitations of your role will also be guided by your organisation's policies and procedures. These specify what your organisation is capable of assessing.

Here is some more information about working within your organisation's policies and procedures.

Assessment tools

It is important to only use assessment tools and procedures that have been adopted or approved by your organisation. This means you are fulfilling your responsibility to the organisation and meeting your duty of care obligations to people who access your service and others.

Your training

It is your organisation's responsibility to ensure you have the necessary training and/or accreditation to assess people with complex needs. If a person's needs fall outside the criteria nominated by organisational policy (for example, individuals under the age of 16), consult your supervisor to determine an appropriate referral.

Qualifications and accreditation

Some forms of assessment require you to hold specific qualifications or accreditation. Here are some examples of the types of qualifications required to undertake specific assessments.

Type of assessment	Required accreditation
The Wechsler Adult Intelligent Scale- Fourth Edition (WAIS-IV)	Clinical psychologist
The Wechsler Preschool and Primary Scale of Intelligence-Third Edition (WPPSI-III)	Clinical psychologist
Clinical (physical) examination	Medical professional (nurse, registered nurse, doctor)
Physiotherapy assessment	Accredited physiotherapist

Maintain qualifications

Qualifications and accreditations must be kept up to date. For example, clinical psychologists need to accumulate a certain number of professional development points annually by attending conferences and training and fulfilling supervision requirements to maintain their accreditation. Professional bodies, such as the Australian Psychological Society (APS), determine accreditation requirements. Consult with your supervisor or relevant professional body to determine the accreditation requirements of your job role, as assessing persons outside your scope of practice can have serious legal consequences.



Scope of practice

Community services workers are bound by the rules of scope of practice. These rules are set out in your organisational policies, procedures and guidelines; limitations of your qualifications; relevant legislation; and guidelines of some professional bodies. It is imperative that community services workers understand and adhere to the parameters set out in the most current laws and guidelines to work within their scope of practice.

Some community services workers have qualifications that extend their scope of practice by allowing them the ability to carry out a boarder range of tasks. Often an individual with complex or specialised needs will require services that fall outside your own scope of practice. In circumstances where this occurs, the person will need referral to a suitably qualified or specialist service provider. If you are unsure if a task is within your own scope of practice, consult your supervisor or the regulatory body of your field of work.

Needs that you may identify as beyond your scope of practice include:

- ▶ an assessment you are not qualified to conduct
- ▶ a person requiring medication to be administered; for example, a sedative
- ▶ a person committing a criminal offence, such as assault or sexual abuse
- ▶ a suicide in progress
- ▶ an underage person
- ▶ a person who is violent
- ▶ a person who is placing you in imminent danger
- ▶ a person who is in imminent danger.

Deal with behaviours of concern within your own scope of practice

It is important to be aware of your own scope of practice when dealing with behaviours of concern. Multiple and complex issues can sometimes result in behaviours of concern, which include aggression, violence, insults and inappropriate sexual behaviour. Dealing with some behaviours of concern may be beyond the scope of your qualifications and training, and your organisation's responsibilities.

Restraining people can only be done under circumstances mandated by the organisational protocols. You must be trained and only use the restraining practices you are trained to use. Where possible, use alternative methods of responding to behaviours of concern. If the person, staff or others are at risk, you should contact emergency personnel and/or the police.



Seek assistance

The information you gather about the existing needs and issues of individuals will guide your decision to seek assistance. If there is no risk of imminent danger, but the person's needs fall outside your scope of practice, consult your supervisor about how

to proceed with a referral. If you are unsure about whether the person's needs are within your scope of practice, consult your supervisor, colleagues or experts in the field.

It is essential that you understand the roles and responsibilities of a variety of service providers in order to determine the most appropriate service provider or specialist to meet the person's needs. If you are unsure about which service to refer to, consult your supervisor, organisational policies and procedures or contact professional bodies. In some instances, referral agencies can clarify the most appropriate referral options.

If a person is in imminent danger to themselves or others, consult emergency personnel and your supervisor immediately. Most facilities have an alert button to use in the case of an emergency to notify others you are in danger. If you are conducting an assessment in the person's home, ensure you have access to a working mobile phone and always have an escape route planned. For example, try to position yourself between the door and the person you are assessing.

Example

Work within scope of own role

Antonio works for Aged Care Assessment Team (ACAT) and is required to conduct a complex assessment of an individual, Graham. During the assessment, Graham complains about feeling dizzy. He then explains he has Type 1 diabetes and requires an insulin injection. He asks Antonio to assist him with the injection.

Antonio is not sure whether this is within his position description. He uses his mobile phone to contact his supervisor. His supervisor tells him that he cannot assist Graham with an insulin injection, as it is not in his position description and he does not have the necessary training. Graham is unable to administer the insulin himself, so Antonio seeks assistance by calling Nurse on Call. He decides that if the situation escalates he will call 000.



Practice task 6

1. What are three factors and guidelines that determine your roles and responsibilities with regards to conducting assessment?

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2. List two examples of qualifications that are required to perform specific assessments.

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3. List three examples of needs that may be considered beyond your scope of practice.

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4. Provide an example of teamwork being necessary to fulfil duty of care requirements for a person you are providing support to.

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Click to complete Practice task 6

2B Empower the person to identify and prioritise their own needs

When a person with co-existing needs presents for assessment, they can sometimes find the experience quite daunting. There are a range of service specific processes and procedures in place that may be unfamiliar to them. The person may be required to navigate through a variety of different services. Staff often possess an in-depth knowledge of their area of expertise due to extensive training and experience, whereas the person's own knowledge and experience about these things may be limited. The way that a person is engaged by staff can also impact on the person's sense of power and control.



Circumstances where a person feels a loss of power or control lead to a sense of reliance upon staff, incapacity and uncertainty. The way staff engage and interact with the person, and the approach that is taken when conducting assessment can greatly reduce these feelings of disempowerment. The support worker plays a vital role in empowering a person to identify, prioritise and make decisions about their own needs.

Ensure individuals are assisted to identify their own needs and risk factors

Wherever possible, encourage people to identify their own risks and needs. This increases the likelihood that they will participate in intervention and engage with services. For example, a person with support needs is asked to identify their own needs and risks. They say they need support with showering and bathing, and possibly supervision when preparing meals. They are worried about falling when using the shower or spilling hot substances when cooking. The person and the care worker can work collaboratively to develop appropriate solutions.

Assessments can be intimidating. Engaging people with support needs to participate can minimise their distress and resistance to assessment. It also produces more accurate results, as the person is given the opportunity to express their specific needs.

Disempowerment

Disempowerment in community services relates to acting in ways that demoralise the person with support needs and the ultimate decline of their human rights. While care workers generally have the best interest of the individual at heart, they may occasionally act in a way that disempowers the person they are providing support to. Working in such a way can say a lot about the care worker – they may be trying to exercise personal power by taking power from others, or they may be acting through ignorance. A worker acting in this way might believe they are doing the best they can for a person by doing everything for them; however, this approach is just as disempowering because it can lead to further dependency, a lack of control for the person being supported and the individual's rights not being upheld.

Here are some tips to help workers develop an empowerment practice.

Reflect on your practice

- ▶ Ask yourself, “Did I provide services in ways to do myself out of a job?” If you answered ‘no’, you need to ask yourself why. Check your approach to your work.

Empathise

- ▶ Think about how you would want to be treated if you were in a roles were reversed with the person you support. Would you want people providing support in ways that stripped you of your dignity and personal control over your own life? If you think you be acting in this way, consider how you can change your practice.

Find a mentor

- ▶ Talk to your supervisor and ask them to mentor you to build the skills to work from an empowerment model. Make a time to meet regularly with your supervisor to discuss how well you have handled situations. Be honest with yourself.

Empowerment

As a professional working in the community services sector, you will work using an empowerment approach to support people. Empowerment refers to a state that people arrive at, that sees them take control of their own lives. A large number of people in receipt of support services are often vulnerable because of their care needs and the myths and stereotyping that occurs.

Your approach to your work should always be based on trying to ‘do yourself out of a job’ and if your focus is to provide information, resources and support to assist people to build capacity, gain confidence and take control of their lives, then you will always be working to uphold people’s rights through an empowerment approach.



Empowerment through communication

Use communication skills to establish rapport before assessment is conducted. It is also important to use effective verbal and nonverbal communication and interpersonal skills to identify and clarify the person’s needs. Positive, strengths-focused language should be used. Avoid using stigmatising language and be cautious not to use language that is authoritative; for example, use the term ‘collaboration’ rather than ‘intervention’. Effective communication is vital to providing information to enhance the person’s knowledge and understanding of the assessment process, the person’s rights and the service options available to them. Knowledge gained from the communication process will empower the person to make informed choices about their own needs.

Use interpersonal skills to identify needs

Positive rapport can help to establish trust and make the person feel more comfortable in the assessment environment, which will increase the effectiveness of the assessment. Good interpersonal skills are central to establishing this rapport.

Here are examples where interpersonal skills are used to effectively clarify complex needs.

Empower the individual

A family is being assessed for multiple needs following a report of domestic and child abuse. The assessor uses language like 'collaboration' rather than 'intervention'. She takes a strengths-based assessment approach and focuses on the resources the family already has access to.

Collaboration

A person with a disability is being assessed to live independently. The case manager collaborates with the person during the assessment by asking them open-ended questions and to identify possible needs and solutions and existing strengths and resources.

Being polite

A person is being assessed in their home. They have paranoid schizophrenia and are very cautious around people they don't know. The assessor arranges an appointment, knocks on the door, thanks the person for letting them in and politely explains the reason for the assessment and how it will be conducted. The assessor gives the person plenty of personal space.

Respect and dignity

An older man is being assessed in hospital. The man is very nervous and concerned about being moved to a higher care residence. The assessor closes the curtain around the bed for privacy and asks how the person is feeling, listening attentively. When they say they are worried about the outcomes, the assessor validates and normalises their experience.

Confidentiality

A person being assessed for drug and alcohol use and mental health issues upon admission to a rehabilitation centre is concerned about being caught by the police, so does not disclose truthful information. The assessor informs the person about their right to confidentiality and reminds them of the assessment's purpose and how the results will be used.

Ask appropriate questions

By asking appropriate, open-ended questions, the assessor can identify the needs of the individual. Open-ended questions give the person the opportunity to answer truthfully. If the assessor guides the person by asking a directive question such as, 'Do you feel safe living at home?', the assessor can impart their own judgment on the person and influence their answer.

Closed questions can be useful for clarifying information, and are particularly useful in an emergency situation. For example, if a person has vaguely indicated that they do not feel like living any more, an appropriate closed question would be, 'Are you thinking about committing suicide?'

Open-ended questions that may be asked in a complex assessment

- ▶ How have you felt in the last week?
- ▶ How are you feeling now?
- ▶ How would you describe your state of mind at this moment?

Dignity of risk

The rights of people to dignity and choice, upheld in legislation and service standards, also require that duty of care or safety is not used as a reason to limit a person's freedom or personal choice. A support worker's adherence to duty of care and safety must be coupled with the concept of dignity of risk, which means that a person has the right to make their own choices and to take risks.



Rights-based approaches

As services evolve to provide support to people with care needs, their models of service delivery continue to further develop to support people's rights and quality of life. The rights-based approach was initiated in the disability sector in the late 1970s, and was based on the work done around social role valorisation (SRV) or normalisation.

The rights-based approach focuses on people being able to access and enjoy the same rights as other people in the community.

Here are some examples of how a rights-based approach applies when providing services.

Rights in practice

Opportunities to participate in elections. The person may require assistance to get to the voting booth.

Not being woken early to accommodate staff working schedules; that is, sleeping in to a time that suits the person.

Having meals routines that suit the person, and not just according to staff work schedules.

Opportunities to celebrate milestones such as birthdays.

The right to develop relationships and express sexuality.

Service models

Service models are industry-specific guidelines set out by an organisation, government department or agency. Service models are developed based on best practice and guide service priorities. In the community services sector, service models focus on a person-centred approach to service delivery, consumer-directed care and flexible service models. All of these promote empowerment of the person accessing the service.



Person-centred practice

Person-centred practice (PCP) is a service model that places the person at the centre of their own care. The service responds to the whole person and focuses on a social model of care rather than a medical model. A social model of care considers all factors that affect or influence a person's life (social, psychological, physical, cognitive, cultural), whereas a medical model focuses on the problem or illness.

PCP philosophy embraces a process that sees the person making decisions about their own care needs, which forms part of their human rights. Person-centred practice relies on person-centred planning. This is where the person, or in instances where the person cannot make sound judgements, their advocate, family and/or primary carer, state what they want their plans to focus on. The plans are driven by the person's goals and aspirations. For example, the person can choose what service they want, the time the service is given to them and when they how long they receive the service.

Consumer-directed care

Known as CDC, consumer-directed care enables people with support needs (and their primary carer) to make decisions about their own care. In the past, these decisions have been made by service providers. It allows for flexibility in the timing and scheduling of services.

This approach to service provision and model of funding is central to people having choice and control over their own lives. It is built on the premise of person-centred practice, but with the added opportunity to use their funding to get the services they need and in ways that suit them.

CDC is used in conjunction with programs such as home care packages.

How CDC works

- ▶ Individuals have more say in the type of services, how they are delivered and by whom.
- ▶ Individuals direct their own care plan with the service provider based on own goals.
- ▶ Individuals direct how much involvement you want in managing the package.
- ▶ Individuals are involved in monitoring and reviewing own package of care.

Flexible service model

The flexible service model looks at how and where services are delivered. Services can be provided in a range of settings in aged care, such as transitional care, multi-purpose services and innovative care, as well as providing support at a time that suits the person.

Service systems

There are many different funded programs and services that operate in this sector to empower people with care needs. It is important that you understand what these programs are, why they are provided, what they do and who they are for. It may be helpful for you to understand how the program you work in is the same or different from other programs. Programs change and funding is sometimes redirected by Governments, so keeping up to date with what the service system can provide is something you need to continually work on.

Here are links to where you can get further information on service systems in your state or territory.

Queensland	<ul style="list-style-type: none"> ▶ Department of Communities, Disability Services and Seniors: http://aspirelr.link/community-services-qld ▶ Community support: http://aspirelr.link/community-groups-qld
New South Wales	<ul style="list-style-type: none"> ▶ Community services directory: http://aspirelr.link/community-services-nsw ▶ Family and Community Services: http://aspirelr.link/family-and-community-services-nsw
Australian Capital Territory	<ul style="list-style-type: none"> ▶ Functions and services directory: http://aspirelr.link/government-directory-act
Victoria	<ul style="list-style-type: none"> ▶ Community directories: http://aspirelr.link/community-directories-vic ▶ Service Seeker: http://aspirelr.link/service-seeker
Tasmania	<ul style="list-style-type: none"> ▶ Department of Health and Human Services – Find a service: http://aspirelr.link/dhhs-tas ▶ Tasmanian government organisations: http://aspirelr.link/government-organisations-tas
South Australia	<ul style="list-style-type: none"> ▶ Find community organisations: http://aspirelr.link/community-organisations-sa ▶ SA Directory of Community Services: http://aspirelr.link/sa-community
Western Australia	<ul style="list-style-type: none"> ▶ Department of Local Government and Communities: http://aspirelr.link/communities-wa ▶ Communities and Vulnerable People: http://aspirelr.link/dss-vulnerable-people
Northern Territory	<ul style="list-style-type: none"> ▶ Department of Health: http://aspirelr.link/health-nt ▶ Department of Local Government and Community Services: http://aspirelr.link/housing-community-development-nt

Empower the individual through assessment

Some community services sectors base their practice on a wellness framework. This type of framework is designed to empower the person by helping them to achieve as much self-management as possible by increasing functional gains, building the person's capacity and enhancing their autonomy.

The following outlines the three approaches to providing support to people in receipt of support or care.

Wellness approach

- ▶ The wellness approach focuses on minimising the impact of functional loss or not setting up further dependencies. The worker gets the person to do as much as they possibly can for themselves. Where the person requires support, the worker does the task with the person, rather than for them.
- ▶ The worker uses encouragement to get the person to do tasks they have difficulty with, to increase their confidence and skill level at doing the tasks, or as much of it, themselves. This approach builds capacity and self-management to support the person to retain as much autonomy as possible.
- ▶ The wellness approach also identifies whether there is an ongoing need for services and how to assist the person to reconnect with the community.

Reablement approach

- ▶ The reablement approach works toward positive change in developing the person's ability to care for themselves. It builds on the person's strengths (what they can do) by providing short-term intervention to support the person to regain their skills and abilities. This might include ensuring the person has access to and can use assistive technologies and aids.
- ▶ Reablement is aimed at reducing or minimising the need for ongoing support.

Restorative care approach

- ▶ The restorative care approach is provided by a multi-disciplinary team to support the individual to make functional gains after a setback or illness. Services may include podiatry, speech therapy, physiotherapy, occupational therapy, nursing services, social work, speech therapy, diversional therapy and specialist services such as continence support.

Practice task 7

Read the case study, then answer the questions that follow.

Case study

Noni is an Indigenous Australian woman who is pregnant with her third child, and has gestational diabetes. Noni has antenatal depression and a history of postnatal depression. She is a single mother and lives on a disability pension. Louise, a social worker, is conducting an assessment to determine Noni's current financial, mental and emotional needs during her pregnancy and following the baby's birth. Noni is afraid of losing custody of her children, and is worried about interventions taking place that will affect her baby, such as needing to take antidepressant medication.

Noni is resistant to assessment, so when identifying Noni's complex needs, Louise uses a range of interpersonal and language skills, including using open-ended questions, active listening, reflection, paraphrasing and maintaining eye contact. Noni is resistant to assessment.

1. What skills does Louise use to empower Noni to identify and prioritise her own needs?

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2. Explain what Person Centred Practice (PCP) is? How has this model of care been applied in the case study? Could Louise do more to ensure that the Person Centred Practice is applied?

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Click to complete Practice task 7

2C Evaluate needs

It is essential to take a holistic approach when gathering information for assessment. This approach takes into account a number of domains of health and functioning such as mental health, physical abilities, social needs or alcohol and other drugs (AOD) use. It ensures that a full range of relevant information is available to the assessor when conducting an evaluation of the person's needs. Evaluation of a person's needs requires an understanding of the nature and impact of diverse and multifaceted needs and issues. You must consider how these issues and needs interrelate.



Methods of evaluation

Evaluation should take into account the person's strengths and capabilities, available resources and desired outcome. The person's wishes, personal goals and priorities should also be considered throughout the evaluation process. Apply analytical and critical thinking skills to examine the full range of issues and needs identified, and to consider the potential implications of issues for the person being assessed.

Evidence-based judgements can then be made based on the complexity and priority of needs and the nature and level of support required. Decisions are based on the assessment data, organisational guidelines and protocols and best practice guidelines specific to your sector.

Here is more information on evaluation.

Consult the individual

- ▶ When undertaking evaluation of a person's needs, it is important to gain an insight into how a person perceives their own situation. What aspects of their life do they feel they require support? What aspects do they feel that they can manage independently? What are their priorities? What outcomes do they desire? This information should be used to direct the evaluation process.

Consult with specialists

- ▶ In circumstances where issues or needs fall outside your own scope of practice, you may be called upon to work in consultation with a specialist to evaluate the person's needs. Case conferences are an effective way of taking a multi-agency approach to evaluating a person's needs. Case conferences are particularly useful in instances where a person has a diverse range of multifaceted issues and needs. By bringing together specialists from a range of agencies, the person's needs can be examined and discussed to achieve a more holistic evaluation.

Examine information

- ▶ When undertaking evaluation of a person's, needs it is important to establish whether the information/data collected is sufficient to cover the range of domains that require assessment. Information should be relevant to the person's current set of circumstances. The types of tools and processes used to collect the information must be appropriate to the individual's circumstances and individual characteristic. For example, an age-appropriate assessment tool is used when conducting a child health assessment to ensure that the most appropriate stages of development and milestones are covered by the assessment. Information must be valid, reliable and represent an accurate depiction of the person's level of functioning, circumstances and capabilities.

Evaluate existing issues

- ▶ Methods used to evaluate existing issues will vary depending upon the guidelines of the agency conducting the assessment, type of assessment being conducted and reason for the assessment. Issues affecting the person must be identified and examined to determine how these issues impact upon the needs of the person. The relationship between issues and needs should be established to identify cause and effect. Prioritisation of issues must be considered taking into account safety and security, the person's own priorities and the extent to which issues are affecting a person's life.

Evaluate needs

- ▶ Methods used to evaluate a person's needs will vary depending on the guidelines of the agency, types of needs being assessed, types of assessment and reason for assessment. Some agencies have guidelines and procedures in place that outline the evaluation process. When evaluating a person's needs it is imperative that the assessor possesses an in depth understanding of physical, psychological, social, cultural and spiritual needs of a person and the interrelatedness of these needs. This knowledge will be applied when identifying potential and existing needs of the person being assessed, and when prioritising those needs.

Example

Evaluate needs

The following is an example of an evaluation process, which may vary depending upon your agency guidelines and requirements.

Here is an outline of the evaluation process.

Evaluation process

1

Step 1: Gap analysis

Gap analysis is performed by identifying a current situation, comparing the current situation with a desired or necessary situation, then identifying the difference (gaps) between these situations. This will aid in identifying needs and potential support service requirements.

2

Step 2: Identify priorities

The needs and potential support service requirements will be examined and prioritised by taking into account significance of the need; severity of the need; impact of the need on other aspects of the person's life; safety and security; personal priorities and goals of the person being assessed; desired outcome; available resources; cost effectiveness and availability of funding.

3

Step 3: Identify aspects of the need to be addressed

Once a need has been identified, a more in-depth examination should be conducted to determine the specific aspects within the need that must be addressed. Consider the cause of the need and how it relates to other needs. Identify opportunities such as the existing capabilities the person has, existing resources the person has access to and potential service and funding options available.

4

Step 4: Identify possible solutions

Draw on your knowledge of the services and funding options available to identify possible solutions to address the person's needs. Consider alternative solutions and negotiate support options with the person and relevant service providers.

2. When examining information, what should the assessor consider?

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3. What should the assessor take into account when evaluating priority of needs?

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Click to complete Practice task 8

2D Identify and analyse complex, multiple and interrelated issues

Having multiple and complex issues can increase a person's vulnerability and make it more difficult to identify their needs. Consider the following definitions of multiple and complex issues.

People with multiple and complex issues

Those experiencing issues with two or more of the following:

- ▶ Mental health
- ▶ Alcohol and other drugs (AOD)
- ▶ Imprisonment
- ▶ Child protection
- ▶ Family violence
- ▶ Homelessness
- ▶ Poverty
- ▶ Health
- ▶ Age
- ▶ Disability
- ▶ Behaviours of concern
- ▶ Employment
- ▶ Culture and religion

Assess needs

You need to identify and assess each complex issue individually. Purpose of the assessment; for example, to apply for funding or additional support services.

Hierarchy of needs; for example, immediate safety, security, food and shelter, are prioritised over ongoing psychological support and a permanent housing solution.

Immediate health and safety risks.

Prioritise needs

Prioritising needs is determined by the nature of the organisation. For example, a centre concerned with assisting women living with domestic violence will prioritise the woman and her children's safety.

Additional factors, such as drug or alcohol abuse, poverty or mental illness should be identified and addressed incrementally, depending on the immediacy of the need.

The potential impact of dual or multiple issues

People with dual or multiple issues are some of the most disadvantaged people in Australia. Complex issues increase vulnerability to other complex issues, leading to comorbidity. Comorbidity is the presence of two or more coexisting mental or physical conditions, disorders or diseases.

Common outcomes of comorbidity

- ▶ Poor physical health, complex diagnoses and poor treatment outcomes, which lead to greater impairment
- ▶ A lack of social networks and support and a risk of homelessness

- ▶ Poor interpersonal relationships
- ▶ Greater risk of violence and aggressive behaviour, including a greater risk of violence to self, such as self-harm, suicide or substance abuse
- ▶ Resistance to change
- ▶ A cycle of abuse
- ▶ Disruptive, inappropriate behaviour, such as criminal behaviour or inappropriate sexual behaviour

Complex issues

In the context of assessment, complexity can be viewed as having two elements. The breadth of need refers to dual or multiple needs that are interconnected. The depth of need refers to dual or multiple needs that are profound, severe or intense.

Here is some information about what should be established and what could be determined in a complex needs assessment.

What should be established

In a complex needs assessment, the following should be established:

- ▶ The severity or intensity of each need
- ▶ The interrelationship between needs

When planning service delivery, complexity of issues may cause a person to be ineligible for the service. For example, a person with a mental health issue and a disability may be ineligible for mental health support because the service views the person's disability and behaviour as the need to be addressed.

What should be determined

A person with Alzheimer's disease, for example, may present with an AOD dependency and depression. The needs assessment should determine the severity of the AOD dependency; the severity of their depression; relationship between Alzheimer's disease, AOD dependency and depression; that is, how each affects the others and which need demands priority.

Mental health

Mental health issues can impact upon a person's physical and social wellbeing. Depression, anxiety, mood disorder and psychosis can affect cognitive function and behaviour. This may result in difficulty maintaining personal care, hygiene and nutritional needs; relationship breakdown; difficulty accessing or maintaining employment; financial strain or homelessness.

A general practitioner or health professional such as a psychologist or psychiatrist is responsible for diagnosing mental health issues. You may, however, use appropriate screening devices to identify whether mental health issues exist and their severity. You must be trained in using the screening devices and these must have been approved for use by your organisation. The individual must consent to their use.

Here is more information about assessing mental health.

Assessment instruments

- ▶ Examples of assessment instruments include the following:
 - The Beck Depression Inventory (BDI) – a 21-question, multiple-choice, self-report inventory for assessing the severity of depression
 - The Geriatric Depression Scale (GDS) – a scale used to identify depression in older people
 - The Caregiver Strain Index (CSI) – a tool designed to identify caregiver need for support

Use the interview process for screening

- ▶ Tips for the interviewing include the following:
 - Pose open-ended questions, or closed questions such as ‘Does leaving the house makes you anxious?’
 - Ask probing questions for further information; for example, ‘You haven’t voluntarily left the house for days. Can you help me understand this?’
 - Observe body language, tone of voice, personal hygiene and self-care.

Refer undiagnosed issues

- ▶ Mental health is often stigmatised. Be aware that people with mental health issues may not reveal what they are experiencing. For instance, a person may be motivated to disguise symptoms of depression because they feel ashamed. If you identify a mental health issue that has not yet been diagnosed, refer the person to a relevant medical professional for a formal diagnosis.

Ensure safety

- ▶ If a person experiences a mental health episode, such as a hallucination or a panic attack in your presence, ensure the person is safe and help them to remain grounded and in the present moment. Bringing the person’s attention back to their breath is a helpful strategy for calming and grounding the person.

Consult the person and professionals

- ▶ Always consult people with mental health issues to identify their needs. These may include ongoing psychological support, ongoing support with medication and coping strategies. With the person’s approval, you should also consult with the person’s mental health professional and refer to existing medical history and records to help identify their specific needs.

Alcohol and other drugs (AOD)

People with drug and alcohol addictions commonly experience mental health issues such as depression and anxiety. Mental health management is therefore often dependent on minimising drug and alcohol consumption.

AOD addictions or heavy use are also often linked with an increased risk of family and other forms of violence and child neglect and abuse.

You need to work collaboratively with people to assess their immediate, short-term and long-term needs. Be aware that the person may downplay drug or alcohol use for fear

of intervention or legal implications. Emphasise the person's right to confidentiality and privacy, and remind the person of the importance of seeking support. A range of screening tools have been designed to assist with the needs identification process.

Here is some information about two commonly used screening tools.

ASSIST

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) comprises eight questions and is designed to screen for all levels of use of risky substances, including tobacco, alcohol, cannabis, cocaine, amphetamine-type stimulants (including ecstasy), inhalants, sedatives, hallucinogens, opiates and other drugs. Scores are grouped into low, moderate and high risks, and are used to indicate which interventions are appropriate.

SDS

The Severity of Dependence Scale (SDS) is used to assess the degree of a person's drug or alcohol dependence. The SDS requires the person to rate their response to questions, such as:

- ▶ Do you think your use of [drug] is out of control?
- ▶ Do you wish you could stop?

Imprisonment

Correctional services have a duty of care to ensure the safety and wellbeing of people under their care. People who are held in custody may have a range of multifaceted and diverse issues and needs, such as existing mental health issues, AOD dependence, physical health issues, physical or intellectual disabilities, behaviours of concern or gambling addiction. Correctional services are required to undertake assessment of the person upon intake to the service to identify needs and services required.



Risk assessments are conducted to identify issues that may place the person, other inmates or staff at risk of harm and to identify changing needs or risks. Assessments will also be carried out to identify service needs required to prepare the person for social integration upon release from prison.

Each state or territory has their own department of corrections, guidelines on the assessment of inmates and approved assessment tools. The guidelines indicate who is responsible for carrying out specific assessments. For example, in NSW a psychologist who has been trained to undertake a Historical Clinical Risk-20 assessment (HCR-20) is required to conduct the risk assessment to determine the risk of harm a person may pose to others.

You can read more about correctional services assessment tools at:

- ▶ <http://aspirelr.link/compendium-of-assessments>

Child protection

Child protection involves the protection of all children and young people from harm or neglect. There are many different causes of harm that can have a detrimental effect on a child's physical or emotional health, development and wellbeing. Forms of child abuse include neglect, physical, sexual or emotional. Children who require protection are those who have suffered harm, are presently suffering harm or those who are at risk of suffering significant harm. These injuries can impact upon a child's mental health. Children who suffer from abuse or neglect may experience effects of low self-esteem, anxiety, depression or PTSD. Neglect can impact upon a child's cognitive development due to lack of adequate cognitive stimulation. Physical health may also be impacted due to poor nutrition, injury and lack of medical care.

There are many factors that may contribute to child abuse, and poverty has been considered the single best predictor of child neglect. Whilst these issues alone are not indicative that child abuse is occurring, in some instances they may impact upon the parent's ability to ensure that a child is safe from harm or neglect.

Here is more information about potential indicators of child abuse.



Lack of support

Parents may have limited resources available to provide support, which can lead to feelings of being overwhelmed or stressed; an inability to cope; and social isolation.

Social isolation of the parent or caregiver can occur due to a lack of support networks or family support, and may lead to feelings of being overwhelmed, isolation, loneliness and stress, and an inability to cope.



Stress

Factors such as unemployment, financial pressures, poverty, relationship breakdown and homelessness can contribute to a person's stress. Mental health issues can impact on a person's, behaviour, mood, emotional, cognitive and social abilities that in some cases (but not all) may significantly interfere with the person's ability to provide adequate parenting skills, such as supervising a child or providing a safe hygienic environment for the child.



Limited parenting skills

Some parents may not have an understanding of parenting skills or childhood development; this may be the case in some (but not all) circumstances where they themselves may have suffered abuse or neglect as a child. In some (but not all) cases, a parent who has an intellectual disability may have a limited understanding of parenting skills and childhood development.



AOD dependence

Use of alcohol and other drugs can significantly impair a person's reasoning and judgement, and affect a person's behaviour, mood, social interactions and cognitive ability. These effects can sometimes limit the parent's ability to supervise a child, provide a safe environment or provide for the child's needs.



Family violence

In circumstances of family violence, a child may be at risk of emotional and physical harm, witnessing violence can have a traumatic emotional effect on a child. Being in the vicinity of violence places the child at risk of physical harm, this may be due to a direct threat of abuse targeted at the child or an indirect threat whereby the child is not the intended victim but may suffer injury as a bystander.

Mandatory reporting

Each State and Territory government is responsible for the administration and operation of child protection services. Each jurisdiction has their own legislative Acts that govern these services. It is essential that you understand your child protection obligations and adhere to the processes set out in these Acts.

Reporting suspected or known child abuse, neglect or maltreatment is mandatory in Australia, although legislation varies slightly between states/territories. Exposure to domestic violence also requires mandatory reporting in some states and territories.

You can read more about Child Protection and Mandatory Reporting in your State or Territory at:

- ▶ <http://aspirelr.link/child-protection-legislation>
- ▶ <http://aspirelr.link/mandatory-reporting-child-abuse>

Family violence

Domestic abuse is considered violence, and is illegal. When assessing a person's needs, be aware of the many forms family violence can take.

Here is further information about different types of violence in the home.

Violence in the home

1

Physical

- ▶ Physical assault; throwing objects and threatening with or using weapons
- ▶ Locking out of property and damaging possessions
- ▶ Withholding access to medical help
- ▶ Murder

2

Psychological/emotional

- ▶ Threatening suicide
- ▶ Emotional blackmail and eroding self-esteem
- ▶ Constant criticism and undermining character; humiliation; mind games

3

Social

- ▶ Isolating from friends and family; preventing social outings
- ▶ Jealousy
- ▶ Monitoring phone calls and internet use; smashing or hiding mobile phone

4

Sexual

- ▶ Rape; pornography; sex in front of children; bestiality
- ▶ Denying use of contraception
- ▶ Forced abortion

5

Financial

- ▶ Controlling finances; controlling expenditures
- ▶ Lying about money; gambling
- ▶ Concealing assets

6

Stalking

- ▶ Excessive phone calls; continuous emailing or contact via letters
- ▶ Driving past house unnecessarily
- ▶ Following victim

7

Spiritual

- ▶ Disrespecting or ridiculing spiritual choices and beliefs
- ▶ Denying choices; imposing beliefs
- ▶ Preventing participation in worship

Impact of family violence

Violence in the home can severely impact a person's sense of empowerment. Often they feel responsible for the violence. A characteristic of violence in the home is the person's self-worth and self-esteem being worn down by the constant cycle of abuse, causing them to feel powerless and unable to leave the situation. Furthermore, threatening to leave their situation often increases their vulnerability to abuse.

When working with people who are experiencing family violence, it can sometimes be difficult to understand why they choose to remain in the situation. It is important to avoid judging the person; instead, seek appropriate advice and refer them to services that can help.

The key priorities when working with people experiencing violence are to:

- ▶ assess the person's safety and the safety of their children
- ▶ determine if threats of violence have been made, and the details of threats
- ▶ assess the person's internal resources, such as strength, resilience and self-esteem
- ▶ assess the person's external resources, such as close friends and family members who are deemed safe to stay with, and access to transportation.

Homelessness

There are many factors that contribute to homelessness, which may include: poverty, family violence, relationship breakdown, unemployment, mental health issues, AOD dependence and gambling addiction. Being homeless can have an impact on physical health, mental health, ability to gain employment, personal safety and security, nutrition and hygiene needs and social interaction.

Assessment methods and services vary depending upon the role of the agency and the state, territory and region. There are many and varied government and

non-government run programs to address homelessness. Some agencies provide assessment and referral, some are specifically focused on housing and others provide food, living essentials and financial services. Due to the multifaceted issues that contribute to and result from homelessness, it is essential that support is provided by way of a coordinated, multiagency approach to ensure that all factors contributing to and resulting from a person's homelessness can be identified and addressed.

People who are homeless may be living in the following places:

- ▶ Refuges, crisis accommodation or other temporary accommodation
- ▶ Couch surfing or staying with friends or family temporarily
- ▶ Cheap hotels or living out of a car
- ▶ Overcrowded dorms or houses
- ▶ Buildings that fail to meet basic living standards
- ▶ Boarding houses
- ▶ Caravan parks
- ▶ Public places

Poverty

Poverty can significantly impact the needs assessment process. Some support options for people may be unaffordable. It is important to understand what is meant by poverty, and have a sound understanding of the service network that can be of some support to the person.

There are a range of reasons why a person may be living in poverty, including mental illness, drug and alcohol use or disability.

You can read more about poverty in Australia at: <http://aspirelr.link/across-poverty>

Take these factors into account when conducting an assessment.

Strategies for conducting an assessment

Focus on the person's current situation; for example, determine the individual's current income, expenses and employment possibilities.

Focus on the person's resources; for example, identify the training and financial management skills they currently have.

Empower the person; for example, help the individual identify resources, focus on strengths and participation in decision-making.

Empathise with the individual's unique reality; poverty is a different experience for every person, so it is important to empathise with the individual.

Definition of health

In 1946, the World Health Organisation (WHO) defined health as 'a state of complete physical, emotional and social wellbeing, and not merely in the absence of disease or infirmity'. This definition has become universally recognised. It is particularly relevant when considering how multifaceted needs and issues are interrelated, as it implies that a person's health is not just based on their physical abilities or dysfunction. Instead, it focuses on a holistic concept that a person's health is determined by physical, psychological and social dimensions.

Here are examples of ways in which aspects each dimension relates to and impacts upon the other.

Physical health affecting wellbeing

- ▶ Ways in which physical health can impact social and emotional wellbeing:
 - There are some illnesses that may cause delirium, confusion, agitation that may result in behaviours of concern, such as hypoxia, low blood sugar levels, fever.
 - Poor physical health can also contribute to social isolation, depression and anxiety.
 - Poor physical health can impact upon a person's employment and financial status; this may be due to time absent due to illness or difficulty accessing employment opportunities.

Issues affecting physical health

- ▶ Physical health can be impacted upon by mental health issues in the following ways:
 - Social issues such as poverty or homelessness can have an effect on physical health, due to limited or no access to health services and unsuitable living conditions.
 - AOD dependence may have adverse effects on the body resulting in illness or injury, the effects of AOD on behaviour and cognitive function may increase a person's risk of injury.
 - AOD dependency can lead to an inability to maintain a sufficient standard of hygiene, nutrition or personal care, which can impact on the physical health of the person.

Age

The age of a person has an influence on factors affecting their health and wellbeing. Throughout the lifespan, the types of issues a person experiences will evolve. The impact of aging and frailty on a person's physical health may include risk of falls due to decreased mobility, loss of cognitive function or memory due to illness such as dementia, visual impairment, hearing impairment. Mental health may be impacted due to social isolation, poor health or grieving. It is important to understand how a person's needs change throughout the lifespan to ensure that assessment is age appropriate. Age-appropriate assessment will take into consideration factors that affect a person at different stages throughout their life.



You can read about healthy ageing and the determinants of health relating to older people at:

- ▶ <http://aspirelr.link/healthy-ageing>

Growth and development

Growth and development are the processes of maturation that occur from birth and continue throughout a person's life. Growth is described as the physical changes that occur in the body throughout the lifespan, such as weight as height. Development is described as the psychological and social changes that a person experiences throughout their lifespan. Growth and development can be measured using assessment tools based on benchmarks or milestones.

Benchmarks or milestones are used as a guide to determine the rate of growth and development of a person. The benchmarks are a collection of physical, social, emotional or cognitive functions that have been proven to occur at certain stages of the lifespan. It is important to keep in mind that these benchmarks should be used as a guide only, as no two people are the same. Growth and development may vary, therefore an appropriate timespan should be allowed to assess benchmark achievement.

You can read more about developmental milestones at:

- ▶ <http://aspirelr.link/developmental-milestones>

Disability

The needs of individuals with a disability may differ depending on the type and degree of the disability. Cognitive disabilities, such as an intellectual disability or dementia, can impact on the person's ability to communicate. Physical disability can have an impact on a person's mental health due to issues relating to body image and social inclusion. When assessing the needs of a person with a disability, it is essential that they have the ability to understand and actively participate in the assessment process. If necessary, engage an advocate to represent them. A sign language interpreter may also be appropriate if the person is hearing impaired.

A disability may be:

- ▶ mobile; for example, the person uses a wheelchair
- ▶ cognitive; for example, dementia or acute brain injury
- ▶ learning; for example, dyslexia
- ▶ a sensory impairment; for example, a hearing or vision impairment.

Assessment and disability

Ensure you adhere to the *Disability Discrimination Act 1992* (Cth), which protects individuals against any form of discrimination.

Here is some guidance on identifying needs.

What you need to review

To identify the person's needs, you may refer to the following:

- ▶ Medical history
- ▶ Records of interviews with the person or the person's advocate
- ▶ Information gathered from family members and carers
- ▶ Recorded observation

What you need to assess

You may also need to assess:

- ▶ the level of physical support required, such as mobility aids
- ▶ the level of support required for activities of daily living, such as hygiene or meal preparation
- ▶ whether funding is required for additional resources.

Behaviours of concern

Behaviours of concern are behaviours that put the person and others' safety at risk, or behaviour that causes a person to be denied access to community facilities, services and experiences. These behaviours can impact the assessment process or hide underlying issues and needs that require assessment, as outlined here.

Behaviours

Behaviours of concern include:

- ▶ aggression and/or physical abuse
- ▶ resisting care
- ▶ abusive language
- ▶ agitated repetitive acts and/or shadowing
- ▶ inappropriate sexual behaviour or sexual harassment
- ▶ taking unnecessary risks
- ▶ toileting issues.

Reasons

Reasons behind behaviours vary greatly between persons. They may include:

- ▶ disabilities
- ▶ mental health issues, such as bipolar disorder, schizophrenia and delusions
- ▶ medical conditions, such as dementia, which can lead to aggression and frustration
- ▶ drug and alcohol intoxication.

Patterns

Observe patterns of behaviours of concern and identify situations or specific people who trigger the behaviour, as this can help reveal the reason for the behaviour. You must always prioritise safety when dealing with persons with behaviours of concern. If the situation is escalating, and you, the person or others are at risk, you may need to involve security or emergency personnel, or use restraint if you are trained to do so and it is necessary.

Employment factors

The economic health of an area is often associated with the level of unemployment. The amount and type of jobs available can be directly affected by the area's economy. Other factors that have a potential to impact upon a person's access to employment include mental health, physical health, disability or illness, geographic isolation, education, homelessness and poverty.

In order to protect people from discrimination and promote equal opportunity the Commonwealth, State and Territory Governments have introduced laws prohibiting discrimination. The *Fair Work Act 2009* (Cth) is one of the many legislations enacted to address issues of equality. The act prohibits discrimination by employers or other employees on the basis of 'race, colour, sex, sexual orientation, age, physical or mental disability, marital status, family or carer responsibilities, pregnancy, religion, political opinion, national extraction, and social origin'. The aim of this act is to ensure equity of access to employment, protection from unfair treatment and equality for all employees.

You can read more about Australian Discrimination laws at the following site:

- ▶ <http://aspirelr.link/discrimination-laws-guide>

Impact of employment on health and wellbeing

There are many factors of a person's health and wellbeing that may be influenced by undertaking paid work. The benefits of undertaking paid work include increased physical activity, decreased use of AODs, positive self-esteem, less financial stress, and an increased opportunity to participate in social engagement. These benefits promote positive outcomes for a person's health and wellbeing. However, it is important to consider that work in high stress positions and working long hours can sometimes have a negative impact on a person's psychological and physical health, parenting and relationships.

The physical, psychological, social and economic impact of unemployment should also be considered when conducting assessment of a person's needs. It is important to keep in mind the flow on effects of these factors for other family members including children.

Here is more information on how unemployment can affect different factors of health and wellbeing.



Economic

The economic impact of unemployment may include:

- ▶ financial stress
- ▶ less money to access food education, health care and housing.



Psychological

The psychological impact of unemployment may include:

- ▶ stress
- ▶ anxiety
- ▶ depression
- ▶ suicide
- ▶ low self-esteem.



Physical

The physical impact of unemployment may include:

- ▶ less money to access medication and health care
- ▶ increased risk of diabetes
- ▶ obesity
- ▶ heart disease
- ▶ respiratory illness
- ▶ AOD use
- ▶ poor nutrition
- ▶ inactivity.



Social

The social impact of unemployment may include:

- ▶ isolation
- ▶ homelessness
- ▶ relationship breakdown
- ▶ family violence
- ▶ poverty.

Culture and religion

When conducting an assessment with a person from a culturally and linguistically diverse (CALD) background, it may be necessary to access interpreting services. Where possible, persons from CALD backgrounds should also be linked to resources and services provided by their community.

A holistic assessment should take into account the person's spiritual and cultural needs. Failure to address these needs can impact upon a person's overall health and wellbeing. Some implications of failure to address these needs may include; social isolation, confusion, fear, uncertainty, embarrassment, humiliation, poor nutrition due to inappropriate diet offered, misunderstandings, conflict, stress, anger and depression.

Specific needs may relate to:

- ▶ language
- ▶ cultural norms, such as communication styles
- ▶ dress
- ▶ food
- ▶ religion and spirituality
- ▶ social connections with others from a similar cultural background.

Indigenous Australian heritage

Having an Indigenous Australian background may increase a person's vulnerability to multiple and complex issues. For example, Indigenous Australians have a higher rate than non-Indigenous Australians of incarceration, disability, and alcohol and drug abuse. Indigenous Australians also have a significantly lower life expectancy due to health problems, disability and poverty.

If possible, link people of Aboriginal and Torres Strait Islander background to resources and services, including assessment services, provided by Indigenous Australians. There are cultural issues, such as communication styles, language and spirituality, that Indigenous Australian people will be mindful of.



Example

Complex, multiple and interrelated issues

Whilst the World Health Organisation (WHO) definition of health takes into account physical, psychological and social dimensions of health, there are many other factors that impact on a person's health. These factors are referred to as the social determinants of health. In 2013, the WHO identified the social determinants of health as being the 'conditions to which people are born, grow, live, work and age'. This view takes into account the social, economic, political, cultural and environmental factors that influence and impact upon a person's health and the health of communities as a whole.

Understanding the social determinants of health and how the dimensions of health interrelate is essential when conducting assessment. Being able to apply this knowledge will enable the assessor to identify how a person's health needs are related and what contributing factors must be considered and addressed.

You can learn more about the social determinants of health and how all of the dimensions of health interrelate at:

- ▶ <http://aspirelr.link/australias-health-2016>



2E Evaluate issues of urgency and eligibility

When assessing complex needs, one or more needs may demand more acute attention than others. For instance, if a person is at risk of homelessness, their accommodation needs will demand more urgency than their other issues.

Here are some issues to consider in assessing urgency.

Urgent needs

Needs that demand urgent attention include the risk of:

- ▶ death
- ▶ suicide
- ▶ harm
- ▶ homelessness.

Assessment processes

Multiple processes can be used to assess urgency. For example, you could interview the person to determine how likely they are to self-harm and whether they have made plans to do so. Use this information in conjunction with case notes or medical history. Other issues, such as AOD or mental health issues may increase a person's vulnerability, so these needs and their relationship to the acute needs must also be assessed.

Emergency response

While assessing for urgency implies that an immediate response is needed, it is equally important that critical information is not overlooked. For instance, if the person is suicidal, AOD issues should also be assessed, as they increase a person's vulnerability to suicide. In this situation, assess whether an emergency response is required and, if so, follow organisational guidelines for implementing an emergency response.

Assess for eligibility for service delivery

Accessing services can be more difficult for people with complex issues, because one or more issues may deem them ineligible for service delivery. For instance, an AOD agency may not have the facilities or resources available to meet the needs of a person with a severe intellectual disability.

By maintaining a close working relationship with relevant service providers, you are more likely to understand which services have the resources to meet a particular need. To keep track of the range of services available, attend service network meetings and link into online service networks. Discuss the complexity and urgency of the person's needs with the potential service providers. This is an efficient way of determining the person's eligibility for the service.

Prioritise delivery of services

A person-centred approach using problem-solving strategies should be used to determine how to prioritise services. Involve the person in discussions about prioritising services. Inform them about the assessment results, and which needs appear to demand priority over others.

Discuss options with person for meeting their needs. If a particular need has been identified as a priority, focus your discussion upon services that can meet this need. For example, mental health may be prioritised, so discuss with the person the need to visit their GP to obtain a mental health care plan. Adopt a problem-solving approach to establishing which needs to prioritise.



Unemployment

The complex and interrelated factors that may contribute to or result from unemployment must be considered when determining a person's service requirements. For instance, if a person who is unemployed, homeless, has an untreated mental illness and a physical illness, they may require a coordinated multi-agency approach. Housing and financial services, medical and mental health services may all be required to support the person to address needs in order to contribute to the person's work-readiness.



Employment services vary across the country and include services run by private companies and not-for-profit organisations. Some specialise in employment for certain groups of people: people with disabilities or mental illness, Aboriginal and Torres Strait Islander peoples, youth and refugees.

The role of employment services may vary depending upon the type of service provided, however the basic features of all service providers is to provide support to the job seeker to broker job opportunities, identify suitable job opportunities for the individual, help the person prepare for the recruitment process and obtain employment.

The Commonwealth Government of Australia initiated a service in 2015 called Jobactive, which service can be used to identify and access service providers in your local area. You can learn about Jobactive, employment services in your area and other government employment programs, at the following websites:

- ▶ <http://aspirelr.link/jobactive-help>
- ▶ <http://aspirelr.link/jobactive-search>

Physical and mental health

The Australian health system is a complex network of services, providers and organisational structures that are designed to address the physical and mental health needs of the Australian population. The complexity of the health system is largely due to the multifaceted needs of the community it serves, it is also tailored for optimal inclusion of all members of the community.

The health system is made up of public and private providers, as well as government and non-government agencies. Some of the main staffing specialties include medical practitioners of a variety of specialties, nurses, allied health professionals, psychologists and psychiatrists. Areas of operation include clinics, hospitals and community settings such as a person's home. Services delivered include, public health, preventative health, primary health care, hospital-based care, outpatient clinics, community-based assessment and care, and palliative care.

In order to help people to navigate their way through the complex network of services, the Australian Government initiated the Australian Health Services Directory. The aim of this directory is to provide people with access to reliable and consistent information about their local physical and mental health services.

Housing

The Commonwealth Government Department of Social Services provide funded programs to assist people who are homeless or need help to access affordable housing. State and territory government deliver housing services to support people to access accommodation.

Accommodation support options include:

- ▶ private rental assistance
- ▶ private rental subsidies
- ▶ temporary accommodation
- ▶ emergency temporary accommodation
- ▶ supported and crisis accommodation
- ▶ affordable housing for low to moderate income earners
- ▶ social housing, including public, community and housing for Aboriginal and Torres Strait Islander peoples.

Housing services

A large selection of non-government providers provides a variety of housing services, including outreach support and access to refuge and hostel accommodation.

Here is more information on state and territory housing services.

NSW	Department of Family and Community Services: http://aspirelr.link/housing-nsw
Vic.	Department of Health and Human Services: http://aspirelr.link/housing-vic
Qld.	Homes and housing: http://aspirelr.link/housing-qld
NT	Department of Housing and Community Development: http://aspirelr.link/housing-nt

Tas.	Housing Tasmania: http://aspirelr.link/housing-tas
WA	Department of Communities Housing: http://aspirelr.link/housing-wa
SA	Department for Communities and Social Inclusion: http://aspirelr.link/housing-sa
ACT	Housing and Community: http://aspirelr.link/housing-act

Community support

There is a vast range of community support services throughout Australia. These services are provided by both government and non-government organisations. They may be office based or community based. The range of specialty areas covered by support services includes disability and carers, education, employment, family and domestic violence, health, housing, legal, mental health, financial, older people, parenting, relationships, separated parents and travelling.

The Commonwealth Department of Human Services Service Finder is an excellent resource to find and access information about support services in your local area. To find out more, visit: <http://aspirelr.link/service-finder-dhs>

Social inclusion

A person's set of circumstances can contribute to social disadvantage. Social disadvantage occurs in instances where a person or group of people are deprived of the things that society perceives as being essential such as education, health care, employment and money. Another contributing factor to social disadvantage is social exclusion. Social exclusion involves instances where a person has limited or no access to opportunities due to lack of participation in social or community activities, lack of access to services and restricted access to finances. All of these factors limit opportunities available to a person and impact their ability to get the most out opportunities.



Social inclusion aims to overcome the person's social disadvantage by enhancing a person's opportunities to participate in society. This can be achieved by increasing access to targeted services to help overcome any obstacles that have contributed to the person's social disadvantage and support to achieve equitable access to opportunities such as education, training and employment.

Education and training

There are a range of services to support education and training available throughout Australia. These targeted services address the needs of specific groups of people to promote inclusion, enhance learning and development and access to opportunities such as employment and higher education. Services are tailored to address the needs of children, young people and adults.

Target groups for specific services may include people with disabilities, cultural and linguistic diversity, refugees and Aboriginal and Torres Strait Islander peoples. Other groups may include people living in areas that are socially disadvantaged due to geographical remoteness, poverty or high unemployment rates. Services are delivered by Commonwealth, state and territory government, government and non-government organisations.

Here is more information on state and territory education and training services.

Commonwealth	Australian Government Department of Education and Training: http://aspirelr.link/det
NSW	Department of Education: http://aspirelr.link/education-nsw
Vic.	Department of Education and Training: http://aspirelr.link/education-vic
Qld.	Department of Education: http://aspirelr.link/education-qld
NT	Department of Education and Training: http://aspirelr.link/education-nt
Tas.	Department of Education: http://aspirelr.link/education-tas
WA	Education and Training: http://aspirelr.link/education-wa
SA	Department for Education: http://aspirelr.link/education-sa
ACT	Education Directorate: http://aspirelr.link/education-act

Financial support

Financial pressures or disadvantage due to poor financial literacy, gambling addiction, unemployment, homelessness, illness or family breakdown can impact upon a person's social, emotional and physical wellbeing. In order to address financial disadvantage, the Commonwealth government has initiated a range of financial support initiatives. These cover a variety of key factors that contribute to financial disadvantage. These include emergency or crisis relief assistance, financial counselling, money management services, microfinance and matched savings programs and information services for retirement investment. There are a range of income support benefits available through Centrelink that have been tailored to address the financial needs of people from a variety of groups within the community, these include young people, unemployed, students, parents, older people, people with disabilities, people of Aboriginal and Torres Strait Islander descent, refugees and people living in remote communities.

There are a range of non-government organisations that also provide financial support services within the person's community. The types of services can range based on the charter of the organisation. Services may be specific to the needs of particular groups within the population; for example, homeless, unemployed, youth, Aboriginal or Torres Strait Islander peoples, or people with a disability. Services may include financial support, food and essential donations, housing, financial counselling, counselling and support for gambling addiction.

Example

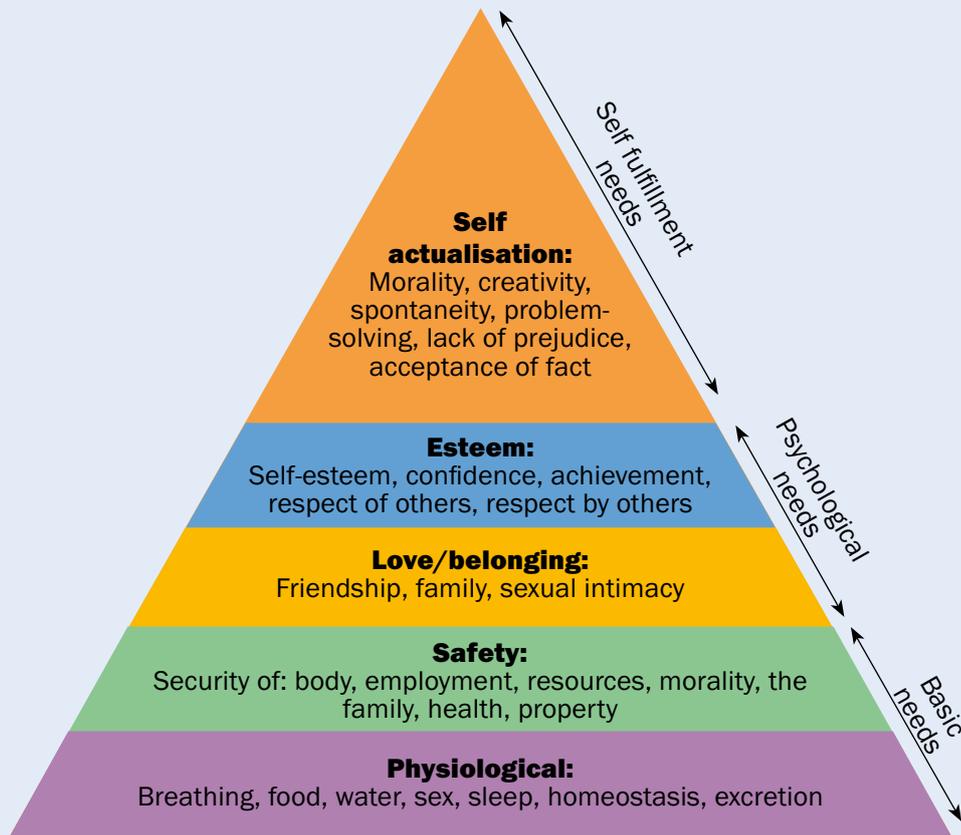
Prioritise delivery of services

Identifying and prioritising individual needs can be difficult. The ability of a person with support needs to think clearly and rationalise can affect their ability to prioritise their needs. Abraham Maslow's hierarchy of needs may be a useful tool to assist with this process.

Use Maslow's hierarchy of needs to help establish which needs are most important to the person. The hierarchy is based on the premise that an individual must satisfy low-level basic needs before progressing to meet higher level growth needs.

The person's values and priorities may not be the same as yours. Remember that they have the right to decide what is most important to them.

If a person with support needs is unable to make rational decisions independently, it may be necessary to involve their guardian, family member or carer. Bear in mind though, that their feedback may reflect what the family member or carer would want for themselves in the same circumstances, rather than what the person wants and needs.



2F Assess potential risk factors for service delivery

When conducting an assessment with a person who has multiple and complex needs or providing support needs, you may find yourself in an unsafe or threatening situation. It is therefore imperative to have risk management processes in place before an assessment is conducted.

Here is some more information on the different aspects of risk management.

Risk management

Identify hazards – objects, situations and processes that have the potential to cause harm to people, property or the environment.

Assess risks – the likelihood of the hazard causing harm to people, property or the environment.

Control the risks – determine appropriate ways to eliminate or control risks.

Your duty of care

Duty of care is your legal obligation to protect the wellbeing of those being assessed as far as is reasonably practicable. If you identify that an individual or another person is at risk of harm, you are legally responsible to act in a way that minimises this risk.

You must uphold your duty of care when conducting complex assessments. If you are unsure of how to respond to minimise risk, immediately consult your supervisor or emergency personnel.

Identify hazards and rate risks

A risk assessment involves thoroughly reviewing an environment to identify hazards. In the context of assessment, this involves assessing the risks to you, the person or others present. When a hazard has been identified, you need to consider how likely it is that the risks you have identified will occur (the likelihood), and what the effects may be if the risk occurs (the impact). Then you can decide what control measures should be put in place to effectively remove or control the risk. You can use a risk assessment matrix to evaluate a risk, where you assess likelihood and impact, and determine the level of the risk where these intersect on the matrix.



Violence in the home

If a person is experiencing violence in the home, it is important to assess the risk of harm to yourself and the person and seek to minimise risk and enhance the safety of those involved. Ask the person to provide a self-assessment of the potential danger they are in before the assessment. Risk management processes are of particular importance if the risk is high, such as if an immediate threat has been made and the perpetrator's whereabouts are not known.

This risk of harm to a person may also be heightened if the abuser suspects the person will leave them. From the abuser's perspective, assessment is an undesirable and threatening option.

In cases of high-risk family violence assessment

- ▶ Clarify whether it is safe to proceed with the interview.
- ▶ Conduct the assessment without the perpetrator present.
- ▶ Ensure the perpetrator's whereabouts are known; if not, ensure the interview is conducted in a place where the victim will be secure.
- ▶ Make security personnel available to secure the premises or relocate the victim to a safe place.

Unpredictable behaviour

There are a range of reasons why a person may demonstrate unpredictable behaviour. It is important to be aware of the factors that can exacerbate unpredictable behaviour, particularly when scheduling an assessment. Here are some factors to consider.

Reasons for behaviour

- ▶ Aggression
- ▶ Dementia
- ▶ Mental health issues
- ▶ Alcohol and other drugs (AOD) issues

Forms of aggressive behaviour

- ▶ Shouting and/or crying
- ▶ Physical abuse
- ▶ Disorientation
- ▶ Walking away without explanation

Exacerbation

- ▶ Unfamiliar people and environments
- ▶ Changes in routines
- ▶ Feeling frightened or humiliated
- ▶ Feeling frustrated or confused

Minimise unpredictable behaviour

Always follow organisational guidelines when developing and implementing risk management processes to minimise and respond to unpredictable behaviour. If it is a high-risk situation, such as if the person has recently committed or threatened assault or violence, conduct the assessment with security present. You should have access to an alert button and the ability to phone the police, if you require it. Here are some strategies for minimising unpredictable and volatile behaviour.

Strategies

The following may help to minimise unpredictable behaviour:

- ▶ Conduct the assessment in a familiar environment.
- ▶ Conduct the assessment with familiar people present; for example, a carer or family member.
- ▶ Clearly explain the assessment process to minimise confusion and surprises.
- ▶ Be assertive.

Containment skills

Containment skills can be used in a volatile scenario to help reduce a person's anxiety or aggression. This involves containing a person's emotions to manage the situation so assessment can proceed. Grounding is an effective method of containment in which you help the person come back to the present moment. Phrases such as, 'Let's sit down for a moment so you can focus on your breath', can help the person feel grounded and contained.

Health and safety risks

The person's needs and the context for assessment will determine where the assessment is conducted. Some assessment environments can be hazardous for the person and possibly the assessor. A work health and safety (WHS) risk assessment should be conducted prior to assessments to identify any hazards in the assessment environment and put control measures in place. Your organisation may require you to complete a hazard report. If the environment for assessment is deemed hazardous to either a person or a worker, and hazards cannot be removed or minimised, an alternative location should be found.

Hazards may include:

- ▶ poor lighting
- ▶ poor ventilation
- ▶ tripping hazards
- ▶ unsafe electrical equipment
- ▶ poor hygiene.

Manage risk through assessment

Ensure that you manage the risks once identified. The following provides some information about health and safety risk management processes.



Fire danger

- ▶ Ensure fire equipment is located and up to date.
- ▶ Ensure fire exits are accessible.
- ▶ Ensure access to a telephone in case of emergency.
- ▶ Remove fire hazards.



Medical risk

- ▶ Review person’s medical history and care plan.
- ▶ Ensure person has access to medication, if required.
- ▶ Ensure access to a first-aid kit and use required PPE.
- ▶ Maintain currency of first-aid certificate.
- ▶ Ensure access to a telephone in case of emergency.



Task hazards

- ▶ Ensure task being observed is appropriate for the person being assessed.
- ▶ Have access to first-aid supplies.
- ▶ Provide first aid, if required.
- ▶ Contact emergency services.



Self-harm

- ▶ Identify if the person has access to self-harm implements.
- ▶ Consult carer and relevant records about self-harm and risk of self-harm.
- ▶ Consult the person if you believe they are at risk of self-harm.



Suicide

- ▶ Identify suicide indications, such as depression, talk of ‘ending it all’ and cutting off connections.
- ▶ Clarify intention to commit suicide by asking the person directly.
- ▶ Minimise risk by helping the person to move away from suicide aids, such as weapons or medication.
- ▶ Help connect person to resources to minimise risk of suicide.

Example

Assess potential risk factors

The following is an example of a risk assessment matrix that can be used to assess the potential risk of a work activity. Consider the likelihood and impact of a work activity you have been involved in and use the following matrix to estimate the risk level.

LIKELIHOOD	VERY LIKELY	Acceptable risk Medium	Unacceptable risk High	Unacceptable risk Extreme
	LIKELY	Acceptable risk Low	Acceptable risk Medium	Unacceptable risk High
	UNLIKELY	Acceptable risk Low	Acceptable risk Low	Acceptable risk Medium
		MINOR	MODERATE	MAJOR
		IMPACT		

Practice task 11

Read the case study, then answer the questions that follow.

Case study

Vicky contacts Lee, who is reportedly experiencing domestic abuse. Vicky wants to schedule an assessment. She first needs to make sure Lee is currently safe. Lee confirms there is no immediate threat. Vicky asks Lee if she is safe to talk. She says she can't talk right now, because her partner (the perpetrator) is in the next room watching television.

Vicky asks Lee if she can come to the Women and Family Centre in town. Lee confirms an appointment for that afternoon. Vicky tells Lee not to give any details about the phone call or the appointment to her partner.

At the interview, Vicky once again assesses Lee's immediate risk. Lee says her partner overheard their conversation, and threatened her until she told him what it was about. Lee told him she was talking to a friend; however, she is worried he knew she was lying, and may have followed her to the centre.

As a precaution, Vicky phones security to ask them to inform her if anyone is found to be behaving suspiciously near the entrance.

1. What risk was there to Lee and Vicky and other workers?

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2. How did Vicky minimise risk to Lee, herself and other workers?

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3. Give three examples of how risk is managed in your place of work. If you are not yet working in the industry, research a relevant community service and identify three examples of risk management processes.

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4. Explain what is meant by duty of care?

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Click to complete Practice task 11

Summary

1. It is important to clarify your own work role, and work within organisational protocols, your scope of practice, your position description and your qualifications. When necessary, refer individuals to an appropriate service, or seek assistance.
2. Empower the person to identify and prioritise their own needs. Use verbal and nonverbal communication skills such as empathy, active listening and maintaining eye contact when identifying the diverse needs of people with support needs. Effective interpersonal communication skills can be used to communicate respect and empower people with support needs. Prepare individuals for assessment by clearly explaining assessment procedures in a way the person will understand. By assisting people with support needs to identify their own needs and risk factors, you will empower the individual and enhance their participation in the assessment process.
3. Evaluation should take into account the person's strengths and capabilities, available resources and desired outcome. Evaluation of a person's needs requires an understanding of the nature and impact of diverse and multifaceted needs and issues. You must consider how these issues and needs interrelate.
4. Identify and analyse complex, multiple and interrelated issues - Apply your knowledge of complex issues to identify specific needs. This includes working with an awareness that a complex issue will often obscure another.
5. Prioritising needs should to be done in close collaboration with the person with support needs and, if necessary, with the individual's family, guardian or carer. Maslow's hierarchy of needs is a useful tool for guiding this process.
6. The safety of the person with support needs, yourself and others must be treated as a priority. To achieve this, identify and manage risks according to organisational guidelines.

Learning checkpoint 2

Analyse the person's needs

This learning checkpoint allows you to review your skills and knowledge in analysing needs.

Part A

1. List five factors or guidelines that determine the limitations of your work role when conducting assessment.

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2. Give two examples of circumstances where you may be required to seek assistance. In each example, identify the most appropriate specialists or personnel that you should seek assistance from, and how you would seek assistance.

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3. Why it is important to empower people with support needs to identify and prioritise their own needs?

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4. List five strategies that you can use to empower clients to identify and prioritise their own needs.

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5. Explain why it is important to take a holistic approach when evaluating a person's needs.

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6. Explain what is meant by duty of care.

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Part B

Read the case study, then answer the questions that follow.

Case study

Greg works for an AOD agency and has conducted an intake assessment of a client with complex issues. This is the information he notes:

Name: Emmanuella Salako

Born: 1/2/1988, Chile

Nationality: Chilean

Citizenship status: Permanent resident

Religion: None stated

Address: No current residence

Contact phone: Mobile 0404 040 040

Emergency contact: Freda Salako (Mother) Ph: (08) 8000 8000

Education: St Mary's High School, Year 10

Emmanuella presents with:

- ▶ a heroin dependency
- ▶ borderline personality disorder
- ▶ risk of kidney failure.

During the intake interview and assessment, Greg also learns that Emmanuella has been involved in sex work and drug trafficking. She has a criminal conviction for possession of heroin. He learns that she frequently thinks about suicide, to the point of making plans. She has made one suicide attempt six months ago and was hospitalised as a result.

Emmanuella currently has no medical or psychological support. She has no employment or income and has no permanent address. She has been sleeping on the street or at friend's houses. She has \$50 to her name, which is in cash, and is due her next Centrelink payment on Thursday. She has no private health insurance.

1. List all of the issues and factors that you have identified in the case study.

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6. What strategies can Greg use to determine Emmanuella's eligibility to access these services?

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7. Prior to conducting the assessment of Emmanuella's needs, Greg was required to undertake a risk assessment. What is the purpose of a risk assessment?

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8. What considerations must Greg make when a hazard is identified during the risk assessment process?

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Topic 3

In this topic you will learn how to:

- 3A Consider service delivery and referral options**

- 3B Evaluate internal capability and other service networks**

- 3C Provide the person with service information**

- 3D Encourage the person to advocate on their own behalf**

Determine appropriate services

It is rare that one service alone can meet the needs of persons with complex issues. You need to implement processes to ensure appropriate services are located and referrals are made. Where possible, encourage individuals to identify and independently access the service. You may also be required to conduct an active referral, which means engaging with the person at each stage of the process to ensure services are delivered and individual needs are met.

3A Consider service delivery and referral options

When considering service delivery and referral options, it is important to take a person-centred and strengths-based approach. When considering the allocation of resources, a strengths-based approach will take into account a person's existing strengths in terms of functional capacity and access to existing resources. Service delivery should be aimed at complimenting a person's strengths while supporting individual needs. This approach will empower the person to maintain independence in areas of existing strength and will promote achievement of optimal independence in areas



where they may require support. A person-centred approach will optimise service delivery by directing more efficient use of resources that are specific to a person's individual needs. The person-centred approach will also ensure that service delivery is aimed at promoting and supporting a person's self-management and engagement in decision-making.

Service delivery

In the past, community services agencies delivered services in conjunction to other services. This method of operation may have afforded organisations independence and autonomy; however, it posed issues in regards to departmentalisation or services or 'the silo effect'. In modern times there has been a shift in the delivery of services to a more coordinated, integrative approach. Coordinated and integrated service delivery is focused on a holistic approach to supporting people's needs.

By working together, agencies can share resources to deliver a more effective, efficient and individualised response to a person's needs. Delivery of coordinated and integrated services enhances streamlining of service delivery to provide more user-friendly navigation of services for the person. Multi-agency cooperation can contribute to better information and skill sharing. Developing better links between services leads to less duplication of services, more appropriate use of resources and an increase in the efficiency of service delivery.

Service delivery frameworks

Delivery of community services is guided by sector specific service delivery frameworks set out by the state or territory government and the organisation delivering services. These frameworks outline information about the types of services offered by the sector or agency, protocol for accessing these services, key relationships between services, target groups or specialisations covered by each service, setting the service takes place i.e. community, in-patient etc. and the capabilities of services. The frameworks guide the integration of service delivery by identifying the charter of services and the links between services. When planning and organising referral to other services, the service framework is a useful guide to identify appropriate service options, processes for engagement of services and links between services.

Service delivery standards

Government and non-government organisations measure performance based on service delivery standards. The standards outline the intended performance targets of a service or sector. Performance targets are based on best practice principles to achieve the most ideal level of service. The standards outline the obligations or commitments of the service provider and what the person accessing the service should expect from that service.

Services delivery standards in the community services industry incorporate the principles in relation to service provision:

- ▶ Equity and access
- ▶ Inclusion
- ▶ person-centred practice
- ▶ strengths-based approach

The standards also encompass the legal and human rights of the people accessing services. It is important when planning and organising service delivery that you understand and apply the service delivery standards to your work.

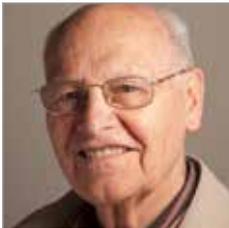
An example of service delivery standards – the National Standards for Disability Services – can be found at:

- ▶ <http://aspirelr.link/national-standards-disability-services>

Referral options

There are many factors that must be taken into account when considering referral options for a person with complex needs. When making decisions about the most appropriate referral options, the service provider must apply critical thinking skills to take into account knowledge about the person, the issues being addressed and the services available.

When determining appropriate referral options, the following factors must be considered.



The person

Factors include the following:

- ▶ The capacity to consent
- ▶ Willingness and ability to participate
- ▶ Ability to access the service
- ▶ Personal priorities
- ▶ Goals and expectations



Issues being addressed

Factors include the following:

- ▶ The type of issue
- ▶ Impact of issue on other aspects of a person's wellbeing
- ▶ Complexity of the issues
- ▶ Coexisting issues
- ▶ Urgency of the issue



The services available

Factors include the following:

- ▶ Criteria for eligibility
- ▶ Type of services
- ▶ Capacity/capabilities and resources available
- ▶ Funding or cost of the service
- ▶ Location of the service
- ▶ Referral procedure
- ▶ Roles and responsibilities
- ▶ Limitations
- ▶ Level of care and method of communication

Critical thinking skills

When making decisions about the most appropriate referral option for a person, you must employ critical thinking skills. Critical thinking involves the application of clear, rational and open-minded thinking about a problem in order to identify a solution or judgement based on evidence. The critical thinking process involves gathering relevant information, analysing the information, interpreting information, evaluating and problem-solving. Throughout this process, it is important to think laterally or consider all aspects of the issue. Consideration should also be made about the prioritisation of issues.

Plan and organise service delivery

Planning and organisation of service delivery occurs at several levels. The government level of planning has a strong focus on the economic sustainability of programs and the governance of funded programs. Organisations are required to report regularly on key performance indicators to funding bodies in order to advise of current performance levels. This information is useful in the planning of ongoing resource allocation, and the determination of sustainability of programs.

Service delivery planning and organisation also takes place on an organisational level.

The organisation incorporates service delivery frameworks, and service standards into the development of policies and procedures and service delivery plans. Service delivery plans are the blueprints that outline details of the method, purpose, expected outcome, roles and responsibilities and charter of service delivery.



Guidance for completing government-level service delivery plans can be found on state-level community service department websites.

Individual service plans

Individual service plans or care plans are developed by service providers for people accessing services. These plans are based on information obtained from the assessment process. Care plans provide information about the person's strengths, as well as issues or needs that require support. They also identify intended goals or outcomes, and strategies to achieve them. Care plans include specific sections on support, funding and services. It is important to keep in mind that service delivery is a dynamic process – circumstances change and evolve, as do a person's issues and needs. It is therefore essential that assessment and planning be a consultative, recurrent and cyclic process.

To read more about individual service plans at:

- ▶ <http://aspirelr.link/wa-ndis-individualised-planning>

Standards guiding service delivery and referral options

Industry standards help ensure quality services are provided by setting guidelines for practice in specific areas of community services work. These service standards are based on the rights of people using a service, ethical conduct and practice principles. Some standards are specific to a state or territory, such as Victoria's Department of Human Services Standards, which cover empowerment, access and engagement, wellbeing and participation. When assessing multiple needs, you may need to refer to more than one industry standard.

Here are federal standards for provision of support. Each standard has expected outcomes. There are also federal standards that apply to the National Aboriginal and Torres Strait Islander Flexible Aged Care Program Quality Review.

Aged Care Quality Standards

- ▶ **Standard 1: Consumer dignity and choice** – Reflects concepts that recognise the importance of a consumer's sense of self. It highlights the importance of the consumer being able to act independently, make their own choices and take part in their community. These are all important in fostering social inclusion, health and wellbeing.
- ▶ **Standard 2: Ongoing assessment and planning with consumers** – Describes what organisations need to do to plan care and services with consumers. The planned care and services should meet each consumer's needs, goals and preferences, and optimise their health and wellbeing.
- ▶ **Standard 3: Personal care and clinical care** – Describes that consumers and the community expect the safe, effective and quality delivery of personal and clinical care. The Standard applies to all services delivering personal and clinical care specified in the Quality of Care Principles 2014.
- ▶ **Standard 4: Services and supports for daily living** – Explains that a consumer might have some challenges in their health and abilities, but they still have goals they want to achieve. They also have roles that have meaning, and they want to manage their day-to-day life and live as well as they can. Services and supports cover a wide range of options that aim to support consumers to live as independently as possible and enjoy life.

- ▶ **Standard 5: Organisation's service environment** – This applies to the physical service environment that the organisation provides for residential care, respite care and day therapy centres. It aims to make sure that the service environment, furniture and equipment support a consumer's quality of life, as well as their independence, ability and enjoyment. This means that the service environment suits the consumer's needs, and is clean, comfortable, welcoming and well maintained. It includes how the safety and security, design, accessibility and layout of the service environment encourage a sense of belonging for consumers.
- ▶ **Standard 6: Feedback and complaints** – The organisation must have a system to resolve complaints. The system must be accessible, confidential, prompt and fair. It should also support all consumers to make a complaint or give feedback. Resolving complaints within the organisation can help to build the relationship between the consumer and the organisation. It can also lead to better outcomes.
- ▶ **Standard 7: Human resources** – Requires an organisation to have and use a skilled and qualified workforce sufficient to deliver and manage safe, respectful and quality care and services.
- ▶ **Standard 8: Organisational governance** – The intention is to hold the governing body of the organisation responsible for the organisation and the delivery of safe, quality care and services.

Disability Service Standards

- ▶ **Standard 1: Rights** – Freedom of expression, dignity, respect, self-determination, choice, confidentiality and privacy.
- ▶ **Standard 2: Participation and inclusion** – Promote a valued role for people with disabilities, include people with disabilities in activities of their choice.
- ▶ **Standard 3: Individual outcomes** – People direct their own supports, service planning, collaboration and consultation.
- ▶ **Standard 4: Feedback and complaints** – Mechanisms for people to have their concerns addressed.
- ▶ **Standard 5: Service access** – Accessible information to make informed decisions, transparency, and regular reviews.
- ▶ **Standard 6: Service management** – Governance, communication, continuous improvement, legislative compliance.

Mental health service standards

There are two sets of very similar standards for mental health services: the National Standards for Mental Health Services (2010), and the National practice standards for the mental health workforce 2013.

The following is an outline of the National Standards for Mental Health Services.

National Standards for Mental Health Services

- 1 **Standard 1. Rights and responsibilities**
The rights and responsibilities of people affected by mental health issues and/or mental illness are upheld by the mental health service (MHS) and are documented, prominently displayed, applied and promoted throughout all phases of care.

- 2 Standard 2. Safety**
 The activities and environment of the MHS are safe for consumers, carers, families, visitors, staff and its community
- 3 Standard 3. Consumer and care participation**
 Consumers and carers are actively involved in the development, planning, delivery and evaluation of services.
- 4 Standard 4. Diversity responsiveness**
 The MHS delivers services that take into account the cultural and social diversity of its consumers and meets their needs and those of their carers and community throughout all phases of care.
- 5 Standard 5. Promotion and prevention**
 The MHS works in partnership with its community to promote mental health and address prevention of mental health issues and/or mental illness.
- 6 Standard 6. Consumers**
 Consumers have the right to comprehensive and integrated mental health care that meets their individual needs and achieves the best possible outcome in terms of their recovery.
- 7 Standard 7. Carers**
 The MHS recognises, respects, values and supports the importance of carers to the wellbeing, treatment, and recovery of people with a mental illness.
- 8 Standard 8. Governance, leadership and management**
 The MHS is governed, led and managed effectively and efficiently to facilitate the delivery of quality and coordinated services.
- 9 Standard 9. Integration**
 The MHS collaborates with and develops partnerships within in its own organisation and externally with other service providers to facilitate coordinated and integrated services for consumers and carers.
- 10 Standard 10. Delivery of care**
 The MHS incorporates recovery principles into service delivery, culture and practice providing consumers with access and referral to a range of programs that will support sustainable recovery.

Example	<p>A service that meets a person's interests</p> <p>Tazmin is considering attending a disability day service. She has an active mind and enjoys meditation, socialising and learning.</p> <p>Her support worker has identified the criteria for eligibility, the type of services, cost, location and referral procedure of a service that might meet Tamzin's needs. The two of them consider that these are needs for community engagement, friendship, achievement, creativity, confidence and respect. Through collaboration and consultation, Tamzin decides on a service that offers meditation, yoga, cooking classes and social activities, and meets her needs.</p>	
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Practice task 12

1. What factors must you take into account when considering referral options for a person?

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2. What is the critical thinking process?

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3. Explain the role of service delivery standards in the community services sector.

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Click to complete Practice task 12

3B Evaluate internal capability and other service networks

When making decisions regarding selection of services that best fit a person's need, you must first evaluate the internal capabilities of your organisation. You will need to consider:

- ▶ the scope of practice of staff
- ▶ scope of activities of your organisation
- ▶ mission and values of the organisation
- ▶ policies and procedures
- ▶ available resources
- ▶ funding allocation and constraints
- ▶ capacity to undertake services required to meet the person's needs.



In circumstances where your organisation is not equipped to provide services that best fit the person's needs, you will need to draw on information and networks to identify services that will be more suited to the person's needs.

Identify appropriate internal services

The organisation you work for provides specific services; for example, emotional, physical, social, financial and legal support. Consult the person and the assessment information gathered to determine which services within the organisation will meet their needs. For example, a person with AOD issues may be supported by an agency's individual and family counselling, drug withdrawal and group support services. The priority, however, is drug withdrawal support, so this service is arranged as a matter of urgency.

Listed below are examples of different agencies and the services they may offer.

Disability agency

Examples of disability agency:

- ▶ Day programs, including skill building, recreation, physical recreation, arts and crafts, music, meditation and yoga
- ▶ Counselling
- ▶ Financial management
- ▶ Physical therapy
- ▶ Respite services
- ▶ Family support

Aged care residence

Examples of aged care residence:

- ▶ Palliative care and dementia care
- ▶ Short-term care and respite services
- ▶ Physical therapy and fitness
- ▶ Cognitive, social and spiritual/religious activities
- ▶ Counselling, including services for family members
- ▶ Medical support

Evaluate other services

In order to determine the most appropriate service for referral, it is essential to evaluate the services available to identify the types of services offered, suitability of these services to meet the person's needs and funding options available.

The assessment process may identify individual needs that require services beyond your agency's scope. For example, if the person with AOD issues sustains a physical injury while under the influence of drugs and requires ongoing physical therapy, you would need to locate an external service to provide this.

Examples of types of external services and what they offer are provided here.

Financial support services

Financial support services offer the following:

- ▶ General information about managing finances
- ▶ Resources to assist financial management, such as budgeting support
- ▶ Financial counselling
- ▶ Information about saving for retirement
- ▶ Support for problem gambling
- ▶ Emergency relief funds

Examples of financial services:

- ▶ Commonwealth Financial Counselling (CFC)
- ▶ Emergency Relief funded under the Financial Management Program
- ▶ National Information Centre on Retirement Investments
- ▶ Gambling Help Online

Employment services

Employment support services offer the following:

- ▶ Links to employers
- ▶ Job search support
- ▶ Job skills training
- ▶ Support when initially placed in a job, including on-the-job training and co-worker and employer support
- ▶ Ongoing support in a job when required

Examples of employment services:

- ▶ Disability Management Service
- ▶ Employment Support Service
- ▶ Centrelink
- ▶ Local Connections To Work

Recreation and transport services

Recreation and transport services offer the following:

- ▶ Physical recreation
- ▶ Connection to others
- ▶ Community interaction
- ▶ Emotional support
- ▶ Skill building
- ▶ Transport to and from events, facilities and appointments

Examples of recreation and transport services:

- ▶ Men's Shed
- ▶ BlueScope Steel Sports Ready Program
- ▶ Links to Leisure
- ▶ Community Transport Services Tasmania
- ▶ Newcastle Community Transport

Care and support services

Care and support services offer the following:

- ▶ Disability support
- ▶ Mental health support
- ▶ Counselling
- ▶ Skill building
- ▶ Meal preparation
- ▶ Support with personal hygiene and grooming

Examples of care and support services:

- ▶ Respite and holiday care
- ▶ Day clubs
- ▶ Home and community care programs
- ▶ Rehabilitation Appliances Program – Department of Veterans' Affairs

Ensure person is referred to appropriate services

Community services organisations do not exist in isolation. They are part of the wider community and, as such, have links with different groups, services and individuals. As a care worker, you need to identify and access relevant networks to ensure the person is referred to appropriate services.

Here is some general information about community services networks.

Community service networks

- ▶ The term 'networking' is often used to describe the process of making contact with others to foster mutually beneficial and supportive relationships. Networks involve individuals or groups working together to share information, ideas and resources to help them meet common goals. Different sectors within community services have their own networks. These networks may be based on a cross-section of organisations within a particular community, or focus on a particular issue, such as housing.

Formal and informal networks

- ▶ The networks you access may be informal or formal. Informal networks are those that are self-made and do not have formal reporting structures. Examples of informal networks in the community services sector include:
 - other workers within and external to your organisation
 - trainers, teachers and academics
 - contacts in policy and funding bodies.

Formal community service networks

Unlike informal networks, formal networks generally involve agencies and services that have a structure and an agreed mechanism for communication. Having established links with other agencies helps ensure the person receives coordinated services.

Here are examples of formal networks found in community services.

Local networks

Your organisation has links with a range of other agencies and service providers in the local area. Persons may be assisted by more than one organisation or require referrals to other services. For example, a person with AOD issues may also require mental health, accommodation and health services.

Examples:

- ▶ Government services such as Centrelink
- ▶ Housing departments and other accommodation services
- ▶ Employment services
- ▶ Health services and local councils
- ▶ Education providers
- ▶ Welfare and charitable organisations
- ▶ Local AOD, disability, homelessness, youth services and aged care agencies

Interest and support groups

Interest and support groups are usually consumer-based. They include self-help groups aimed at providing support to their members.

Examples:

- ▶ Carers' groups
- ▶ Mental health groups such as ARAFMI, Grow, Neami National, Mental Health Foundation of Australia, and PANDA
- ▶ Groups aimed at supporting people with AOD concerns such as Alcoholics Anonymous
- ▶ Special interest groups such as mothers' groups or Riding for the Disabled groups

Regional, specialist and peak associations

These associations represent the interests of a particular region, specialist service or sector. For example, there are peak organisations for every sector. The aim of these organisations is to ensure that community services in each sector have a unified voice. They can raise awareness of relevant issues and lobby for funding at a national or state level.

Examples:

- ▶ Aged and Community Services Australia
- ▶ Cairns Youth Services Network
- ▶ Carers Australia
- ▶ Ethnic Communities Council
- ▶ Mental Health Council of Australia
- ▶ National Disability Services
- ▶ Black Dog Institute wellbeing groups

Professional or occupational associations

These associations include groups representing different professions or organisations such as community and welfare workers, social workers and psychologists. They each represent the group's interests and promote professional and ethical practice and standards.

Examples:

- ▶ Australian Community Workers Association
- ▶ Australian Association of Social Workers
- ▶ Youth Workers Association
- ▶ Australian Community Counselling Association
- ▶ Australian and New Zealand Mental Health Association
- ▶ The Australasian Professional Society on Alcohol and Other Drugs

Identify networks to assist referral

The needs of the individual determine which networks are accessed for additional assistance. When accessing a network, ensure that the individual's confidentiality is not breached. Only share information you are authorised to share.

Determine best fit to meet needs

When assessment results have been collated and analysed with the person, the next stage is to identify the services that meet the person's needs. To do this, consult with your supervisor, colleagues and the individual to determine what services are available and how accessible they are.

The organisation you work for may have access to a database that provides the details of the services offered and the eligibility criteria. You may also need to consult your supervisor or colleagues and search the internet to identify a broader range of service providers. The required services may be within or external to your organisation.

Here are a range of services that may be required to meet needs:

- ▶ Mental health services
- ▶ Medical services
- ▶ Employment services
- ▶ Criminal justice services
- ▶ Social services
- ▶ Housing services
- ▶ Culturally specific services
- ▶ Welfare services
- ▶ Counselling services
- ▶ Financial support
- ▶ Drug and alcohol management

Example

Evaluate capability of services to meet needs

The Ningal Youth Workers Cooperative aims to inform and support the work of youth and other related organisations within the community. The network holds regular information sessions designed to highlight the concerns of young people in the area and help workers learn about issues that may be outside their areas of expertise, such as youth crime, mental health or AOD issues. The network consists of community services organisations and individuals working in a range of areas such as disability, justice, education, mental health, AOD, arts, family and sporting and recreation services.

Laura is a youth worker who is working with Moira, an individual with complex needs. She is trying to find suitable psychological support for Moira, who presents with symptoms of post-traumatic stress disorder. She contacts the Ningal Youth Workers Cooperative to inquire whether they can recommend an appropriate specialist. She does not disclose Moira's personal details. The network recommends two appropriate specialists who work with young people.

Laura then discusses these specialists with Moira, chooses one and asks Moira's permission to share their information with the specialist for referral.

Practice task 13

1. When evaluating services to determine those that best fit a person's needs, what should you consider?

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2. What strategies could you use to locate external services that best fit a person's needs?

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3. Explain the role of networks in the community services sector.

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Click to complete Practice task 13

3C Provide the person with service information

People making decisions about service options require access to information that is clear, comprehensive, accurate, current and relevant. Your role as service provider is to provide the individual with information about services, and to ensure that information is understood to allow informed decisions to be made. Information must be delivered in a way that promotes understanding, clear and plain language should be used. Interpreter services should be offered to people from culturally and linguistically diverse backgrounds and for people who are hearing or vision impaired.



Your role is to support the decision-making process of the individual you are working with.

Information provision

The organisation you work for should be able to provide you with access to information about internal or external services they generally refer to and work with. If you are referring the person to services beyond the organisation's network, gather appropriate information about the services to present to the person.

Information can be accessed from a range of sources, including brochures, posters, promotional DVDs, websites, person testimonials, and/or emailing and speaking directly with the provider.

The following sets out the important information the person needs to make decisions, with an example provided for each detail.

Location

If the service is difficult to access, it will be less suitable than a service in the person's local area.

Example: Wilson is deciding between two AOD programs. One is located in the next suburb. The other is located on the other side of the city; however, it offers more specific services that meet his immediate needs. Wilson decides he is more likely to attend appointments if he accesses the closer service.

Cost

The person should know all costs involved, including whether funding, such as a pension, will cover the cost. If a person has private health cover, inform them of the private service gap fee.

Example: Janice is deciding which psychologist will best be able to help her with depression. Her private health insurance covers most of the cost. She decides to see a practitioner whose fee is only \$15 more than what her health insurance covers.

Needs

Explain to the person exactly how the service will meet their needs. For example, they should be informed that a drug and alcohol rehabilitation centre will provide counselling support for them and their family, and drug withdrawal programs.

Example: Sandra is considering a disability day service. The service offers swimming classes, horse riding, cooking classes and social outings. Sandra decides that these programs meet all her needs.

Practical details

The person should understand practical details, such as whether lunch is provided at a day program, and if so, whether dietary requirements are met.

Example: Gary is considering a day service for older people to stay socially active. He inquires about whether lunch is provided. The organisation coordinator tells him that individuals bring their own lunch, but morning tea is provided.

Privacy

Inform the person about the service's confidentiality and privacy policy. They should know that their personal details will be protected.

Example: Bahar wants to tell the psychologist very private details about her history. She is nervous about sharing such personal details. When booking an appointment with the psychologist, she asks him over the phone about his privacy policy.

Right to refuse

Inform the person about their right to refuse a service, if it does not meet their needs.

Example: Tammy has a mobility impairment and has started a new day program. After a week, Tammy realises she is unable to participate in any of the provided activities due to her disability. Tammy becomes distressed. Her case manager suggests they meet to discuss alternative services.

Information accessibility

It is important to consider the individual needs of the person and ensure that information about services is accessible. The more accessible the information, the better equipped the person will be better equipped to make decisions.

Issues and needs to consider

- ▶ Literacy issues – can the person read the information? Is it easy to read and understand?
- ▶ Cultural and linguistic diverse (CALD) issues – does the person require an interpreting or translation service?
- ▶ Vision impairment – is there an audio version of the information, or is information available in large print?
- ▶ Hearing impairment – is there visual or reading material available?
- ▶ Clarity – if information is about more than one provider, avoid confusing the person with too much information.

Provide information in plain English

The individual will be better equipped to make decisions if the information they need about services is provided in plain English.

Documents written in plain English meet the following criteria:

- ▶ Put the reader's needs first, with the main message not buried in detail
- ▶ Structured to place the most important information first
- ▶ Include an adequate amount of white space so the page is not cluttered
- ▶ Use a formal but friendly tone and familiar language
- ▶ Avoid jargon and the use of unnecessarily long sentences
- ▶ Use correct spelling, grammar and punctuation
- ▶ Include diagrams or images to clarify meaning where appropriate

The decision-making process

It is a basic human right for a person to be able to make their own choices and decisions. However, in some cases this right may be limited or revoked based on a person's lack of capacity or competence to make an informed decision. Capacity to make an informed decision is determined by a health and practitioner based on clinical assessment, and competence to make an informed decision is determined by the court. You are required to presume that a person possesses the capacity to make their own decisions unless a clinical assessment provides evidence to the contrary. In these exceptions an advocate will be appointed; this may be a family member or carer and in some cases the guardianship board may be called upon to make decisions on the person's behalf.

The role of the support worker in the decision-making process is to facilitate and support the person to access sufficient information on which to base decisions.

Assess information required

Information required may include the following:

- ▶ Information the person may want or need
- ▶ Factors that the person may find significant
- ▶ The person's level of knowledge or understanding of services and relevant factors
- ▶ The person's wants, needs and priorities
- ▶ Family, social, financial circumstances
- ▶ Medical history or current condition

Provide sufficient information

Information should:

- ▶ be discussed in a frank, honest, non-biased, well balanced and empathetic manner
- ▶ use simple, non-medical, non-jargon terms
- ▶ include all information that a person requires to make informed decisions
- ▶ include all information that you or any support worker should reasonably know
- ▶ include information that the person wants to be given before making decisions.

Level of detail

Information provided should include the following:

- ▶ Enough detail presented that a reasonable person would require to make an informed decision
- ▶ All information that the person wants to be given
- ▶ Discussion should address person's individual circumstances, such as:
 - physical, social, cultural, psychological, financial factors
 - urgency of issues being addressed
 - complexity of services
 - likelihood and potential for harm
 - persons attitude and level of understanding
 - questions asked by the person or information requested

Present the information

When presenting information, consider the following:

- ▶ Methods should address the person's individual circumstance, expectations, fears, beliefs, disabilities, values, and cultural background.
- ▶ Techniques include:
 - visual aids
 - print material
 - video resources
 - audio resources
 - verbal discussion.
- ▶ Interpreter services, cultural liaison services or disability support services may be called upon to provide assistance.
- ▶ Time should be allowed to process information and to consult with family or other social support networks.
- ▶ Clarification should be provided and the person informed of options for seeking second opinions.

Check understanding

The following will assist in checking your understanding:

- ▶ Ask a person to explain what has been discussed in their own words.
- ▶ Ask questions about the information provided to assess level of understanding.
- ▶ Provide the person with the opportunity to ask their own questions, answering in a manner they can understand.

Obtain response

When receiving a response from the individual:

- ▶ ensure the person understands the situation and the implications of their decision
- ▶ ensure that a clear statement or written consent is made that outlines the exact elements of the decision.

Document decisions

Consider the following when documenting decisions:

- ▶ Document discussions and elements of decision-making process in case notes.
- ▶ Obtain written consent.

Example

Provide information about services

Harriet has dementia and an intellectual disability. She has lived in a disability residence with another person for 20 years; however, a recent assessment reveals that Harriet requires specialist dementia services.

A meeting is arranged with Harriet and her daughter Elisabeth, at which the information is presented. The assessment team have gathered brochures and documentation about the organisation, which include costs, location and privacy policies.

Elisabeth and Harriet discuss what each service offers and how each might meet Harriet’s needs. Harriet’s first preference is residential care close to where Elisabeth lives, but Elisabeth points out that the cost will exceed Harriet’s pension. Harriet decides to access the public residential care facility.



Practice task 14

1. What sources can you use to access information about internal or external services?

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2. What information about services should you provide to an individual to facilitate the decision-making process?

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[Click to complete Practice task 14](#)

3D Encourage the person to advocate on their own behalf

Every person has a right to make their own decisions. It should be assumed that all people have a capacity to make decisions for themselves. Support workers have an important role to play in supporting people's self-determination. The role of the support worker is to provide the person with opportunities for decision-making, self-expression and self-advocacy.

If the person has the ability, encourage them to advocate on their own behalf to access services. Successfully advocating for themselves is empowering. It is your job to promote peoples' autonomy while making sure they are adequately supported.

The process of self-referral can be effective if the person:

- ▶ is aware of how to approach service providers and make their needs known
- ▶ has the communication skills to express what they need
- ▶ has the confidence to ask questions and approach new people
- ▶ can read information from the service provider and fill out relevant forms.

Refer and facilitate access to services

People with complex and multiple issues often have difficulty navigating their way through different internal and external services. While it is important to encourage the person to advocate on their own behalf to access services, it is also important to facilitate a smooth referral process, and review referral once it has been made. This important, as it ensures that people with complex issues do not 'fall through the gap' and cease treatment altogether. Maintain open communication with the person about their individual needs, and adjust the referral process accordingly.



Provide assistance to complete referral process

People with cognitive, intellectual or visual impairments or people from culturally and linguistically diverse (CALD) backgrounds may require additional assistance when completing the referral process. You may also need to provide this assistance to people who are unmotivated or resistant to planning. In these situations, it may be necessary to contact the service on the person's behalf, with their consent and preferably in their presence.

When completing the referral process, assistance options may include:

- ▶ providing an interpreting service to assist with completing referral forms or contacting the service to make an appointment
- ▶ providing a referral form or information about the service in large print or in braille for people with vision impairments
- ▶ presenting and seeking information verbally to complete forms on behalf of people with vision impairments

- ▶ phoning the service on the person's behalf to make an appointment if the person has a hearing impairment
- ▶ phoning the service on the person's behalf in the person's presence if they are not motivated to contact the service themselves
- ▶ ensuring an advocate or legal representative is engaged to complete the referral process, if required.

Provide assistance to access the service

Once the referral has been made, the person may also require assistance accessing a service. Here are examples of the type of assistance a person may require.

Provide assistance to access services

Transport assistance

Access funding or financial information

Arrange an advocate or legal representative to act on the person's behalf

Organise an interpreting service

Contact social networks, such as members of the person's cultural community

Types of referral processes

The referral process involves contacting the service provider to confirm accessibility and eligibility, providing the person with information about the service, and completing a referral form and/or providing the service with relevant information about the person, with their consent.

Here are four main types of referral processes, with examples of each.

Urgent referral

If a person requires urgent medical or psychiatric assistance, complete an emergency or urgent referral.

Example: You are required to contact the Crisis Assessment and Treatment (CAT) Team because a person tells you they are planning to commit suicide and have the means to do so. Note that area health services have a crisis assessment team or mental health triage service. The name of the service will depend upon the state or territory in which you work.

Passive referral

The person is given the contact details of the external service, and other relevant information. The person is encouraged to contact the service and make an appointment.

Example: A person has described the experience of having panic attacks in the assessment interview. You suggest that the person should contact their GP. They leave the meeting telling you that they plan to call their GP that afternoon to arrange an appointment.

Facilitated referral

The person is assisted to contact the referral service. For example, the worker contacts an external service with the person's permission to make an appointment for them. The person is given necessary assistance to access the service, such as help with transport.

Example: A person has presented with dementia and is at risk of homelessness. The case worker consults the person about available public care facilities and asks if they require assistance. The person does require assistance, so in the person's presence the case worker phones the unit on the person's behalf.

Active referral

The worker contacts the other service with the person's permission, in the presence of the person, to make an appointment. With the person's consent, the worker shares relevant information with the service, and ensures the person has the means to access the service. The worker reviews the referral to ensure that the service continues to meet their needs.

Example: A person has presented to an AOD agency with suicide ideation and risk of homelessness. Following agreement, the person is referred to the appropriate service. The worker phones the service after each appointment to update the person's care plan.

Example

Encourage people to advocate for themselves

Azziza works at a women's crisis centre. She is facilitating an assessment of Joelle for intake. Joelle has received an injury to her arm during the last physical encounter with her husband. Azziza takes down personal information because Joelle is unable to complete the form herself. She consults with Joelle to obtain the answers then interviews Joelle about her needs.

Joelle reveals that she wants to leave her relationship, but she is afraid of her husband's response. She reports that she often experiences anxiety and panic attacks. Joelle reports that her arm is very painful.

Azziza asks Joelle what she believes the first priority is, and Joelle says she needs her arm looked at as soon as possible.

Azziza asks whether Joelle has a GP she sees regularly. Joelle says she does, but does not want to go to him, because he is also her husband's doctor. Azziza suggests that Joelle access emergency services at the local hospital. Joelle is worried about how to get there. She says that she can't drive, as her arm hurts too much. Azziza suggests that she arrange a taxi to take her to emergency. She phones ahead to tell the triage nurse that Joelle is expected.

Azziza asks Joelle's consent to send a copy of the referral form to a new GP in the area, Dr Mary Collins. Joelle consents.



Practice task 15

1. Describe two types of referral processes that you may use for referral of a person to an external service provider. Provide an example of circumstances where each process may be applied.

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2. Give five examples of assistance you can provide to help a person access services.

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3. Explain how you could support a person to advocate for themselves.

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Click to complete Practice task 15

Summary

1. Identify appropriate internal and external services in conjunction with the person. This will help ensure the person’s needs are met.
2. Consult with individuals, supervisors, colleagues and relevant networks to identify appropriate agencies and services for referral.
3. Your informal or formal networks can be used to locate the most appropriate services for the person.
4. Provide the person with service information to ensure the person is able to make informed decisions about their service options.
5. Encourage and empower persons to make decisions about services and advocate on their own behalf. This can be achieved by providing relevant information about the available services, including eligibility requirements.
6. Follow appropriate processes for referral. Encourage the person to advocate on their own behalf to access services. Where required, facilitate the referral by providing appropriate support. In some instances, you will be required to participate in the referral process on the person’s behalf.

Learning checkpoint 3

Determine appropriate services

This learning checkpoint allows you to review your skills and knowledge in supporting a person to make decisions about service delivery and referral options.

Part A

1. Following assessment, how can you identify appropriate services to meet the individual's needs? How do you employ a strengths-based perspective?

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2. Outline the role of the support worker when assisting a person to make decisions about appropriate services

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3. Why it is important to empower people to identify and access services?

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4. Identify five strategies that can be used to empower people to identify and access services themselves.

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5. When evaluating the internal capabilities of an organisation, what are five factors you must consider?

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Part B

1. Research two different agencies or organisations in your local area that provide services for people with complex issues. Using the information found, complete the following table.

Organisation/agency	Services provided to meet complex needs	How people can access services

2. Research formal service networks by accessing the internet, organisational databases or discussion with your colleagues. Using the information you have found, fill out the table below. Your response should include a brief description of each type of network and list two examples for each type of network.

Type of formal network	Description	Example
Local networks		

Type of formal network	Description	Example
Groups		
Associations		
Professional networks		



Topic 4

In this topic you will learn how to:

- 4A Document outcomes of the assessment**
- 4B Maintain and store the person's information**
- 4C Provide the person's information to other services**

Complete reporting

Community service providers must adhere to organisational policy and procedures, which are based on Commonwealth and state legislation. It is essential that community service workers document, maintain and store a person's information by following the organisational policies and procedures. When providing personal information to a third party, community service providers are also required to gain informed consent from the individual and follow organisational procedures with regard to sharing information.

4A Document outcomes of the assessment

Reports generally follow a standard format, depending on the nature of the report. In a community services organisation, you may be required to write assessment summary reports, incident reports and mandatory reports. Regardless of the type, professional language and excellent written language skills are critical for writing an effective report.

Once the necessary assessments have been conducted and results are collated, a summary report should be developed so decisions can be made. These decisions need to be made in consultation with the individual. If requested, the person and their guardian or advocate should be given access to the completed report. Requirements for format and content of reports will be outlined in organisational guidelines.

Here is more information on the purpose and contents of a summary report.

Purpose of summary report

The purpose of a summary report includes:

- ▶ summarising the person's assessment information
- ▶ identifying priority areas for service delivery
- ▶ providing findings from external assessments
- ▶ informing supervisors or managers about the person's needs
- ▶ suggesting appropriate service options
- ▶ providing information to other service providers
- ▶ fulfilling regulatory and duty-of-care requirements.

Contents of summary report

The contents of a summary report include the:

- ▶ person's name, date of birth and contact details
- ▶ next of kin and emergency contact details
- ▶ specific needs, including how these are prioritised
- ▶ strengths and resources
- ▶ service delivery options and recommendations.

Reporting requirements

There are legislative requirements for reporting in all states and territories. Mandatory reporting regulations vary depending on the jurisdiction. It is important that community service workers are aware of their legal obligations to report child abuse or neglect, elder abuse, work health and safety risks, incidents and assessment outcomes. It is also necessary to follow your organisation's policy and procedures with regard to formatting reports.

Report abuse and neglect

Any kind of abuse is illegal, and you have a duty of care to report all forms of abuse as soon as you become aware of it. You should report situations of abuse directly to your supervisor. If your supervisor is not available, go directly to the manager.

Abuse in aged care services is referred to as elder abuse. All adult victims of abuse have the right to decide whether or not to report abuse issues. However, under the *Aged Care Act 1997* (Cth), workers in aged care are required to report sexual abuse of residents. Abuse is illegal and therefore the person can be encouraged to report issues of sexual and physical abuse directly to the police.



The *Aged Care Act 1997* states that ‘... if the approved provider receives an allegation of, or starts to suspect on reasonable grounds; a reportable assault, the approved provider is responsible for reporting the allegation or suspicion as soon as reasonably practicable, and in any case within 24 hours ...’ (Section 63-1AA).

Neglect

Neglect occurs when the person with care needs is neglected either through intentional or unintentional acts that result in the person not being provided with basic necessities. Here is further information about neglect.

What is considered neglect?

Neglect can include the following:

- ▶ Not providing enough food or drinks
- ▶ Not spending time with the person, and leaving them alone for prolonged periods
- ▶ Inadequate provision of clothing or personal items
- ▶ Unwillingness to allow for adequate medical, dental or personal care
- ▶ Inappropriate use of medication; for example, overdosing a person so they sleep for longer periods of the day
- ▶ Leaving the person in the same continence aid for the whole day

Indicators of neglect

Indicators of neglect include:

- ▶ weight loss, dehydration, poor skin quality
- ▶ the person appearing unkempt – same clothing worn every day of the week, loose or baggy clothing, clothing in poor state, hair unwashed, untrimmed nails, poor hygiene
- ▶ no dentures, hearing aids, mobility aids or glasses
- ▶ skin burns from urine being in contact with the skin for prolonged hours.

Abuse

Abuse can be intentional or unintentional. Intentional abuse is when a person deliberately causes harm to the other person by depriving and/or hurting the other person. Unintentional abuse can occur when another person doesn't realise that, through ignorance or other reasons, their behaviour towards the person with care needs is abusive. An example would be when a primary carer hasn't had a break and is caring for someone with very high needs. If there is no one else the carer can call on, they can become very tired and resentful; not realising the impact their behaviour is having. This is still abuse and needs to be reported.

Here are some other causes of abuse.

Causes of abuse

- ▶ The primary carer being stressed at home or at work
- ▶ A carer may be in debt and may steal from the person
- ▶ Conflict, arguments and fights within the family
- ▶ The person being isolated and alone, and the abuser thinking no-one will find out if they treat them badly
- ▶ A carer using drugs or drinking too much alcohol and being unable to care for the person properly

Indicators of abuse

The importance of observation and getting to know the person you are supporting can assist in identifying indicators of abuse. When you know someone well, you are more likely to pick up on changes in their behaviour. Changes in behaviour can be a result of other things, as well as being an indicator of abuse, so it is important to check your assumptions before coming to the conclusion that the person is being abused.

Here are some indicators of abuse.

Behaviour changes of person with care needs

- ▶ A person may become withdrawn, depressed, anxious, or display signs of being scared. They may become quite ambivalent or unresponsive.
- ▶ You might find the person is becoming disorientated or making contradictory statements. This of course can be a sign of a range of illnesses, so should be thoroughly assessed before making an assumption that the person is being abused.

Behavioural signs from the carer

- ▶ You might encounter situations where the carer makes lots of excuses so you cannot gain access to the person with care needs.
- ▶ The carer might be overly affectionate and flirtatious with the person, which might indicate an inappropriate sexual relationship.
- ▶ You might find the carer is giving conflicting accounts of incidents or is hostile towards the person with care needs.

General indicators

- ▶ Changes in the person's health such as unexplained weight loss, bed sores, poor colouration, sunken eyes and cheeks.
- ▶ The person with care needs has unexplained injuries or continual injuries.
- ▶ The individual's personal care needs are not being met, which can be indicated by dirty hair, dirty clothing, soiled bedding and unclean living conditions.
- ▶ Inappropriate use of medication, such as drugging the person so they sleep for longer periods of the day and night.

Physical abuse

Physical abuse can include physical assault, and can occur through physical acts of violence. Indicators might include physical pain or injuries. Physical acts of violence include hitting, slapping, punching, pulling hair, spitting at the person, pinching, biting, twisting their arm or wrist, physical restraint such as being tied to a bed or chair, confinement to a room and using objects to hurt the person (throwing rocks, using a strap). This abuse needs to be reported.

Indicators of physical abuse can include:

- ▶ bruises, cuts, scabs and scars
- ▶ abrasions, welts, rashes
- ▶ swelling, burn blisters,
- ▶ loss of weight, agitation, cowering
- ▶ tenderness, pain, restricted movement
- ▶ broken or healing bones
- ▶ drowsiness, unexplained weight loss, unexplained hair loss.

Sexual abuse

Sexual abuse can include unwanted or uninvited sexual contact, language or exploitative behaviour by another person. Sexual abuse includes sexual harassment, indecent assault and rape. This abuse needs to be reported.

Here are examples of indicators of sexual abuse.

Sexual abuse indicators

Withdrawal, disturbed sleep patterns, nightmares, agitation, fear

Unexplained difficulty sitting or walking

Bruising of genital areas or thighs

Unexplained sexually-transmitted diseases

Unexplained bleeding from the genital areas

Financial abuse

This form of abuse is not always easy to spot. It can include a person's money, property or assets being mishandled or taken and used without their consent. It can also include situations where a person with impaired cognitive abilities has given consent without truly understanding what their consent means. This abuse needs to be reported.

Financial abuse includes the following:

- ▶ Embezzlement, fraud, forgery and stealing
- ▶ Withholding money from the person or not paying accounts or debt
- ▶ Forcing a person to change their will
- ▶ The enduring power of attorney refusing to provide enough money for the person to be able to live
- ▶ The enduring power of attorney refusing to provide money for the person to buy clothing or other required items
- ▶ Forcing a person to hand over their money or assets

Psychological and emotional abuse

Psychological and emotional abuse is an ongoing intimidating behaviour that is designed to disempower a person. This form of abuse can be both verbal and nonverbal. It can include belittling, threats and withdrawal of affection. This abuse needs to be reported.

Here are some indicators of psychological and emotional abuse.

Indicators of psychological and emotional abuse

- 1 **Sense of hopelessness**
Fearfulness, helplessness, withdrawal, reluctance to make decisions
- 2 **Behaviour swings**
Anxiety, anger, moodiness, agitation, depression, passivity, low self-esteem
- 3 **Tiredness**
Sleep deprivation, insomnia, confusion
- 4 **Unexplained weight loss or gain**
Change in appetite, increased intake of alcohol

Social abuse

Social abuse occurs when another person behaves in ways to reduce or restrict a person's social contact with others. It can include stopping a person from being involved in activities with others, and/or preventing contact with friends and family, resulting in social isolation. This abuse needs to be reported.

Indicators of social abuse

- ▶ The person is withdrawn and sad.
- ▶ The person is grieving the loss of family and friends.
- ▶ The person exhibits low self-esteem and passive behaviour.

Follow policies and procedures when reporting

If you suspect abuse has occurred or you have witnessed abuse, you must act quickly to ensure action is taken immediately to prevent further abuse from happening or escalating. When reporting, be guided by your organisation's policies and procedures. Besides verbally reporting to your supervisor, you will be required to document the report. This information may be recorded in case, continuation or file notes and in an incident report form.

Here is an example of what to include in a report.

Objective report

What you saw; for example, the size, location and type of bruising

When you saw it – date, time and day

What you did; for example, removed the person from the situation

What you said; for example, you explained to the person that you had to report the incident

The person's response – what they said or did

Follow up action to be taken

Child abuse or neglect

Reasonable grounds for suspecting child abuse or neglect include the following.

Reasonable grounds for making a report

- ▶ A child disclosing that they have been abused or neglected
- ▶ A child's acquaintance, friend or relative advising that the child has been abused or neglected
- ▶ Behaviour being observed that indicates the child has been abused or neglected
- ▶ Physical indications that the child has been abused or neglected

Mandatory reporting of suspected child abuse or neglect

All states and territories have mandatory reporting requirements, although the people mandated to report and the abuse types that are mandatory to report vary between states and territories.

You need to be familiar with the mandatory reporting requirements in your state or territory. As a community service worker, you may be mandated to report.

Below are answers to some key questions about mandatory reporting legislation.

What types of abuse must mandated reporters report?

- ▶ In some jurisdictions it is mandatory to report suspicions of each of the recognised abuse types (physical abuse, emotional abuse, sexual abuse and neglect); while in other jurisdictions it is mandatory to report only some of the abuse types.

Is the identity of notifiers protected?

- ▶ In most jurisdictions (all except Queensland), the identity of notifiers – whether mandated or not – is protected.

What age groups can you make reports about?

- ▶ Legislation in all jurisdictions, except New South Wales, requires mandatory reporting in relation to all young people up to the age of 18. In New South Wales, intervention covers young people up to 18 years of age, but it is not mandatory to report suspicions of risk of harm in relation to young people aged 16 and 17.

What are the benefits of mandatory reporting?

- ▶ Mandatory reporting aims to overcome the reluctance of some professionals to become involved in suspected cases of child abuse. It also increases public awareness of child abuse among professionals and in the community.

Does person confidentiality apply?

- ▶ In the context of mandatory reporting of child abuse or neglect, the right to person confidentiality of information legislated under the Privacy Act 1988 (Cth) does not apply.
- ▶ Access information about your state or territory's requirements at: <http://aspirelr.link/mandatory-reporting-child-abuse>

Child protection authorities

The following lists the child protection authority in each jurisdiction, which should be contacted if child abuse or neglect is suspected.

Australian Capital Territory	Child and Youth Protection Services: http://aspirelr.link/child-protection-services-act
New South Wales	Department of Family and Community Services: http://aspirelr.link/report-child-abuse-nsw
Northern Territory	Department of Children and Families: http://aspirelr.link/report-child-abuse-nt
Queensland	Department of Communities, Child Safety and Disability Services: http://aspirelr.link/report-child-abuse-qld

South Australia	Department for Child Protection: http://aspirelr.link/report-child-abuse-sa
Tasmania	Department of Health and Human Services: http://aspirelr.link/dep-health-human-services
Victoria	Department of Health and Human Services: http://aspirelr.link/report-child-abuse-vic
Western Australia	Department for Child Protection and Family Support: http://aspirelr.link/child-protection-wa

Follow organisational policies and procedures for referring to protective services

If you suspect a child is being abused or neglected, follow your organisation's policies and procedures for reporting. If you are not clear on the policies and procedures, consult with your supervisor.

Procedures generally include the following.

Reporting requirements

Your organisation's procedure for reporting child abuse or neglect should specify:

- ▶ which authority to report to
- ▶ how and when the report should be made
- ▶ who you should inform about making the notification
- ▶ the procedure for reviewing the child's case while notification is being processed.

If you believe a child is in immediate danger or is in a life-threatening situation, call emergency 000.

Reporting details

If known, provide:

- ▶ the child's name, age and address
- ▶ the parents' names and addresses
- ▶ siblings' names and ages
- ▶ the language spoken by the family
- ▶ whether the family knows the report is being made
- ▶ whether the worker knows if any other agencies are involved
- ▶ the reasons for concern
- ▶ the worker's relationship to the child.

Reporting WHS risks

Follow organisational guidelines for reporting risks and hazards. This may involve completing a standard form or writing a report. If you are unclear about your reporting requirements, consult your supervisor and/or your organisation's procedures manual.

Assess according to policies and procedures

Organisational guidelines outline how the assessment should be conducted and analysed based on workplace requirements, legal obligations, industry standards, and codes of ethics or conduct. To comply with relevant guidelines, you need to familiarise yourself with your organisation's policies and procedures. If in doubt about these guidelines, consult your supervisor.

Each organisation will have specific procedures for the assessment process and making decisions about appropriate services to meet people's needs.

Guidelines are necessary to help workers achieve the following:

- ▶ Meet the organisation's specific objectives
- ▶ Conduct assessments in a standardised and consistent way
- ▶ Work within their own job role and level of responsibility
- ▶ Comply with legal and ethical requirements and current standards of practice

Example

Document outcomes of assessment

Here is an example of a report. An organisation's report form may include the guidance supplied by form fields that prompt the support worker to supply specific information.

Complex assessment report: Disability Support Service	
Report prepared by: Mirabella Watts	Position: Complex needs assessor, disability support service
Name: Nina Black	
Gender: Female	DOB: 1/11/2007
Contact: (03) 66 272 272	
Address: 16 Parish Drive, Ashtonville 2006	
Guardian/next of kin (relationship): Belinda Black (mother)	
Guardian contact: 66 272 272	
Guardian address: 16 Parish Drive, Ashtonville 2006	
Referral information: Referred for assessment by Dr Collins, GP, to Dr Wallis, Child Psychologist. Presented with indications of ADHD and autism spectrum, as well as depression. Assessment confirmed ADHD, autism spectrum disorder and childhood depression. Referred to Disability Services for further assessment, seeking funding and additional support.	
Note: Dr Wallis has made a notification to child protection services for suspected child neglect under mandatory reporting	
Health history: No previous medical history or operations. No prescribed medication.	

Home environment: Nina lives with her mother, who is a single mother on a pension. They live in a one-bedroom apartment. Her mother has recently been convicted for illicit drug dealing. She served one month in prison, at which time Nina stayed with her grandmother, Hyacinth Black, in regional NSW. Nina reports having been hit on many occasions by her mother, to the point of bruising. She also has reported being left unattended during the evening several nights a week. Nina does not appear undernourished, and reports to eating meals every morning and evening. She either catches a bus to school or walks.

Developmental assessment

Demonstrates ability to:

- ▶ play independently
- ▶ maintain eye contact
- ▶ follow simple oral instructions such as 'Please sit down'
- ▶ imitate simple tasks like washing dishes.

Does not demonstrate ability to:

- ▶ sit for more than five minutes
- ▶ read at Grade 1 level
- ▶ write
- ▶ control impulses; for example, she yelled at the assessor
- ▶ follow complex instructions; for example, she was not able to follow the instruction, 'Please sit and read this book for five minutes before the assessor returns to the room'.

Physical assessment

Demonstrates ability to:

- ▶ perform normal physical tasks like walking, running or sitting.

Does not demonstrate ability to:

- ▶ control impulses like salivating.

Communication

Demonstrates ability to:

- ▶ speak clearly
- ▶ hear
- ▶ maintain eye contact
- ▶ follow simple oral instructions such as, 'Please sit down'.

Does not demonstrate ability to:

- ▶ speak slowly
- ▶ be polite and courteous towards others
- ▶ demonstrate empathy.

<p>Social Nina has difficulty relating to peers. She has minimal engagement with other students her age, and spends most play times alone. She hits and bites other children when she gets frustrated. She can follow simple instructions from adults but becomes frustrated quickly, and acts out by shouting.</p>	
<p>Emotional Nina reports to crying frequently, and having difficulty going to sleep and getting out of bed in the morning. She reports having unstable moods throughout the day.</p>	
<p>Recommendations Assessment finds that Nina requires support for:</p> <ul style="list-style-type: none"> ▶ educational outcomes such as reading and writing ▶ behaviour management ▶ communication styles ▶ social engagement. <p>Priority should be given to Nina’s current home state. It appears that Nina is neglected and child support intervention should occur. A report has been made to child protection services. We will communicate with child protection services to determine the best outcome and next stage of the process.</p>	
<p>Signed: <i>Mirabella Watts</i></p>	<p>Date: 16/4/2017</p>

Practice task 16

1. In the case of mandatory reporting for suspected child abuse, how does the person’s right to confidentiality apply?

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2. Which authority should you report suspected child abuse to?

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3. What information should be included in a mandatory report for child abuse?

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Click to complete Practice task 16

4B Maintain and store the person's information

Commonwealth and State privacy, health records and information legislation outline the obligation of community services providers to take reasonable security safeguards to protect the security of a person's personal information. Community service providers are required to understand and adhere to legal and ethical obligations to ensure a person's privacy and confidentiality are maintained when handling and storing a person's information.

To read more about Commonwealth, state and territory privacy, health records and information regulations go to the following website:

<http://aspirelr.link/alrc-national-consistency-health-information>.



Store information

Information must be stored and managed securely to avoid the risks of privacy breaches, both intentional and unintentional.

Here is some more information about storing information.

Physical safeguards

- ▶ Physical safeguards include:
 - locking filing cabinets and unattended storage areas
 - physically securing areas where information is stored
 - not storing information in public areas
 - positioning computer terminals and fax machines so they cannot be seen or accessed by unauthorised people or members of the public.

Technical safeguards

- ▶ Technical safeguards include:
 - using passwords to restrict computer access, and regularly changing passwords
 - establishing different access levels so not all staff can view all information
 - ensuring information is transferred securely; for example, not transmitting information via non-secure email
 - using electronic audit trails
 - installing virus protections and firewalls.

Administrative safeguards

- ▶ Administrative safeguards include:
 - policies and procedures to address information security
 - training staff on policies and procedures.

Confidentiality

When discussing a person's situation, always be aware of maintaining their privacy. You must protect confidential details. You always need the person's consent if you wish to talk about their situation. Often people are happy to give their consent because they know you want to help.

Maintaining confidentiality is part of respecting a person's privacy and individual rights. In practice, confidentiality means not discussing an individual's personal information unless they have given their consent for this to happen. There are exceptional circumstances that do enable you to disclose private information but this is generally only when you become aware that someone may be harmed.

You can read more about privacy, confidentiality and disclosure at the following site:

- ▶ <http://aspirelr.link/law-handbook-privacy-confidentiality>

Confirm confidentiality

Confirm person confidentiality prior to the assessment's commencement. Relevant professionals can review the person's results, but only with the person's knowledge and written consent. This right to confidentiality is legislated under the *Privacy Act 1988* (Cth).

Here are some points to follow to confirm confidentiality.

How to confirm confidentiality

It is your responsibility to encourage the person to ask questions to confirm they understand their right to confidentiality.

If the person trusts that their information will be used only for purposes relevant to the assessment, they will have more confidence to disclose accurate information.

A person being assessed for drug use, for example, may have difficulty disclosing information about their drug use if they believe the assessor will report to the police.

Always follow organisational procedures to maintain confidentiality, such as only conducting an assessment in a room where others cannot hear the discussion.

Ensure assessment documentation is stored securely.

Maintain and store information

There are 13 Australian Privacy Principles that apply to the collection, use and storage of people's information. Here is further information about how to handle personal information.

Collection, use and storage of personal information

- 1 Open and transparent management of personal information**
Ensures that organisations manage personal information in an open and transparent way.
- 2 Anonymity and pseudonymity**
Requires organisations to give individuals the option of not identifying themselves, or of using a pseudonym. Some exceptions apply.
- 3 Collection of solicited personal information**
Outlines when an organisation can collect personal information that is solicited. It applies higher standards to the collection of 'sensitive' information.
- 4 Dealing with unsolicited personal information**
Outlines how organisations must deal with unsolicited personal information.
- 5 Notification of the collection of personal information**
Outlines when and in what circumstances an organisation that collects personal information must notify an individual of certain matters.
- 6 Use or disclosure of personal information**
Outlines the circumstances in which an organisation may use or disclose personal information that it holds.
- 7 Direct marketing**
An organisation may only use or disclose personal information for direct marketing purposes if certain conditions are met.
- 8 Cross-border disclosure of personal information**
Outlines the steps an organisation must take to protect personal information before it is disclosed overseas.
- 9 Adoption, use or disclosure of government-related identifiers**
Outlines the limited circumstances when an organisation may adopt a government-related identifier of an individual as its own identifier, or use or disclose a government-related identifier of an individual.
- 10 Quality of personal information**
An organisation must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete.
- 11 Security of personal information**
An organisation must take reasonable steps to protect personal information it holds from misuse, interference and loss, and from unauthorised access, modification or disclosure. An entity has obligations to destroy or de-identify personal information in certain circumstances.

2. List and explain five of the Australian Privacy Principles that apply to collecting, storing and using a person's personal information.

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3. When confirming confidentiality, what points must be considered?

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Click to complete Practice task 17

4C Provide the person's information to other services

A person's right to privacy and confidentiality, and their right to refusal must be upheld. The support worker is required to provide information about information sharing and the consequences for both sharing and not sharing information to other services. The person should be allowed the opportunity to make an informed decision free from bias or duress. The process for obtaining consent and sharing information to a third party is guided by organisational policy and procedures.

Follow processes for accessing services

Organisational guidelines apply when accessing services from within and outside of your organisation.

Guidelines for accessing services

Use the appropriate method of communication with services about person referral.

Communicate with necessary parties about referral; for example, notify the person about referral, the person's advocate or the person's family members as required.

Communicate with the service on behalf of the person or facilitating the person to contact the service themselves.

Complete requisite documentation when making contact with a service or network.

File communication documentation appropriately.

Seek the person's consent to release information before information is released, using the appropriate consent form.

Process for accessing services

The process for accessing a service may vary between organisations. For example, a social worker is required to send an email to the coordinator of an internal service, advising them that they would like to arrange an interview between the coordinator and the person. The social worker schedules the interview and notifies the person and coordinator of the time and place. The social worker ensures the person is eligible for the service, and that the service has the capacity to meet the person's needs. With the person's consent, she sends all the necessary referral information to the service coordinator.

The following is a process for accessing services.

- 1 Send an introductory email to the service in question.
- 2 Arrange a meeting between the service coordinator and the person.
- 3 Gain the person's consent to share their personal information with the service.
- 4 Compile and deliver the necessary person information, including an assessment report.
- 5 Processes for assisting the person to access external service, on the other hand, may include completing an organisational referral form.
- 6 Obtain the person's consent to share information.
- 7 Arrange a meeting with the person and the service coordinator.
- 8 Arrange a follow-up review of the service to ensure it meets the person's needs.

Consent to share personal information

As well as explaining the assessment process, it is important to clearly explain the dissemination of results. The person must be given the opportunity to consent to how assessment results are used before assessment is conducted. For example, if an older person is being assessed for her ability to live independently in the community, the assessment team must clearly explain the assessment process, and that they will send a copy of the results to the person's GP (with the person's permission). A follow-up visit will be arranged with ACAT to discuss what the results indicate and the support options available.



Discuss the implication and possible outcomes of the assessment. Where possible, remain positive and encouraging in your language, using statements such as, 'This assessment will enable you to access more suitable services'.

Gain consent and document for referral

You must gain the person's consent when information is being shared for a referral. This consent should be carefully and accurately documented before information is shared.

Your organisation has policies and procedures that outline when you must obtain a person's consent to share their information. These policies and procedures will be based on Commonwealth and state/territory privacy legislation.

Legislation relating to consent

- ▶ *Privacy Act 1988 (Cth)*
- ▶ *Privacy and Personal Information Protection Act 1998 (NSW)*
- ▶ *Information Privacy Act 2009 (Qld)*

Person consent requirements

One of your roles when working with a person on an individual basis is to give the person information about privacy and consent requirements and ensure they understand this information. Your organisation's privacy policy and procedures usually contain this information.

Right to consent

- ▶ Advise persons that they have the right not to consent to share their information with other service providers. The only exceptions to this are when you need to disclose a person's personal information because there is a risk that they will harm themselves or others, or a court orders access to the information. If a person is unable to provide consent, you should obtain it from their legal guardian, carer or next of kin.

Document consent

- ▶ Most organisations have forms that the person can sign to give consent to share their personal information with another service provider.

Inform of consequences

- ▶ If persons do not consent to share information, you need to make sure they understand the consequences of this. This may include them not receiving needed services or treatment, or it being more difficult for other agencies or professionals to provide services because they do not have information about the person.

Right to refuse

- ▶ Persons should not be coerced or pushed into providing consent. Provide them with the necessary information about the targeted service, check they understand the information and then respect their right to make their own decision.

Document for referral

When documenting a referral, it is useful to ask yourself if you would be comfortable if the person read what you have written. This will help you to write in a way that is respectful and preserves the dignity of the person you are writing about. Remember that, under freedom of information legislation, persons can request to see their files.

Consider the following when making referrals.

Meet requirements

Ensure you follow the organisation's guidelines, such as:

- ▶ using the standard referral form, and signing and dating all documentation
- ▶ complying with confidentiality protocols
- ▶ completing documentation within your scope of practice and work role; do not complete sections you are not authorised to complete
- ▶ remaining objective and not including your opinion
- ▶ being concise and ensuring information is accurate and factual
- ▶ citing the source of the information; for example, 'Fiona's guardian stated that ...'

Provide information

Collate the appropriate documentation to forward to the service provider. You need to find out exactly what information the provider requires. As part of the referral process, you may need to provide:

- ▶ copies of the individual's service delivery plans and records
- ▶ contact details of the person's next of kin
- ▶ assessment results relevant to the service; for example, if the service provides sports activities, they should have access to information pertaining to the person's health/physical assessment
- ▶ medication the person is currently taking
- ▶ relevant first-aid information; for example, if the person requires an inhaler.

Accuracy of documentation

Documentation sent to the agency you are referring the person to must be accurate. If mistakes are made during the referral process, the person's safety may be put at risk. Double-check all referral information before handing it over.



Example

Provide person’s information to other services

The following are examples of information collected on forms dealing with consent.

Hilltop Community Support Service – Consent to disclose personal information

I have given my consent for Hilltop Community Support Service staff to provide my personal information to meet my support and care needs.

Name: Mavis Higgins

Signed: *Mavis Higgins*

Date: 21/10/17

Westbank Welfare Agency – Referral form

Person Details		Date: 7/5/2017	
Last name: Langveld		First Name: Fred	Title: Mr
Date of birth: 12/03/1971		Address: c/o Westbank Welfare Agency, 26 Kalinga Rd, North Bellalong	
Consent to release information			
Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Filed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Copy attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Referred to: Dr Tanya Sutherland – Psychologist			
Reason for referral: Fred Langveld has expressed a need to deal with the issues arising from his experiences being physically abused as a young boy. He would also like to learn strategies to deal with anger constructively and be able to strengthen his relationship with his partner Cheryl.			
Relevant history: Fred Langveld is a survivor of physical abuse. He has disclosed that he hits his partner Cheryl when he has consumed excess alcohol.			
Name: Jane Robb		Signature: <i>J Robb</i>	
Position: Welfare Worker		Contact phone: 0452 228 545	

Practice task 18

1. Outline the process for accessing services.

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2. What information should be provided when documenting for referral?

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3. Outline the support worker's role in confirming consent to share a person's information.

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Click to complete Practice task 18

Summary

1. Requirements for format and content of reports will be outlined in organisational guidelines.
2. Professional language and excellent written language skills are critical for writing an effective report.
3. Gain the consent of a person before sharing personal information with a service, including assessment results.
4. Follow organisational policy and procedure when obtaining consent to share personal information, documenting assessment reports and referring to other services.
5. Follow organisational privacy and confidentiality policies when collecting, storing and using a person's personal information.
6. Follow the ten national privacy principles when collecting, storing and using a person's personal information
7. Implement safeguard strategies to maintain confidentiality when accessing, storing and using a person's personal information.
8. If you suspect a child is being abused or neglected, and mandatory reporting legislation applies, you must report to your state or territory child protection authority. Follow your organisation's policy and procedures for reporting child abuse or neglect.

2. A person is accessing support from a government AOD agency in South Australia. The person has reported that their six-year-old daughter is currently at home, unsupervised. They tell you they often leave the child at home unsupervised for extended periods of time. Explain how you should respond and why.

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3. What information should be included in the contents of a summary report?

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4. What is the purpose of a summary report?

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Topic 5

In this topic you will learn how to:

- 5A Seek feedback about assessment processes**
- 5B Monitor processes and their outcomes**
- 5C Routinely seek feedback**
- 5D Use feedback to improve processes**

Evaluate assessment and referral processes

Your relationship with the person you are assessing does not end once service delivery has commenced. You need to regularly monitor the allocation of services to ensure they continue to meet the person's needs. Progress reports and person feedback are an important means of evaluating the service's adequacy and performance. They are also a means of monitoring whether any changes have occurred in the person's circumstances or the services being provided. It is also important to seek feedback from colleagues and people you are providing support to about your own performance. This can be used to improve your ability to conduct complex assessments and referrals in the future.

5A Seek feedback about assessment processes

Actively seek opportunities to obtain feedback on your performance from colleagues and the people you support. This feedback can be used to improve and further develop your skills in conducting complex assessments and referrals.

Seek out colleagues who will give you honest and constructive feedback. Also keep in mind that there is no point in asking others for feedback unless you are willing to consider what they have said.



Seek feedback from networks

The quality improvement process involves gathering feedback on service delivery from all stakeholders. Networks are a valuable resource for providing feedback to inform the quality improvement process. The community services sector is dynamic due to changes to funding, service delivery models, capacity of networks and services, and processes. These changes can impact upon your organisations service delivery; this is why it is essential to keep abreast of changes to other services and networks.

Feedback may be sought about:

- ▶ the capacity of the service network to effectively deliver services to meet the needs of the community
- ▶ the referral processes between agencies
- ▶ the roles of agencies
- ▶ how agencies in the network support each other in their roles
- ▶ whether services are extensive and comprehensive enough to meet the needs in the community
- ▶ funding arrangements and changes to funding
- ▶ best practice models and changes in best practice.

Accept feedback non-defensively

When you request feedback, make clear the area of practice you want to receive feedback on. For example, you may request feedback from a person you support about your management of their referral to a service. If you feel yourself reacting strongly to feedback, think about why this may be. Is it because you know what is being said is true, or is it because the feedback has been given in an unfair way? Seeking out and accepting feedback non-defensively shows that you respect the opinions of your co-workers and other people, and are willing to learn from them. Here is some further guidance on accepting and responding to feedback.

Accepting feedback

To accept feedback in a non-defensive way, try the following:

- ▶ Listen carefully to what is said.
- ▶ Be polite and courteous to the person providing the feedback.
- ▶ Accept the feedback without interruptions or protests.
- ▶ Ask for clarification or examples if you are not sure what the person is saying.
- ▶ Think about how you can apply the feedback you have been given.
- ▶ Discuss possible strategies to improve your work practices.

Responding to feedback

You may appear defensive and hostile if you respond to feedback by:

- ▶ becoming angry with and insulting the feedback provider
- ▶ interrupting and arguing with the feedback provider
- ▶ denying that the feedback applies to you and refusing to take personal responsibility
- ▶ failing to consider or act on feedback.

Give and receive feedback

Learning the guidelines for giving and receiving feedback should help you feel confident about giving feedback and accepting it from others. The way you provide feedback affects the way others receive it. It is most beneficial when given in a respectful, sincere and courteous manner. Always try to convey that you appreciate and value the person you are giving feedback to and that you want to support and help them. Accept feedback from others in the same spirit and try to learn from it.

Here is some further guidance on giving and receiving feedback.

Be specific

Make sure the feedback you give is specific. For example, 'I appreciate that you always write your case notes promptly, but sometimes you don't explain what you mean. If you say you have noticed behavioural changes in a person, I need you to provide details of the types of behaviour changes you have noticed'. This tells the recipient what they need to do and offers positive feedback at the same time.

If a colleague gives you feedback and you are unsure what they are saying, ask them to clarify what they mean or to provide specific examples of the performance, actions or behaviour they are commenting on.

Be constructive

Avoid purely critical or negative comments, and never offer feedback as a way of humiliating or belittling your co-workers. Try to make positive comments before providing feedback about what they need to improve.

Constructive feedback allows the recipient to feel supported and respected. Always try to convey that you respect and value the person and are sensitive to their goals and needs. If a co-worker makes comments that are personal, you have the right to tell them that you will only accept feedback that focuses on your skills and performance and if it is given in a respectful manner.

Ensure feedback is timely

Try to give feedback as soon as possible following the time the behaviour or work practice you are discussing occurred. It is not helpful to say, 'Mrs Jones told me last month that you never follow up and get back to her about other services that she is eligible for. It's too late now because she has left.'

It is always better to point out problems or oversights at the time they occur so the feedback recipient can correct the issue themselves or make sure they do not repeat the same mistake.

Be clear and direct

Some people are uncomfortable giving feedback, so they 'beat around the bush' and do not state exactly what they mean. This can be very confusing for everyone. Work out what you want to say before you say it and give your feedback in a clear and concise way so the recipient can easily understand what you mean.

If you are not sure what someone means when they are giving you feedback, ask questions until you do understand. Seek clarification and examples of the behaviour or practice so you know what areas you need to improve.

Focus on behaviours and actions rather than personalities

Never make personal criticisms of a co-worker. If you need to provide feedback, focus on behaviours or actions, rather than making personal remarks or attacking on the basis of a personal characteristic.

For example, avoid saying 'You're so full of yourself. You think you have a right to talk over everyone else all the time'. Instead, you could suggest that while it is important to make contributions, it is also important to listen to others.

Be fair

Always ensure you give feedback that is fair and balanced. For example, do not give feedback if you do not know all the facts of a situation, as you could blame someone for something that was beyond their control.

Always ensure you take into consideration other factors that may have influenced work performance. For example, a worker may not have been able to do everything they were supposed to do on a particular day because a number of colleagues called in sick that day.

Encourage open, two-way communication

Communication is based on sending, receiving and interpreting messages. Many of us have been in situations where something we have said was interpreted in a completely different way from what we intended.

When giving feedback, choose your words carefully and give the feedback recipient an opportunity to respond to what you have said. If the recipient does not have a chance to talk about or clarify feedback, they may become resentful and feel they have been unfairly criticised.

Example

Feedback form

The following is an example of a feedback form.

Feedback form			
Name:		Date:	
My feedback is a:	Compliment <input type="checkbox"/>	Complaint <input type="checkbox"/>	Comment/suggestion <input type="checkbox"/>
Name of service:			
What would you like to tell us about the service?			
What would you like to see happen?			
How should we contact you?	Phone <input type="checkbox"/>	Email <input type="checkbox"/>	Letter <input type="checkbox"/>
Signed:			

Practice task 19

1. What information should be sought from networks to contribute to quality improvement?

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2. When receiving feedback, what should you do to ensure that you accept it in a non-defensive way?

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3. If you receive feedback that you do not understand what should you do?

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Click to complete Practice task 19

5B Monitor processes and their outcomes

In addition to consulting service providers to obtain review information, it is important to seek feedback from the person using the service about their level of satisfaction with the assessment and referral process and services provided and whether their needs are being met. This is a key criterion for judging whether a process and outcome is satisfactory.



Continuous improvement in the organisation's service delivery also involves ongoing monitoring and evaluation of processes and their outcomes. These processes and outcomes are measured against service standards and key performance indicators to identify the need for improvements to service delivery.

Monitor service delivery at the organisational level

Using routinely-collected data, you can obtain general information about your organisation's processes and outcomes and how well they meet the needs of service users.

Strategies for monitoring processes

- ▶ Internal audits
- ▶ Satisfaction surveys or questionnaires for service users, staff and other stakeholders
- ▶ Monitoring of organisation key performance indicators
- ▶ Review of risk management plans
- ▶ Collating information such as feedback forms and incident and hazard reports
- ▶ Review of policies and procedures in relation to current practices

Monitor processes for feedback

Quality improvement processes are set out by organisational guidelines. These guidelines are based on industry standards and should outline the processes for feedback and the procedures for monitoring processes. The way the organisation seeks, collects and responds to feedback should be clearly outlined in the guidelines.

Consider the following when monitoring the feedback processes:

- ▶ Is the feedback, complaints and appeals process fair, accessible and accountable?
- ▶ Has feedback, complaints and appeals processes been effectively communicated to relevant people?

- ▶ Have the relevant people been informed of support for feedback, complaints or appeals?
- ▶ Have the relevant people been informed of how to access this support?
- ▶ Have feedback, complaints and appeals processes lead to improvements within the service?
- ▶ Have outcomes been communicated to relevant stakeholders?
- ▶ Has adequate opportunity been provided to stakeholders to provide feedback?

Assess impact of setting on the process

When conducting a review of processes, it is important to consider the impact of the setting on the process. In the instance of feedback processes, it is of particular importance to ensure that the person providing feedback has adequate access to information about the process, access to feedback mechanisms and the freedom to express feedback without the risk of negative consequences, such as unfair treatment or intimidation. In order to elicit the most accurate, unbiased and reliable information from the feedback process, it is important to conduct an assessment of how the setting may impact on the reliability of feedback. Careful consideration must be made to identify the most appropriate setting for seeking feedback and procedures implemented to ensure that variables do not impact upon the reliability of the feedback.

Here is information about these variables.

Privacy

- ▶ A person may not feel comfortable providing honest or accurate feedback in the presence of others for fear of ridicule, judgement or recrimination.

Accessibility

- ▶ Important feedback may not be provided due to lack of access to feedback mechanisms, lack of information about feedback processes or lack of adequate support to provide feedback.

Data collection

- ▶ Methods of data collection must be user friendly and able to be adapted to accommodate a diverse range of users in order to provide an inclusive and accurate representation of service users.

Example

Continuous improvement guidelines

The following is an example of an organisation’s continuous improvement guidelines.

Continuous improvement principles

- ▶ All management and staff have a role to play in the management and development of the continuous improvement process.
- ▶ Ongoing feedback and consultation should be sought from service users, management, staff, volunteers, the community, suppliers and other relevant stakeholders.
- ▶ Complaints, compliments and other feedback should be recorded, reviewed, investigated, evaluated and acted on.
- ▶ Mechanisms for feedback must be; explained to stakeholders, accessible, user-friendly and free from influence or bias.
- ▶ The person providing feedback should be informed of the actions taken.
- ▶ The outcome of the feedback must be evaluated.
- ▶ Improvement plans and records of improvements should be maintained to demonstrate what has been achieved over time.
- ▶ Feedback should be provided to inform service users, management, staff, volunteers and other stakeholders about implemented improvements.
- ▶ Management and staff must have knowledge of the organisation’s continuous improvement processes and their role in the process.
- ▶ Policies and procedures should be documented to guide practices and processes.

Practice task 20

1. List five strategies that can be used to monitor processes.

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2. What should be considered when monitoring feedback processes in terms of meeting the person's needs?

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3. Explain how the setting can impact upon the reliability of feedback.

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Click to complete Practice task 20

5C Routinely seek feedback

In addition to consulting service providers to obtain review information, it is important to seek feedback from the person about their level of satisfaction with the service provided and whether the service is meeting their needs. Meeting with the people you provide support services to gives you an opportunity to gauge this. As well as asking direct questions, you can observe nonverbal and other behavioural cues about the person's experience.



Consult your supervisor and organisational policies and procedures to determine which processes to use to collect their feedback about the adequacy of service delivery. This feedback can be collected formally or informally. You may also need to engage advocacy services and/or an interpreter to enable effective review of the services.

Processes for collecting feedback

Feedback forms or surveys are used to obtain feedback from people about the services they are receiving. Follow organisational procedures for how often feedback is obtained and which forms to use.

Survey forms can be used to assess:

- ▶ what the person is and is not happy with
- ▶ whether the person would like to make a complaint
- ▶ whether the person has any suggestions to improve the service.

Formal and informal feedback

When identifying the extent to which the person is satisfied with the services provided, always probe to find out the reasons they are satisfied or dissatisfied. If the person has made or wants to make a formal complaint about the service, or refuse delivery of a service, assist them by providing them with information for how to do this. Follow organisational procedures for recording their feedback. This may involve writing a report, adjusting service delivery plans or making notations in the person's file.

Here is more information about gaining feedback formally and informally.

Questions to ask the person

- ▶ Was the cost appropriate?
- ▶ Were staff easy to get along with?
- ▶ Was it easy enough to get to the service?
- ▶ Did you receive an appropriate level of support?
- ▶ Did you see the relevance of the services and support offered?

Observe nonverbal cues

- ▶ As well as asking direct questions, you can observe nonverbal and other behavioural cues about the person's experience. These cues may include:
 - not turning up for appointments
 - consistently being late to appointments
 - evading questions about the service
 - using defensive body language when discussing the service, such as turning away or avoiding eye contact.

Determine reasons for dissatisfaction

- ▶ If you maintain open communication and a trusting relationship with the person, they will be more likely to express when they are dissatisfied with a service. However, a person may provide contradictory information. They may tell you everything is fine, but nonverbal cues suggest otherwise. Use probing questions to get to the bottom of the issue such as, 'You tell me you are happy with the service, yet you do not attend the majority of meetings. Can you help me understand why this might be?'

Practice task 21

Read the case study, then complete the questions that follow.

Case study

Azmin has started a new job at a home and community care service. Her role is to conduct assessments of people with complex issues and facilitate service delivery. She has previously only worked in aged care and she is nervous about her ability to work with people who have disabilities and mental health concerns.

Azmin consults the organisation's policies and procedures, and speaks to colleagues and supervisors before conducting her first person assessment and arranging service delivery.

The first person she works with is Ross, who has an intellectual disability and AOD issues. Azmin collects relevant information during the assessment and uses a range of assessment procedures, including interview, observation and compiling medical records. She presents a range of services to Ross that are intended to meet his needs. Internal services include housing, skill development and a day program. External services include drug and alcohol rehabilitation and counselling.

With Azmin's assistance, Ross selects and accesses appropriate services. After a month, Azmin's supervisor, Belinda, asks her how Ross is progressing and whether the services match his needs. Azmin says she's not sure.

Belinda queries Azmin's review strategies. She suggests that Azmin becomes more involved with service delivery to ensure the services meet Ross's needs. Azmin listens carefully to this feedback. Belinda suggests Azmin work closely with another colleague in a similar role, and that she ask for help and feedback as she goes. Azmin is thankful for the feedback, although she feels embarrassed that she has not followed organisational procedures adequately.

1. What does Azmin do correctly in the early stage of her new role?

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2. Identify two opportunities for obtaining feedback that Azmin does not recognise and use.

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3. How has Azmin responded to the feedback she has received and how could she be more proactive?

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Click to complete Practice task 21

5D Use feedback to improve processes

Feedback is a critical component of the quality improvement process, and the information obtained from feedback provides valuable insight about performance, systems and processes. By evaluating the lessons learned from feedback we are able to identify what is working well and what we need to improve or change to achieve optimal service delivery.



Review strategies

Strategies that can be used to review services, changes in circumstances, environmental factors and urgency of person needs are presented here.

Meetings

Meetings are a good way for stakeholders to share insights about what is and is not working and to develop better ways of working together. These meetings may be formal or informal.

As a follow-up to the meeting, check whether any agreed changes have made the services and supports more effective.

Case notes

Case notes can help identify whether the service being delivered remains effective. They can reveal day-to-day issues, such as growing dissatisfaction with service providers. Absences or missed appointments can also point to person dissatisfaction.

Discussions with the person

In most cases, people will tell you if they have any issues or concerns if you give them the opportunity. Allow the person time to speak. Ask open questions such as, 'What would you like improved?', rather than closed questions such as, 'Are you happy with the services you're receiving?'

Family discussions

Family members may be frustrated with the services provided or the person's progress. Because they are outside the system, they are not always aware of who to speak with. They will generally be pleased to discuss any issues or concerns providing you give them the opportunity.

Worker discussions

Providing you have informed, written consent, ask other workers and healthcare professionals about whether the person is engaging with the services or supports, and whether they believe additional or different supports and services are needed.

Nonverbal cues

Be observant. Do the person's, family member's or worker's spoken language and body language match? If they are telling you they are happy but their body language suggests otherwise, use appropriate probing questions.

Observation

Take time to get to know the person within the scope of your practice and job role boundaries. Do their issues seem to be getting better, are they getting worse or are they staying the same?

Formal assessments

Use formal assessments from healthcare professionals or specialist service providers to assess whether the support measures are helping the person to achieve their goals and to meet their identified needs.

Progress reports

Individual progress reports may be prepared by the service provider to give details of the person's progress towards target actions and goals. Recommendations may also be made about changes to the service/program to better meet the person's needs.

Surveys

A review form or survey is a set of written questions used to invite feedback about all aspects of service provision. The results of surveys can be used to help individuals and to make changes across the board for the benefit of all persons.

Document revisions to service delivery

A person's feedback regarding service delivery should be documented. If the person is dissatisfied with the service, or their needs have changed or not been met, you may need to terminate the service, organise variations to the service, refer to a new service or help the person make a formal complaint.

Here are guidelines to consider when making revisions.

New service inclusion

The following should be undertaken upon new service inclusion:

- ▶ Provide the service with person contact details and relevant information.
- ▶ Provide the person with service contact details and relevant information.
- ▶ Obtain person consent before sharing information.
- ▶ Change the service details in the service delivery plan and complete the referral forms.

Service revisions

If a service is terminated or adjusted:

- ▶ adjust the person service delivery plan
- ▶ make notations on person records
- ▶ contact relevant parties to inform them of the change
- ▶ update any other relevant organisational documentation.

Use own evaluation to improve process

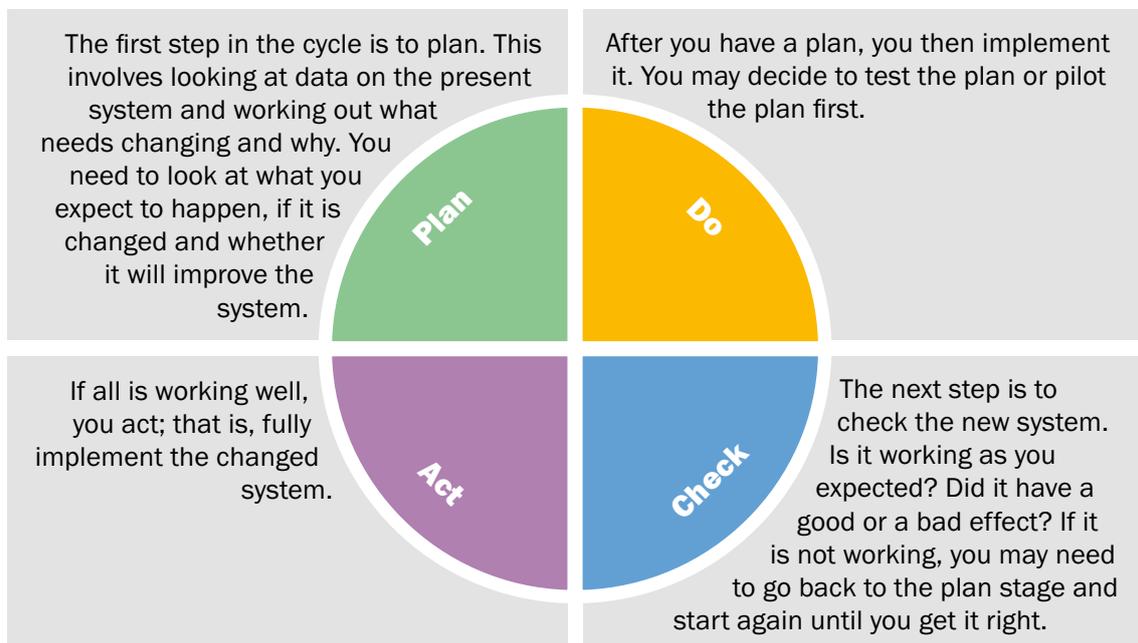
Self-evaluation is an effective way of improving processes. By reflecting upon your own practice, identifying your strengths and areas for improvement in your work, you are able to contribute to improving process. For example, by reflecting on your own practice you may identify a need to gain further knowledge and skills in a certain area of your work. This may lead to your engagement in professional development, the outcome being the improvement in your ability to undertake a process more efficiently or your contribution to making changes to processes that are outdated or not working. Your own evaluation should be ongoing, and the focus of your evaluation should be clearly identified. The Quality Framework Cycle can be used to conduct your own evaluation to improve process, as it is simple and easy to use.



Use feedback to improve processes

A quality framework cycle can be represented in many ways, including the plan-do-check-act (PDCA) cycle. There are four stages that revolve around a central point. In the quality framework cycle, it may be a system or a policy in the centre. Quality systems must be continuous.

Here is some more information about a system for continuous improvement.



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2. Based on the information provided in the feedback form, what revisions, if any, would you recommend be made to the service delivery arrangements?

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3. What methods are used to collect feedback, either in your own organisation or a community services organisation near you? Write a brief report explaining the methods used.

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Learning checkpoint 5

Evaluate assessment and referral processes

This learning checkpoint allows you to review your skills and knowledge in evaluating assessment and referral processes.

Part A

1. List and explain three methods that can be used to seek feedback when reviewing service.

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2. List five strategies that can be used to monitor processes and their outcomes.

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3. List five principles of continuous improvement.

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4. Why is it important to collect feedback from clients about their experiences with the service? Use examples from your own work experience or case studies in this unit to illustrate your answer.

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5. How can feedback from your supervisor, colleagues or clients be beneficial to your practice? Where possible, use examples from your own work experience to demonstrate the benefits of receiving feedback.

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Part B

Read the case study, then answer the questions that follow.

Case study

Sarah Brown is 16 and has cerebral palsy and epilepsy. She has been referred to an occupational therapist for weekly speech therapy and fine and gross motor skill training. She has had eight sessions with the therapist. The therapist provides a report about Sarah's progress to a disability organisation where Shaun works. In the report, the occupational therapist states the following:

- ▶ Sarah experiences severe articulation problems, which make it difficult for her to speak clearly. There has been no improvement in speech articulation over the eight-week period.
- ▶ Sarah requires a walking frame for assistance. She cannot walk without the frame. Sarah is making progress, however, by standing for up to a minute confidently without the frame.
- ▶ Sarah cannot hold a pen to write, or hold cutlery. She cannot grip tightly on objects. There has been no recognisable change during treatment.
- ▶ Sarah has had three aggressive outbursts during occupational therapy sessions, which has made it difficult to continue with treatment. One session ended early due to Sarah's behaviour.

Shaun has an appointment with Sarah and her mother, Rebecca. He needs to discuss the current service plan and the question of whether adjustments should be made. During the meeting, Shaun asks for Sarah and Rebecca's feedback about the current service. Rebecca tells him she is unhappy with the therapist, as she feels she bosses her daughter around and expects too much from her. She also believes the funding can be better used elsewhere. Her suggestion is that Sarah be allocated one-on-one support when in school to support Sarah with all school activities, rather than seeing an occupational therapist weekly, which appears to have no results.

Shaun asks Sarah to complete the client feedback form about the existing service with her mother's assistance.

At the end of the meeting, Rebecca tells Shaun she is very frustrated by how slowly everything is moving, and how there has been no noticeable improvement in Sarah's functioning. She says that the services have failed to meet Sarah's emotional, social and psychological needs. For instance, Sarah has been given no support to improve her ability to form friendships at school. Greater attention should be given to all Sarah's needs, rather than just her physical needs.

Rebecca tells Shaun that unless quality of service and speed of progress improves, she will move Sarah to another organisation, which can provide faster and more effective service delivery.

2. How should Shaun respond to Sarah and her mother when they share how they feel about the existing service?

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3. How could the service delivery plan be adjusted to incorporate the feedback? Provide at least three suggested changes.

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4. Explain how Shaun should respond to the individual feedback given about his performance during the meeting.

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