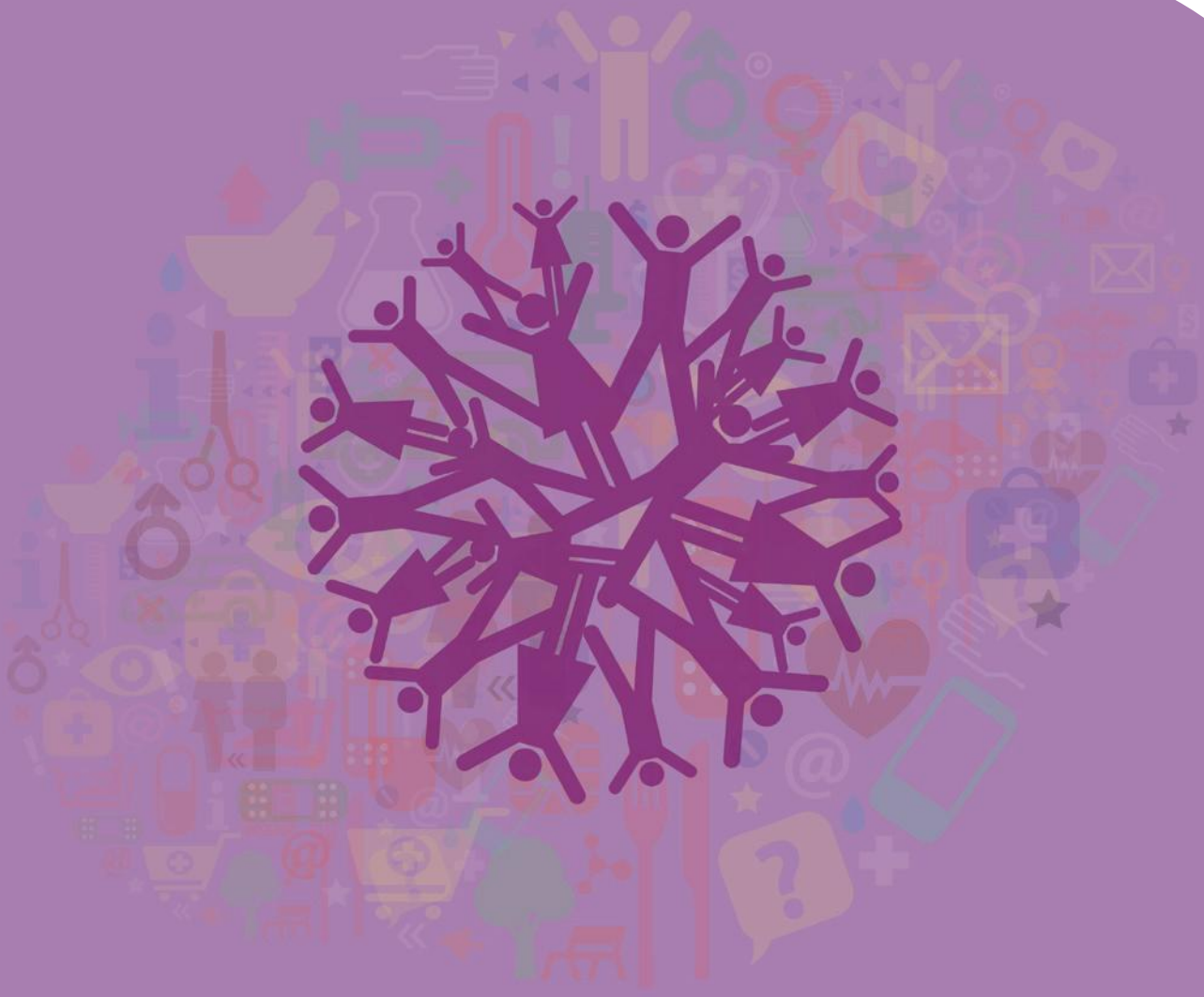
CHCCCS016
Respond to client needs

Release 1



Learner guide

Aspire learning resources

CHCCCS016

Respond to client needs

Release 1

Learner guide

Aspire Version 1.2

Aspire learning resources

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Version control and modification history

Version	Release date	Modification
Release 1, version 1.1	April 2017	First release
Release 1, version 1.2	January 2019	Minor corrections as part of our continuous improvement program

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Contents

Before you begin vii

Topic 1 Establish an effective interpersonal relationship 1

1A Define boundaries and establish trust and respect 2

1B Assist person to identify concerns and determine options 12

1C Share information to enable person to make informed decisions 17

Summary 21

Learning checkpoint 1: Establish an effective interpersonal relationship 22

Topic 2 Identify the range of issues that impact the person 25

2A Identify indicators of harm, neglect, abuse or risk of harm 26

2B Seek information to identify possible presenting issues 36

2C Collect and analyse information in accordance with procedures 50

Summary 57

Learning checkpoint 2: Identify the range of issues that impact the person 58

Topic 3 Analyse information to determine course of action 63

3A Identify and prioritise current needs and available sources of assistance 64

3B Identify organisational capacity to meet the range of needs to be addressed 71

3C Follow legal and ethical requirements in response to indicators of actual or potential risk of abuse, neglect or harm 74

3D Recognise limitations of service and/or role and respond and refer within organisational policies and procedures 82

Summary 87

Learning checkpoint 3: Analyse information to determine course of action 88

Topic 4 Refer person to other services to provide additional support 91

4A Identify need for additional support 92

4B Motivate, support and encourage 95

4C Identify sources of assistance and refer as appropriate 100

4D Follow organisational policies and procedures to transition or exit from a service 119

Summary 125

Learning checkpoint 4: Refer person to other services to provide additional support 126

Before you begin

This learner guide is based on the unit of competency *CHCCCS016 Respond to client needs*, Release 1. 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	▶ 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	▶ 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	▶ 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	▶ 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	▶ Key learning points are provided at the end of each topic.
Learning checkpoints	▶ 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	▶ 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	▶ 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	▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	▶ 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	▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	▶ 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	▶ 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 Establish an effective interpersonal relationship	1A Define boundaries and establish trust and respect	☐ Confident ☐ Basic understanding ☐ Not confident
	1B Assist person to identify concerns and determine options	☐ Confident ☐ Basic understanding ☐ Not confident
	1C Share information to enable person to make informed decisions	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 2 Identify the range of issues that impact the person	2A Identify indicators of harm, neglect, abuse or risk of harm	☐ Confident ☐ Basic understanding ☐ Not confident
	2B Seek information to identify possible presenting issues	☐ Confident ☐ Basic understanding ☐ Not confident
	2C Collect and analyse information in accordance with procedures	☐ Confident ☐ Basic understanding ☐ Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 3 Analyse information to determine course of action	3A Identify and prioritise client's current needs and available sources of assistance	☐ Confident ☐ Basic understanding ☐ Not confident
	3B Identify organisational capacity to meet the range of needs to be addressed	☐ Confident ☐ Basic understanding ☐ Not confident
	3C Follow legal and ethical requirements in response to indicators of actual or potential risk of abuse, neglect or harm	☐ Confident ☐ Basic understanding ☐ Not confident
	3D Recognise limitations of service and/or role and respond and refer within organisational policies and procedures	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 4 Refer person to other services to provide additional support	4A Identify need for additional support	☐ Confident ☐ Basic understanding ☐ Not confident
	4B Motivate, support and encourage	☐ Confident ☐ Basic understanding ☐ Not confident
	4C Identify sources of assistance and refer as appropriate	☐ Confident ☐ Basic understanding ☐ Not confident
	4D Follow organisational policies and procedures to transition or exit from a service	☐ Confident ☐ Basic understanding ☐ Not confident

Topic 1

In this topic you will learn how to:

1A Define boundaries and establish trust and respect

1B Assist person to identify concerns and determine options

1C Share information to enable person to make informed decisions

Establish an effective interpersonal relationship

Community services workers support a diverse range of people, many of whom have more than one concern they need help with. It is important to communicate with people in a way that empowers them and helps facilitate change. You also need a working relationship based on clear boundaries, respect and trust, and be able to encourage people to express their concerns, affirm their desire for change and be willing to take action to achieve change. Workers must also be able to provide people with relevant and up-to-date information to assist them in making decisions about their options and service provision.

1A Define boundaries and establish trust and respect

For community services workers to work effectively with the people they provide support to, they must be able to communicate effectively and build relationships which are based on trust, respect and empathy. At the same time, they must maintain an appropriate professional relationship that includes clearly defined boundaries. This means clearly communicating with the person what they, and the service, can and cannot do. Open and clear communication is essential for workers to achieve these objectives.

Define boundaries

It is critical to have a successful interpersonal relationship with the person receiving support. Clearly defined boundaries are a crucial aspect of a successful interpersonal relationship. If you are unsure about the boundaries of your work role, refer to your position description or duty statement. It will specify the responsibilities and boundaries of your role. If you are unclear about any of your responsibilities, duties, boundaries or the limitations of your role, you should clarify this with your supervisor.

Here are some strategies that will help clearly define your professional boundaries.

Maintain professional boundaries

Maintaining professional boundaries in your work role means keeping to the specifications of your job role and organisational policies and procedures. It also means making sure that you maintain adequate personal boundaries in your professional relations with people you support.

Know what not to do

Community services workers should not attempt to carry out work that:

- is not specified in their job description
- cannot be performed safely due to lack of training or practical experience
- is unethical, illegal or outside the policies and procedures of the organisation.

Do not blur the distinction

Workers must make sure they do not blur the distinction between being a professional and a friend when dealing with people and their families. This is often difficult for new workers, who may at times feel overwhelmed by the problems of the people they support and feel that they need to take on the role of rescuer. This is definitely not your role.

Act as a facilitator

The goal of all effective community services workers should be to act as a facilitator rather than rescuer. In this way, the worker helps people to learn skills to help themselves. New workers may find it a difficult balancing act providing the right amount of support while fostering the person's sense of empowerment and independence.

Avoid being a friend

When workers allow people to think of them as a friend, they confuse the people that they provide support to and risk losing their respect. People with support needs who consider themselves a personal friend of a worker may develop unrealistic expectations about what the worker can do for them and may become disappointed and disillusioned with the service when this does not happen.

Examples of boundary violations

The relationship between you and the person who receives services is a key factor in determining how effective the service is. Here are some examples of boundary violations.

Boundary violations
▶ Lending a person money
▶ Socialising with people you support outside of work
▶ Disclosing too much personal information about yourself
▶ Giving and receiving gifts
▶ Negatively affecting relationships the people you support have with others
▶ Becoming involved in a romantic or intimate relationship with a person that you provide support to

Prevent boundary violations

Workers should accept that it is their responsibility to maintain professional boundaries. This is especially important when people try to overstep boundaries by offering workers gifts or establishing a friendship. If you are concerned about your relationship with a person, discuss the matter with your supervisor or an experienced colleague.

To prevent boundary violations, you should:

- be aware of any tendencies you have to want to rescue the people you support and over-identify with their problems
- understand that people with support needs may want to see the relationship as a friendship rather than a working alliance
- realise that your desire to help others can make you susceptible to boundary violations.

Work health and safety

On 1 January 2012, the *Work Health and Safety Act 2011* (Cth) came into effect, replacing the *Occupational Health and Safety Act 1991* (Cth). This model legislation was developed by the Commonwealth government to harmonise work health and safety laws across Australia.

The object of the harmonisation of work health and safety laws, according to the Explanatory Memorandum – Model Work Health and Safety Bill (Safe Work Australia, 2010), is to:

- protect the health and safety of workers
- improve safety outcomes in workplaces
- reduce compliance costs for business
- improve efficiency for regulator agencies.

For the Act to be legally binding, it must be passed by the Parliament in each state and territory.

Legal responsibilities

Work health and safety laws are based on duty of care principles applied specifically to places of work. This means that everyone in a workplace has a duty and responsibility to contribute to safety. Employers have a duty to provide a safe work place; workers have a duty to follow WHS policies and procedures and to identify and report safety issues.

Community services workers have legal obligations to work safely and an obligation to fulfil duty of care when establishing an interpersonal relationship with a person they are providing support for. Boundary violations, particularly if they occur when working with young people can expose staff members or people with support needs to harm.

Ethical responsibilities

Community services workers have an obligation to work ethically. Professional or workplace ethics are based on values and beliefs about rights, responsibilities and good behaviour which are held in common across an industry or sector. These also reflect contemporary social and cultural values and beliefs.

Some ethical principles are reflected in and supported by laws, but others may not be. What is legal may not always be right; what is right may not always be legal. Sometimes the line between what is illegal and what is unethical is a fine one. Generally if an act is illegal there will be a legal consequence. If an act is unethical there may be other kinds of consequences; for example, feeling bad, loss of respect, loss of trust, or damage to relationships. In some cases, unethical acts can attract a legal penalty.

Establish trust and respect

Breaching boundaries is also a breach of trust. To develop respect and trust, the worker must be able to convey congruence or genuineness, unconditional positive regard, empathy and work in a collaborative relationship with the person they support.

Here are qualities that will develop respect and trust.

Genuineness or congruence

The worker is genuine in their interest in the person that they support. You can demonstrate this by maintaining congruence between your verbal and nonverbal messages. Your body language should match what you are saying and thinking. By being verbally and physically congruent, you can help build trust and communicate clearly.

Unconditional positive regard

The worker respects the person by showing them unconditional positive regard. This means accepting the other person unconditionally, without judgment or disapproval. This helps the person feel increased self-regard and to value their own experiences.

Empathy

Empathic understanding means that the worker tries to understand the person's perspective or internal frame of reference instead of imposing their own views on them.

Collaboration

Workers should also be prepared to work in a collaborative relationship with people. This demonstrates to the person that the worker respects their ability to make decisions and choose options that best suit their needs. Workers who are paternalistic and who do not encourage people to participate in making choices about the services they require, disempower people and diminish their self-respect.

Respect cultural differences

Culture refers to ideas, customs and social behaviour of a particular people or society. Culture derives from the country or region a person grew up in but there are cultural groupings and behaviours based on other factors such as age group, socioeconomic status and disability.

Each culture has its own unique ways of communicating. What you consider rude, someone else may consider the usual way to communicate. Similarly, gestures and other body language that you consider usual, others may find offensive. The following are some examples.

Personal space

Some people prefer to stand at least an arm's length from the person they are speaking with. If someone enters into their personal space, they may feel intimidated or uncomfortable. However, people from some cultures tend to stand closer and are quite comfortable with less personal space.

Touching

Different cultures have different 'rules' about who can touch whom. In most cases touching is inappropriate and, unless specifically required – such as a distressed person needing assistance – it should be avoided.

Eye contact

In some cultures, making direct eye contact can be seen as disrespectful, especially if it is prolonged. This can be the case with Indigenous Australians and in some Asian cultures where direct eye contact is avoided as a sign of politeness and respect.

Hand gestures

Gestures that you may consider harmless may be considered offensive in some cultures; for example, the 'thumbs up' gesture that is commonly used to indicate 'okay' is considered rude in Middle Eastern cultures.

Nodding

For many people, nodding the head means 'yes', 'I understand' or 'I hear you'. However, in some cultures, it may mean 'no'. People from some cultures may nod their heads to avoid appearing disrespectful. In Indigenous Australian culture, a person may agree as a way of indicating a willingness to be cooperative, rather than actually agreeing to what you say.

Polite conversation

Conversation is normally a two-way exchange where each person takes their turn at talking and listening. However, in some cultures it is acceptable for people to talk over each other. Conversation styles of different cultures may be direct or roundabout. In Indigenous Australian cultures, among others, direct questioning is avoided.

Concurrence

Some people do not consider it polite to disagree with someone they perceive to be in authority. Questions that have 'yes' or 'no answers may then always get positive answers, regardless of the actual preference of the person that you provide support to. This is often called gratuitous concurrence.

Questioning

Direct questioning may also be considered impolite and an indirect questioning style is more appropriate. Indirect questions tend to use words such as 'Can you tell me ...' before a closed question, allowing the other person the opportunity to say 'No'.

Empathy

Empathy is the ability to appreciate or understand the feelings of the person you are supporting. You cannot fully understand how they feel because you will never be in their exact situation; however, you can identify with and acknowledge their situation. To be empathetic, you need to be genuine in your desire to help and in your interest in the person. Being empathetic does not mean that you agree with everything the person says, but that you acknowledge their situation. When listening to a person, 'listen' to their nonverbal communication as well as to the words they are actually saying. Nonverbal communication is often called body language.

Use communication skills to establish trust and respect

The foundation of good communication is about effective listening and showing respect. It may take some time to establish trust with a person.

The following chart shows principles of good communication with examples of how you can apply them when creating an interpersonal relationship.

Take time to establish a rapport

- Introduce yourself and explain why you are there.
- Be friendly and open.
- Take time to establish trust by talking firstly about things that are safe and easy to talk about.

Be culturally appropriate

- Observe any special customs, such as removing shoes or avoiding eye contact unless the person that you provide support to is comfortable with it.
- Sit beside, rather than facing, an Indigenous Australian.
- Respect cultural norms regarding gender differences.
- Be sensitive to religious and spiritual beliefs.

Practise active listening

- Repeat what you have heard to clarify.
- Paraphrase where necessary.
- Use attentive body language.
- If things are unclear, state what you do not understand.

Use appropriate language

- Consider the cognitive ability, education, gender and age of the person and use language they will understand.
- Language needs to be relevant to the person's current development.
- Simple, plain language is always better than jargon.

Be patient if the process takes a bit longer

- Do not assume you know what someone will say or finish their sentences for them.
- Do not interrupt or hurry the person along.
- Give people time to find the right words.

Use and observe non-verbal communication

- Observe body language and see if it agrees with what they are telling you.
- Use open and friendly body language in return.
- Use touch or hand gestures if appropriate.

Use an interpreter if necessary

- If a person has language difficulties because English is not their first language or they use Auslan to communicate, consider using an interpreter.

Ask if you can take notes

- If you need to write anything down, ask first.
- Clarify things before you write them down.
- Read the notes back to the person and get them to sign-off your notes.

Use communication skills to establish trust and respect

When meeting a person with support needs for the first time, workers should establish the foundation for the working relationship in two important ways. The first way is to make trust and respect the basis of your working relationship. The second way is to explain your role clearly.

Explain how you can assist a person by:

- giving the person information about the services your organisation offers and what the service can and cannot provide
- informing the person about confidentiality and limits to confidentiality
- discussing any costs involved in service provision
- discussing the possibility of referring them to other appropriate services.

Core communication skills

Here are seven core communication skills that are used to help a client discuss their concerns.

Core communication skills

1. **Active listening**
   This involves listening with full attention and focusing on understanding what the person is saying, meaning and experiencing.

2. **Encouragers**
   Encouragers are brief words or nonverbal cues such as nods that encourage a person to keep talking without interruption. Verbal encouragers include phrases such as 'Go on' and 'I see'.

3. **Open and closed questions**
   Open questions require more than a yes or no answer. Open questions are useful for gathering information.

   Closed questions can be answered with a yes or no. Closed questions are useful for obtaining a brief direct answer that can lead to further questions.

4. **Paraphrasing**
   Paraphrasing involves restating what the speaker has said in order to confirm that you understand what they mean. Paraphrasing can also be used to draw attention to a particular concern; for example, 'So you are saying that you sometimes think about ending your own life?'

5. **Reflection or feeling**
   Reflecting a person's feelings helps them to get in touch with their feelings and examine them; for example, 'You seem really upset about what happened'. Acknowledging their feelings helps people understand their motives and make clearer decisions.

6. **Summarising**
   Summarising involves focusing on the main points of what a person has said, over a period of time, in order to draw attention to a particular issue or check understanding of what the person is saying. It is a longer version of paraphrasing.

7. **Nonverbal communication**
   Workers must be aware of their facial expressions, how their body is positioned, their proximity to the person, their hand and arm movements and their level of eye contact.

Active and reflective listening skills

Use active and reflective listening communication techniques to establish an interpersonal relationship with a person by acknowledging that what they say is valued.

Active listening means paying close attention and focusing, not only hearing what a person is saying but also observing and interpreting what is being communicated, verbally and nonverbally. Active listening is necessary to truly understand the meaning and feelings being conveyed and is an important component of person-centred therapy. Active listening also involves responding to the person to clarify information and paraphrasing what they have said to encourage the speaker to continue.

Listen and respond

How you listen and respond to a person is also important. Here are some tips for listening and responding.

When listening and responding:

- observe nonverbal cues such as posture or eye contact to gain more understanding about the person's feelings
- refrain from formulating your response while the other person is still speaking
- ask questions to help you clarify and understand what is being said
- paraphrase or rephrase in your own words what you think the other person is saying
- try to put yourself in the other person's shoes and understand the situation from their perspective
- avoid telling people what they should do in an authoritative way.

Example

Define boundaries and use communication skills to establish trust and respect

Jenny, a new worker at women's shelter, enjoys helping people and developing a close supportive relationship with them. One particular person, Miriam, often asks Jenny for favours.

These start as small favours that do not worry Jenny. For example, lending Miriam a book they had discussed together and giving her a dollar for the drink machine. Gradually, Miriam starts asking for bigger favours such as borrowing Jenny's mobile phone and asking for a lift.

Jenny realises this is inappropriate, but she is finding it hard to say no to Miriam. When one day Jenny tells Miriam that she can't give her money for cigarettes, Miriam becomes very angry.

Trish, a senior worker, takes Jenny aside and tells her that she has done the right thing to tell Miriam that she can't give her money for cigarettes. She advises Jenny to establish this relationship from the start in future and set clear boundaries.

Trish tells Jenny that the best way to assist people is to help them help themselves. Being like a friend only confuses people and affects their ability to act independently.

Trish advises Jenny to always be direct and clear, and to follow organisational policies and guidelines regarding not lending money and doing favours. They rehearse several ways that Jenny can start politely saying no to people who ask for favours.

Practice task 1

1. What documents can you refer to for guidance on your work role boundaries and what should you do if you are unclear about any aspect of your responsibilities or duties?

2. What three things can you do to define clear boundaries with people you work with?

3. What is your work health and safety legal responsibility in regards to establishing an interpersonal relationship with a person?

Click to complete Practice task 1

1B Assist person to identify concerns and determine options

Workers must use of a range of communication skills to help the people they support to identify any areas of concern, establish priorities and choose appropriate strategies for addressing their concerns. You should encourage people to explore their concerns, express their feelings, identify options for change and address their concerns. Also draw attention to important concerns that the person may have avoided or glossed over.

Identify initial reasons for making contact

It is likely, if you are working in a community services or aged care support role, that it is your responsibility to gather sufficient information to be able to assist people to determine what their needs are. Community services is a very broad field and people may approach your organisation for any number of reasons. Often people understand they need help, but may be unaware of the types of services available. Sometimes people know exactly what they want or need and sometimes they do not. Observation, listening and questioning skills are useful for better understanding a person's needs.

It is important to take the time and care to understand what exactly a person requires. A person may present with an overt need; for example, they may ask for help to find employment. However, without taking the time to understand their needs better, you may not realise, for example, that they have depression or a drug addiction that needs to be addressed in order to be successful in their job search. A person may have many different needs and it may sometimes be difficult to understand which need should be addressed first.

Prioritise goals, concerns and strategies

After encouraging people to discuss their concerns, workers should help them identify what actions or tasks they need to do first, as outlined here.

Provide the person with information

- People may have a number of concerns and not know where to start. For example, one person may be dealing with unemployment, depression, substance abuse and living in a situation where there is a risk of domestic violence. In these circumstances, workers should provide the person with information about available services and help them work out what they need to do to ensure their safety and wellbeing.

Allow the person to choose

- Workers must not impose a course of action on a person and should allow them to make a decision based on their needs and the options available. One person may decide that the risk to their safety is so great that they need shelter immediately for protection. Another may decide that they will stay in their present situation until they get a job but they need immediate help for their depression.

Determine options

Workers can help the people they support to establish a course of action and determine options using the following strategies.

Support

Support the person as they work out which concerns to deal with first. If a person is at risk in any way, such as having thoughts of suicide or they are being abused, workers have a duty of care to ensure these concerns are dealt with immediately.

Provide

Provide information about resources, support and services that can offer assistance.

Help

Help the person decide which options they will use; for example, consulting with their local doctor to treat depression and/or seeing a psychiatrist or psychologist.

Find out

Find out whether the person has any informal supports such as family members and friends who can help them with a particular course of action.

Establish

Establish the first steps they will take to seek help. For example, making an appointment with the alcohol and other drugs (AOD) service they have decided to use.

Discuss

Discuss longer-term strategies for dealing with their concerns. For example, a person who has substance abuse problems and is unemployed, may decide that they want to deal with the substance abuse issues first, then do some training before seeking full-time employment.

Support person to choose workable strategies

Workers should ensure people choose strategies they are comfortable with and that they can achieve. For example, expecting an unemployed person to go to a mental health clinic on the other side of the city on a regular basis may not be feasible because of the distance and cost of transport. Another person may not want to go to a clinical AOD service but feel comfortable with the idea of attending Alcoholics Anonymous meetings. Others may not be comfortable in group situations and may prefer oneonone services.

Here are two ways you can help a person choose workable options.

Listen attentively

- Workers should listen attentively to discern and discuss needs so that the person you are supporting can obtain the services that will best suit them. They may find that choosing the right strategies for them is a matter of trial and error. People should feel empowered to make decisions about changing their lives and be willing to take the necessary action to do so.

Use good communication skills

- Workers can assist in this process by using good communication strategies that foster respect and trust and that allow the person to explore their concerns, establish priorities, set goals and make informed choices about the services and resources they want to use to achieve their goals.

Identify areas of concern

Addressing concerns, and defining options can be challenging. There may be times when you are confronted by people who are upset or angry. If a person feels misunderstood or feels that they have no control over their situation, they may react negatively. Your ability to recognise signs of distress can enable you to adjust your own behaviour, manage the situation and obtain support quickly. There will also be times when you need to recognise what is usual behaviour and what is not. For example, when dealing with people with acquired brain injury it may be usual for them to behave in ways that would usually indicate distress. There may be other challenging factors.

It can be challenging to understand what some people say, as:

- they may use words that you are not familiar with; for example, terms used by their doctor or psychiatrist
- they may have an accent, a speech impairment or may not speak English well
- their speech may be slurred or they may jumble their words, forget what they are saying or ramble
- they may be crying or exhibiting other signs of distress, making communication difficult
- they may have a medical condition and exhibit distracting behaviours, such as constantly repeating words or movements.

Respond effectively to identify needs

When someone identifies a problem, they want to be heard and may want someone to help solve the problem. Sometimes, people want to blame someone else. Your focus should be on understanding the person's needs or situation from their perspective so that you can be in a good position to support them. If distress leads to aggression, your organisation's procedures will guide you on how aggressive behaviours should be managed.

It is important to give the person your undivided attention and be empathetic, calm and respectful.

Tips for responding effectively

- Do not take comments personally – you may be seen as the person who controls the authority or power.
- Avoid retaliating, as this may aggravate the person's emotional state.
- Be sensitive and empathetic, and not judgmental – avoid telling the person what to do.
- Be aware of cultural and linguistic differences.
- Control your own emotions – do not allow yourself to become frustrated, angry or upset.
- Be aware of your own body language; for example, tapping a pen on the desk may indicate boredom.
- Be aware of cultural and linguistic differences.

Use discretion

Some intake forms have a section for comments or observation notes. However, it is not appropriate to make notes about a person's behaviour in front of them. In situations where the person is distressed or agitated, doing this may make things worse. Wait until you are away from the person to make any comments or observations. Comments may refer to the person's body language, speech, understanding and thought processes. If you observe any signs of potential abuse, anxiety, hostility or signs of self-harm, you should note these.

Example

Assist the person to identify concerns and determine options

Kian visits a local community centre in the hope of getting help to find low-cost housing. Sergio, a community services worker, listens attentively and observes Kian. He realises that Kian needs help to address a number of concerns. Sergio uses a range of communication skills such as open and closed questions and summarising to encourage Kian to talk about his concerns and to draw his attention to particular issues.

Kian admits that he often feels like giving up. Sergio asks if this means he has thoughts about suicide. Kian admits this is true. He also admits that he is an intravenous drug user and knows that this has affected his health.

Sergio tells Kian that he can help him find accommodation and that he can also assist him with his other concerns. He describes various services and resources that can help Kian deal with his drug use, health concerns, depression and thoughts of suicide.

Kian agrees that he does need help with these other issues and says he just didn't know what to do. Sergio works with Kian to help him decide what issues he needs to address first, what outcomes he wants and what services he will use to achieve these outcomes.

Practice task 2

1. Describe two strategies you could use to assist a person to choose workable strategies.

2. What three strategies could you use to help the person define their options?

3. How can you respond if the person becomes distressed, when defining their options?

Click to complete Practice task 2

1C Share information to enable person to make informed decisions

An important part of a community services worker's job is to provide up-to-date and relevant information to people that require support so that they can make informed decisions about the services and resources they can access. All service providers should keep a database or files containing current and relevant information about a wide range of services. This is important because people may have more than one need they require help with. This information should be checked on a regular basis and amended if a particular service has closed, a new one has opened or eligibility criteria have changed.

Apply research skills to ensure a current and correct list

Workers may need to do research to identify services to best meet needs. This may involve seeking advice from colleagues and professional networks and conducting Internet and database searches of local government agencies and community services organisations. Visiting services and establishing a relationship with staff is a good way for workers to develop a better understanding of the type of services a particular agency offers and the kind of people they support. Workers should note the basic information about the agency such as range of services, eligibility criteria, opening hours, referral options, and the address and contact details. Where possible, you should obtain brochures and other written information you can keep on file and distribute to people you support.

Informed decisions

All community services users have the right to receive information about available services and to make a choice about what best suits them. This is known as informed choice and encourages clients to make decisions based on their needs and preferences and to retain a sense of control over their own lives.

To help people make informed decisions, use the following strategies.

Take an enabling and facilitating role

- It is important that workers take an enabling and facilitating role rather than directing people to make particular choices. This means providing people with the relevant information, discussing options with them and encouraging them to make decisions based on their individual needs and circumstances.

Help build confidence

- If people are not used to making decisions and want to defer to the worker, you can help to build confidence by taking a strengths-based approach. You may need to uncover personal resources and build on these strengths by asking those receiving support about situations they have managed well in the past and discussing their hopes for the future.

Focus on abilities and strengths

- Focusing on abilities and strengths rather than failure or loss helps people realise they do have the potential to make decisions and take control of their own lives. They are empowered to become active participants in choosing the services they receive and having input about decisions that affect them.

Help make decisions

You may find that people you support will benefit from using a basic decision-making model to help them make informed decisions. Decision-making models allow people to understand that decision-making is a process involving a series of steps and that they should look at as many options as possible before making a final decision. People you support should be encouraged to evaluate the actions they choose and try again if the first choice does not work out.

Here is a basic decision-making model.

Decision-making model

1. Define the situation that you are making a decision about.
2. Look at all the possible options by referring to relevant information and brainstorming alternatives.
3. Consider the best options and choose one.
4. Carry out the chosen action.
5. Evaluate the action and try another course of action if the first is not successful.

The person's ability to make decisions

You should be aware that people may not always be in a position to make an informed or rational decision. In cases where an individual is not able to make decisions for themselves, consult the person's advocate, legal guardian or significant others.

The person's ability to make decisions may be affected by the following factors.

Mental health

A person who has symptoms of acute mental illness will have difficulty making rational decisions and should not be expected to do so until their symptoms subside.

Distress

A person who is in a highly distressed condition due to personal circumstances, such as domestic violence or attempted suicide, should feel safe and calm before they are asked to make decisions about their situation.

Alcohol or drugs

A person currently under the influence of drugs and/or alcohol or who persistently abuses alcohol or other drugs may need to sober up or undertake a period of AOD detoxification and rehabilitation before they can engage in decision-making about their future.

Example

Share information about options to enable person to make informed decisions

Jamal is a refugee from Somalia who has limited English language skills. He arrived in Australia with big hopes but has found it difficult to find a job and accommodation. He has had very little contact with other people from Somalia and does not know how to fit into Australian society.

The manager of the boarding house where Jamal is currently staying tells him about the local neighbourhood centre. Jamal visits the centre but has trouble making himself understood.

Kitty, a worker at the centre, searches the centre's database and is able to locate an interpreter. They work together to provide Jamal with information about a range of services that can help him.

Jamal chooses a service that is some distance away and may require a long bus trip but seems to suit his needs best. It is a multicultural community centre that specialises in settling migrants and one of the workers there is from Somalia.

Practice task 3

1. Describe three strategies that you could use when sharing information to assist people to make informed decisions.

2. Describe one factor that may affect a person's ability to make decisions.

3. Jarod suffers from depression, and uses marijuana regularly. He needs to make a decision about housing for him and his son. Use the basic decision-making model and outline steps you should make when supporting Jarod to make a decision.

Click to complete Practice task 3

Summary

1. Workers must ensure they do not blur the distinction between being a professional and a friend when dealing with people they support and their families.
2. Establishing clear communication based on respect and trust is the best way to ensure professional boundaries are maintained.
3. Workers can help the people they support to explore their concerns and express their feelings by using good communication skills.
4. After encouraging people to discuss their concerns, workers should help them to identify what needs require immediate assistance. Some people may have a number of concerns and will require assistance to identify appropriate services to best meet their needs.
5. An important part of a community services worker's job is to provide people with upto-date and relevant information about available services and resources.
6. Workers should not try to impose a course of action on a person but allow the person to make their own decisions based on the information that has been provided.
7. In cases where an individual is not able to make decisions for themselves, service providers should consult the person's advocate, legal guardian or significant others.

Learning checkpoint 1
Establish an effective interpersonal relationship

This learning checkpoint allows you to review your skills and knowledge in establishing an effective interpersonal relationship.

Part A

1. Briefly describe why acting as a facilitator will help you maintain professional boundaries.

2. Provide two examples of communication skills you can use to establish trust and respect.

3. Describe two ways to prevent boundary violations.

4. Explain how work health and safety applies to maintaining workplace boundaries.

Part B

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

Case study

Daisy accesses a drug and alcohol service for support. She has one child, who is 6 months old, and Daisy has not been able to reduce her drinking or marijuana consumption. She has had one conviction of theft since the baby's birth. Department of child services has intervened and has told Daisy she needs immediate assistance, or her child will need to be removed for safety reasons.

Daisy feels paranoid and anxious that her daughter will be taken away. The case manager at the drug and alcohol service is Drea. Drea interviews Daisy about her concerns.

1. What communication skills could Drea use to help Daisy identify her primary concerns, and establish reasons for making contact with the service?

2. Describe two strategies Drea could use to help Daisy identify her key concerns, prioritise needs and identify options?

3. Provide two strategies Drea could use to ensure Daisy can make informed decisions about her options.

Topic 2

In this topic you will learn how to:

2A Identify indicators of harm, neglect, abuse or risk of harm

2B Seek information to identify possible presenting issues

2C Collect and analyse information in accordance with procedures

Identify the range of issues that impact the person

Identifying the issues and assessing the needs of people that you provide support to requires a holistic approach. Explore the full range of concerns and circumstances that people are experiencing.

You should be aware that people you support may present with one issue but have secondary concerns. Some of these concerns may be sensitive in nature and difficult for people to discuss with you. Many issues interrelate with other issues.

When obtaining and analysing information about a person, so you can provide appropriate support, you need to follow organisational requirements and privacy legislation.

2A Identify indicators of harm, neglect, abuse or risk of harm

An important aspect of a community services worker's role is to recognise when people are at risk of, or in, situations of harm, neglect or abuse. Some people you support may be unable or reluctant to ask for help in these situations. Workers must be able to identify physical, emotional and behavioural signs of abuse, neglect or harm. They should also be aware that certain groups in the community are more at risk than others.

People who are vulnerable

There are many groups of people who are vulnerable and at significant risk from abuse, harm or neglect. These groups are more dependent on others for their care and are often less able or willing to talk about what is happening to them.

Those who are vulnerable include:

- people with a disability
- people with an acquired brain injury
- older people
- people with mental health issues
- children and young people
- infants (less than one year old)
- toddlers (children under three years of age)
- people who are homeless
- people in unequal power relationships.

Indicators of harm, neglect, abuse or risk of harm

Harm, neglect and abuse relates not only to physical harm but also to emotional, psychological, cognitive, sexual and financial harm and abuse. Abuse or harm are terms used to describe actions that may damage a person, such as a physical attack or verbal abuse that causes the person being verbally abused to feel devalued. Neglect refers to circumstances where an individual is not provided with the basic conditions necessary to ensure their wellbeing such as when a child is not given enough to eat or is left unattended.

Harm

Harm is a difficult to define. Harm may occur in the form of ill-treatment or as a result of a traumatic event. Significant harm can be a compilation of significant events. Harm may present with behaviour indicators as below.

Behavioural indicators of harm
▶ Wariness of contact with adults
▶ Frightened of parent
▶ Expresses little or no emotion when hurt
▶ Unduly compliant, shy, withdrawn, passive
▶ Offers unlikely explanations for injuries
▶ Nervousness

Self-harm

Self-harm is the act of causing damage to the self – by cutting, head banging, skin picking or other behaviours. Sometimes self-harm can be associated with emotional or social turmoil or personal challenges and sometimes it is associated with particular disabilities or conditions. The most serious manifestation of self-harm is suicide.

Neglect

This is 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.

Neglect

- Not providing enough food or drinks.
- Leaving a person 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

- Weight loss, dehydration, poor skin quality.
- Person appears 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, through ignorance or other reasons, that 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 may be stressed at home or at work
- A carer may be in debt and may steal from the person receiving support
- There is conflict, arguments and fights within the family
- The person is isolated and alone and the abuser thinks no-one will find out if they treat them badly
- A carer may be using drugs or drinking too much alcohol and cannot 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, 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 in fact being abused.

Here are some indicators of abuse.

Behaviour changes of person with care needs

- A person may become withdrawn, depressed, and anxious or display signs of being scared. They become quite ambivalent or non-responsive.
- The person may become disorientated or make contradictory statements (this 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.
- Unexplained injuries or continual injuries.
- Care needs not being met 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

This is when a person is being physically assaulted. This can occur through physical acts of violence. Indicators might include physical pain or injuries. Physical acts of violence include hitting, slapping, punching, hair pulling, 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; for example, throwing rocks or using a strap. This abuse needs to be reported.

Indicators of physical abuse can include:

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

Sexual abuse

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

Here are some examples of indicators of sexual abuse.

Sexual abuse indicators

- Withdrawal, agitation, fear
- Disturbed sleep patterns or nightmares
- 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:

- embezzlement, fraud, forgery and stealing
- withholding money from the person or not paying accounts or debt
- forcing a person to change their will
- enduring power of attorney refusing to provide enough money for the person to be able to live
- 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

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

Here are some indicators of this form of abuse.

Indicators of psychological/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

This 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.

Here are some indicators of social abuse.

Indicators of social abuse
▶ Withdrawn and sad
▶ Grieving for loss of family and friends
▶ Low self-esteem and passive behaviour

Risk of harm

Identifying and responding to individuals at risk of harm can be a challenging and stressful task for support workers. There may be a risk of suicide or self-harm, or violence from another source. In addition, assessing the risk can be made more difficult because the person concerned is reluctant to reveal the true extent of their circumstances.

People who are experiencing disadvantage such as those living in poverty, those with a mental illness, Indigenous people and refugees are at a higher risk of harm either from other people or from self-harm. In addition, some groups are at higher risk of suicide. These include males, Indigenous Australians and people living in rural communities. Some studies also include same-sex attracted people and those with chronic or painful illness in high risk categories.

Recognise signs of risk of harm

A person's behaviour can indicate a crisis and potential for risk of harm.

The following list of warning signs identifies some of the changes in behaviour that may indicate if the person is at risk of harm. Several indicators may occur together.

Sudden behaviour change

- Sudden changes in a person's usual pattern of relating to others
- Withdrawing from family/friends
- Not wanting to be left alone
- Not wanting to be touched
- Loss of interest in usual social activities
- Developing violent, argumentative or disruptive behaviour
- Problems with relationships

Major personal changes

- Skipping classes and opting out of school activities
- Absences from work or poor work performance
- Apathy about dress, appearance and personal hygiene

Changes in mental health

- Loss of interest in previously pleasurable activities
- Marked weight increase or decrease due to changes in eating habits
- Lack of concentration
- Changes in sleeping patterns (too much or too little)
- Delusions or hallucinations
- Lack of energy or motivation

Disinterest

- Talk of being worthless, useless or hopeless
- Sudden happiness after a lengthy period of depression
- Unusually disruptive or rebellious behaviour
- Death or suicide themes dominating written, artistic or creative work
- Noticeable increase in compulsive behaviour
- Unrealistic expectations held of self

Risk-taking behaviour

- Running away from home, truanting from school and an increase in sick days from work
- Careless, accident-prone behaviour and taking personal risks
- Increased or heavy use of alcohol or other drugs

Making final arrangements

- Making a will
- Giving away valued possessions
- Organising own funeral
- Saying goodbye

Self-harm/suicide

- Self-mutilation, such as cigarette burns and cutting oneself
- Having made previous suicide attempt(s) is one of the most important and reliable indicators of risk

Verbal expressions

- 'I wish I were dead'
- 'You won't have to bother with me any more'
- 'I think dead people must be happier than when they were alive'
- 'I'd like to go to sleep and never wake up'

Thoughts and feelings

- Sense of hopelessness and/or helplessness, of having no control over one's life, persistently thinking things will never get better and that no-one can help
- Feeling overwhelmed by the expectations of oneself
- Loneliness, fear, feelings of abandonment and not being heard
- Consistently high levels of anxiety and/or anger
- Difficulty expressing emotions
- Preoccupied with thoughts of death or dying
- Feelings of worthlessness, being a burden or feeling as though they have let parents or others down
- Feelings of guilt and failure

Signs may differ between groups

You should be aware that signs of abuse may differ between groups. Cultural customs, gender, age and race may be factors that affect how a person presents symptoms. For example, if a woman wears clothes that cover her body, you will not recognise physical signs of abuse necessarily. If you work with children you will find many resources that describe common indicators of abuse, harm, and risk of harm that are relevant to children. For example, each state's child safety or protection authority lists this information on their website. There are also resources that refer specifically to elder abuse and domestic violence indicators.

Here are some of the common indicators of harm, abuse or neglect when working with children.

Indicators of harm, abuse or neglect in a child
▶ History of abuse
▶ Reports from the child, carers or other workers
▶ Substance abuse by parents or carers
▶ Parent or carer illness including mental health issues
▶ Frequent injuries requiring medical attention
▶ Nonverbal cues such as changes in the child's behaviour (e.g. the child is very withdrawn and fearful)

Example

Identify indicators of harm, neglect, abuse or risk of harm

Sonia works for a charitable organisation that provides emergency funds and food for people on low incomes.

One day June, a woman in her 70s, comes to ask for help. She appears nervous and embarrassed. Sonia spends some time talking with June to try and make her feel more comfortable. In doing so she notices June has what looks like rope burns on her wrists that she has tried to conceal with makeup.

Sonia asks June questions about her circumstances. June says she has a daughter and son-in-law who live nearby. Sonia asks if they are able to help her financially. June says no – she has to help them. Sonia asks June how she feels about that. June breaks down and says it isn't fair because she can barely make ends meet as it is. They want her to move into a nursing home and leave her house to them. She doesn't want to do this but is frightened about what they will do if she doesn't.

Sonia asks June directly if they are physically abusing her. June is reluctant to answer at first but then says her daughter left her tied up for hours because she was angry at her refusal to sign a document.

Sonia tells June that there is help available from the police, advocacy services for older people or the state government's elder abuse prevention unit. Sonia asks June if she is willing to take action. June says that she does want help but she just doesn't know what to do.

Practice task 4

1. Who are three different groups of people who may be vulnerable to abuse or neglect?

2. Provide two indicators of neglect.

3. Provide two indicators of physical abuse.

4. Provide two indicators of psychological/emotional abuse.

Click to complete Practice task 4

2B Seek information to identify possible presenting issues

When people first approach a service, you need to find out as much relevant information as you can about the person in order to determine presenting issues. There is a range of sources of information. These include:

- the person
- assessment results
- the person's family
- friends and significant others
- the person's carer
- other colleagues and carers
- other health professionals, such as the referring doctor
- other agencies who have worked with the person in the past.

Use assessment methods to identify possible presenting issues

You may use an assessment process to identify and understand issues which affect the person. This may begin with asking the person to fill out a form with their basic details. You may then interview them to discuss their situation in more detail.

Use appropriate forms and templates when inducting a new person to the service. You need to ensure you have thoroughly captured all relevant information. You should also ensure you accommodate all needs, such as providing forms in larger print, if the person is visually impaired, or ensuring the person has access to a translator or interpreter if they require one.

Presenting issues

A person may present first with an issue relevant to one of these services:

- child protection
- juvenile justice/youth service
- social housing
- employment assistance.

Non-presenting issues

Keep in mind that the issue a person first presents with may not be the only issue that they need or want help with. In the course of the assessment process, you may discover that the person has secondary, non-presenting issues.

Possible non-presenting issues include:

- alcohol and other drugs
- unemployment
- mental illness
- juvenile justice issues
- a developmental disability
- communicable disease
- an acquired brain injury
- financial difficulties
- abuse and risk of abuse
- being a new arrival in the country
- domestic violence
- homelessness or inadequate housing.

Identify presenting issues

As part of the assessment process, use your observation skills and ask appropriate questions to learn more about the person. Depending on what the person presents with and the type of services that the organisation provides, you may also use assessment tools such as specifically designed questionnaires, review medical history and medication charts, and use profile forms to develop a better understanding of a person's issues.

Observe the person

Workers should carefully observe a person they are supporting to gain a better understanding of the person's issues. Here are some observations to consider making.

Observe the person and make notes
Emotional state Are they agitated or anxious?
Personality Are they talkative and outgoing, or more reserved?
Mental state Are they depressed, irrational or delusional?
Current condition Are they are intoxicated or do they look undernourished?
Appearance Are there any clues about their living conditions such as homeless, poor general health and hygiene, signs of abuse or harm?

Assessment tools

Most community services organisations use assessment tools such as questionnaires or checklists to find out more about the presenting issues of a person.

For example, if a person comes to an employment service, staff may ask them to complete a questionnaire about their employment history, the kind of work they are looking for, what qualifications they have and what training they would like to do. The questionnaire may also identify their reasons for leaving jobs in the past and any difficulties they have had with work.

Some assessment tools can only be administered by professionals, such as psychologists, who are trained to interpret the results. These types of assessment tools may be used to assess a person's mental health status, their personality type, their level of literacy and numeracy and a wide range of other characteristics.

Ask questions

The type of questions used by workers will vary according to the situation. Here are a few suggestions. Here are different types of questions you might need to ask:

- Are you currently using drugs or alcohol on a regular basis?
- What do you take and how often?
- What consequences have you experienced from using this particular drug?
- Have you ever tried to get treatment or any kind of assistance for your drug use?
- Are you willing to have treatment for your drug use?

Gather information

The purpose of asking questions should always be to gather relevant information rather than to satisfy curiosity. Questions often arise from things a person says and that the worker feels needs to be investigated. For example, if a person indicates that they had a very negative experience in the juvenile justice system and this resulted in continuing bouts of depression, workers should follow up by asking whether they have sought professional treatment for their depression.

Similarly, if a worker is discussing possible employment opportunities with a person and the person mentions they have had a history of drug and alcohol abuse that has negatively impacted past job performance, the worker should investigate this further.

Interrelationship between issues

People you support will rarely present with only one issue. Issues impact each other, and are often interrelated. Mental health issues sometimes lead to financial issues and homelessness. Drug and alcohol issues are often linked with mental health. Most issues impact physical health in some way.

Common issues people you support may be faced with are listed below. Think about how these issues may interrelate.

Presenting issues
▶ Physical health
▶ Alcohol and other drugs
▶ Mental health
▶ Child protection
▶ Domestic violence
▶ Disability
▶ Homelessness
▶ Unemployment
▶ Financial
▶ Trauma
▶ Culture and religion

Identify the impact of issues

In order to recognise different issues people may be dealing with, you should understand how other areas in community services and other issues impact a person and their significant others.

Workers must always be prepared to learn about issues affecting people outside their own area of expertise. They can do this by talking with people about their issues, conducting research, attending workshops and conferences, and networking with community service workers and specialist service providers from other sectors.

Here is a list of ways that issues may impact on other issues.

Abuse may impact health

- Abuse of any nature can weaken a person's physical and psychological condition. Physical and sexual abuse may impact a person's physical wellbeing, causing injury, and in extreme situations, brain injury and disability. Psychological and emotional abuse can impact a person's mental health. For instance, a person may be more prone to depression and anxiety as a result of their abuse.

Mental health may impact financial issues

- Homelessness, and financial issues may increase as a result of mental health. People with mental health issues may be unable to work. They may be more vulnerable to gambling, alcohol and other drug abuse, which can impact a person's financial stability. Financial issues can negatively impact a person's ability to control and manage their lives.

AOD issues may impact domestic violence and child abuse

- AOD issues may make a person vulnerable to domestic violence. A person may be less resilient, and more reliant on their abuser, as a result of AOD issues. AOD issues may increase a person's aggression, and lack of tolerance, which can also cause a person to perpetrate domestic violence and child abuse.

AOD issues may impact financial issues

- AOD issues, such as drug addiction, may cost a person's health. They may also cause financial insecurity, and make it difficult for a person to successfully manage their finances. AOD issues may also lead to criminal behaviour, such as theft and prostitution.

Culture and religion can impact disability

- Disability is perceived and responded to differently in different cultures. Cultural perceptions of disability may influence how society responds to the disability, and how people with disabilities are accepted. For example, in Indigenous Australian culture, disability can be seen as a consequence of 'marrying wrong', which can create a stigma for that person, making it less likely for them to access support.

Physical health

A person's health can impact numerous other issues. Disabilities and age, for instance, can make a person vulnerable to abuse, such as domestic violence, or financial abuse. Physical health issues may be comorbid with mental health. For example, cancer, Parkinson's disease and Alzheimer's disease can lead to depression. Lack of exercise and poor diet is also linked to depression and anxiety. If a person has financial issues or is homeless, access to physical health support can be limited. Bulk-billing and community health is usually an option for people with limited financial resources. Ensure the person you support is encouraged to access these services.

Mental health

Mental health problems are prevalent within the community. You need to have an awareness of the basic signs and symptoms of anxiety, depression, suicidal impulses,

and indicators of mental illness such as hallucinations or delusions. You should also be aware of the appropriate referral and intervention services in the community. Here are some mental health issues.

Depression and anxiety

Most people experience mental health problems at some stage in their life. Depression and anxiety are the most common mental health problems that people face. Fewer people experience serious mental illness such as schizophrenia or bipolar disorder but all community services workers should have an understanding of the symptoms of these disorders and the impact such disorders have on individuals and families.

Serious mental illness

The term serious mental illness (SMI) is often used to describe the more severe and longer lasting mental disorders such as schizophrenia and bipolar disorder. Workers should be able to recognise the symptoms of serious mental illness. For example, bipolar disorder is an illness where a person experiences extreme moods such as very elevated or very low and depressed moods. Symptoms include extreme moods with highly excitable, grandiose or reckless behaviour followed by depressed, helpless, sometimes suicidal states.

Schizophrenia

Schizophrenia is an illness where the functioning of the brain is affected causing the person to lose touch with healthy reality and experience distortions and disruptions to the way they think, feel and act. Symptoms may include agitation, confused and disorganised thinking, delusions and hallucinations which may be visual or auditory and include hearing voices.

Mental health interrelationships

A person who has a mental illness may also experience a range of other related concerns. Mental illness can make a person vulnerable to financial issues, such as gambling, poverty and homelessness. Many people who have a mental illness such as depression or schizophrenia, may also abuse alcohol and other drugs, which can in turn exacerbate mental illness. Mental health can also impact a person's physical health. Diet and healthy lifestyle may be compromised by mental illness, such as depression. Mental illness may also cause aggression, and instability, which may result in domestic violence.

Child protection

Workers should also have an understanding of child development, the dynamics of child abuse, risk factors, behavioural and physical indicators of abuse, and agencies that respond to child protection matters.

It is vital to recognise that children (particularly infants) in families where abuse of alcohol and other drugs exist are more likely to be at risk of harm and where other risk factors such as domestic violence and mental health issues coexist with AOD issues, the potential risk of harm to children increases significantly. It is important that workers recognise that the safety, welfare and wellbeing of the children must be included in all case management practices involving adults.

Risk and protective factors

Community services workers need to recognise both risk and protective factors associated with child abuse, harm and neglect (as seen below). This will help them decide on the most appropriate course of action. If protective factors outweigh risk factors, the situation may be dealt with by family intervention programs, such as parenting skill programs, rather than child protection authorities who would remove the child from their home. A combination of individual, family, community and social factors contribute to the risk of child abuse and neglect.

Risk factors

- Child has a disability or behavioural problems
- Child is under the age of five
- Family is socially isolated
- Parents have a history of domestic violence and/or substance abuse
- Family is affected by socioeconomic disadvantage such as unemployment
- Parents are young, single and one partner is non-biological
- Parents do not understand child development
- Parent has mental health concerns
- Family live in unsafe and economically depressed neighbourhood

Protective factors

- A stable and supportive family environment
- Nurturing parents
- The family has adequate housing and employment and access to health care and social services
- A safe neighbourhood
- Access to an extended family network, such as grandparents and other relatives
- The child attends child care

Domestic violence

Domestic violence is an abuse of power in a relationship where there is an unequal power balance. The perpetrator seeks to further disempower and control the person they are abusing. It may occur both in a relationship and after separation and the violence can take a number of forms, which include physical and sexual violence, emotional and psychological abuse and economic deprivation. It occurs across all groups, cultures and creeds.

A worker's primary concern should be the safety and wellbeing of individuals subjected to domestic violence and having knowledge of groups and agencies in the community that can respond to individuals experiencing domestic violence.

Effects of domestic violence

People experience a wide range of effects from being involved in a situation of domestic violence. These may include physical injuries and health problems requiring immediate medical attention. Physical injuries may range from bruises to broken bones and sexually transmitted diseases. Individuals can experience trauma, suffer financially and may become homeless.

Emotional and psychological effects of domestic violence
▶ A feeling of helplessness and powerlessness
▶ Emotional withdrawal
▶ Depression and anxiety
▶ Fear, anger and aggression
▶ Suicidal behaviour
▶ Inability to eat and sleep
▶ Drug abuse
▶ Post-traumatic stress disorder

Disability

Disabilities may be caused by genetics, environmental factors, or a combination. Many disabilities occur as a result of an accident. Physical disabilities may affect a person's ability to interact with their environment, and to communicate. Intellectual disabilities may also affect a person's ability to communicate.

Disabilities occur on an infinite spectrum; no one characteristic will apply to all people with that disability. Physical and intellectual disabilities may interrelate with other issues, such as financial struggles, the ability to access employment, health issues and drug and alcohol issues. Ensure that the person's physical and cognitive abilities and needs are met as best as possible, so other issues can be identified and managed.

Below is a list of possible disabilities. People may have more than one disability.

Disabilities include:

- autism; which affects a person's interrelationships and communication
- visual impairment; which affects a person's vision
- hearing impairment; which affects a person's hearing
- mobility impairment; a person may have muscular issues, or neurological issues which affects their use of limbs, balance, gait and posture
- intellectual disability; which may impact a person's communication, mobility, interrelationships and overall functioning.
- Down syndrome; which may impact a person's intellectual and physical abilities.

Homelessness

Homelessness may result from a range of factors, but domestic violence is the single most significant cause. Other causes may include poverty, abuse, unemployment, housing shortages, family breakdown, gambling addiction, mental illness, substance abuse and lack of social support.

People who are homeless are affected in many ways, including:

- loss of health and wellbeing
- loss of self-esteem and confidence
- risk of violence and abuse
- loss of friends and relationships leading to social isolation
- lack of access to basic facilities for hygiene and health.

Unemployment

Anyone can experience unemployment and the effect on individuals and their families can be far reaching. Some groups of people experience greater barriers in gaining employment than others because of negative community perceptions about their abilities. These may include older people, people who are homeless, people with disabilities and people with alcohol and other drug issues.

Here are some of the impacts of unemployment.

Impacts of unemployment
▶ Loss of confidence and self-esteem
▶ Loss of job skills
▶ Social stigma
▶ Social isolation
▶ Financial problems
▶ Relationship breakdowns
▶ Inability to access quality health services, such as dental care

Financial

Financial hardship can be attributed to a wide range of issues. It may be directly or indirectly related to unemployment and is interconnected to various concerns such as:

- physical health
- mental health
- domestic violence
- disability
- alcohol and other drugs
- trauma.

Alcohol and other drugs

You should have an understanding of the issues surrounding drug and alcohol use. Alcohol and drug issues are often interrelated with other issues in a person's life. An individual may self-medicate with alcohol in response to other issues in their life such as mental or physical health problems. Alcohol and drug issues can create or exacerbate financial and relationship problems. Here is more information about the impact of drug and alcohol issues and their interrelationship with other issues.

Harm minimisation policies and practices

- Harm minimisation refers to a range of policies designed to reduce the harmful consequences associated with drug use. Under the principles of harm minimisation, drug problems are dealt with in three main ways: reducing the supply of drugs, reducing the demand for drugs and reducing the harms associated with drug use.

The effects of AOD on physical health and social relationships

- Abuse of drugs including alcohol has-wide ranging effects on individuals. Substance abuse may have severe consequences in terms of an individual's physical and mental health and their ability to maintain social and family relationships.

Models and perspectives on drug use

- Models such as the 'disease perspective' and the 'moral perspective' may be used. The disease perspective maintains that AOD use is an illness that requires medical treatment and total abstinence. The moral perspective holds that addiction is the result of a weak character. Most community services organisations adopt a bio-sociocultural model that recognises a number of influences on drug taking.

Awareness of own personal biases regarding AOD use

- Most people have negative images of people who are addicted to drugs. Workers must adopt a non-judgmental approach if they are to work effectively with people who have AOD issues.

Trauma

Trauma can be caused by physical, psychological or emotional events that have occurred in a person's life. They may be one off events, or an accumulation of events. The effects of trauma can be long-lasting. Triggers may be directly or indirectly related to the trauma. Triggers can cause physical or psychological symptoms, such as panic attacks. There is a relationship between trauma and mental illness; however, not all people who experience trauma have a mental illness. Mental health concerns that present are varied depending on the trauma, but may include depression, anxiety, personality disorders or post-traumatic stress disorder (PTSD).

PTSD can result from sexual, physical and emotional abuse, domestic violence, alcohol abuse or symptoms of mental illness, such as panic attacks. Veterans of war, for instance, who experienced trauma, may live with the effects of PTSD.

It is important to learn how trauma may have impacted the person you support, and learn to identify triggers, and ways to manage PTSD symptoms.

Culture and religion

A person's religion or culture may impact the way a person presents with an issue. Religion and culture may also impact the person's identification of the issue. For instance, mental illness may be heavily stigmatised in some cultures, or given a religious explanation. Domestic violence may be more obscured in paternalistic cultures, where men are an authority in the household. Victims of domestic violence may be less likely to present as sufferers.

Use cultural sensitivity and awareness when responding to complex issues. Your first priority, however, should be ensuring the person is safe. Support the person to access the help they need within the parameters of their cultural and religious beliefs.

Sources of information

It is important that support workers are able to locate information about identifying issues that may present. Support workers may access a range of information from other agencies, work colleagues, health professionals, professional networks and a variety of organisations.

Here are some sources of information to help workers identify issues impacting people they provide support to.

Alcohol and other drugs

A useful resource regarding alcohol and other drugs can be found at:

- http://aspirelr.link/adf-drug-facts

This website provides comprehensive information on the AOD sector including fact sheets on the effects and indicators of the substance.

Mental health

A useful resource regarding mental health services in Australia can be found at:

- http://aspirelr.link/sane-aus-guides

This web page has information on a wide range of mental health conditions, the symptoms, indicators and concerns surrounding various mental health conditions.

Domestic violence

A useful resource regarding domestic violence can be found at:

- http://aspirelr.link/family-violence-signs

This web page has information regarding indicators and signs of family violence.

Child protection

A useful resource regarding child abuse can be found at:

- http://aspirelr.link/protecting-children

This web page has links to information regarding indicators and signs of child abuse.

Disability

A useful resource regarding disability can be found at:

- http://aspirelr.link/ahrc-disability-issues

This web page has links to information regarding issues surrounding disability.

Homelessness

Useful information regarding homelessness can be found at:

- http://aspirelr.link/what-is-homelessness

This website has information and publications regarding causes, issues, and how to identify at groups that are at risk of homelessness.

Unemployment

Useful information regarding issues surrounding unemployment can be found at:

- http://aspirelr.link/what-unemployment-means

This website has information that discusses issues of and contributors to unemployment.

Trauma

A useful source of information regarding trauma can be found at:

- http://aspirelr.link/trauma-issues-healing-resources

This website has information regarding signs and symptoms of developmental or relational trauma as well as principles and practices for dealing with trauma issues.

Example

Seek information to identify possible presenting issues

Stan is in his 30s and trained as an engineer. He is visiting an employment service for people with disabilities for the first time. Maria works at the service and greets Stan warmly, inviting him into her office so they can discuss his needs. She notes that Stan has a pronounced limp and moves slowly.

Stan tells Maria that five years ago he was involved in a motorbike accident that has left him with some physical disabilities, including the loss of a leg. Stan tells Maria that he plans to get back into engineering and that he needs work that will help him with this goal.

Maria observes that Stan speaks slowly and has trouble thinking of words to use. He seems to find this very frustrating. She realises he is probably dealing with more than physical disabilities and that he may also have an acquired brain injury.

With Stan's permission, Maria consults with health professionals that supported Stan to understand any other issues that may impact on Stan's employment.

Practice task 5

1. List two types of information that may be used to determine how to identify presenting issues.

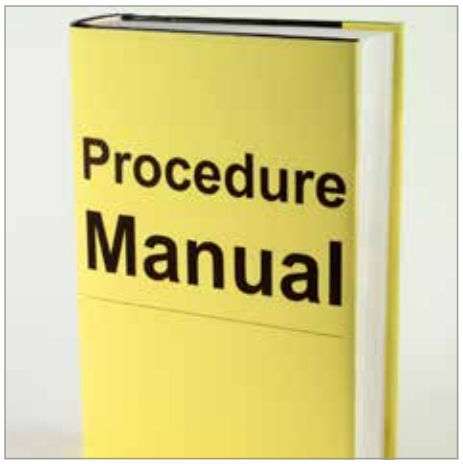
2. Describe one way that abuse may impact on a person's health.

3. List two emotional and psychological effects of domestic violence.

Click to complete Practice task 5

2C Collect and analyse information in accordance with procedures

Most organisations have standard procedures for collecting and analysing personal information. These procedures ensure the information obtained is comprehensive and covers all the issues that the organisation needs to examine. Following organisational procedures and processes ensures that you comply with community services industry standards and ethical and legal requirements. If you are unsure which form to complete, or how to follow procedures, consult your supervisor.



Collect information about people with support needs

Information can be collected from a number of different sources using different tools and processes. Some of these are outlined below.

Questionnaire

A questionnaire can be used to gather basic and specific information such as:

- name, address and birth date
- the reason they have come to the service
- any other concerns or issues they may have
- prior history in dealing with issues (if relevant)
- health status, diagnosed conditions and functioning
- next of kin and natural supports
- other agencies and service providers they are involved with.

Interview

If a person mentions that they have depression, a worker may ask:

- if they still receive treatment or visit another health professional
- if they still experience depression and what strategies they use to manage it
- whether past treatment was effective
- how depression has impacted on their life and thoughts about suicide
- if they need more support to help them deal with the issue.

Assessment

A questionnaire can be used for assessment, if it is designed to collect specific information to assess a client's level of functioning or state of mind. For example, a person who is depressed may be asked to fill in a questionnaire designed to evaluate their level of depression and possible risk of suicide.

Profile

The person may be asked to fill out a profile form to provide information about themselves, such as interests, goals and specific needs. Profile forms are also compiled when psychological testing is carried out by a psychologist.

The purpose of profile forms is to provide comprehensive background information about the person that workers can use to analyse their needs.

Observation

Formal observation techniques involve observing the person perform a skill, or complete a task in a controlled environment. Informal observation may include observing the person's body language, demeanour and behaviours as they go about their daily activities, or during an interview.

Other sources of information

Other people and agencies can supply information about the person's needs, so you can develop a holistic picture about the support required. Ensure the source you obtain information from is reliable and valid. For instance, the family member you are interviewing is in close contact with the person requiring support, and there is no conflict of interest.

Profile information

The person's information can be obtained from the referring service or agency, or from another worker. Ensure you have received permission to access this information. Bear in mind that the person's circumstances may have changed since the information was initially obtained, so may no longer be current.

You may find out:

- what services the person previously received
- details of the person's medical or mental health history
- progress notes
- case notes
- observations.

Case notes

Case or progress notes are the brief reports that workers make every time they have contact with a person or have a case meeting. They are invaluable for analysing progress over time and for determining what strategies do and do not work. Use case notes to gain an understanding of the person. Be non-judgemental as you read case notes and establish your own relationship with the person based on individual respect and trust.

Other people

There are a number of other people who may be able to provide information about a person's needs and identify strategies to meet these needs. Having significant others participate is particularly important when the individual has difficulty making decisions for themselves.

You may talk with family members or carers, other workers in their organisation and other service providers who have worked with the person.

It is very important that consent is obtained to do this. Consent must be a written document, rather than verbal, and will usually be on a special form such as a consent form or release of information form provided by the agency.

People who can provide information include:

- family and significant others
- carers
- advocates
- other workers
- other specialist support and service providers.

Analyse information

Once the information has been obtained from a range of sources you will need to spend time analysing the information. This may reveal gaps that need to be followed up with the person or other services.

For example, if a person with support needs tells you that she was once a victim of domestic violence but does not mention whether she is still in contact or involved with the perpetrator, you may need to follow this up.

Or, with the person's written consent, you may need to speak to another service provider to gain a better understanding of the services and/or treatment that the person is currently receiving and whether or not this will overlap or conflict with the strategies that will be put in place.

Privacy frameworks

People receiving support services have a right to expect that their personal and health information will remain private and secure. Records about a person such as a progress note or incident report, are legal documents and must be collected and archived according to your workplace's policies and procedures, which are guided by legislation.

On 12 March 2014, the Australian Privacy Principles (APPs) replaced the National Privacy Principles and apply to organisations, and Australian Government (and Norfolk Island Government) agencies.

There are now 13 principles that apply to the collection, use and storage of information. These principles cover the collection, use, storage and disposal of personal data. Organisations base their privacy policy and confidentiality maintenance procedures and protocols on these principles.

Detailed information about privacy principles can be found at: http://aspirelr.link/privacyfactsheet

Confidentiality

Confidentiality is critical to work in the community services sector. As a support worker, you often have access to privileged and sensitive information about the people you work with. The way support workers manage confidential information can have a significant impact on a person's dignity, rights and choices, opportunities and access, self-concept, self-esteem and wellbeing.

Confidentiality is about data or information and refers to managing access to private information. Confidentiality provisions restrict an individual or organisation from using, storing and disclosing information about a person that is outside of the scope for which the information was collected. Confidentiality refers to both written and verbal information.

Community services workers are allowed to, and should, share confidential information about people receiving support with their manager or coordinator when necessary. However, confidentiality requires that support workers must have a reasonable purpose for collecting, storing, accessing and distributing information about a person. Organisations and workers must also not collect generalised information without an implicit reason.

Information relating to people must be securely stored, with access limited to those working directly on the case, and in accordance with organisational policy and procedure.

Share information

When supporting a person it may be necessary to work with a range of other agencies. A person (or their representative) must give consent before any information is shared with or accessed from another agency. Most community organisations gather this consent using a specific form. Consent is given for access to particular information for a particular purpose. You must not pass on information without the person's consent. People receiving services have a right to know what you record about them and to see their own records.

A person's record is highly confidential and you may be required to sign a confidentiality agreement when you are employed. This states that you will not, without consent, divulge any information you have acquired during or after your involvement with people you provide services to – unless legally required to do so.

The information that is shared between agencies may include:

- information to enable referrals
- incident reports
- support plans and goals
- information about individual needs.

Disclosure of confidential information

There are some instances in which you are permitted to disclose information as part of your duties. For example, if the person is being referred on for medical treatment, the hospital, specialist or doctor needs to know the person's history, allergies and personal details. You must always obtain the person's informed consent before you disclose confidential information to a third party. There are some situations where you may be required to disclose confidential information.

You may be required to disclose private or confidential information when:

- compelled by law (for example, if the person has a reportable disease or the information is requested by a court of law)
- a person's interests require disclosure and there is a serious risk which justifies breaching confidentiality (for example, risk of suicide, self-harm or harm to others)
- there is a duty to the public (for example, there is public threat or concern)
- the person has consented to the disclosure.

Consequences of breaching confidentiality

Breaching confidentiality may have serious consequences for the person you are providing services to, for you as a support worker, for your employing agency and for your profession. It may have serious effects on the working relationship between you and the person receiving support. Trust, which is essential for a good working relationship, may be damaged or broken beyond repair. This may leave the person with an inability to trust other workers, thus limiting their options and opportunities for receiving the services they need.

Here are some ways to safeguard confidential information.

To protect people's rights to confidentiality:

- keep personal information safe and secure
- be aware of work practices and never leave files open
- ensure that only authorised people have access to personal information
- do not pass on information about a person without their permission
- never discuss a person receiving a service in public
- be discreet on the telephone
- do not discuss someone receiving a service unless it is essential for providing a service
- make sure that information which is no longer required is returned or destroyed/deleted
- dispose of confidential information securely and carefully
- make sure you do not reveal names and other identifying information.

Organisational policies and procedures

You must follow your organisation's policies and procedures. Policies and procedures apply to every aspect of your work role and to the responsibilities of your organisation and how it provides its services. Policies are based on legal requirements such as legislation and service standards specific to the service sector and common law principles; and on ethical requirements based on relevant codes of practice, service standards, practice standards, and statements about the rights of people receiving services.

A policy explains how an organisation intends to deal with a particular activity or issue; a procedure is a more specific description of what rules to follow and what steps to take. Following organisational policies, protocols and procedures is an essential part of legal and ethical information management.

Example

Collect and analyse information in accordance with procedures

Jane, a new worker at a community mental health service, is in the staff lunchroom reading Abdul's file. She wants to obtain some background information about Abdul before she meets him for the first time that afternoon.

She asks several other workers having their lunch if they have had anything to do with Abdul. They all say no, but one worker says that he has heard some pretty bad things about him including that he gropes women workers and has a shocking temper.

Jane starts to feel very uneasy about working with Abdul.

She goes to her supervisor and says she has changed her mind about working with him. The supervisor asks her why, and where she heard this information. Jane explains that one of the other workers in the lunchroom told her.

The supervisor tells Jane that she should not be discussing people she supports in the lunchroom, especially with workers who are not currently involved in his case. She also says that if Abdul had been involved in any inappropriate behaviour it would be reported in his case notes.

The supervisor tells Jane to be careful about listening to what other workers have heard. She suggests that Jane meet with Abdul at least once before making her decision. She gives Jane the option of having a second worker with her.

When she meets with Abdul she finds him well mannered, respectful and friendly. In the course of her work with him he never behaves inappropriately or shows signs of a bad temper.

Practice task 6

1. List two aspects of information management that the Australian Privacy Principles cover.

2. What are three methods you could use to collect information about a person?

3. Describe one situation where disclosure of confidential information may be required.

Click to complete Practice task 6

Summary

1. You should be aware of the indicators of harm, neglect, abuse or risk of harm, and be able to recognise people in the community who are most likely to be vulnerable to these situations.
2. You should keep in mind that the issue a person presents with may not be their only issue of concern.
3. You should learn to understand how some of the issues the person presents with interrelate with other issues.
4. Issues a person presents with may include physical health, mental health, AOD issues, financial issues, domestic violence, child protection issues, financial issues, homelessness, unemployment, trauma and cultural or religious issues.
5. As part of the assessment process you should gather a range of information about the person using observation, assessment tools and questioning.
6. You should gather information about people from a range of sources including the person's files, case notes and their significant others.
7. You may use questionnaires, assessment tools and profile forms to collect and analyse information about people you support.
8. When collecting information, you must adhere to organisational policies and procedures such as respecting autonomy, privacy and confidentiality.

Learning checkpoint 2
Identify the range of issues that impact the person

This learning checkpoint allows you to review your skills and knowledge in identifying the range of issues impacting on the person you support.

Part A

1. Briefly describe how abuse can impact physical health.

2. Briefly describe how abuse can impact mental health.

3. Briefly describe how AOD can impact domestic violence and child protection.

4. Briefly describe how culture and religion can impact disability.

5. Briefly describe how domestic violence impacts on homelessness.

6. Briefly describe how homelessness impacts on unemployment.

7. Briefly describe how mental health impacts on financial issues.

8. Briefly describe how trauma can impact on mental health issues.

9. Provide two behavioural indicators that may suggest harm.

10. Provide two indicators that may suggest neglect.

11. Provide two general indicators that may suggest abuse.

12. Provide two signs that may indicate a person is at risk of harm.

13. List three types of specific information that should be recorded when collecting information about people with support needs.

Part B

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

Case study

Dan works for a community crisis support service. Dan is interviewing Kamu, who is 18, and has been sent to the service from the juvenile justice department. Kamu has several criminal convictions, and uses methamphetamine. He has moved out of home, and currently has no fixed address. The referral report includes a letter from Kamu's mother, Gia, who says her son is 'off the rails' and needs urgent help. Gia thinks that Kamu is depressed, and that is why he uses drugs.

When Dan interviews Kamu, as part of his assessment, he denies being depressed, and says his mum is 'controlling and crazy'.

1. Identify three possible sources Dan could seek information from to help identify issues Kamu is dealing with.

2. Identify the non-presenting issues in this case.

3. Briefly describe how an assessment tool could help identify Kamu's presenting issues.

4. Explain what organisational and legislative requirements Dan should follow when collecting and analysing information.

Topic 3

In this topic you will learn how to:

3A **Identify and prioritise current needs and available sources of assistance**

3B **Identify organisational capacity to meet the range of needs to be addressed**

3C **Follow legal and ethical requirements in response to indicators of actual or potential risk of abuse, neglect or harm**

3D **Recognise limitations of service and/or role and respond and refer within organisational policies and procedures**

Analyse information to determine course of action

Once workers have identified the range of issues affecting a person with support needs, they can begin to work with the person to determine an appropriate course of action. If indicators of risk are present, workers should assess these risks and respond in accordance with organisational procedures, duty-of-care obligations and relevant legislation.

3A Identify and prioritise current needs and available sources of assistance

The people that come to your organisation have varied needs. Some are urgent and require immediate attention, others, though important, are not urgent and can be attended to as soon as possible. For you to be able to meet a person's needs, you need to understand the operations of both your own organisation and other organisations that may also be in a position to provide support. Some people may have issues that can be potentially unsafe for them, you and others in your workplace. You need to fully understand the processes to follow when an unsafe situation arises. Most importantly, you need to be very clear about how to seek assistance when you need it.

Some ways to identify and prioritise current needs are to:

- collaborate with the person and encourage them to participate in the process
- use a problem-solving approach
- address safety issues first
- consider needs holistically.

Collaborate to identify and prioritise

You should collaborate with people you support to identify and prioritise their current needs and discuss available sources of assistance with them. It is important that workers take an enabling and facilitating role rather than being directive or making decisions on behalf of the person. To do this, develop a shared understanding with the person about what their current needs are and which should be dealt with first.

Although formal assessment processes of collaboration can reveal a number of issues that people are concerned about, you must also engage in discussion with the person to gain a better understanding of how they see their own situation. For example, the person you support may have a different perspective of the priorities of their issues than you do. You may think that a person has obvious issues that need to be dealt with as a priority, but they may see the situation differently.

For example, one person may be undergoing abuse in their own home, but say that they want to get a job before they move out or seek other help. Another person may want to find somewhere they can live on their own before they start to address the anxiety and depression they have been experiencing for months. It is important to help a person establish priorities for meeting their needs without telling them what to do. People you support usually have a clear idea of what is most important to them and you should respect this.

Active participants

The main methods of identifying needs include the formal assessment processes, which may include the use of assessment tools such as questionnaires and checklists, and discussion with the person. It is important to encourage people to be active participants in identifying their needs and choosing the services they receive. This approach empowers a person so they have a sense of control over their own lives and are not just passively receiving services, but making decisions about what they do and do not want.

Use a problem-solving approach to prioritise and identify needs

For people who have concerns other than physical or safety needs, you may use a problem-solving approach to help them explore their issues and identify current needs. An example of a problem-solving approach is outlined by Gerard Egan in *The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping* (2007).

Egan proposes a three-stage model to help people answer basic questions about their current situation and what they want for the future. People are encouraged to take an active role in identifying and prioritising their concerns. If an individual is not able to do this, you must consult with an advocate, legal guardian or significant other.

Here is an overview of Egan's model.

Stage 1

What's going on?
This question is designed to encourage people to examine their current situation including their problems and issues.

Stage 2

What do I need or want?
People consider what they would like their life to be like and what changes would make their life better. This is called the preferred picture.

Stage 3

How do I get there?
People start to consider what they could do to make their life fit the preferred picture they have previously outlined. At this stage they begin to set goals and make a plan that nominates specific actions they need to carry out in order to achieve the preferred picture.

Safety first

The safety of the person is the first priority. People have diverse backgrounds and needs. Some people have health issues such as drug or alcohol addiction, while others may have a physical or mental disability, or may simply be angry or frustrated because of their personal situation. Your organisation has clear policies and procedures for managing situations that may result in a person harming themselves or others or being harmed. You must ensure you receive training in managing such situations so that you are well prepared in case they occur. Follow your duty of care obligations, which require you to take all reasonable steps to ensure a person's safety. Always act within the limitations of your role, however. If the person is at risk, report to your supervisor immediately, and take steps to ensure the person's safety.

Identify support in a crisis situation

When faced with a crisis situation, you may need to support someone to identify their current needs and appropriate sources of support. Here are some useful strategies.

Identify needs and support
▶ Ask direct questions about what their immediate needs are; for example, 'What do you need now to make you feel safer?'
▶ Listen non-judgmentally and acknowledge whatever feelings are expressed .
▶ Ask if they have anyone among their friends or family who can provide immediate support.
▶ Provide information about other services and sources of support.
▶ Ask them to participate in making decisions about the kind of services and supports they need immediately and for ongoing support.
▶ Develop a safety plan together so the person knows what to do if they start to become overwhelmed by a situation or their own thoughts and feelings.
▶ Obtain emergency help for people who need medical attention.

Consider needs holistically

Holistic care means supporting the whole person, not just one part of them. It includes looking after the physical, emotional, psychological, social, economic, environmental and spiritual needs of the person. Holistic means that the needs of the whole person are considered. For example, when treating a person's *mental illness* social needs and environmental needs must also be considered and prioritised.

When identifying and prioritising needs, remember that needs do not exist in a vacuum, and often correlate with other needs.

Identify needs and resources for support for crisis situations

It is important you can identify the needs and resources that people may need in a range of situations, including when they are in crisis.

Collaborate with people who have experienced a crisis to identify their needs and consider what resources may be appropriate. Provide information about the different sources of support available and encourage the person to consider options and make decisions about how to secure and maintain their safety.

Provide information about sources of assistance

Once a person's immediate needs have been identified, you should provide the person with information about available sources of assistance.

This may include:

- services provided by the agency
- services provided by external agencies
- specialised services such as counsellors and healthcare professionals
- informal sources of support such as self-help groups and social networks.

Where possible, provide people with a range of options and help them weigh up the positive and negative aspects of each option.

Use methods to provide information

Present information in a way that is meaningful to the person. Most organisations have their own website where people can access information. However, it is important not to assume that everyone knows how to use a computer and has access to the Internet. Many people, including those affected by issues such as literacy, homelessness, poverty and age may not be able to access or use a computer. Here is a list of other ways to provide information about services.

Ways to provide information
Verbally, either in person or by telephone
In leaflets or brochures, which may be mailed, emailed or provided in person to the person
In letters or reports
Audiovisually; for example, in a PowerPoint presentation
In regular newsletters, which may be posted, emailed or sent as updates by SMS
In other published materials; for example, learning resources
On posters or other graphic presentations.

Relevance of information

Your organisation would have to keep a lot of information if it were to attempt to cover all of the services available to community services users. This is one reason why you need to limit the information you provide so that it is relevant to the people you work with. Using active listening and questioning skills also enables you to provide people with information that is relevant to their needs. For example, a person may ask for information on services to assist them in finding a job. They may need language and literacy training to improve their ability to find employment, so you also need to provide them with information on how to access this kind of support. Remember, information should always be provided in a way that ensures that the person can understand it.

Sources of assistance

The nature of the person's needs, and the risk the need poses will help you determine where assistance can be sought. Respond to urgent, high risk needs immediately. Assistance may come from the following places.

Other staff

Your supervisor, more experienced staff or staff with specialisations may be able to help; for example they may be trained in behaviour management or, in cases involving non-English speaking clients, may be able to communicate with a client in their first language.

Consumer groups

These are groups, generally of volunteers, who form to provide help and support to people with particular needs. There is a range of consumer groups, including support groups for carers, people living with chronic pain, people who need financial management aid, and people who wish to access toy libraries or playgroups.

Clinical mental health

Your organisation may have a list of organisations that provide services to people with mental health needs.

You can access information about mental health government policy, consumer participation and programs at:

- http://aspirelr.link/mental-health-publications

Acquired brain injury specialists

Acquired brain injury could be the result of an accident, or alcohol or drug abuse.

You can find out more about acquired brain injury services at:

- http://aspirelr.link/brain-injury-australia

Other specialists

The key specialists in community services organisations are psychologists and counsellors. These people can be critical for dealing with a potentially dangerous person, particularly where the specialist knows them and is involved in their treatment. Many specialist medical practitioners offer different health services. Most community services organisations hold a list of these.

Community-based services

Other community-based support services may include aged care and support services, multicultural services, children's services, community bus, health and wellbeing programs, housing, transport, finance and employment support services.

Police

The standard procedure in the event of an emergency is to phone 000 and explain the situation to the operator, who can arrange for the appropriate response. It is good practice to have an established arrangement with the local police station or office. Some community services organisations have formal agreements in place with the police because they deal frequently with people experiencing difficulty.

Ambulance

In Australia, call 000. If a person is in a critical situation, an ongoing communication with an ambulance in transit may be necessary. Many community services organisations have a qualified first-aid officer or nurse on duty, who should be on hand to talk to the ambulance staff if required.

Discuss the options

Once you and the person you support have agreed on the person's current needs and the order in which they will be addressed, you can begin to document information. This is the first step in developing a comprehensive plan of action.

You should clarify all actions and strategies with the person to ensure your records are accurate and reflect what was discussed and agreed upon.

When discussing options:

- listen attentively to the client
- focus on the client's needs and hopes (not on their perceived shortcomings)
- encourage the client to be as practical as possible when considering needs and desired outcomes
- help the client consider their options.

Example

Identify options and priorities

Dymphna is 18 years old and has been homeless for six months. She has a range of concerns that need addressing. These include homelessness, alcohol abuse, solvent addiction, nutrition and health concerns and a desire to reconnect with her family who live in a remote rural region.

Dymphna says that she wants to change her life and get off the streets for good. In consultation with a worker, she prioritises her needs in this order: contacting her family to let them know she is okay, finding accommodation (even if it is only temporary), seeing a doctor to discuss her health concerns, getting a job, attending Alcoholics Anonymous meetings and getting treatment for her solvent addiction.

The worker suggests that treatment for solvent addiction should be a higher priority but Dymphna insists that she is not ready to do this yet and addressing the other concerns first will automatically help her overcome her addiction. The worker respects her wishes but says she would like to monitor the situation.

Practice task 7

1. List three ways prioritise and identify a person's current needs.

2. Describe how you could respond holistically when identifying and prioritising needs.

Click to complete Practice task 7

3B Identify organisational capacity to meet the range of needs to be addressed

Organisations vary in their capacity to meet needs. Talk to the person about what your service can provide, as well as what is available from other agencies. This will help the person identify what service can best meet their needs.

In many cases, the person may have needs that are outside the usual range of services your organisation offers. For example, if a person's major concern is how to deal with acquired brain injury or domestic violence, a service that specialises in these areas may be able to respond to the specific needs better than a local neighbourhood or community services centre.

Consider the options

Consider the person's needs, the resources of the agency and your ability to help address concerns outside your range of usual practice. An organisation may not be able to offer support to a person if:

- the organisation does not have the resources to provide support
- the person does not meet eligibility requirements
- the support required is outside the expertise of the support workers.

Identify what your organisation can offer

To identify whether your organisation can provide the services a person needs, the following questions should be asked.

Ask questions to identify what an organisation can provide
▶ What services does the organisation provide and what primary group is it servicing?
▶ Do these services meet the person's needs?
▶ Does the person meet eligibility requirements?
▶ What does the person need to know about the organisation?
▶ Is the organisation in a convenient location for the person?
▶ Do workers have expertise in dealing with the person's major concerns?
▶ Are there financial costs associated with the service and can the person meet these?
▶ What are the alternatives to your service that the person may want to consider?
▶ Are these identified needs major or priority issues for the person?

Let the person choose

Always keep in mind that people have a right to choose what services will best meet their needs. The worker, the person and, where appropriate, the person's significant others should discuss whether the organisation can meet some or all of the person needs.

You should provide the person with information about:

- the services and resources the organisation offers
- the organisation's eligibility requirements
- responsibilities within the organisation
- available services and resources.

Example

Identify organisational capacity to meet needs

The Triumph Centre assists people with developmental disabilities to learn daily living skills.

When Katie comes to the service it soon becomes apparent she has other major issues that staff do not have expertise in dealing with. When her guardian is questioned about this, she states that Katie had to be removed from her family because of continuing physical and sexual abuse that has resulted in Katie having severe emotional, psychological and behavioural problems.

The agency is unsure of their ability to meet Katie's needs and deal effectively with her behaviour.

In consultation with a psychologist who specialises in working with people with developmental disabilities, they decide to continue working with Katie. The psychologist will provide regular counselling sessions for Katie to help her deal with her issues that stem from the abuse she has suffered. The staff at the Triumph Centre will also receive extra training to ensure they can provide appropriate support for Katie.

Practice task 8

1. Identify two things that may limit an organisation's capacity to meet the full range of a person's needs.

2. List two things that should be considered when determining whether the organisation can meet the person's needs.

3. How can you assist the person to make a decision whether the organisation has the capacity to meet their needs?

Click to complete Practice task 8

3C Follow legal and ethical requirements in response to indicators of actual or potential risk of abuse, neglect or harm

To respond to indicators of actual or potential risk of abuse, neglect or harm you must follow organisational policies and procedures, duty-of-care requirements and relevant state and territory legislation.

Ensure you know how to access your organisation's policies and procedures and are familiar with them. Organisations must provide clear, written instructions about what they expect of you and how you can meet the various legislative requirements relevant to your job role and sector.

If you adhere to your organisation's policies and procedures, you can be confident that you are meeting their various legal obligations including confidentiality and privacy and duty of care in responding to indicators of actual or potential risk of abuse, neglect or harm.

Legal requirements

Legal requirements are based on law and breaches carry legal penalties. These requirements are intended to support and protect the rights of people receiving services, and to reinforce the duties and responsibilities of workers. Legal frameworks are Acts of Parliament relating to service provision.

Human rights

Underpinning all your work in community services is the fundamental recognition that all people, including people receiving services have basic human rights that must be upheld. In supporting people who are being abused, neglected and are being harmed or at risk of being harmed, you and your organisation are supporting the human rights of that person. Human rights recognise the value of every person, regardless of background, where we live, what we look like, what we think or what we believe. They are based on principles of equality and respect, shared across cultures, religions and philosophies. They are about being treated fairly, treating others fairly and having the ability to make genuine choices in our daily lives. Respect for human rights underpins the values and principles of the community support sector.

The Australian Government supports the Universal Declaration of Human Rights including the following Conventions.

Universal Declaration of Human Rights Conventions

- Convention on the Rights of the Child
- Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.
- Convention on the Elimination of All Forms of Racial Discrimination
- Convention on the Elimination of All Forms of Discrimination against Women
- Convention on the Rights of Persons with Disabilities

Duty of care

Duty of care is part of the body of common law. There is no 'Duty of Care Act'. Duty of care is part of the broader legal concept of negligence. Another word for negligence is carelessness. Duty of care means that in any situation where one person's actions may affect another person, there is a legal duty to act in ways which are not careless and which do not cause harm to the other person.

Community services workers are obliged to ensure the health and safety of the people they provide support to and others affected by the work they do.

If you are aware that a person is in a situation of risk or has experienced abuse, harm or neglect you have a duty of care to take reasonable steps to protect the person.

Here are three ways to ensure your duty-of-care obligations are met.

Act to prevent foreseeable harm

- If it is clear to you that the person you support (or others) is in a situation of risk or harm, you should act to minimise or remove the risk. This might involve calling the police to intervene in a situation where someone is threatening violence.

Provide appropriate care

- You must provide people with care appropriate to their needs and ensure that you respect their rights to privacy and confidentiality. You may be required to break your duty of confidentiality if the person requires urgent assistance from others to prevent harm or abuse.

Take reasonable action

- The actions you take will be judged on the basis of whether they meet the standard of what a reasonable person in your circumstances would do. You must always take a considered and reasonable approach to anything you do in response to situations of risk; for example, you should try to de-escalate situations of high tension that may lead to aggression or violence.

Principles of duty of care

People who require help from community services organisations are often vulnerable, and dependent on community services workers for their wellbeing. Because of this situation, the law has established that community services workers (and others) provide duty of care.

Factors to consider when providing duty of care include:

- the risk of harm and the likelihood of the risk occurring
- the type of injury and the seriousness of the injury that may occur
- precautions that could be taken
- professional standards and ethical standards concerning the issue
- the policies and procedures of the organisation
- community and personal attitudes and values regarding the issue.

Discrimination

To 'discriminate' means to treat someone unfairly or favour others. Discrimination is never acceptable behaviour and is against the law. When responding to a person's needs, it is unlawful to discriminate on the basis of age, gender, ethnicity, disability or impairment, marital status, sexual preference, or political or religious beliefs.

Organisations within Australia must comply with a variety of federal Acts, national standards, and state Acts aimed to prevent discrimination and foster equality of opportunity. National anti-discrimination legislation has a number of aspects as shown below.

***Age Discrimination Act 2004* (Cth)**

The *Age Discrimination Act 2004* (Cth) is a relatively new law which is especially important with regard to Australia's ageing population. It protects people who are discriminated against because of their age and states that, regardless of age, everyone has the same right to equality before the law.

The Act also allows appropriate benefits to be given to people of a certain age, particularly younger and older people, according to their circumstances. Objectives of the Act also include removing barriers to older people participating in society and changing negative stereotypes about older people.

Exemptions include stipulations regarding youth wages, health care and voluntary work.

Disability Discrimination Act 1992 (Cth)

The Disability Discrimination Act 1992 (Cth) gives a definition of disability and prohibits direct or indirect discrimination based on disability. It prohibits discrimination against people associated with people who have disabilities; such as friends, relatives, carers and co-workers. The Act makes it unlawful to discriminate in the areas of:

- employment
- education
- access to public premises
- purchase of house and land
- provision of goods, services and facilities
- administration of Commonwealth Government laws and programs.

Exemptions to the Disability Discrimination Act include when a potential employer would be placed under unjustifiable hardship in order to employ a person with a disability, although the employer is expected to make reasonable adjustments.

Racial Discrimination Act 1975 (Cth)

The *Racial Discrimination Act 1975* (Cth) covers all of Australia and prohibits racial discrimination and offensive behaviour based on racial hatred. It covers discrimination based on race, colour, descent, national or ethnic origin. It also protects those who may be discriminated against based on their association with people of a particular ethnicity. The Act applies to everyone in Australia and all organisations.

The *Racial Hatred Act 1995* (Cth) was added to the Racial Discrimination Act in 1995 and provides an avenue for people to complain about racist behaviour that offends, insults, humiliates or intimidates others in public.

Sex Discrimination Act 1984 (Cth)

The *Sex Discrimination Act 1984* (Cth) explains that it is unlawful to discriminate against someone based on their sex, marital status, pregnancy or potential pregnancy. It sets out laws against sexual harassment as well as dismissal from work based on family duties including pregnancy.

According to the Act, it is unlawful to refuse to provide goods or services, education or employment based on a person's sex. The Act also covers discrimination within awards and enterprise bargaining, insurance and superannuation, Commonwealth laws and programs, and accommodation.

Sexual harassment is included in the Act because it is a form of discrimination to treat a person unfairly because of their sex.

***Australian Human Rights Commission Act 1986* (Cth)**

The Australian Human Rights Commission (initially called the Human Rights and Equal Opportunity Commission) was established in 1986 to deal with breaches of anti-discrimination laws and to promote human rights education.

This Act only covers actions or policies of the Commonwealth.

The Act promotes human rights for all people, and covers most forms of discrimination not already covered in the other Acts, including discrimination on the basis of:

- criminal records
- marital status
- medical record
- political opinion
- religion
- sexual preference
- social origin
- trade union activity.

***Privacy Act 1988* (Cth)**

This Act deems personal information about individuals to be sensitive, such as information about:

- criminal records
- health
- membership of a professional or trade association
- membership of a trade union
- political affiliations or opinions
- racial or ethnic origin
- religious affiliations or beliefs
- sexual orientation or practices.

This information about a person must not be used by others to discriminate against them or identify them. Your organisation should inform you of your responsibilities regarding your customers' privacy.

Child protection

Each state and territory has an Act that addresses child protection. In some cases child protection legislation is combined with legislation governing the care and education of children.

State and territory governments in Australia are responsible for administering and operating child protection services. Non-government organisations may also provide child protection services. Other legislation in areas such as adoption, human rights, family law, young offenders, family violence, and working with children, is also relevant to child protection.

Child protection legislation is based on principles, including:

- acting in the best interests of the child
- early intervention and prevention
- children and young people participating in decision-making
- placing children in out of home care as the last resort
- providing culturally specific responses
- providing continuing after care and support after a child reaches the age of independence
- providing permanency and stability of care.

Mandatory reporting of child protection issues

Some states include mandatory reporting of child abuse and neglect in their child protection legislation. In the legal context, 'mandatory' means required by and enforced by, legislation. Mandatory reporting means that some people in some occupations are required by law to report child abuse and neglect to government authorities.

Not all states have legislation requiring mandatory reporting, and not all occupations are covered by mandatory reporting laws. Check the child protection legislation in your own state and check your employer's policies on child protection to find out if you are covered by mandatory reporting. If you are not sure about this, consult your supervisor.

Depending on your work role and the structure of your organisation, it may be you or your supervisor or a manager or other professional who is responsible for reporting concerns to the relevant state government department. You may often be in the best position to observe and collect first-hand information, so it is essential that you record your concerns accurately and objectively. If the situation is taken to the children's court, your records and notes may be required in evidence. Reports need to be accurate and objective.

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.

Dignity of risk acknowledges that life experiences come with risk, and that we must support people in experiencing success and failure throughout their lives. However, it can be a challenge to support decisions that we feel are risky or with which we don't agree, without considering safety and viewing decisions through our safety-oriented health care culture.

Dignity of risk needs to be considered in terms of capacity and decision-making. It is necessary to find a balance between the need for duty of care and the right and capacity of people to decide what level of risk they are comfortable with themselves.

Example

Follow relevant legislation and obligations in response to actual or potential risk of abuse, neglect or harm

Josè is visiting his client Ivan. He notices that Ivan is very agitated and appears to be having strong auditory hallucinations. When Ivan's wife comes into the room, Ivan accuses her of plotting against him. He becomes increasingly aggressive. Josè tries to calm him but Ivan grabs a baseball bat and starts threatening his wife and Josè. He swings the bat randomly, smashing furniture and windows.

Josè knows that under state mental health legislation he can call the police and/or a mental health crisis team when there appears to be a risk that a client will harm themselves or others. He rings the crisis team who are able to restrain Ivan and take him to hospital for treatment.

Practice task 9

1. List two requirements and legislation should you comply with if you suspect a child is being abused.

2. List two underpinning principles of human rights.

3. Describe two ways that you can endure your duty of care obligations are met.

4. Describe how you can ensure that dignity of risk has been upheld.

5. Provide two federal Acts, national standards, or state Acts that are aimed to prevent discrimination and foster equality of opportunity.

Click to complete Practice task 9

3D Recognise limitations of service and/or role and respond and refer within organisational policies and procedures

Your organisation will have expertise, and will provide resources and services in certain areas, but it will not necessarily be able to meet the full spectrum of the person's needs. To meet needs holistically, and effectively, a range of services may need to be accessed. Learn how to recognise the limitations of your own services, and identify situations when referrals need to be made.

To understand what services the organisation does provide, consult policies and procedures, and talk to your supervisor. To understand the limitations of your role, consult your job description, industry guidelines, policies and procedures and talk to your supervisor.

Below are possible limitations, and questions to ask when identifying the limitations of your service.

Reasons for limitations

- Staff do not have skills or qualifications to meet the person's needs.
- The service is full to capacity.
- There is no funding to meet the person's requirements.
- Another service can better meet the person's needs.

Questions to ask

- Does the organisation provide a service to match the person's need?
- Does the organisation have staff who are experienced in this area of need?
- Do you have experience and qualifications to meet this need?
- Do staff have the skills and qualifications to safely, and effectively meet these needs?
- Does the organisation have the funding and resources to meet these needs?
- Is there an agency or organisation who can better meet these needs?

Recognise when a person's needs exceed limitations of role

Workers must be clear about the support and services your agency provides, as well as their role in providing or accessing these services. Much of this information can be found in your job description, and the organisation's mission statement, policies and procedures. Early in your career it is reasonable to expect that you will have support and supervision from more experienced workers or your direct supervisor. They will be able to offer advice and guidance when you begin working with people who have more complex support needs.

Here are some situations where you may need to recognise that the needs of a person exceed the limitations of your role.

Qualifications

Your qualifications are a good guide as to what is within the scope of your work role and what exceeds the limitations of your role. This may include areas of work such as assessment, reporting, documentation, intervention strategies, working without supervision and working with people from particular cultural or linguistic backgrounds. If the needs of a person fall outside the capacity indicated by your qualifications you may not be able to meet their needs effectively.

Skills

Skills develop over time and it is reasonable to give yourself some time to develop your skills. Don't assume that you will have the complex case management, assessment, intervention and documentation skills needed to deal with every situation as soon as you begin working in the community services sector. Make sure you participate in regular professional development and complete professional reading to help your skills develop more fully.

Program areas

Sometimes the needs of a person or the issues they are dealing with are outside the program areas where you are employed to offer support. You may be working in a role which provides support to people who are experiencing a threat to their housing situation and you might have very specific eligibility criteria regarding the people to whom you can offer support. People who seek assistance outside these areas may not be able to be offered support as they do not fall within the program areas of your job role.

Experience

Your level of experience makes a great deal of difference to how you are able to manage situations where a person has complex, multiple or changing needs. Once you have been working for a few years you are more likely to feel confident in dealing with challenging situations and you will have a greater capacity for quickly identifying support structures and making decisions to assist a person in a complex situation.

Respond within organisational policies and procedures

How you respond to a situation where support cannot be provided to a person due to their needs exceeding the limits of the service or your role will depend upon the requirements of your organisation. You will need to follow policies and procedures carefully and ensure you act appropriately.

You may need to take one of several actions such as those listed here.

How to respond using policies and procedures
▶ Read policies and procedures carefully.
▶ Consider whether there is another provider who can meet needs.
▶ Establish level of urgency of needs and whether it is a crisis situation.
▶ Consider referring the person to another service provider.
▶ Provide an option of waiting until a service can be provided.

Refer within organisational procedures

It is important to understand when referral to other supports and services is required and to know how to make a referral. When you are doing this you need to ensure you are acting within organisational procedures. If you are unsure of how to make a referral according to organisational procedures you can consult with your supervisor or a more experienced colleague.

Referral to other supports and services is necessary when:

- the assessment process and discussions with the person reveal that their needs are best met by another service
- only some of the person's needs can be met by your service and others must be met by external services
- the person's goals have changed
- your service is only funded to provide time-limited services, such as for three months
- the service provided by your organisation has been ineffective and alternative arrangements are required
- there are resource limitations or a lack of vacancies in the program within your service.

Make the referral

Each organisation will have their own procedures for making referrals and you should make sure that you follow these.

There are seven general steps in the referral process in most organisations. These steps are listed below.

How to make a referral

1. **Discussion**
   Discuss the possibility of referral with the person if your own organisation is unable to meet their needs.

2. **Information**
   Provide information about appropriate referral sources and explore options with the person.

3. **Decisions**
   Help the person make a decision about the service that best meets their needs. This may also involve including family and/or carers in the discussion.

4. **Contact service**
   Contact the organisation to check eligibility requirements and see whether they have vacancies in their service. Discuss needs and expectations of service delivery. Make sure the person has signed a release of information form.

5. **Document**
   Document information according to your organisation's policies and procedures.

6. **Share details**
   Give the person the contact and address details of the organisation. You may have made a first appointment for them or they may do this themselves.

7. **Evaluate**
   Follow up with the person and the other agency after the first few appointments to check that all is going well for the person and for the service provider.

Example

Recognise limitations and respond and refer within organisational policies and procedures

Todd is a volunteer in a community services organisation that provides information and support. David comes into the office and says that he is tired of binge drinking and taking drugs and is scared that he's losing control of his life. He says that his girlfriend is threatening to leave him unless he 'straightens himself out'. Todd asks David if he would consider a referral to a local youth alcohol and drug counselling service, but David says that he doesn't want to go somewhere local in case he runs into people that might know him. Together they agree on a service that is 20 minutes away in another suburb. Todd explains that the service is free, but they will expect David to keep the appointments he makes.

David agrees and together they complete the referral form. Todd goes through each question on the form so that David understands what information is being provided to the alcohol and drug counselling service and can ask questions and express concerns. Todd then emails the form through to the alcohol and drug counselling service and advises David that he should receive a call to make an appointment within the next 48 hours.

Practice task 10

1. Provide two indicators that would show that a person needs to be referred to another service.

2. Provide a description of two steps that are used in the referral process.

Click to complete Practice task 10

Summary

1. Ensure you can identify and prioritise the person's needs. Encourage active participation in this process.
2. Identify appropriate sources of assistance. These may be professional or informal supports. Ensure that priority needs, such as high risk needs, are addressed first.
3. Provide adequate information about other services and supports, and encourage the person to decide which option best suits their needs.
4. Identify whether your organisation has the capacity to meet the person's needs.
5. Responding to indicators of risk, abuse, neglect or harm may include intervention to remove the risk, reporting to appropriate personnel, investigating, seeking specialist support services, referral and following state and territory legislative requirements.
6. Familiarise yourself with legislation pertaining to child protection, domestic violence, alcohol and drug abuse, homelessness, human rights and duty of care.
7. When a person has needs that are outside the usual range of services that a particular organisation offers, consider referring the person to a specialist service.
8. It is important to provide appropriate and relevant resources to support the person to participate in the referral process, and make decisions about the referral. This maximises commitment.
9. Workers who adhere to their organisation's policies and procedures can be confident that they are meeting their various legal obligations including confidentiality and privacy and their duty of care in responding to indicators of actual or potential risk of abuse, neglect or harm.

Learning checkpoint 3
Analyse information to determine course of action

This learning checkpoint allows you to review your skills and knowledge in analysing information to determine a course of action.

Part A

1. Provide a description of one of the stages of the three-stage problem-solving model for identifying and prioritising needs.

2. Provide one source of information regarding available sources of assistance you could provide for a person once their immediate needs have been identified.

3. What are two questions you could ask when determining whether your organisation has the capacity to meet a person's needs?

4. Describe your legal requirement regarding human rights when providing support for people who are being abused, neglected and are being harmed or at risk of being harmed.

5. Describe your legal requirement regarding duty of care when providing support for people who are being abused, neglected and are being harmed or at risk of being harmed.

6. Describe your legal requirement regarding discrimination when providing support for people who are being abused, neglected and are being harmed or at risk of being harmed.

7. Describe how the legal requirement of mandatory reporting applies when providing support for people who are being abused, neglected and are being harmed or at risk of being harmed.

8. Provide two reasons that a person may need to be referred to another service or agency.

9. Provide two aspects of dignity of risk that must be considered when providing support for people who are being abused, neglected and are being harmed or at risk of being harmed.

10. Provide a brief explanation of what it means to identify needs holistically.

Part B

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

Case study

Susie works for a women's crisis centre, which provides protection to women and children in domestic violence situations. Tara is a new woman the service supports. Tara has two children under two, and has approached the service after years of suffering horrific physical and sexual violence at the hands of her husband. Tara is very undernourished, and suffers post-traumatic stress disorder as a result of the abuse. Susie is concerned for the wellbeing of the children, who Tara is having difficulty caring for due to her own mental health status.

One afternoon, Susie receives a call from a man, who says he knows where Tara is, and is coming for the kids. Susie isn't sure if the threats are real or not, but knows she has to take action.

1. What are Susie's legal obligations in this situation?

2. How can Susie recognise when Tara's, and the children's, needs exceed limitations of service and/or role?

Topic 4

In this topic you will learn how to:

4A Identify need for additional support

4B Motivate, support and encourage

4C Identify sources of assistance and refer as appropriate

4D Follow organisational policies and procedures to transition or exit from a service

Refer person to other services to provide additional support

Ensure you provide the best possible services to people with support needs. This may mean providing some services within the agency and seeking external sources of support to meet other needs. In cases where a person requires services from an external agency, follow approved organisational procedures for making referrals.

4A Identify need for additional support

Organisations vary in their capacity to meet a person's support needs. Workers should talk about what they are able to offer as a service and what they cannot. This will help both the person and the worker identify the approach which will best meet the needs of the person.

Sometimes you may not have the skills and knowledge to meet the needs of the person yourself. You may require additional support from within your organisation to be able to provide appropriate support. This might involve mentoring, supervision, discussion, advice or the provision of extra services from people who have specialised areas of skill and qualifications.

Identify a person's need for support by the organisation

Workers should carefully match the services which are provided with the identified need for support. To do this you will need to have a good understanding of the roles of various people within your organisation and understand the types of services and areas of specialisation which exist.

Here are some ways you could learn about the skills, qualifications, and roles which exist within your own organisation.

Learn what exists in your organisation
▶ Read your own job description to understand the limits of your own role.
▶ Consult an organisational chart to understand reporting structures and responsibilities.
▶ Use your networking skills to find out more about the roles of others in your workplace.
▶ Attend training days, in house conferences and webinars to liaise with others in your organisation.
▶ Seek assistance from other areas of your workplace as required.
▶ Build a strong professional network of contacts.

Change of needs

It is important to recognise that support needs can change over time for a variety of reasons. By using a regular cycle of assessment, monitoring and evaluation as part of the casework process, you will be able to continue to adapt services and support structures as required and within the limits of your organisation and job role.

Here are two factors that may change over time.

Needs

Needs that are associated with the person and their individual capacities may change. This could include physical changes such as deterioration in a disability or health condition, the effects of increasing age, the development of a secondary condition or issue or the impact of an issue upon mental or physical health. Person related needs may increase or decrease the need for support.

Environment

Factors within the environment can impact on needs and can cause a change in the level of support and type of support which is required. Environment related factors include lack of safe housing, interaction and relationships with others, employment, education and recreation issues and the perceptions, views and attitudes of the wider community.

Internal support and services

It is important to look within your own organisation to see if needs are able to be met for a person. This can be a useful way of providing seamless, well integrated services to a person and reduce the casework load which is required. Services which are received within a single organisation often require less administration, less replication of services and less time and repetition of discussions and assessments for the person.

Here are some of the options you might encounter in various types of organisations where you may work.

All community services organisations

- All community services organisations offer services to help people have a better quality of life. The nature of the services provided will vary according to the sector and the service aims. For example, a community mental health support agency may provide support including assistance with daily living activities but may not provide clinical services related to diagnosis and medication management.

Larger organisations

- Larger organisations generally cater for a range of groups of people with a variety of needs. For example, some of the larger charitable organisations in Australia provide services ranging from counselling and community-based care, to housing and employment services.

Specialist support

- Some organisations employ community services workers as well as specialist staff such as counsellors, psychologists, behavioural consultants, cultural liaison officers, recreation officers, dieticians and occupational or diversional therapists. This reduces the need to seek services and support outside the organisation.

External and packaged support and services

External support and services include all the supports and services that an organisation cannot provide, but are required to meet a person's particular needs. In some organisations this support might be provided through a contract arrangement to meet specific and often time limited needs.

Sometimes people may have packages of funding that they are able to use for desired activities and supports. People who use packaged funding arrangements may access support services for areas of support.

People may access services through packaged funding, including:

- personal or home based care
- domestic assistance
- early intervention services
- allied health services (physiotherapy, podiatry, occupational therapy)
- family support and counselling.

Example

Identify need for additional support

Rory has Asperger's syndrome. He is 16 years old, and lives at home with his family. Rory wants to study engineering, but is having trouble completing high school due to his disability. Rory's mum, Nancy, arranges for Rory to see a caseworker, Kris, who assesses Rory, and reviews his information. Kris says her own organisation, Disability Link, provides literary and English classes each week. But Kris thinks Rory would benefit more from private academic tuition and speech pathology, provided by Asperger's and Autism Support (AAS), which is a small group who provide specialised one-on-one support to people with autism and Asperger's. Kris phones AAS to find out more about their services, and then gives Nancy the contact details to arrange an appointment for Rory.

Practice task 11

1. Describe two ways that you could learn about the skills within your organisation.

2. Describe one factor of a person's support that may change over time.

Click to complete Practice task 11

4B Motivate, support and encourage

Keep in mind that your role is not to 'fix' things for the people you support, or make decisions for them, but to support them to help themselves and manage their own lives effectively. Use skills and strategies designed to motivate, support and encourage people with support needs. The focus is always to build a person's confidence and their ability to solve problems for themselves.

Draw on the support of significant others

Involve significant others to support, encourage and keep a person motivated where appropriate.

Significant others usually have more regular contact with a person than the worker. This puts them in a strong position to encourage the person to reach their goals. It is important that the significant other understands how to be supportive, rather than critical, and how to be someone the person can count on to listen to their concerns.

Here is more information on how significant others can help.

Family

Family and carers know about the person's specific needs and how best to encourage and motivate them. When a person is unable to communicate, family members and carers can provide information.

Partners

Partners can be an invaluable source of support and motivation. It is important that they understand the need to focus on their partner's strengths and support them in the decision-making process. If the relationship is toxic, or negative, the partner may not be the best person to involve, when encouraging the person to access support.

Advocates

An advocate is someone the person can trust to speak on their behalf. Advocates ensure that the person's needs are being met and their rights are not being violated.

Empower people who have support needs

Empowering a person means encouraging them to take charge of their own lives and make decisions regarding the services that they need and want. A person is empowered when they have enough information to make informed decisions and are supported to make choices, rather than being told what to do or have things done for them. Becoming empowered motivates a person to make changes in their lives and achieve their goals.

Use a strengths-based approach

Some people may have negative attitudes about themselves and their ability to make positive changes in their lives. In order to support, encourage and motivate people you support, you need to adopt strategies that enhance a person's self-image and competency. This can be achieved by focusing on the individual's strengths rather than their deficits. Here are some examples of strategies that can be used when supporting others.

Explore strengths and resources

- A strengths-based approach means that workers explore the person's strengths and resources for managing problems with the person. This is to engage the person's own problem-solving abilities to deal with difficult situations.

Identify hidden strengths and resources

- Many people have strengths and resources that they do not recognise. These may include good physical health, desire to help others, a good sense of humour, artistic or sporting ability, good friends and supportive family. Strengths may also be based on interests.

Rediscover interests

- A conversation is often the best way to rediscover interest. For example, a person may say that they enjoy cooking, or helping others. Although these are simple activities, they can provide a starting point for the client to rediscover their interests and build their sense of competence and selfconfidence.

Build skills to help solve problems and make decisions

Problem-solving and decision-making skills are important for everyone, but they are particularly important for people who have become disempowered, and who struggle to make choices and take action. You can support someone's ability to make decisions and solve problems by teaching them some basic decision-making skills.

A basic decision-making model involves:

- defining the problem or issue
- generating ideas by brainstorming
- evaluating ideas
- selecting the most appropriate idea
- developing a plan.

Help people to achieve their goals

Once a particular goal has been selected, you may need to support the person to achieve the goal. Here are a number of strategies that may help.

Helping people achieve their goals

Break into steps

Taking small steps, one at a time, helps to make a goal more manageable. For example, if a person wants to start eating in a more healthy way, they can start by changing their habits slowly. They may pick one or two particular foods at a time that they wish to reduce or eliminate such as sugar and fried foods.

Provide information

Giving the person information can help to support and encourage them. Information may be in the form of books, DVDs or having guest speakers or workers provide information as part of a brief intervention.

Provide support and guidance

Providing support and practical assistance can help people move to the next stage of action when they are feeling stuck. It is important not to encourage dependency, but some support can help keep them motivated and willing to pursue their goals. Being able to achieve the goals they have set themselves is one of the most powerful motivators of all.

Constructive feedback

People need regular constructive feedback to know how they are going. Constructive feedback helps keep people engaged and motivated in what they are trying to achieve. This type of feedback should always be focused on acknowledging the person's strengths and what they are doing well.

Regular constructive feedback has many positive outcomes.

Providing regular constructive feedback:

- validates the person
- shows respect and acknowledges their dignity as a self-determining individual
- recognises strengths and initiative
- promotes sense of self-control
- encourages the person to take active steps to help themselves
- fosters self-determination and resilience.

Motivational interview

Motivational interviewing is used to help the person you support develop their own intrinsic motivation. If motivation comes from within them, the person is more likely to reach a goal or change behaviour. Motivational interviewing is person-centred, which means it focuses on the individual needs of the person. It also directly involves the person in the process.

The following list describes the key principles of motivational interviewing.

Principles of motivational interviewing

- The interviewer asks open-ended questions to encourage the individual to think for themselves.
- The interviewer provides positive affirmations.
- The interviewer uses reflective listening and provides summarising statements for the individual.
- The process promotes the use of empathy, warmth and acceptance.
- The main goal is to engage the individual and encourage 'change talk', which helps the individual motivate themselves.
- Goals set should be small, genuinely important, specific and realistic for the individual.

Example

Motivate, support and encourage

Charlie works in youth support. One of the people he supports, Ross, has a methamphetamine addiction, and has been charged with physical assault and theft on several occasions. In recent months, Charlie has observed that Ross is leaving sessions early, arriving late, or not turning up at all. Charlie decides to take a positive approach to encouraging Ross' participation.

Charlie takes Ross aside one afternoon and asks him what is happening in his life right now. Ross shrugs, and doesn't give much away. Charlie mentions he's noticed the surf has been particularly good the last month or so, and wonders whether Ross has noticed. Ross appears noticeably enthusiastic. He tells Charlie he's been getting up early most days to go surfing, and has sometimes forgotten about his appointments with Charlie. Charlie tells Ross he thinks surfing is a great physical outlet and would love to come and see Ross in action at some point. He also suggests Ross helps him organise a group surf activity one weekend. Ross seems keen.

Practice task 12

1. Briefly explain the role of the family when motivating and encouraging a person.

2. Describe one strategy you would use in a strength-based approach to support.

Click to complete Practice task 12

4C Identify sources of assistance and refer as appropriate

Once you have established the need for additional sources of assistance, and have supported the person to feel motivated and encouraged to access services, you need to identify the most suitable agency or service. The suitability of the service will depend on a number of factors including those listed here.

Determine the suitability of a service

- Cost
- Location
- Eligibility requirements
- Whether the service has the resources, skills and qualifications to meet needs
- The person's funding arrangements
- Availability

Types of organisations you could refer to

The person's specific needs, and their preferences, as well as funding options will determine the kind of organisation or service you might refer to. Here are some options.

All community services organisations

- All community services organisations offer services designed to help people have a better quality of life. The nature of the services provided will vary according to the sector and the service aims. For example, a community mental health support agency may provide support including assistance with daily living activities but may not provide clinical services related to diagnosis and medication management. This must be carried out by a psychiatrist or clinical mental health service.

Larger organisations

- Larger organisations generally cater for a range of groups with a variety of needs. For example, some of the larger charitable organisations in Australia provide services – from counselling and community-based care to housing and employment services – to a broad range of people. Smaller organisations may only provide advocacy and support services for a particular group, such as people with a particular disability, like dementia.

Some organisations

- Some organisations employ community services workers as well as specialist staff such as counsellors, psychologists, behavioural consultants, cultural liaison officers, recreation officers and occupational or diversional therapists. This reduces the need to seek services and support outside the organisation.

Services that meet specific needs

Each organisation provides different services. You need to understand exactly what services your organisation provides so that you can give people full details about what they can expect.

Some organisations provide one or two specialist services, while others provide many related services. Some are referrals services, and others simply provide information about different types of service providers and where clients can get further help. The following gives examples of different groups of people and the types of relevant service organisations that are available.

Alcoholic's family and friends

Support is provided by family support services; for example, support group meetings to help families and friends of alcoholics.

People with disability

Support is provided by disability support services and residential care services; for example, respite for carers and group home accommodation.

Unpaid family carers

Support is provided by carer advisory services; for example, information, support and referral for carers, counselling (telephone and face to face) and community support.

People at risk of homelessness

Support is provided by community housing and accommodation services; for example, private and public housing.

Older people

Support is provided by home and community care and community support services; for example, home delivery of meals and in-home support services.

Women and children escaping domestic violence

Support is provided by community support services, welfare services and emergency accommodation services; for example, emergency supported accommodation.

Individuals and families affected by drug and alcohol abuse

Support is provided by counselling services; for example, counselling, support services and community education.

Individuals and families affected by sexual harassment and/or abuse

Support is provided by counselling services and community support services; for example, counselling, advocacy and community education regarding sexual assault/abuse.

Indigenous people

Support is provided by Indigenous community support services; for example, social and emotional wellbeing clinics, personal development and career guidance.

Indigenous people involved with the justice/court system are provided with support by Indigenous services and community justice groups; for example, preventative intervention and supportive resolution processes to reduce incarceration.

All community members

Support is provided through the use of a community garden; for example, sustainable living advice.

Support is provided by health services; for example, health education programs, information and pamphlets, assessments for application of specific aids, child health clinics and home visits, parenting classes, referrals to other health service providers, advice/assistance on managing at home for older people and people with a disability.

Research other services

When researching other agency's services take note of basic information such as range of services, eligibility criteria, opening hours, referral options and the address and contact details. Where possible, obtain brochures and other written information that you can keep on file and distribute to clients.

Identify resources in a time of crisis

The type of support that a person needs will vary according to their individual situation. Even in a time of crisis, it is important to engage the person, to help them help themselves so that they can re-establish control.

Ensure the person feels comfortable

- It is important that a person is comfortable enough to reveal their concerns and that they are not embarrassed about anything they have to say.

Ensure the person knows their options

- Workers who attend to people in crisis should provide opportunities for them to think about and make suggestions about what care options would suit them best. This helps the person to see that they do have options and lays a foundation for further care.

Remind the person they can establish control

- People in crisis often feel helpless and out of control. If workers step in and make all the decisions for the client, they risk promoting this sense of helplessness. When you encourage a person to take some responsibility for decision-making, you help them re-establish control over their life.

Remind the person of their responsibilities

- Workers should try to obtain a commitment from the person that they are prepared to take positive action. When the person agrees that they are willing to seek further help, they are recognising their responsibility for keeping themselves safe.

Support the person to make their own decisions

- People who feel that they have played an active part in making decisions are more likely to follow through with appropriate actions.

Seek informal supports

Informal supports exist within the community, and should be used in conjunction with professional support. If the person is apprehensive about requesting help from a relative or friend, discuss how to best approach the matter with the person seeking support. Emphasise the importance of informal and immediate support for protection and for strengthening personal relationships.

Here are two examples of informal supports.

Family and friends

- Informal supports may include trusted family members, friends and perhaps community volunteers. These people must understand the need to offer a supportive and non-judgmental presence when a person requires their help. They should also know how to access emergency help if this is required.

Self-help groups

- Self-help groups are another useful source of informal help that provide mutual support for people who have been through similar experiences. These groups also often encourage buddy systems where members may spend time together or provide support to each other through periods of crisis.

Refer within your organisation

It is important to understand exactly what services are provided in your organisation and who does what. You can then refer people correctly when the time comes. Your organisation also has guidelines for the referral process, linked to the kinds of services offered. Always keep the person informed about who you are referring them to and why. This puts them in a better position to make their own decisions about the program being suggested for them. In most organisations referrals are made by appointment, unless the person's needs are urgent.

The best ways to find out about your organisation include:

- attending an induction/training program
- asking your supervisor
- reading organisational information given to clients (brochures/websites)
- talking to work colleagues to find out who does what/who specialises in what role.

Refer to external organisations

Your organisation may not always have all resources required to meet the needs of presenting clients. In these situations you may need to refer a person to a service that is better able to meet their needs. When referring to another organisation, encourage the person to make their own decisions about the suitability of the service.

All organisations have procedures for referring people to other organisations, as well as for receiving referrals. When referring people internally or to another organisation, inform the person about how long they may have to wait before an appointment can be made and explain why. Ensure they are aware of costs, and other access issues, such as location. Complete all required forms. Consider the following.

Obtain consent

A person's information is private and confidential, and consent should be sought for that information to be shared with others. Organisations may also refer people to your organisation, so you need to understand your own organisation's policies and procedures for incoming referrals.

Inform

Informing people about their referral involves explaining:

- details about the organisation and why you are referring them there
- what the other organisation will expect from them; for example, if any fees and charges are associated with the referral
- what information you provide to the other organisation.

Accept referrals

Methods for accepting referrals include:

- a telephone call, with you logging details of the referral directly into your organisation's database or onto a paper form – in some cases the person will be present when this referral occurs
- email or an online form
- the person attending with a letter or other written document from the referring organisation.

Additional support from external support and services

When making a referral, you should always involve the person in the decision. Protect the person's security and confidentiality when making a referral by asking for consent before sharing personal details, and being discreet about how you share details. This is particularly important in high risk situations, such as domestic abuse and child protection.

Referrals may be made in person, over the phone, by letter or by email.

Referrals may be made to the following services.

Domestic violence

- Crisis accommodation
- Community domestic violence services
- Domestic violence counsellor
- Police and/or legal services for information about obtaining restraining or domestic violence orders
- Support groups

Homelessness

- Accommodation options including homeless shelters, temporary and longer-term accommodation
- Community housing services
- Welfare assistance including meals and somewhere to shower
- Outreach and support services
- Services catering specifically for different groups such as Aboriginal and Torres Strait Islander people, women or young people

Mental health

- Doctor or psychiatrist for mental health diagnosis
- Mental health clinics
- Hospital mental health services
- Private mental health clinics
- Self-help groups for clients and carers
- Community mental health support services

AOD issues

- Doctors
- Detox and withdrawal services
- Community-based AOD support and information services
- Residential AOD services
- AOD or addiction counsellors
- AOD and other telephone counselling services
- Self-help groups such as AA or others

Disability

- Community disability support options
- Residential care options
- Social and living skills programs
- Recreational opportunities

Unemployment

- Centrelink
- Employment agencies
- Job clubs
- Training and education opportunities
- Financial counsellors

Child protection

- State and territory child protection services in line with notification and mandatory reporting guidelines
- Family support programs offering parenting skills and support programs
- Kids helplines

Crisis services

- Doctors
- Emergency services such as ambulance or hospital
- Mental health professionals including counsellors and psychologists
- Community support services depending on issues such as mental health, disability and ABI
- Crisis telephone lines such as Lifeline
- Self-help groups
- Friends, family and other informal sources of support

Trauma

- Doctors
- Emergency services such an ambulance or hospital
- Mental health professionals including counsellors and psychologists
- Community support services depending on issues such as mental health, disability and ABI
- Crisis telephone lines such as Lifeline
- Self-help groups
- Friends, family and other informal sources of support

Physical health

- Doctors
- Emergency services such as ambulance or hospital
- Specialists, such as physiotherapists, optometrists, gerontologists, paediatricians and dieticians

Refer to protective services under mandatory reporting legislation

If you suspect a child is being abused, harmed or neglected, you are required to make a notification to the child protection authority in your jurisdiction.

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

NSW

- Department of Family & Community Services
  Tel. 132 111
  http://aspirelr.link/report-child-abuse-nsw

Victoria

- Department of Health and Human Services
  Tel. 131 278 (after hours emergency)
  http://aspirelr.link/report-child-abuse-vic

Queensland

- Department of Child Safety, Youth and Women
  Tel. (07) 3235 9999 or 1800 177 135 (after hours and weekends)
  http://aspirelr.link/report-child-abuse-qld

Western Australia

- Department of Communities, Child Protection and Family Support
  Tel. 1800 708 704
  http://aspirelr.link/report-child-abuse-wa

South Australia

- Department for Child Protection
  Tel. 131 478
  http://aspirelr.link/report-child-abuse-sa

Tasmania

- Department of Health and Human Services
  Tel. 1300 737 639
  http://aspirelr.link/report-child-abuse-tas

ACT

- Community Services Directorate

  Tel. 1300 556 729

  http://aspirelr.link/report-child-abuse-act

Northern Territory

- Office of Children and Families

  Tel. 1800 700 250

  http://aspirelr.link/report-child-abuse-nt

Make a mandatory report

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

You are required to report suspected child abuse immediately. Ensure you follow organisational policies and procedures for reporting suspected child abuse or neglect. You will also need to know procedures for informing the person that reporting suspected child abuse is an exception to confidentiality.

Consult with your supervisor and colleagues to clarify any questions you have about referral procedures for suspected child abuse.

Grounds for reporting

Reasonable grounds for suspecting child abuse include:

- a child discloses that he or she has been physically/sexually abused
- a child's acquaintance, friend or relative informs you that the child has been physically/sexually abused
- you observe behaviour which indicates that the child has been physically/sexually abused
- you observe physical indications that the child has been physically/sexually abused.

Information to provide

- Parents' names and address
- Siblings' names and ages
- Language of family
- Whether the family knows the report is being made
- Whether the worker knows if any other agencies are involved
- Worker's relationship to the child
- Reason for concern

Organisational procedures

Your organisation should specify:

- which authority you should report to
- how and when a report is made
- who you should inform that a report has been made
- reviewing the child's case while a report is being processed.

Types of referral processes

The referral process involves contacting the service to confirm accessibility and client eligibility, providing the client with information about the service and completing a referral form/providing the service with relevant information about the client, with the client's consent.

There are four main types of referral processes, detailed below.

Urgent or emergency referral

If someone requires urgent medical or psychiatric assistance, an emergency or urgent referral should be conducted.

Example:

You are required to contact the Crisis Assessment Team (CAT) because a person tells you they are planning to commit suicide and have collected enough prescription medication to do so.

Passive referral

A 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 client should contact their GP, and seek a mental health care plan to obtain a referral to a psychologist. The client leaves 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.

Example:

A person has presented with dementia and is at risk of homelessness. The caseworker consults the person about available public care facilities, with a specialised dementia care unit, that can provide housing and support. The caseworker asks if the person requires assistance contacting the specialised dementia care unit. She does, so in the person's presence, the caseworker phones the unit to make an appointment on their behalf.

Active referral

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

Example:

A person has presented to an AOD agency with complex issues, including bipolar, suicide ideation and risk of homelessness. The person is currently severely depressed, and unmotivated to access required services. The caseworker discusses the options with the person, and asks consent to phone the CAT team, an appropriate mental health service and housing services to make referrals. The person agrees, and in the person's presence, the caseworker arranges appointments for the person. She sees that the person makes all scheduled appointments, and phones the service after each appointment to update the case plan.

Assist people to contact services

Some services are easily contactable and others are by referral only. People, for a wide range of reasons, may not be capable of making contact with these other services by themselves and may require assistance.

To be able to support the person, you need to know as much as possible about the different services available. One way to do this is to build and nurture professional networks. Here is a list of ways you can do this.

Methods to develop networks in other service organisations
▶ Join online forums and actively participate
▶ Join key community network organisations and attend meetings and conferences
▶ Take opportunities to meet people in related industries
▶ Continue your education, and keep in touch with the people in your course

Confirm available services

A comprehensive knowledge of your own organisation's services and those offered by other relevant organisations is useful for understanding what options are available to help people you support. Some community services organisations have in-house specialists such as counsellors, medical practitioners, psychologists, occupational therapists and others. Other community services provide advice only.

You must have a good knowledge of the operations of your organisation and those that you provide referrals to. It is also useful to get to know the names and roles of people you deal with on a regular basis, particularly in other organisations.

You need to know information about the organisation including:

- hours of operation
- contact details – phone numbers, mailing and email addresses
- after hours emergency contact information
- services provided, including any associated fees and charges
- location; this is important to help clients access an appropriate service in the most convenient location.

Promote independence and participation

As much as possible, support a person's independence and encourage their participation in the referral process to maximise the chance that the person will both seek out the referring service and make a commitment to positive change.

Support the person to take responsibility for themselves by encouraging them to access the referral themselves. Here are ways to promote independence and participation in the referral process.

Promote independence and participation
▶ Give the person more than one option.
▶ Ensure all services presented are appropriate and relevant.
▶ Present all the information, such as cost, location and eligibility criteria as clearly as possible, so the person can make an informed decision.
▶ Present information in an unbiased way, to avoid influencing the decision.
▶ Put aside your own biases.
▶ When presenting different options, ensure that the information is presented in a way the person will understand.
▶ Where necessary, ensure the person receives translating or interpreting services, or advocacy.
▶ Encourage the person to ask questions and seek clarification about the service and how it will meet their needs.
▶ Invite the person to make their own decision and avoid guiding them by using persuasive language.
▶ Treat the client respectfully and without prejudice.

Assist people to contact other services

While some people can source their own information or make contact with organisations to which they are referred, many cannot; for example, because of a disability or communication issue. It is important to consider the level of assistance needed by clients to access services. The following explores when and how to access services on behalf of a person you support.

Accessing services for a client

- Where a person needs support to access other services, you may choose to access the other service on their behalf; for example, you may telephone the other service to make the person's appointment (in this situation you should take care to maintain the person's confidentiality and only reveal information with the client's consent). You could also encourage the person to contact the other organisation while you are present.

Obtaining informed consent

- Always remember that you require the person's consent before passing information to another service provider. This includes case information and personal details. To assist a person in making the decision to transfer to another organisation, you may need to explain why they are being referred. Do so in respectful language and use empathy.

Referral options

Depending on the needs of the person receiving support, referrals may be required for a variety of reasons. Here are some examples.

Physical health

- Doctors
- Emergency services such as ambulance or hospital
- Specialists, such as physiotherapist, optometrist, gerontologist, paediatrician and dietician

Mental health

- Doctor or psychiatrist for mental health diagnosis
- Mental health clinics
- Hospital mental health services
- Private mental health clinics
- Self-help groups for clients and carers
- Community mental health support services

Child protection

- State and territory child protection services in line with notification and mandatory reporting guidelines
- Family support programs offering parenting skills and support programs
- Kids helplines

Domestic violence

- Crisis accommodation
- Community domestic violence services
- Domestic violence counsellor
- Police and/or legal services for information about obtaining restraining or domestic violence orders
- Support groups

Disability

- Community disability support options
- Residential care options
- Social and living skills programs
- Recreational opportunities

Homelessness

- Accommodation options including homeless shelters, temporary and longer-term accommodation
- Community housing services
- Welfare assistance including meals and somewhere to shower
- Outreach and support services
- Services catering specifically for different groups such as Indigenous Australians, women or young people

Unemployment

- Centrelink
- Employment agencies
- Job clubs
- Training and education opportunities
- Financial counsellors

Alcohol and other drugs

- Doctors
- Detox and withdrawal services
- Community-based AOD support and information services
- Residential AOD services
- AOD or addiction counsellors
- AOD and other telephone counselling services
- Self-help groups such as AA or others

Trauma

- Doctors
- Emergency services such as ambulance or hospital
- Mental health professionals including counsellors and psychologists
- Community support services depending on the client's issues such as mental health, disability and ABI
- Crisis telephone lines such as Lifeline
- Self-help groups
- Friends, family and other informal sources of support

Example

Referral form

Referral form for disability services	
Applicant name:	
Date:	
Referral to:	
Do you require assistance completing this form?	Yes ☐ No ☐
Format type:	Audio tape ☐ CD ☐ Large print ☐ Interpreter ☐ Oral presentation ☐ Sign language ☐
Applicant personal information:	
Last name (please print):	
First name:	
Middle initial:	
Address:	
Phone:	Mobile: Work:
Gender:	Male ☐ Female ☐
Birth place:	
Relationship status	Single ☐ De facto ☐ Partnered ☐ Married ☐ Widowed ☐
Citizenship	Australian ☐ Other (please specify) ☐
Aboriginal or Torres Strait Islander:	Yes ☐ No ☐
Ethnicity:	
Languages spoken:	
Religious preference (if any):	

Example

Referral form continued ...

Guardian/next of kin information			
Name:			
Address:			
Phone:	Mobile: _____ Work:_____ Home: _____		
Relationship to client:			
Legal guardian/custodian status (court order must be attached)	Legal guardian ☐ Custodian ☐		
Applicant history:			
Personal strengths (including interests, hobbies, preferences):			
Does applicant have criminal/juvenile court record?	Yes ☐ No ☐ Details:		
Education:			
Current employment:	Employer	Type of work	Dates
Past employment:	Employer	Type of work	Dates
Other social service agencies (for example, home care, crisis services, medical services, child welfare):	Agency	Contact person	Phone
Financial information:	Source	Balance	Debit
Health insurance	Coverage	Provider	Policy number

Example

Referral form continued ...

Disabilities:	Type	Describe current function and support	
	Intellectual disability		
	Downs Syndrome		
	Cerebral Palsy		
	Motor neuron		
	Communication		
	Vision impaired		
	Hearing impaired		
	Autism		
	Dementia		
	Other (please specify)		
	Other (please specify)		
Medical history:	Condition	Treatment	Medical professional contact
Medication:	Name of medication	Reason for taking	Medical professional contact
Client consent obtained:	Yes ☐ No ☐		
Signature of applicant:	Date:		
Signature of person completing form:	Date: Position:		
Supervision:	Date: Name:		

Practice task 13

Complete this table with details about referral options for working with people experiencing concerns related to these issues.

Physical health	
Mental health	
Child protection	
Domestic violence	
Disability	
Homelessness	
Unemployment	

Financial	
Alcohol and other drugs	
Trauma	

Click to complete Practice task 13

4D Follow organisational policies and procedures to transition or exit from a service

When a person has reached their goals, or your organisation can no longer provide support, it may be time for the person to terminate their arrangement with your service. This needs to be a collaborative process, to ensure the person you have been supporting is empowered to move to the next stage of their development. You also need to ensure you follow correct legislative and organisational procedures for transitioning a person from the service.

Reasons for transitioning a person from a service include:

- the person has reached their goals
- funding has ceased
- another service provides more adequate support
- there has been significant conflict between the organisation and the person.

Consult with the person and others

Before steps are made to transition a person from the service, you need to be sure they are ready, and all parties are in agreement. Consult the following people to gain a comprehensive understanding about the person's readiness. Consultation could be conducted in a one-on-one interview, by letter or in a team meeting.

People you support

- The person you support is the most important stakeholder and has an important role to play in evaluating service provision. They can provide information about how well (or otherwise) the service has met their needs, whether they need more support in some areas, what is not working and whether or not they feel they have met or can meet their goals. Use effective communication and counselling skills to identify whether the person is expressing a need to leave the service because of lack of motivation, or because they feel genuinely ready. Probing questions, clarification and paraphrasing are useful tools when interviewing the person about their readiness to terminate.

Other professionals

- Consult others you work with, and health professionals who have worked with the person, to gain a clear picture about the person's readiness to terminate or transition. You should have the person's consent to liaise with the professional about their situation. The professional may be able to supply assessment results, or a referral letter.

Significant others

- The person's close family and friends may be able to provide input about the person's progress. The significant other may see behaviour change at home that is not evident in your sessions with the person. Ensure the significant other is briefed about the kind of support they can offer when the person is no longer accessing support from your service.

Obtain feedback

When a decision is made to exit the service, obtain feedback from the person about their experience. Ask open and closed questions in your interview with the person to obtain information. Questions may include: 'Do you feel you reached your goals?' and 'What was your overall experience of the service?'

Besides discussing their outcomes with the people you provide support to, you can also use a feedback form to gain information about how well a service has met their needs.

Feedback forms gather information from people that they may not be willing to discuss with workers. Feedback forms are often anonymous; that is, people don't have to put their names on them. In this way people can feel free to make comments about the service that they may not otherwise reveal.

Achievement of agreed outcomes

When a person has achieved the goals they set in collaboration with a worker, and is satisfied with the service that they have been given, an agency has provided an effective service.

If the person is unhappy with the service, and they have not achieved their goals within the agreed time frame, the agency should consider what has gone wrong and what they could change in order to achieve better outcomes.

The reason for reviewing outcomes is to continuously monitor how services are delivered and how they can be improved to meet needs. Organisations must have procedures in place to evaluate their own services and to make the required changes in order to better meet needs.

Complete service delivery report

A service delivery report summarises goals, outcomes and recommendations. The service delivery report will be kept on file for as many years as your state/territory requires forms be maintained.

Use provided templates to complete the report. Here are some general guidelines to keep in mind when completing the service delivery report.

Accuracy and clarity

- Notes must be accurate and written in a way that can be clearly understood by others. Always check what you have written to make sure it is accurate and that it includes their name and signature and the date and time they wrote the report.

Objectivity

- Write only facts about what you see, hear and do. Avoid personal opinions, assumptions and feelings and illustrate your points with factual descriptions of behaviour. If you do not have all the facts about a situation make sure that you make this clear and do not infer that you know more than you do. You should never assume you know what happened or make a guess. If you are reporting what someone else has said, use direct quotes as much as possible.

Language

- Use bias-free language and a neutral tone as much as possible. Avoid using clichéd or emotive language and terms, such as 'tragic' or 'fantastic'.

Completeness

- Reports should contain complete and relevant information. This may include positive and negative information and include notes about behavioural changes or observed indicators of risk.

Timeliness

- Notes should be made as soon as possible after contact with the client to ensure accuracy and to make sure the client's records are kept as up to date as possible.

Ensure all records are maintained, stored and accessible

Make sure that all documents that relate to the person you have supported are kept up to date. If the person returns to the service, update the forms for currency.

All documents must also be securely stored according to organisational guidelines, confidentiality principles and privacy legislation. This includes locking files in a locked cabinet, or saving files on a password protected computer system.

The person has the right to access their personal records at any stage if they request it. This is part of the *Privacy Act 1988* (Cth).

Complete formal documentation as required and file appropriately. Most case notes should be kept on file for 8–10 years, in case they need to be subpoenaed.

Keep records confidential

Here are seven tips for managing client records according to confidentiality and privacy principles.

Maintain confidential records

1. **Keep files locked**
   Keep files and other personal information in a locked filing cabinet when not in use.

2. **Protect files**
   Protect computer files (including emails) with passwords or store them on a removable storage device and keep it locked away.

3. **Limit access**
   Limit access to filing cabinets to workers who must access client information as part of their work.

4. **Don't leave unattended**
   Make sure that files are not left out or unattended; for example, in a car or in the lunchroom.

5. **Laptop**
   Ensure that documents on a laptop computer are kept safe and that precautions are taken so the laptop is not stolen.

6. **Email**
   Avoid sending or receiving personal information via email whenever possible as emails may not be secure.

7. **Fax**
   Avoid sending or receiving client information by fax.

Processes to terminate or transition from service

Your organisation will have specific requirements you should follow when supporting a person to transition or exit from a service. Here are some basic steps to follow.

Steps for terminating or transitioning from a service
▶ Establish reasons for termination or transition.
▶ Communicate with all stakeholders about transition.
▶ Link person to resources and support in the community before transition.
▶ Document the person's exit in an exit form.
▶ Develop a follow-up plan with the person and relevant stakeholders.
▶ Develop a timeline for when the person will transition from or exit the service and when follow-ups will take place.
▶ Refer the person to necessary agencies and support services.
▶ Write a formal letter to the person once termination or transition has been decided.
▶ Supervise and delegate, when appropriate to job role.
▶ Keep a copy of the exit form in the person's files.

Link the person to a range of family and community resources

The person should be connected with a range of family and community resources prior to transitioning or exiting out of the service, to ensure that their support continues after they have left the service.

It is important to identify resources that match the person's family values and cultural background. People from culturally and linguistically diverse (CALD) backgrounds may benefit from social connections to people from a similar background. For example, many Indigenous Australian people benefit from connecting to services and resources which are run by other Indigenous Australians.

It is important to have a connection with a range of resources so that the person is linked to more than organisation, and in case one of the resources in no longer available.

Termination from the person's perspective

The person may have mixed emotions about terminating or exiting a service. Work with the person to acknowledge their negative feelings and capitalise on their positive emotions about terminating a service. Validating and normalising the person's fears and their anger towards the process is helpful. You can also help the person reflect on the progress they have made, and emphasise their independence.

Consider what you imagine a person may think or feel about terminating a service, and think of steps to minimise their negative emotions.

Feelings a person may experience include:

- fear about the future
- anger towards you or the service
- a sense of freedom
- curiosity about the unknown.

Example

Follow organisational processes to transition or exit a person from the service

Donna's baby is two. She has ongoing support for her depression, and is on medication for schizophrenia and depression. Her child is in day care three days a week. Donna is attending TAFE, studying Community Services. She has found permanent housing, which is covered by her pension.

Donna and Angela, her case manager, discuss the possibility of Donna exiting the service. Donna says she feels secure in her accommodation and is happy with her life. She feels that things are under control. She agrees that she doesn't require ongoing support.

They decide that Donna needs to continue seeing her psychologist monthly, and should book more frequent appointments if in a crisis. They discuss the possibility of Donna attending the local gym to help lose weight and hopefully meet some other mums. Angela helps Donna locate the number for the gym, and find out when classes are scheduled.

Donna expresses to Angela that although she is happy she has made progress, she does worry about not having ongoing support. Angela tells Donna that her feelings are perfectly natural, and assures her that services will be available for her to access whenever she needs them. Angela reminds Donna that she will still be visiting the psychologist regularly, and Angela herself will be doing follow-ups every month for the first three months.

Angela fills out an exit form, advises Donna's services about the transition, writes a formal letter to Donna and keeps a copy of the form in the organisation's file.

Practice task 14

1. Provide two guidelines to keep in mind when completing a service delivery report.

2. Provide two steps you need to follow when transitioning or exiting a person from a service.

Click to complete Practice task 14

Summary

1. Your service may not be able to provide the full breadth of support required to meet the person's needs. Source information about available sources of assistance, and provide information to the person to enable them to make a choice about which services to access.
2. Support the person to access assistance and reach their goals using motivational interviewing, a strengths-based approach and decision-making models. Encourage the person using constructive criticism.
3. Workers should understand their role is not to 'fix' things for people or make decisions for them but to help people help themselves.
4. When supporting the person to make their own decisions, you should maintain dignity of risk.
5. Identify the most appropriate people or agencies to refer people to. Follow organisational procedures for making a referral.
6. There are specialised services to address specific issues, including physical health, mental health, child protection, domestic violence, disability, homelessness, unemployment, AOD issues and trauma.
7. Follow organisational procedures, such as completing correct forms and linking people to ongoing support networks, when supporting a person to exit or transition from a service.

Learning checkpoint 4
Refer person to other services to provide additional support

This learning checkpoint allows you to review your skills and knowledge in referring a person to other services to provide additional support.

Part A

1. Briefly describe two factors that may change and would require an adjustment to the support of a person.

2. Provide one aspect of a strengths-based approach to support care.

3. Provide two things you need to consider when determining the suitability of a support service for a person.

4. How can you facilitate an active referral?

5. Provide two referral options for a person needing physical support and one organisational requirement that must be upheld.

6. Provide two referral options for a person needing mental health support and one organisational requirement that must be upheld.

7. Provide two referral options for a person needing child protection support and one organisational requirement that must be upheld.

8. Provide two referral options for a person needing domestic violence support and one organisational requirement that must be upheld.

9. Provide two referral options for a person needing disability support and one organisational requirement that must be upheld.

10. Provide two referral options for a person needing support for homelessness and one organisational requirement that must be upheld.

11. Provide two referral options for a person needing support for unemployment and one organisational requirement that must be upheld.

12. Provide two referral options for a person needing support for AOD and one organisational requirement that must be upheld.

13. Provide two referral options for a person needing support for trauma and one organisational requirement that must be upheld.

Part B

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

Case study

Eddie von Strauss has been using a drug and alcohol rehabilitation service for three years. He had a heroin addiction, and as a result experienced significant kidney issues. In the last three years, Eddie has come off heroin, and has rebuilt his life, including his family relationships, and employment. Eddie has just applied and been accepted for a role as a carpenter with a local builder – Jon Dobbs Builder. Eddie approaches his support worker, Margie, to say he is ready to leave the service.

1. List three steps that Margie should follow for transitioning or exiting Eddie from service as per organisation and legislative requirements?

2. How can Margie maintain confidentiality of Eddie's records and documents?