



CHCCSM016

Undertake advanced
assessments



CHCCSM016

Undertake advanced assessments

Release 1

Learner Guide

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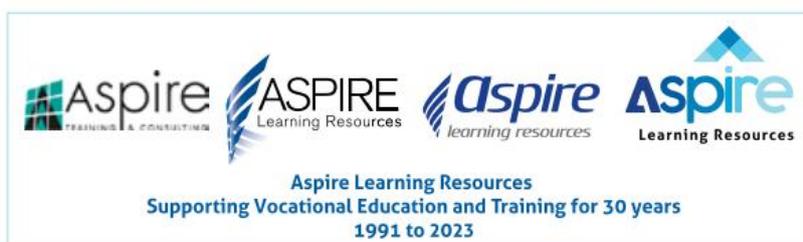
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Before you begin

This Learner Guide is based on the unit of competency *CHCCSM016 Undertake advanced assessments*, Release 1.

Your trainer or training organisation must give you information about this unit of competency as part of your training program.

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.

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	These 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.	
Callouts	Callouts reiterate key learning points to help students revise for their assessments.	
Weblinks	Weblinks provide learners with additional content to contextualise their learning and develop their understanding.	
Videos	Videos provide a visual reference of key concepts to aid comprehension and guide learner exploration. Each video is accessed by a QR code in the Learner Guide (or a button in the eBook version) for ease of access.	 
Glossary/margin definitions	Key terms are defined where they first appear to help consolidate understanding. A glossary of terms is provided at the end of the Learner Guide to assist learner revision of key concepts.	
Summaries	Key learning points are provided at the end of each topic.	
Learning Checkpoints	There are Learning Checkpoints at the end of each topic. Your trainer will tell you which activities to complete. These activities give you an opportunity to check your progress and apply the skills and knowledge you have learnt.	
Case studies	Case studies are interspersed throughout the learning content to provide a workplace setting that contextualises key concepts.	

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.

These skills are listed below:

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



Foundation skill area	Foundation skill description
Self-management	<ul style="list-style-type: none"> Understanding and applying decision-making processes Reviewing your behaviour and the impact of your decisions
Technology	<ul style="list-style-type: none"> Efficiently using digitally based technologies and systems correctly and safely Accessing, organising and presenting information Using equipment correctly and safely

Note: Not every unit of competency will contain all foundation skills.

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 outcome	Rate your confidence in each section
Topic 1 Prepare for initial assessment	1A Prepare to assess the person's needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Establish rapport and obtain consent	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Identify people, information and resources to be utilised	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Collaborate to identify opportunities for improving capacity and participation	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1E Make arrangements and agree on assessment tools and processes	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic	Key outcome	Rate your confidence in each section
Topic 2 Conduct the assessment	2A Explain the assessment processes and legal requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Implement risk-assessment processes	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Clarify everyone’s roles and rights	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Respond to complex needs, risk factors and goals	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2E Collaborate with stakeholders and service providers to avoid duplication	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Respond to diversity	3A Use assessment processes and practices to build trust	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Provide equitable access and culturally competent processes for diverse groups	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Involve ethno-specific organisations in the assessment process	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Respond to people with different needs	4A Support people with complex needs and facilitate access to assessment	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Recognise when secondary consultation and specialist assessment is needed	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4C Help motivate clients to build functional capacity and set goals	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 5 Undertake ongoing assessment and review	5A Provide informal monitoring of health and wellbeing	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5B Undertake reviews and reassess the person’s needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5C Maintain communication, documentation and reporting throughout	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident





Topic 1: Prepare for initial assessment

- 1A Prepare to assess the person's needs
- 1B Establish rapport and obtain consent
- 1C Identify people, information and resources to be utilised
- 1D Collaborate to identify opportunities for improving capacity and participation
- 1E Make arrangements and agree on assessment tools and processes



1A

Prepare to assess the person's needs

According to current best practice, holistic assessments are part of high-quality care that focuses on meeting a person's needs, acknowledges their preferences and supports them to reach their goals.

When conducting a holistic assessment the overall health of the person, including their physical, psychological, social and spiritual wellbeing, needs to be acknowledged and taken into consideration.

To do this, assessments must:

- be strengths based and person centred
- capture the person's needs, goals and preferences
- be an empowering and positive experience
- be evidence based
- match and complement the person's cognitive capacity and skills level
- be performed by an appropriately trained professional.

Types of assessment

Identifying the most appropriate assessment tool requires a thorough understanding of the types of tools available, their uses in different contexts, and the policies, procedures and guidelines of your organisation. A person may be referred to you by another worker within your organisation for the purpose of assessment. Alternatively, they may be referred to you by an external community service organisation or professional.

Community service organisations have standardised assessment tools and processes. It is important to familiarise yourself with these prior to conducting an assessment. Take time to review the approved assessment tools and know the processes of your organisation. Clarify any questions you have with your supervisor prior to conducting assessments. It would even be worthwhile to observe a more experienced worker conducting an assessment, prior to doing one yourself.

People's situations and needs vary greatly, therefore the types of assessments that need to be conducted vary too. Who is appropriate to carry out the assessment will depend on what services the organisation provides. For example, an aged care assessment service may assess whether individuals require respite. A carer support service may assess them to determine eligibility for the service.



Types of assessment an organisation might provide include:

- comprehensive assessments when a person first joins a service to determine their needs and the services required
- crisis assessments when a person is experiencing a crisis or emergency
- periodic assessments to identify a person's changing needs
- assessments in response to a particular change in a person's circumstances or condition
- specialised assessments that focus on specific areas of a person's life, such as behaviour, and physical or psychological needs
- Specialist risk assessments to determine the degree to which a person is at risk
- Skills assessments to determine the capacity of a person to accomplish a range of tasks of everyday living.

Purposes of assessment

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

Here are some examples of different assessments appropriate to people with various needs, and the reasons you may need to conduct them.

Different assessment types	
1. People with intellectual disabilities	Assessments will identify the person's IQ and determine their eligibility for funding such as from the NDIS. These types of assessment are carried out by psychologists and psychiatrists. People with intellectual disabilities are supported to access generic services and disability-specific services, which make further assessments to determine the person's skill level and support needs.
2. People with physical disabilities or impairments	Medical practitioners, physiotherapists and occupational therapists (OTs) carry out assessments to determine the accessibility needs, skill level and needs of people with physical disability or impairment. These assessments determine the level of funding required to support people through the NDIS.
3. People who misuse drugs or alcohol	People with alcohol and other drug problems can benefit from medical assessments, behavioural assessments and needs assessments. These can determine the level of support required.
4. People with mental health issues	Psychiatrist and general health practitioners can be involved in needs assessments to determine the level of care required. An individual may need support with medication, short-term interventions and/or longer support for skills development.



Different assessment types	
5. People with sensory impairments	Assessment through medical practitioners—depending on the person’s age—may involve aged care assessment services/team, support services providers and physiotherapists in relation to aids and appliances to support the person’s independence.
6. People who have experienced sexual abuse	An adult or child experiencing abuse or suspected abuse will undergo assessment to determine the best way to support them; for example, individual counselling coupled with small group work.
7. People experiencing homelessness	Depending on the support service, you may do some assessments through an informal conversation to determine the level of support the person needs. The information from the informal assessment can then be transferred on to an assessment tool.
8. People showing behaviours of concern	Although assessment tools may differ, they all seek to capture information about the <i>antecedent</i> to the behaviour, the nature of the behaviour of concern, and the consequences of the behaviour. This is information referred to as the ABC of behaviours.
9. People experiencing domestic or family violence	Risk assessment tools help to identify the likelihood of a domestic and family violence related event for a person. They also help to identify what types of abuse the person has suffered and what further short-, medium- and long-term interventions the person may need.

Identify the need for assessment

Prior to assessment, look at what could be achieved by conducting the assessment. Determine whether the person actually requires assessment and, if so, consider which form of assessment would be most appropriate.

Here is further information to consider when reflecting on the appropriateness of assessment.

Determine the assessment method
<p>The following will assist in determining the required assessment method:</p> <ul style="list-style-type: none"> • Review the referral letter addressing why and how assessment should take place. • Check with the person to ensure they agree to undergo an assessment of their needs. • Interview the person about their needs. • Where relevant, and with the person’s consent, interview their family about their specific needs. • Observe verbal and nonverbal cues and check with the person to ensure you have captured all relevant information.



Consider the required outcomes

Consider the required outcomes by asking the following questions:

- What will assessment achieve?
- How will the outcomes affect the person?
- Is the person capable of undergoing an assessment?
- Has assessment been recommended by another party?

Determine resources required

Resources required may include:

- funding for the assessment
- expertise to carry out the assessment
- assessment instruments or tools
- an appropriate location for the assessment; for example, somewhere safe and private
- translators for people who need them
- disability and mental health advocates to help the person access the services they need.

Organisational policies, procedures and guidelines

Assessments, like all community services activities, should be undertaken according to organisational policies, procedures and guidelines. Policies will specify the intention for conducting assessments, and procedures and guidelines will specify how to determine whether an assessment is required and how it is to be conducted.

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

Identify and use assessment tools and processes

A combination of methods may also best suit the person's needs. Discuss the types of assessment used in the organisation with your manager or supervisor, and ensure that you follow organisational policies, procedures, protocols and guidelines.

Strengths-based assessment

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

Strengths-based approach

Recognises that all individuals are resourceful and resilient experts in their lives, and can progress in a way that enhances their quality of life.



In contrast, a problem-focused approach to assessment limits the person's potential by overemphasising their diagnosis or limitations. By giving undue attention to what is not working with the person can cause them to become discouraged and/or develop further dependencies. Needless to say, this does not mean that people's issues and challenges should be ignored or minimised.

Advantages of a strengths-based perspective
• It empowers the individual by avoiding victimisation and focusing on the person's resources.
• It does not use stigmatising language.
• It gives the individual being assessed a sense of ownership of their situation.
• It enhances participation, encouraging people to identify their own strengths and resources.
• It gives the person a sense of hope and encouragement.

An example of a strengths-based assessment tool is the Behavioural and Emotional Rating Scale (BERS), a standardised assessment tool developed to focus on people's strengths. The BERS is a 52-item scale that measures the behavioural and emotional strengths of children and adolescents. It measures how well the young person can regulate their behaviours and emotions, evaluates the quality of the young person's relationships with their family, and measures their perception of their achievements and competencies. BERS assessments are available in printed formats and need to be purchased from approved retailers.

Another example of a strengths-based assessment tool is a skills assessment. Skills assessments aim to:

- identify people's areas of strength
- identify the resources and strategies the person is currently using
- identify any knowledge gaps a person has regarding how to complete a task
- identify areas where a person struggles to perform a specific skill
- reassess areas that have been worked on over a period of time.

Skills assessments often cover domains such as:

- independent living skills, such as doing the washing, cooking a meal or catching the bus
- personal hygiene skills
- literacy and numeracy skills
- digital literacy skills
- communication skills
- work skills.



Skills assessments can be performed by teachers or disability support workers, among others, and are usually shared in Individual Support Plans or Individual Education Support Plans. Skills assessments are reviewed when a person has learned a new skill or changed their goals.

Video: Strengths-based questioning

Watch the following video on strengths-based questioning: aspirelr.link/yt-strengths-based-questioning

Pay particular attention to open thinking questions. Create your own list of open thinking questions, including any follow up questions you may need to ask.



Domain-based assessment

Domain-based assessment, also called criterion-referenced assessment, is when a person is assessed against a predetermined criterion or standard.

The assessment uses a holistic approach to assess a number of domains of health and functioning, such as mental health, physical abilities, social needs or alcohol and other drugs (AOD). This is important for people with complex needs, as it is likely that their needs will fall across multiple domains.

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

Absolute criterion	An example of domain-based assessment is when a student wants to study medicine at university. To do so, they must score an average of 99 per cent on their Year 12 exams; that is, 99 per cent is the criterion.
Skills-based criteria	Another example of domain-based assessment is demonstrating designated skills at a required level; for example, when taking a driving test to gain your licence. The level of skill and the set of skills the driver is required to demonstrate are the criteria.
Advantages	A key advantage is that you do not need to assess the person against a large sample, so smaller, specific assessments can be conducted. Also, particular areas of the person's life may be assessed; for example, family relationships or cognitive functioning.

Norm-based assessment

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

<p>Raw score and bell curve</p>	<p>The raw score is the actual score a person receives on an assessment, prior to standardisation. For example, 6/10 could be the raw score on an assessment where 10 is the highest score.</p> <p>A bell curve is a symmetrical curve that represents the normal distribution of scores. A rank of 50 is the middle score (the highest part of the curve), indicating that 50 per cent of people score higher and 50 per cent score lower.</p>
<p>Mean, median and mode</p>	<p>The mean score is the average score. To obtain the mean, or average of the following scores, add them together and divide by the number of scores:</p> $5 + 6 + 2 + 6 = 19$ $19 \div 4 \text{ (there are four scores)} = 4.75$ <p>the mean score is 4.75.</p> <p>The median is the middle score. If you order the given scores: 2, 5, 6, 6, the median score is between 5 and 6 = 5.5.</p> <p>The mode is the score that appears most frequently. In the given set of scores, the mode is 6, because it appears twice.</p>
<p>Standard deviation</p>	<p>Standard deviation describes the variance or dispersion of a sample; that is, how spread out the scores are and how far away they are from the mean.</p> <p>A small standard deviation implies that the scores are mainly clustered around the mean.</p> <p>A large standard deviation means scores are more spread out.</p>
<p>Advantages of norm-based assessment</p>	<p>This assessment gives the individual scores a context. It allows the assessor to determine how the individual compares with other people in a similar situation. For example, norm-based assessment can determine that a child's score of 5/10 on a skills assessment is below average when compared to other children in their age group, who average 6/10.</p>
<p>Wechsler Intelligence Scale for Children</p>	<p>An example of norms-based assessment is the Wechsler Intelligence Scale for Children, an intelligence test that assesses children against normative samples. Scores are given as percentages and compared to scores in the sample. For example, if a child scores 85 per cent on an item, and the norm mean for that particular item is 81 per cent, the child has scored above average on that particular item.</p> <p>For more information, visit: aspirelr.link/wechsler-intelligence-scale-children</p>



Competency-based assessment

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

Competency-based tools	<p>Competency-based assessment is often used in a work or educational context. The person being assessed can build on their skills and competencies through training.</p> <p>A variety of assessment techniques and procedures can be used when assessing competency, including observation, written tests, oral tests or questioning, simulation exercises and role-plays, case studies or reports and portfolios.</p>
Assessment emphasis	<p>This kind of assessment emphasises resources, rather than problems, and encourages participation. In mental health and social work, competency-based assessment focuses on the person's strengths, coping and management strategies, and how environmental stressors affect the individual. It demonstrates a holistic approach, assessing the individual in their social, biological and psychological contexts.</p> <p>As assessment used in community services is more strengths-based than problem-focused, it is more empowering to the individual being tested than some types of assessments.</p>
Functional assessment	<p>Competency-based assessment can be used to assess the individual's current life situation, such as their:</p> <ul style="list-style-type: none"> • cognitive functioning, including their perception, motivation and problem-solving abilities • emotional functioning, including current stressors that may affect their emotional stability • behavioural functioning, including the person's physical appearance, mannerisms and speech • interpersonal or family issues, including the person's relationships with family members and current stressors in these relationships.

Assessment questions

Assessments can be performed through observation, testing and asking questions. Most assessments need to be completed over time to ensure the information collected is an accurate reflection of the person and their needs. For example, assessing for dementia and behaviours of concern is done over several sessions.

These questions may be asked as part of an assessment:

- What skills, attitudes, motivations, perceptions, strengths and potential does the person have?
- How does the person demonstrate their coping strengths?



- These questions may be asked as part of an assessment:**
- How does the person demonstrate resilience?
 - What social support networks enable coping mechanisms?
 - What resources are available to the person?
 - How has the individual used coping mechanisms in the past?

Assessment tools or screening instruments

Most organisations have standard procedures and tools for collecting and assessing information about a person.

Using these tools ensures the information you obtain is comprehensive and covers all the issues you need to examine. Within your organisation’s assessment protocols, you are likely to use a range of tools and methods to assess people’s needs. These may include interviewing them, reviewing their files or health records, direct observation, consulting others, asking them to fill in questionnaires, or administering specialised screening or assessment tools.

Skills assessments aim to determine the level of skills a person has in relation to daily living, functioning in the community and to identify learning needs. There are many specialised screening and assessment tools that assess specific areas of wellbeing or functioning.

Examples of tools	
The Mini-Mental State Examination (MMSE) is a commonly used test designed to quickly evaluate a person’s current mental state and cognitive skills.	For more information, visit: aspirelr.link/mini-mental-state-examination
The Severity of Dependence Screening Instrument (SDS) is used to assess the degree of a person’s drug or alcohol dependence.	A PDF version is available here: aspirelr.link/sds-instrument-pdf
The Caregiver Strain Index (CSI) is designed to identify caregiver stress and need for support.	See an example here: aspirelr.link/caregiver-strain-index-pdf
The Geriatric Depression Scale (GDS) is used to identify depression in older people.	A short-form version is available at: aspirelr.link/geriatric-depression-scale-pdf
The Duke Social Support Index (DSSI) is used to measure a person’s level of social support.	For more information and an example, visit: aspirelr.link/duke-social-support-index-pdf
The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) screens for levels of substance use in adults.	A PDF version is available at: aspirelr.link/vic-assist-pdf



Examples of tools	
The DMI-10 Self-Report Questionnaire is designed to determine the severity and duration of depression.	A PDF version is available at: aspirelr.link/dmi-10-questionnaire-pdf
The Edinburgh Depression Scale is a 10-item self-rating scale used to screen pregnant women and postnatal women for depression.	A PDF version is available at: aspirelr.link/edinburgh-depression-scale-pdf
The Antenatal Risk Questionnaire (ANRQ) is used to identify risk factors for depression in pregnant women.	A PDF version is available at: aspirelr.link/antenatal-risk-questionnaire-pdf
The Postnatal Risk Questionnaire (PNRQ) is used to identify risk factors for depression in women following the birth of a child.	A PDF version is available at aspirelr.link/bdi-pnrq

Administration of assessment tools

It is important that workers only use tools and procedures that their organisation has approved. Do not use a tool or procedure that you used while working for another agency without checking with your supervisor. By only using the tools approved by your organisation, you are aligned with their procedures and guidelines. This means you are fulfilling your responsibility to the organisation and meeting your duty of care obligations.

Some assessment and screening tools must be administered by professionals, such as psychologists, OTs, social workers and psychiatrists, who are trained to interpret the results. Others can be used by anyone working in human services as a tool for obtaining information. Many of these instruments are available on the internet.

Reliability and validity of assessment tools

Reliability and validity are affected by how objective the variable is and the conditions under which the assessment is conducted.

Here is some more information on reliability and validity.

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

Error and standardised instruments

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

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

Video: Reliability and validity

Watch the following video on reliability and validity: aspirelr.link/yt-reliability-validity

Take note of the relationship between reliability and validity and how each affects the other.



Assessment reliability

To be reliable, an assessment tool should produce similar results on separate occasions. For example, if a set of scales is reliable it will weigh an orange as 200 grams one day and as 200 grams again the following day.

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

Here are examples of four different forms of assessment reliability.

Internal consistency	Respondents need to agree with assessment items that are related. For example, the person agrees with 'I have difficulty getting out of bed in the morning' and disagrees with the item 'I generally wake up feeling happy and energetic'.
Test-retest reliability	Assessment results need to be stable over different conditions. For example, a person scores 91 on an IQ test; when tested again with variations to the questions, they achieve a score of 91.2.
Parallel forms of reliability	Results between two different tests that have been constructed and administered in a similar way produce similar results.
Inter-rater reliability	Assessment results must be similar when an assessment is administered by two different assessors under similar conditions.



Validity

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

Here are examples of four different types of validity.

Face validity	<ul style="list-style-type: none"> • Face validity refers to whether the assessment instrument appears to measure what it claims to measure. • Face validity of a self-efficacy assessment is high if the assessor reads through the questions and believes they accurately assess self-efficacy.
Content validity	<ul style="list-style-type: none"> • Content validity refers to whether the assessment instrument covers the range of content it claims to cover. • Content validity of an assessment for coping and resources is high if all the questions in the assessment refer to coping mechanisms and resources.
Criterion-related validity	<ul style="list-style-type: none"> • Criterion-related validity refers to how well the assessment instrument can be used as a predictor for another related variable. • Criterion-related validity is high if an assessment of drug and alcohol usage correlates with how much and how often drugs and alcohol are consumed.
Construct validity	<ul style="list-style-type: none"> • Construct validity refers to how well the assessment instrument represents the underlying construct. • Construct validity of a happiness assessment is high if the assessment tool produces similar results to a different happiness assessment.

Organisational checks for validity and reliability of assessment tools

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

To ensure assessment methods are valid and reliable:

- clarify with your supervisor, colleagues or a professional body whether the tools and assessment instruments you intend to use are deemed to be valid and reliable
- ask interview questions that have been suggested/approved by an accredited body
- follow organisational procedures for conducting interviews and making observations
- consider variables that may impact on the reliability and validity of assessment, such as the timing and environment for assessment.

Example

Identify need for assessment

In the following example, a worker follows certain steps when she notices a change in a person she provides care to.

Scenario

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

What will be achieved?

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

Does the person require assessment?

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

Which assessment is most appropriate?

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



Holistic approach to assessment

During a needs assessment, it is important to take a holistic approach to ensure you address the various domains of the person's needs.

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

Domains of needs	
Social	A person's social interactions with others, including family members, friends, program or service staff and other service users, as well as social supports a person has.
Communication needs	A person may use a particular communication device and need access to a support worker to assist with communication. If someone is hearing impaired, they may need a worker to help them understand what is being said.
Level of self-advocacy skills	A person will need more support if they lack advocacy skills, which is a person's ability to speak up for themselves, discuss their needs, negotiate services, and communicate effectively about their situation.
Cognitive	A person's ability to understand rules and participate effectively. Cognitive impairments include dementia and intellectual disabilities.
Spiritual/cultural	Beliefs and cultural practices can play an important role in people's lives. Examples include observing religious holidays, holding certain beliefs and practising cultural customs.
Physical/medical	A person's ability to participate in tasks that require mobility and dexterity. People with certain medical conditions and physical disabilities may have particular needs.
Psychological/emotional	These can impact on a person's desire and ability to benefit from activities. Examples include grief, depression and anxiety.
Basic needs	Basic needs are safe and stable accommodation, food, clothing, access to reliable transport and access to education and work.



These needs are reflected in Maslow's Hierarchy of Needs.



Video: Maslow's Hierarchy of Needs

Here is a video which talks about Maslow's Hierarchy of Needs and domains of needs: aspirelr.link/yt-maslows-hierarchy-needs



Psychosocial assessment

A psychosocial assessment is a holistic assessment, in that it seeks to assess all of the domains of needs and identify gaps in service provision.

Psychosocial assessments include a background summary about a person and assesses risk factors and protective factors.

The psychosocial assessment tool is the assessment most used to determine:

- a person's developmental status and cognitive ability
- family, housing, financial situation
- health
- social networks
- capacities and abilities
- areas of concerns and risks.



It also aims to identify areas of risk, such as family violence, drug and alcohol issues, parenting issues, abuse and neglect.

Community service workers may be trained to complete psychosocial assessments with a person if they work as a case manager or a service delivery manager or coordinator. Usually, social workers perform a psychosocial assessment, however they may train community service workers to do the assessment. Depending on the organisation, the psychosocial assessment may focus on areas or domains of a person's life.

Read about The Headspace Psychosocial Assessment using a mental health focus here: aspirelr.link/headspace-psychosocial-assessment

Visit the following for examples of psychosocial assessments different organisations use:

- aspirelr.link/vic-psychosocial-assessment-parent-carer
- aspirelr.link/psychosocial-assessment-example
- aspirelr.link/triage-psychosocial-assessment
- aspirelr.link/nsw-youth-psychosocial-assessment

Here is an additional reading from the Australian Association of Social Workers about performing a psychosocial assessment: aspirelr.link/aasw-performing-psychosocial-assessment

Video: Psychosocial assessments

Watch these videos to learn more about psychosocial assessments:

- What is psychosocial? aspirelr.link/yt-what-is-psychosocial
- Example of how to perform psychosocial assessments: aspirelr.link/yt-perform-psychosocial-assessment



A person's individual characteristics

Assessment processes, service delivery, support and strategies provided to a person must consider their unique needs.

Individual needs are defined by the person's:

- physical stage of development
- psychological and cognitive stage of development
- level of social development
- affective domain, which includes their feelings, emotions and attitudes.



Factors that influence a person's needs include:
• disability
• age-related issues
• substance abuse with alcohol and other drugs
• mental illness
• homelessness.

Needs and supports must be suitable for people at various ages and stages of their life span. Here are some examples:

- A person who has lived with a physical disability from birth will have a different experience from a person who acquired a disability as a result of an accident or health issue later in life.
- Issues and challenges such as poverty, abuse and neglect, and homelessness will be different for families than for older people or for single people.
- The effects of substance abuse will have different effects on a person's family, friends and work colleagues.
- Support provided to younger people with mental illness will be tailored to meet their needs and will differ from the services and treatments needed by older people.
- Homelessness can be temporary or long term, and can result from different challenges in a person's life. These are unique to the person's situation.

Human development stages

A study of life span development can offer insights into people based on their stage of life and the particular influences on them. This information can be used to better tailor information, communication techniques and approaches, so as to best meet the person's needs.

The transition from one life stage to another does not always account for the characteristics of people with disabilities or cognitive impairments, who may develop in different ways and at different rates. For example, a person who has an intellectual disability may display some of the characteristics often associated with the childhood life stage, even though they are an adult.

The following table shows the lifespan stages. The physical characteristics of each life stage are included to demonstrate the change from one stage to the next.



Life stages	Physical characteristics
Infancy – birth to one year of age	Most early movement is based on reflex actions. Some movement skills are achieved, such as turning from side to side, sitting upright, crawling, pulling up to stand.
Toddler – 1 to 3 years	Practice and mastery of many of the actions initiated during the first year. Achievement of motor milestones, such as walking with assistance, standing alone and walking alone.
Early childhood – 3 to 7 years	Period of relatively rapid physical growth and developing mastery in movements such as balance, locomotion and manipulation. Development of fine and gross motor skills.
Later childhood – 7 to 12 years	Rate of growth at this stage is the slowest since birth. It is a period of refining, elaborating and combining previously acquired movement skills.
Adolescence – 12 to 20 years	Sexual maturation takes place, as well as the rapid growth of almost all body parts and the development of secondary sexual characteristics.
Early adulthood – 17 to 40 years	Characterised by the end of height increases and the achievement of full reproductive maturity.
Middle adulthood – 40 to 65 years	Characterised by the decline in a person's ability to adapt to stress and reproduce. Common traits include loss of skin elasticity, reduced movement capacity, female menopause.
Late adulthood – over 65 years	Reduction in strength and stamina as well as mobility and the use of fine motor skills. People are likely to experience hair loss, hearing loss and eyesight deterioration.

Video: Human development

Watch the following video on developmental theories about human development: aspirelr.link/yt-human-development

Pay particular attention to how psychoanalytic theories and learning theories explain human development.



Psychosocial development

Psychosocial development is affected by physical changes in the brain and its functioning, as well as by the influence of parents, peers and others in society. The relative importance placed on family and peer groups changes according to the different stages of development.



Psychosocial development	
	<ul style="list-style-type: none"> In early life, the family and primary caregivers are the key influences on a child.
	<ul style="list-style-type: none"> As children start to spend more time in childcare centres, school and the community at large, they begin to form other attachments that influence their behaviour.
	<ul style="list-style-type: none"> In adolescence, they become more influenced by their friends and peer group, with much of their behaviour at this stage reflecting this change.
	<ul style="list-style-type: none"> Adulthood sees a growing independence and reliance on one's own skills, and often a change in role to caregiver rather than receiver of care.
	<ul style="list-style-type: none"> As humans move into the elderly life stage, there is an increasing dependence on others, and a change for some people to being a receiver of care.

There are five key stages of psychosocial development across the human lifespan. It is likely you will meet many people who fit neatly within each category as well as those who defy these descriptions. Always consider people as individuals who have a range of unique experiences that influence their behaviours and attitudes to life.

Infancy	<ul style="list-style-type: none"> Intentional behaviour begins Interactions revolve mostly around primary caregivers Infants are not able to take turns or see situations from another's perspective Play is 'side by side' rather than true interactive play Interactions should focus on small groups, building close relationships and a regular, predictable routine.
Childhood	<ul style="list-style-type: none"> Children begin to play with others, and a wider range of people Experiences are less-controlled by adults and occur in a wider range of settings The child begins to see themselves as a participant in a variety of settings and situations Interactions should encourage choices, a wider social network and a focus on developing early friendships and social interaction with peers.
Adolescence	<ul style="list-style-type: none"> The peer group is of greater influence There is a tendency to take risks and experiment with behaviours The individual is focused on themselves and their role in the world Friendship groups are based on similar views, interests and forms of self-expression The influence of family decreases, but there is still a need for boundaries, rules and parenting by negotiation Interactions should involve the person in planning activities, having a say in what happens around them and promoting independence.



Adulthood	<ul style="list-style-type: none"> • There is a strong set of moral beliefs • Wide social networks are drawn from people known through work, family, social and recreation activities • Multiple roles are taken in life; for example, spouse, parent, worker, friend • Time needs to be balanced across multiple responsibilities and roles • Interactions should focus on providing relevant and realistic choices and support to suit the person's current needs.
Late adulthood	<ul style="list-style-type: none"> • There is an increased risk of social isolation and decreased contact with others in social situations • Greater time is available for their own activities • There is an increase in the possibility of a partner's death and possible decreased contact with other family members • Roles taken in life may be reduced; for example, the person may no longer have work or parenting roles • Interactions should support the person at times of significant or changing needs, and be respectful to the persons' specific needs.

Cognitive development across the life stages

Cognitive development follows a series of stages through which people make qualitative changes as they acquire new knowledge.

Intellectual or cognitive development and its relationship to psychological development have been well described by many researchers, including Jean Piaget (1896–1980) and Erik Erikson (1902–1994). According to their research, humans move through a number of stages that can be identified by particular characteristics.

Infancy	An infant in the sensorimotor stage experiences the world largely through the senses. Actions are repeated frequently during this stage and, over time, some actions become more frequent and are embedded as behaviour, while others fade away.
Preschool children	Preschool children embark on a period of discovery and very rapid cognitive development, which mirrors significant gains in language over the same time span. Preschool children want to explore the world and everything in it, discovering and manipulating new objects. The child adds new words and language forms on a daily or weekly basis.
Older children	Older children in the concrete operational stage (approximately 7–12 years) are able to use logic to solve problems, manipulate objects in their mind's eye and imagine doing things that are not actually happening. Memory skills increase and they are able to repeat skills they have been taught previously.

Adolescence	As the child moves into adolescence, they become able to use abstract thought and can create visual images and use objects to represent thoughts, feelings and concepts. They have a well-developed vocabulary and are able to communicate effectively. The adolescent brain is still developing and does not reach full maturity until well into early adulthood.
Adulthood	Adults are capable of more complex and reasoned thought than children. Their response to situations tends to be based on environmental, learnt and genetic factors. Most adults have developed a moral code for deciding what is right and wrong. This is based on what they have learnt during childhood and adolescence. For some people, this judgment is limited by the effects of mental illness, dementia or cognitive impairment.
Late adulthood	In later adulthood, some people become more susceptible to conditions such as dementia, meaning that by the age of 85, around one in five adults is affected by some form of dementia.

Video: Piaget's theory of cognitive development

Watch the following video on Piaget's theory of cognitive development: aspirelr.link/yt-piagets-theory

Pay attention to each of the four stages of cognitive development and what occurs at each stage.



Affective development

Affective development is closely linked to cognitive development, which is how various mental skills develop from infancy to adulthood. Cognitive and affective development inform each other and determine how each age group regulates emotions. Affective development is significantly determined by what behaviours are modelled to infants, children and teens by their parents, friends, siblings, teachers and the media, which in turn help shape their attitudes and capacity to manage their emotions. The way a person manages emotions is often called emotional regulation.

The skills of emotional competence and emotional regulation include:

- being aware of your own emotions and able to express them
- being able to identify and understand another person's emotions
- the ability to demonstrate empathy and sympathise with others' feelings
- being able to tell the difference between your emotional experience and external expression
- being able to cope with strong emotions and distressing circumstances
- being able to understand the complex nature of emotional communication in all relationships
- the capacity for emotional self-efficacy.



Example

Shaping affective development through families and social modelling

Maria is the mother of an 18-month-old called Arlo. Maria has had a history of bad experiences with dogs. She has been chased and bitten a few times from different dogs and has decided that she does not like dogs. One day while taking Arlo to the shops in his pram, Maria stops outside a house with a fence while she reaches into her bag to get Arlo a drink. Suddenly a dog runs up to the fence and is excited to see them. Arlo reaches out his hand and the dog is able to lick it. Maria panics and pulls the pram away from the fence, screaming at the dog. Arlo is frightened by the loud noises and sudden movement and also begins screaming. Maria has influenced Arlo's first encounter with a dog by imparting an attitude of fear and mistrust. If this is left unchanged, Arlo could potentially develop a general fear of dogs just like Maria has.

Emotions involve three different affective and cognitive steps in the brain: feeling an emotion (in this case, Arlo feels scared), having a thought about the situation (in this case, Arlo or Maria could be thinking, I do not like what is happening) and assigning a behaviour which matches the emotion and thought (they both started screaming). Behaviour here also involves facial expressions and body language that expresses emotions about the situation.

Affective development across the life stages

There are various factors that shape the way a person develops, expresses and is able to regulate their emotions. These factors or influences can occur at any life stage, as outlined in the following table.

Stage of physical development	Affective development – How emotions, feelings and attitudes change	Emotional/affective milestone
Newborn	<ul style="list-style-type: none"> • Can get easily overstimulated by the environment • Emotions are connected to eating, comfort, sleep, nurture from parents, pain 	Feeling peaceful despite environmental stimulation
Baby	<ul style="list-style-type: none"> • Can get easily overstimulated by the environment • Emotions are connected to eating, comfort, sleep, nurture from parents, pain • Begins to be interested in the world 	Realising that the world operates on cause and effect Realising feelings and social behaviour are connected

Stage of physical development	Affective development – How emotions, feelings and attitudes change	Emotional/affective milestone
Toddler	<ul style="list-style-type: none"> Beginning to display emotions, such as anger, jealousy, joy, happiness, sadness Require considerable assistance from adults to regulate emotions; for example, hugs, reasoning, comfort items 	Beginning to display empathy towards others, through behaviours such as helping, sharing, comforting others
Preschool age	<ul style="list-style-type: none"> They try to understand others through their emotions and behaviours and use expressions of emotions to guide their behaviours and responses They still require a lot of support from adults to regulate emotions 	Have basic emotional regulation skills and conflict negotiation skills so they can be considered friends and helpers of others
Primary school age	<ul style="list-style-type: none"> Early attempts to regulate the strong emotion of embarrassment Still require some basic assistance and prompting from adults to regulate emotions 	Developing more complex reasoning and conflict negotiation skills to manage emotions and relationships
Tween age	<ul style="list-style-type: none"> Beginning to use multiple strategies to cope with stress 	Can independently provide basic solutions to relational problems
Adolescence	<ul style="list-style-type: none"> Have developed many strategies to cope with strong emotions such as anger, disgust, fear and jealousy 	Becoming more aware of their emotions and how to manage them
Adulthood	<ul style="list-style-type: none"> Depending on the quality of their relationships, they assign multiple positive and negative attitudes to groups of people They have very defined social groups, and complex relational skills to cope with and navigate all kinds of relationships 	Working towards self-efficacy of emotional regulation and expression

The following factors work to shape the way an adult develops emotional sensitivity and the capacity to express and regulate their emotions:

- the quality of parenting and role modelling they experienced as a child
- the quality of education experiences they had
- their various personality traits; for example, being introverted or extroverted
- whether the person is in therapy or not, as therapy aims to increase emotional regulation and self-awareness.

For more information on affective development, emotional competence and regulation, visit:

- aspirelr.link/three-domains-learning
- aspirelr.link/affective-development

Example

Identifying stage of life with clients

Simon is 16 years old and lives at home with his family. He attends school, although he is thinking about leaving at the end of Year 10 to do a building apprenticeship. Simon isn't a big fan of sport and he definitely does not like 'arty' things. He mainly likes hanging out with his mates. They spend most afternoons together listening to music or playing video games. They also spend every weekend together.

Simon's parents are concerned because Simon has started staying out late and does not do his homework. One night, his father finds a half-empty bottle of vodka under Simon's bed. His parents try to talk to Simon to ask him what is going on but he doesn't want to talk to them. They make an appointment for Simon to see the school youth worker but Simon doesn't talk with her either.

Eventually, Simon asks his parents to back off. He says he only drinks occasionally for fun and he just wanted to see what it was like. Simon's parents decide to treat the incident as a one-off and accept that young people take risks occasionally. When they speak to the school youth worker, Stella, she assures them that Simon's behaviour is consistent with adolescent development stages, such as seeking more independence and showing strong feelings.



Factors impacting human development

It is important to remember that for various reasons many people do not fit perfectly into lifespan categories.

The table below outlines factors that can influence stages of human development.

<p>Disability</p>	<p>Disability can affect people in different ways depending on the nature of the disability, the person’s life circumstances, the support system available to them and their own personality and outlook on life.</p> <p>Listed below are examples of how different types of disability can influence human development.</p> <ul style="list-style-type: none"> • Physical disabilities <ul style="list-style-type: none"> - May be temporary, progressive or permanent and includes cerebral palsy, juvenile arthritis, spina bifida, muscular dystrophy. - May cause a person difficulty moving around, coordinating parts of their body for gross or fine motor actions, and challenges with speech, language and communication. - Can cause challenges that negatively impact a person’s social development, their ability to perform functional daily tasks, and reduce their access to learning or employment. • Intellectual disabilities <ul style="list-style-type: none"> - Affects cognition, and includes Down syndrome, Prada Willi or foetal alcohol spectrum disorder (FASD). - Means that a person requires more time or finds it difficult to learn new things, understand concepts, recall information or solve problems. - With support and practical adjustments, many people with intellectual disabilities will be able to participate in all life domains, including education and employment, which positively affect their mental, emotional and physical wellbeing. • Neurological disabilities <ul style="list-style-type: none"> - Affects brain and nervous system functioning and include autism, cerebral palsy, ADHD, acquired brain injury and dyslexia. - Influences a person’s development according to the type and severity of the condition. - A person’s overall development and learning will be impacted, as neurological disabilities can affect the body’s physical functions, communication, focus, social development and emotional regulation.
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Alcohol and other drugs	<p>The effects of alcohol and drugs on a person's development can vary greatly depending on the person's age and life circumstances, the substance being misused, the degree of use and the time spent battling the addiction. Misusing alcohol and drugs can have the following impacts:</p> <ul style="list-style-type: none"> • physical bodily damage, e.g., liver damage and cirrhosis, kidney damage, tooth decay, heart and lung problems, stroke, seizures, infertility • deterioration of mental health, e.g., paranoia, depression, anxiety, psychosis, memory loss • breakdown in relationships; family dysfunction, loss of employment, homelessness • increase in aggression and violence, legal issues, incarceration.
Age-related issues	<p>Ageing can affect people differently.</p> <ul style="list-style-type: none"> • It can cause changes in relationships—many people struggle with being cared for after having been the 'carer' for most of their adult life. • Retirement is different for everyone; some people adjust very well and for others the change is difficult. • Physical changes may be disruptive and affect people emotionally—especially chronic health problems. • Memory issues: from taking longer to recall information to having serious memory problems, this can lead to changes in behaviour. • Loss of significant people in one's life can affect people's emotional wellbeing and behaviour, causing grief, sadness, fear and anxiety. • Moving house or adjusting to new surroundings can be difficult. • Rigidity and stubbornness is a way for some people to attempt to regain control by taking a 'my way or no way' approach. • Regression is a way of going back to old behaviours or ways of coping to deal with life. • Reminiscence is dwelling on how things were, wishing things were how they used to be.
Mental illness	<p>Living with mental illness can impact a person across various life domains. For example:</p> <ul style="list-style-type: none"> • Mental illness may be a major barrier to a person participating in education and employment. • It can increase a person's likelihood of experiencing financial stress, which can then lead to poorer health outcomes. • People may experience stigma and discrimination which leads many to not seek support or disclose their struggles. This can lead to self-harm, suicidal ideation or suicide. • Relationships and friendships can be strained by mental health conditions. <p>Importantly, depending on the mental health condition and the person, not everyone will experience negative impacts. Some people can continue to work and attend school. Most people will recover and go on to live fulfilling lives.</p>



Homelessness	<p>Homelessness can have a huge, lifelong impact on a person. Impacts can include:</p> <ul style="list-style-type: none">• limited contact with family and friends and lack of a support system• deterioration in mental health, e.g., increased feelings of isolation, loneliness, uncertainty, depression and anxiety• deterioration in physical health based on living conditions and lack of access to health care• increased likelihood of being hospitalised and dying prematurely from injuries, weather conditions or unintentional overdoses• an increased likelihood of experiencing physical violence, sexual assault, rape, and sexual trafficking.
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Source: Invisible People, 'How Homelessness Affects People.' Accessed via <https://invisiblepeople.tv/homelessness-affects-people/>

Practice Task 1

Question 1

Provide one example of behaviours or traits typically exhibited in infancy for each of the following domains:

- Physical
- Psychological
- Cognitive
- Social
- Affective



Question 2

Match each term to its potential impact on human development.

Homelessness	Potential for learning difficulties, challenges with building relationships and undertaking personal self-care
Alcohol and other drugs	Experiencing physical decline, periods of grief and loss, memory loss and reminiscing
Disability	Risk of developing aggressive behaviour which can lead to legal issues, as well as physical and emotional issues
Age related issues	Increased risk of self-harm and suicidal ideation
Mental illness	Increased risk of developing chronic pain, stis and skin, foot and dental issues

Question 3

Which of the following statements are correct? Select yes or no for each one.

a. To be reliable, an assessment should produce similar results on separate occasions.	Yes / No
b. For an assessment to be valid, it must produce similar results when different people undertake it.	Yes / No
c. Reviewing organisational policies and procedures or the person's referral will inform you whether an assessment is required or not.	Yes / No
d. Competency-based assessment can be used to assess a person's motivation and problem-solving abilities.	Yes / No
e. The Edinburgh Depression Scale is a norm-based assessment as it contains a 10-item self-rating scale.	Yes / No

1B

Establish rapport and obtain consent

Effective communication is vital in your interactions with the person undergoing the assessment. You need to provide information so they understand the process, discuss with them their rights and the service options available to them, and be available to answer their questions. Knowledge gained from the communication process will empower the person to make informed choices based on their needs.

Use interpersonal skills to identify needs

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

Here are examples of interpersonal skills which are used to effectively clarify the client's needs.

Active listening	<p>Active listening involves giving someone your full attention and then demonstrating that you understand what they are saying and/or asking clarifying questions.</p> <p>This can look like: summarising back to them what they have said; using minimal encourages such as 'okay, yes', 'ah-ha' and 'I understand'; reflecting the thoughts and feelings that someone has said back to them, for example: 'You mentioned you were feeling nervous about seeing the doctor'.</p>
Empathy	<p>Empathy means the act of 'perceiving, understanding, experiencing and responding to the emotional state and ideas of another person'. Having empathy often means using the skills of active listening, but it is also about having a general attitude of being kind and meeting the person where they are at with their situation.</p>
Collaboration	<p>Consider the example of a person with a disability being assessed to live independently. The case manager collaborates with the person during the assessment by asking them open-ended questions and seeking to identify possible needs and solutions, as well as their existing strengths and resources. Remember, you are doing the assessment 'with' the person, not 'at' or 'to' them.</p>
Being polite and courteous	<p>A person is being assessed in their home. They have paranoid schizophrenia and are very cautious around people they don't know. The assessor arranges an appointment, knocks on the door, thanks the person for letting them in and politely explains the reason for the assessment and how it will be conducted. The assessor gives the person plenty of personal space.</p>



Showing respect and dignity	<p>An older man is being assessed in hospital. The man is very nervous and concerned that he will be moved to a higher-care residence. The assessor closes the curtain around the bed for privacy and asks how the man is feeling, listening attentively. When he says he is worried about the outcomes, the assessor validates and normalises his experience.</p>
Having conflict management skills	<p>These are a range of skills to manage conflict and misunderstandings. Much conflict does come from misunderstandings and miscommunication. In these situations you need to be able to keep calm, use active listening to determine the cause of the conflict, and negotiate calmly with the person to find an acceptable way of moving forward or addressing the conflict.</p>
Confidentiality	<p>Upon admission to a rehabilitation centre, a person being assessed for drug use and mental health problems is concerned about being caught by the police, so does not disclose truthful information. The assessor informs the person about their right to confidentiality, reminds them of the purpose of the assessment and tells them how the results will be used.</p> <p>The concept of confidentiality is linked to the amount of trust a person has for us. If a person feels they trust us, they are more likely to disclose vital information about their situation.</p>

Video: Active listening

Watch this video to develop your active listening skills: aspirelr.link/yt-active-listening



Video: Interpersonal skills

To learn how to communicate and listen empathetically, watch these videos:

- While watching, think about how you can communicate in a way that connects more with others: aspirelr.link/yt-communicate-empathy
- While watching, think about the verbal and nonverbal cues you can demonstrate that convey empathy: aspirelr.link/yt-empathetic-listening



Video: Building rapport with clients

- Watch this video to learn how to build rapport with clients: aspirelr.link/yt-building- rapport-with-clients
- Pay attention to the three techniques for building rapport and consider how you can apply them in your interactions with people you support.



Ask appropriate questions

Open-ended questions give the person the opportunity to find their own words and answer in a way that is true for them. If the assessor guides the person by asking a directive question such as, “Do you feel safe living at home?”, the assessor can impose their own judgment on the person and influence their answer.

Closed questions are good for clarifying information and are particularly useful in an emergency situation. For example, if a person has vaguely indicated that they do not want to live any more, an appropriate closed question would be, “Are you thinking about committing suicide?”.

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

- How have you been feeling this last week?
- How are you feeling now?
- How would you describe your state of mind at this moment?

Video: Effective questions

- Watch the following video on the power of effective questioning: [aspirelr.link/yt-effective-questioning](#)

Pay attention to the different types of questions you can ask, and identify where they are useful in the assessment process.

- This next video is on asking good questions in conversations: [aspirelr.link/yt-asking-good-questions](#)

Look at how questions can be sequenced to gather more information and have a go at applying this in conversations with your family or friends.





Example

Build rapport before beginning the assessment

Paris contacts an AOD organisation because she has realised that her drinking problem is out of control and impacting the way she is parenting her child. Paris meets with Bert, an AOD support worker. Bert tells Paris that the first step in identifying her needs is to complete an AOD assessment and he explains the organisation's privacy and confidentiality policies. Paris becomes quite anxious at this point and explains that she is afraid of losing custody of her child. Bert takes a step back from the assessment process to listen to and unpack the anxiety that Paris is feeling. Bert validates Paris' feelings by stating that the way she is feeling is very common and many new clients feel that way when they first come in. Hearing this puts Paris at ease and she begins to relax. Bert explains that the organisation's focus is to help people on the path to recovery and not to instantly make reports about people's parenting skills. Hearing this also puts Paris at ease and she opens up more about the struggles she has been having with her drinking.

Obtain informed consent

The Victorian Charter of Human Rights states that 'Consent must be voluntary, and the person must be given sufficient information to make a decision'.

When a person agrees to something after knowing all the relevant information, it is known as **informed consent**. Some states and territories use different words; for example, in Queensland the term 'informed decision making' is preferred, as it implies a less passive interaction for service users. There are a broad range of definitions that reflect the ethical, legal and practical conceptions of this term. Importantly, people have the right to withdraw consent at any time.

In terms of an assessment, what needs to be explicitly consented to by a client?

The person must consent to:

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

Informed consent

A person's decision to agree to a healthcare treatment, having been informed about the intervention and any alternative options.



Organisations have policies and procedures for how to ethically and legally obtain consent.

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

Briefing the person	<ul style="list-style-type: none">• All decisions should be made in consultation with the person being assessed. If the individual is not able to communicate, ensure that an interpreter, guardian or advocate is engaged to represent the person's interests.• You should also formally brief the person about the assessment results. Depending on what the person wants and needs, you may be able to do this over the phone, or in a face-to-face interview. In addition, you may be required to prepare and present a document that summarises the report.• Organisational guidelines and protocols for communicating with people will guide this process.
Presenting options	<ul style="list-style-type: none">• Present options and inform the other person of their rights.• Present the options for service delivery to the person, focusing on areas to be prioritised. For example, a person with a disability and AOD problems should be informed about:<ul style="list-style-type: none">- relevant disability support and AOD agencies- how to access these agencies- the cost and whereabouts of the agencies- how the agency can meet their needs.• Also, inform the person about their right to make a complaint or refuse a service. You need to explain in detail the avenues for making a complaint, so the person is empowered to make a complaint or refuse a service if that is their wish.
Respect and consent	<ul style="list-style-type: none">• When liaising with the person about assessment results and service delivery options, be sure to:<ul style="list-style-type: none">- be calm and courteous- treat them with respect- be fair, presenting the person with all alternatives and making all information available.• Ensure the person has the support required to access and understand the provided information.• Always obtain consent from the person before you take action, or before personal information is released to other agencies.



Consider the various factors that may impact a person's ability to receive and comprehend information. For example:

Factors that influence someone's ability to receive and understand information:	
The person's level of functioning and comprehension	For example, people with dementia require additional support, such as the presence of family members.
The person's mental health status	For example, do not attempt to conduct an assessment when a person is extremely agitated, experiencing delusions, having a mental health crisis or is experiencing suicidal ideation.
The person's cultural background and preferred language	You may need to arrange for an interpreter, documents to be translated, or cultural support.

Record of service user's decisions

You must obtain a record in writing of any decision the person you are assessing has made.

The record of consent must detail exactly what the person has consented to, including where the person has consented for the results to be shared, and the purpose of sharing the results. You should file a record of consent according to organisational policies. The requirement protects the service user, the organisation and you, and improves communication between service users and the people who provide support services to them.

The following table outlines the requirements for obtaining individual consent.

Prerequisites	Information, competence, willingness, understanding and voluntariness
Decision-making process	Willingness and ability to analyse information and make a decision
Outcomes	The right to accept or reject assessment The right to withdraw from the assessment process

Explain privacy principles

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

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



In practice, confidentiality means not discussing an individual’s personal information unless they have given their consent. This means you cannot discuss the person’s assessment results with their family or significant others unless they have consented to it. There are exceptional circumstances that do enable you to disclose private information, but this is generally only when you become aware that someone may be harmed.

You can read more about privacy, confidentiality and disclosure at the following site: aspirelr.link/law-handbook-privacy-confidentiality

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

You can read more about the IPP by visiting: aspirelr.link/vic-ipp

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

Types of personal information

Different types of personal information may need to be gathered for and during the assessment process. Types of information that may need to be gathered are explored here.

Assessment types	<ul style="list-style-type: none">• Self-report – Interviewing the person while considering the factors that may affect the person’s ability to self-report accurately, such as acute illness or confusion• Informant reports – Information from GPs, other health professionals, family members or other service providers• Health records – Medical records, previous assessment reports and referrals from health professionals• Direct observation – Asking the person to perform a certain task• Indirect observation – Observing the overall presentation of the person; for example, their body language, tone of voice and personal hygiene.
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Key areas	The assessment process generally covers the following key areas: <ul style="list-style-type: none">• Obtaining essential information, such as the person's contact details, date of birth and next of kin• Obtaining the person's medical/family history, such as history of mental illness, history of drug abuse or hereditary factors• Obtaining information about the person's current situation, such as medications they are taking, current feelings and experiences, and current financial situation• Determining future or predictive risk factors, such as medical risks, risks of drug overdose, risk of homelessness or risk of financial stress.
Other processes	Other assessment processes that may be used include: <ul style="list-style-type: none">• a genogram – a diagram of family relationships and interrelationships, including history of family stressors and traumatic events• an eco-map – a visual representation of family and social support networks and resources• specially-designed scales and rating systems – such as the environmental cleanliness and clutter scale.

Practice Task 2

Question 1

List two ways you can establish rapport with a person.



Question 2

Explain what informed consent is and how it can be obtained.

Question 3

Which of the following actions are legal requirements relating to maintaining a person's privacy and confidentiality? Tick all that apply.

- An individual's personal information cannot be shared or discussed with others unless they have given their consent.
- Only in exceptional circumstances, such as becoming aware that someone may be harmed, are you allowed to disclose a person's private information without their consent.
- If the person is not able to communicate, there isn't a requirement to uphold their privacy and confidentiality.
- A person must be informed of their rights to privacy and confidentiality as part of the assessment process.
- A person's private information can be shared with other agencies after assessment, regardless of whether or not the person has consented as sharing information relates directly to their ongoing support and care.

1C

Identify people, information and resources to be utilised

Input from the person's social supports can help them in the assessment process and improve outcomes. Support can come from family and relatives, carers, work colleagues, friends, other community service organisations, support groups, and allied health professionals.

Identify a person's current social supports:

- Ask a range of closed and open questions to get the answers you need.
- Don't assume that just because a person identifies a support, they necessarily want their involvement in the assessment process. Ask for their consent to contact this person and seek their involvement, if that is what the person wants.
- Ask if they are happy with their current supports and if not, identify possible alternatives or referrals in these areas.

Request information

You will need to complete a request for information form when requesting documents from a third-party service provider. This form sets out information about the identity of the person and the reason for the request. Your organisation must approve the request for information form for use. Check with your organisation's policies and procedures and discuss it with your supervisor. Familiarise yourself with your agency's process for obtaining records and information.

Ways of obtaining additional information:

- requesting a meeting to discuss the patient with other service providers
- participating in case conferences
- discussing the case with other service providers
- holding an interview or discussion with family members or carers
- discussing the case during a meeting with your supervisor
- requesting documentation, reports or correspondence from a third-party service provider



Resources needed in the assessment process

When you first meet with your client to begin an assessment process, you need the following information and forms with you:

- client information sheet, which outlines their gender, date of birth, address, carer/family details (if applicable), basic details about their disability or mental health disorder, emergency contacts, next of kin, power of attorney/guardian (if applicable)
- consent form, which outlines explicitly what the person is consenting to
- confidentiality and privacy form, which needs to be explained and signed by the client prior to beginning the assessment
- individual support plan (if this is relevant to your organisation)
- any previous communications from the client; for example, emails, details of phone calls, communication book, letters, written complaints
- consent forms to speak to other professionals, family or organisations.

Prior to beginning the assessment, you would ideally check that all this information is still valid and correct and make any necessary changes. Every community services organisation will have this information on slightly different forms, so ensure you know how your organisation gathers basic information.

Identify and gather other information

The assessment process requires gathering a range of information about people from a variety of sources, collating and analysing the information to draw conclusions, and presenting a report that summarises the most relevant information and prioritises the person’s needs for service delivery.

Consider the following sources of information and how procedures can be combined.

<p>Information sources</p>	<p>You may have obtained assessment information from a range of sources, including:</p> <ul style="list-style-type: none"> • interviews with the person • questionnaires • specific screening tools, such as the Severity of Dependence Screening instrument (SDS) • speaking with the person’s family members, guardian, carers and friends • speaking to other workers and service providers • direct observation • reports from other professionals.
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**Combination of procedures**

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

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

Example

Gathering information about a person

Colleen is hoping to join a disability organisation that can provide her with in-home help and support. Colleen has cerebral palsy and multiple mobility issues. She meets with service coordinator Sandeep, who needs to assess and determine her needs prior to sending an appropriately skilled support worker to her home. Prior to the meeting, Colleen emailed the office all her basic information. Sandeep quickly confirms with Colleen that all of the information is correct. He explains informed consent, confidentiality and privacy and gets Colleen to sign these forms. Sandeep asks Colleen if there are any other organisations or people he could speak to about helping him determine her needs. Colleen mentioned that she sees an occupational therapist regularly and that they could provide some more information about her abilities. Sandeep obtains Colleen's consent to speak to the OT and she signs the consent form. After the initial intake interview, Sandeep calls the OT, and they email a report about Colleen to him.



Practice Task 3

Question 1

List two ways of identifying additional stakeholders whose input could assist the person in the assessment process.

Question 2

Which of the following information can be used in the assessment process? Tick all that apply.

- Client information sheet
- Individual support plan
- Person's bank statements
- Reports from other professionals
- Screening tools

Question 3

List three stakeholders whose input can assist a person in the assessment process.

1D

Collaborate to identify opportunities for improving capacity and participation

It is your job as a community service worker to identify the person's strengths, to build upon them and use them in the assessment process.

Irrespective of which domains the particular assessment tool focuses on, the person's strengths must always be central. A person's strengths will include a range of the following:

- areas of social, emotional and behavioural resilience
- positive personality traits
- positive and adaptive coping skills, including hobbies and interests, which keep people calm and focused
- self-advocacy skills
- areas of life in which they feel self-confident
- areas of emotional awareness, competence and regulation
- their social support network
- appropriate and adaptive reactions to life's stressors.

You can incorporate these strengths in the assessment process by:

- encouraging their engagement with social support groups/networks and any community programs designed to support them
- connecting an area of strength to a domain where the person has been struggling
- explicitly pointing out areas of strengths to the person; it is common for people to be unaware of their strengths and capacities
- using reframing statements to highlight strengths.

Video: Strengths-based approach

Watch the following video about how to use a strengths-based approach to build on a person's strengths and participation in community activities:
aspirelr.link/yt-taking-strengths-based-approach

Pay particular attention to the types of questions being asked of the person.



Improving areas of functionality

Functionality means to be able to navigate and manage life in a practical sense.

People need to be functional across the areas of family, home, finances, social relationships, physical and mental health, work and education in order to be considered to have a good quality of life. You can use the above tips to identify and encourage strengths to improve areas of functionality.

At all times of the assessment process, the person needs a safe place to explore their strengths and functionality in different areas of life. You can do this by:

- focusing only on what they can do, and not on what they cannot do
- using assessment tools that are strengths-based and centred on enhancing skillsets
- using language that highlights and builds strengths even if your organisation does not explicitly use strengths-based or competency-based assessments
- not setting the person up to fail by using an assessment method or activity that only highlights their weaknesses or limitations
- providing the person with opportunities your organisation offers to improve functionality and strengths, such as cooking classes, support groups, craft groups, hiking groups, rehabilitation groups, work readiness programs and literacy programs
- referring the person to supports they need and that will genuinely help them.

Example

Improve functionality

Eric has bipolar and has been working with a mental health support worker, Akeno, for a few months. Eric lost his last job a few months ago after he ended up in hospital due to a severe manic episode. Eric says to Akeno that he misses working in the role he had as a customer service representative, but he is not sure if he has the confidence to apply for another job. He also says he must apply for work because his application for the Disability Support Pension was knocked back. Akeno tells Eric that he is confident he can get another job because he is a very friendly and supportive person and has a lot of great skills in customer service. Hearing this helps Eric to feel more confident about the skills he already has and he begins looking up roles to apply for online.



Selecting internal and external services to match needs

There will be times where your client requires a referral to help them improve their functionality in different domains of life and meet their needs, preferences and goals.

An internal referral is made to a person within your organisation, and an external referral is made to an organisation or professional outside your organisation.

Services that may be required to meet needs:	
• mental health services	• culturally specific services
• medical services	• welfare services
• employment services	• counselling services
• criminal justice services	• financial services
• social services	• drug and alcohol support
• housing services	• leisure services
• education service providers	• individual support services
• legal services	

When determining which services best fit a person's needs, you must first evaluate the internal capabilities of your organisation. You will need to consider:

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

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



Internal services

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

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

Disability services	<ul style="list-style-type: none">• Day programs, including skill building, recreation, physical recreation, arts and crafts, music, meditation and yoga• Counselling• Financial management• Physical therapy• Respite services• Family support• Residential services• Individual support in the home and community• Specialist education centres and programs
Aged care residence	<ul style="list-style-type: none">• Palliative care and dementia care• Short-term care and respite services• Physical therapy and fitness• Cognitive, social and spiritual/religious activities• Counselling, including services for family members• Medical support
Mental health support services	<ul style="list-style-type: none">• Day programs, including skill building, recreation, physical recreation, arts and crafts, music, meditation and yoga• Counselling• Financial management• Family support• Residential services• Individual support in the home and community• Specialist education centres and programs• Short-term care and respite services



<p>Services for young people</p>	<ul style="list-style-type: none"> • Day programs, including skill building, recreation, physical recreation, arts and crafts, music, meditation and yoga • Residential services • Individual support in the home and community • Specialist education centres and programs • Short-term care and respite services • Counselling, including services for family members • Medical support • Youth groups • Drop in services • After school clubs • Foster care and kinship care programs • Therapeutic programs
<p>Services to support carers</p>	<ul style="list-style-type: none"> • Counselling • Financial management • Family support • Residential services • Individual support in the home and community • Short-term care and respite services for the person they are caring for • Social programs designed to increase social participation

Other services

In order to determine the most appropriate service for referral, you must evaluate the services available so you know what services are offered, how suitable they are and what funding options are available.

Type of services	What they offer	Examples
<p>Financial support services</p>	<ul style="list-style-type: none"> • General information about managing finances • Resources to assist financial management, such as budgeting • Financial counselling • Information about saving for retirement • Support for problem gambling • Emergency relief funds 	<ul style="list-style-type: none"> • Commonwealth Financial Counselling (CFC) • Emergency relief funded under the Financial Management Program • National Information Centre on Retirement Investments • Gambling help online • Salvation Army financial counsellors



Type of services	What they offer	Examples
Employment services	<ul style="list-style-type: none"> • Links to employers • Job search support • Job skills training • On-the-job support • Ongoing support in a job 	<ul style="list-style-type: none"> • Disability Management Service • Employment Support Service • Centrelink • Local Connections To Work
Recreation and transport services	<ul style="list-style-type: none"> • Physical recreation • Connection to others • Community interaction • Emotional support • Skills building • Transport to and from events, facilities and appointments 	<ul style="list-style-type: none"> • Men’s Shed • BlueScope Steel Sports Ready Program • Links to Leisure • Community Transport Services Tasmania • Newcastle Community Transport • Mums’ groups • Playgroups • Anxiety, depression and mental health support groups
Care and support services	<ul style="list-style-type: none"> • Disability support • Mental health support • Counselling • Skill building • Meal preparation • Support with personal hygiene and grooming 	<ul style="list-style-type: none"> • Respite and holiday care • Day clubs • Home and community care programs • Rehabilitation Appliances Program – Department of Veterans’ Affairs

Example

Providing a referral for a client

Doug has been performing a psychosocial assessment with Prisha, who has recently become a widow. Doug can see that Prisha had many areas of strength and is resilient across the areas of finances, work and education and independent living skills. However, he has noticed that Prisha has a lack of social supports. Doug brings this up with Prisha and asks if this is an area she would be willing to get more help with. Prisha says she has been feeling very lonely and isolated and would be willing to get help in that area. Doug suggests a few social programs they run at their centre and asks if Prisha would be interested in them. Prisha says she would and Doug gives her some information sheets on those groups for her to follow up.



Ensure the person is referred to the appropriate services

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

Different sectors within community services have their own networks. These networks may be based on a cross-section of organisations within a community, or focus on the organisations connected to a particular issue, such as housing.

The networks you access may be informal or formal.

Informal networks are those that are self-made and do not have formal reporting structures. Examples of informal networks in the community services sector include:

- other workers within and external to your organisation
- trainers, teachers and academics
- contacts in policy and funding bodies.

Formal networks are when community service organisations work together to help clients in the local community.

Both formal and informal networks are developed and maintained through **networking**.

Formal community service networks

In a formal network, organisations work together to provide a range of services to groups of people. For example, one organisation may provide case managers while others deliver therapeutic interventions for those people. There will be specific processes for feedback, evaluation and review that are established between the organisations to ensure that they are working as per the agreement. They may even have to report to government funders about various key performance indicators to stay eligible for funding.

Having established links with other agencies helps ensure the person receives coordinated services.

Networks

People, groups and organisations who work together, sharing information, ideas and resources to support the health of the community and everyone in it.

Networking

The process of making contact with others to foster mutually beneficial and supportive relationships.



Here are examples of formal networks found in community services.

<p>Local networks</p>	<p>Links with a range of agencies and service providers in the local area. Persons may be assisted by more than one organisation or require referrals to other services. For example, a person with AOD issues may also require mental health, accommodation and health services.</p>	<p>Examples:</p> <ul style="list-style-type: none"> • government services such as Centrelink • housing departments and other accommodation services • employment services • health services and local councils • education providers • welfare and charitable organisations • local AOD, disability, homelessness, youth services and aged care agencies.
<p>Interest and support groups</p>	<p>Interest and support groups are usually consumer-based. They include self-help groups aimed at providing support to their members.</p>	<p>Examples:</p> <ul style="list-style-type: none"> • carers' groups • mental health groups such as ARAFMI, Grow, Neami National, Mental Health Foundation of Australia, and PANDA • groups that support people with AOD issues, such as Alcoholics Anonymous • special interest groups such as mothers' groups or Riding for the Disabled • Black Dog Institute wellbeing groups.
<p>Regional and specialist associations</p>	<p>These associations represent the interests of a particular region, specialist service or sector. For example, there are peak organisations for every sector. These organisations ensure that community services in each sector have a unified voice. They can raise awareness of issues and lobby for funding.</p>	<p>Examples:</p> <ul style="list-style-type: none"> • Aged and Community Services Australia • Cairns Youth Services Network • Carers Australia • Ethnic Communities Council • Mental Health Council of Australia • National Disability Services.



Professional associations	These include groups representing different professions or organisations such as community and welfare workers, social workers and psychologists. They represent the group's interests and promote professional and ethical practice and standards.	Examples: <ul style="list-style-type: none"> • Australian Community Workers Association • Australian Association of Social Workers • Youth Workers Association • Australian Counselling Association • Australian and New Zealand Mental Health Association • The Australasian Professional Society on Alcohol and Other Drugs.
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Example

Evaluate capability of services to meet needs

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

Laura is a youth worker who is working with Frankie, an individual with complex needs. She is trying to find suitable psychological support for Frankie, who is concerned about her mental health. She contacts the Ningal Youth Workers Cooperative to ask if they can recommend an appropriate specialist. She does not disclose Frankie's personal details. The network recommends two specialists who work with young people.

Laura then discusses these specialists with Frankie, chooses one and asks Frankie's permission to share her information with the specialist and make a referral.



Practice Task 4

Question 1

Identify two ways you can work with someone to build on their strengths and social participation.

Question 2

Explain why you would use strength-based assessments to improve a person's functional capacity.

1E

Make arrangements and agree on assessment tools and processes

This should be done in consultation with the person you are assessing, their family/carers and other allied health professionals or support workers.

You must inform the person about the assessment process, about the need for assessment and about who will have access to information. This means the assessment process can proceed with informed consent from the person. The service provider has a responsibility to ensure that they take into account legal and ethical considerations when organising assessments. The service provider must also ensure that the appropriate resources are available, including providing suitable interpreter support.

The best way to prepare for an assessment is to follow your organisation's policies and procedures. These will include details on:

- how much time to allow for the assessment
- what resources are needed for the assessment; for example, specific rooms or equipment
- what documents are needed for the assessment
- whether any other staff or professionals need to be included
- what costs are associated with the assessment.

Organise the setting

It is important to choose the right setting for the assessment, or create an environment that feels safe and comfortable for the person.

Make sure you talk to the person before booking the assessment location to ensure it will meet their needs, so the assessment can take place in a way that increases its reliability.

Ideally, the environment for the assessment should:

- suit both the person and the assessor
- feel safe and comfortable for the person
- be private and allow for confidentiality

Ideally, the environment for the assessment should:

- not be noisy or subject to disruptions
- have adequate lighting that is not too bright
- be easy to access; for example, for wheelchair users
- be appropriate for the type of assessment; for example, if a person is being assessed for mobility, they need enough room to demonstrate their mobility skills
- have the required resources; for example, enough light, tables, and chairs.

Arrange the space

The organisation will likely have a booking system and perhaps a number of rooms to choose from. Keep in mind that the setting may influence how comfortable a person feels providing information and participating in the process. Make sure the environment is comfortable and appropriate for the person's individual requirements.

Once a location has been confirmed, the space itself needs to be conducive to a positive experience. This could simply mean that it is comfortable, or it may mean choosing a room that allows quick access to support; for example, near the reception area if there are concerns that a person may become violent.

Performing an assessment in a person's home

Home-based assessment is useful if a person's home functionality and independence skillsets are being assessed for in-home support services. It may also be most appropriate when someone lives in a rural or remote area or is experiencing transport or accessibility issues. If your organisation provides in-home assessments and interviews, then they should have policies and procedures for performing risk assessments, workplace health and safety protocols, and other policies and procedures; for example, having two workers attend a person's home.

Tips and protocols for working in a person's home:

- Perform the interview and assessment in an area where the person is safe, comfortable and responsive.
- Take a second worker if possible. Community service workers have one of the highest rates of verbal and physical assault out of any profession in Australia. Having a second worker can reduce the risk to you, and help to keep you safe and supported if a behaviour of concern occurs or you feel threatened or uncomfortable.
- Take all of the person's information with you to fill out if there are any gaps.
- Do not consider meeting the person in their home if they report any type of violence in the home. Find an appropriate alternative meeting space if violence is disclosed to you prior to meeting.



Here is a reading about working safely in a person's home: aspirelr.link/vic-home-care-ohs

Example

Setting home appointments for assessments

Sachi is an aged care support worker who performs in-home assessments for older people to determine the level of support they require. When setting up a time with new clients to perform assessments, she always asks them what time of day suits them best and whether they prefer family, friends or support workers to attend the meeting. She adjusts the meeting time to suit all the people attending. Sachi always takes another support worker with her, because this is the policy of the aged care organisation she works for. Having two workers works well to minimise the risk to workers. Sachi has also found that having a second worker there means that the assessment process can be shared between them and they work well together as a team to note more valid and reliable observations of clients performing independent living tasks.

Schedule a suitable time

The time of assessment should suit both the assessor and the person. If you are arranging an assessment that involves other parties, such as the person's family members or a health professional, ensure that the scheduled time suits everyone and inform them of the time and place with plenty of warning so they can make arrangements.

Provide a suitable interpreter

A CALD or First Nations person may need a language interpreter.

If a community organisation already has many CALD and First Nations persons attending the service with requirements for an interpreter, they are likely to have preferred interpreters. Interpreting services provide services in-person, via the phone, by text messaging or through a videoconferencing platform such as Zoom. Professional interpreting services charge a fee, which guarantees access to an interpreter who has undergone training and is accredited. In Australia, it is compulsory to use interpreters who have been accredited by NAATI (the National Accreditation Authority for Translators and Interpreters).

Read more about them here: aspirelr.link/naati-about-us

Professional interpreters are trained to address the language barriers between service users, staff and organisations. Some community service organisations may not have a specific policy to use professional interpreting services and may believe that having a family or community member to translate is adequate. This is especially true if they do not serve enough CALD or First Nations persons to warrant an account with an interpreter service. However, family and cultural members can potentially bring in their own bias, judgments and expectations to an assessment which can lead to communication being twisted, unclear and misunderstood. This can affect assessment results and may mean people miss out on services they are eligible for.

For organisations who do have an account with an interpreter service, you can do the following to connect with and brief the interpreter:

- Contact the interpreting service prior to the interview or assessment time to confirm that an interpreter is available. You will need to provide your organisation's account number and other details.
- Decide how you and the person will speak to the interpreter; for example, in person, by phone, using text messaging or online. It is preferable you make this decision with the person, because using the medium that makes them feel comfortable will contribute to the success of the assessment.
- Ensure you get the person's consent to engage an interpreter to provide translation services; obtain a signed consent form if necessary.
- Double check with the person which gender of interpreter they prefer, some female clients may prefer a female interpreter.
- Give the interpreter the basic information about the person, the purpose of the appointment and what assessment tool you are hoping to use with the person.

Video: Professional interpreters

Watch the following video to learn how to work with professional interpreters working with CALD people: aspirelr.link/yt-interpreters



Providing access to cultural workers

Cultural workers can include family members, spiritual leaders, elders, leaders who are seen as positive role models, and trained cultural community service workers. They can support the assessment process by providing:

- emotional, psychological and physical support
- advice that you cannot give (community service workers must never offer unsolicited advice)



- suggestions for specific cultural and spiritual coping skills and ways to reframe complex experiences from a cultural perspective
- help to bridge service gaps the person may have
- knowledge to you and your organisation regarding cultural and spiritual frameworks the person may be operating within
- comfort and cultural safety to the person.

You can provide access to cultural workers by:

- allowing clients to bring members of their own cultural support groups
- suggesting that you bring in a specific cultural worker, if you have one at your organisation.

If a client wishes to have a cultural support member or worker present at the assessment, you can do the following:

- Confirm with the person that they consent to the cultural support member/worker being there for the duration of the assessment.
- Assign tasks and a role to the cultural support person that is supportive, helpful and positive.

Example

Including cultural workers in assessment processes

Kat works at a community services organisation that provides a range of supports to children and their families. There are a lot of Sudanese people who have been granted visas as refugees and asylum seekers living in the neighbourhood where the organisation is located. The organisation has employed two cultural workers who have completed community services qualifications and are passionate about helping people from their community. Afika, one of the cultural workers, has been very helpful talking to the mothers and children and helping the organisation to develop culturally specific programs. The other worker, Jamal, is good at speaking to the men of the community and is slowly building trust with them so as to work towards creating some programs aimed at Sudanese men. Kat needs to do a family strengths-based assessment with a new Sudanese mother called Hiba. Afika asks Hiba if she would like her to be present for the assessment. Hiba confirms that she would and Afika spends some time talking about what the assessment will involve and how she can help during the process. Kat notices that Hiba is more relaxed with Afika there as they go through the assessment questions.

Documenting assessment processes

As you begin the assessment, it is important to complete each blank field in the assessment tool. Ensure you keep information and observations clear, concise and factual, avoiding any language which is biased, confusing or dense with terminology. Always assume that the person you are assessing, as well as your supervisor, a colleague or allied health professional, will read what you have written, so keep your language and observations professional and helpful. Where possible, allow the person to fill out the assessment tool. Alternatively, offer them a client version of the assessment. Doing these things gives them more control over the process, meaning they will be more likely to be engaged in the assessment process. Where the person has writing issues, poor literacy, English as an additional language or fine motor disabilities, offer to complete written parts of the assessment for them with their consent.

Example

Prepare the client for assessment and confirm assessment tools

Danica, 28, has an intellectual disability and works at a supported workplace. She lives with her mother, Jude. Jude can no longer take Danica to work so she needs to catch the bus and train. Danica has a lot of uncertainty over catching public transport.

Anton is a disability support worker, and his main role is to teach independent living skills to people with disabilities. Anton, Danica and Jude meet at their home to discuss what support Danica will need so she can start to use public transport. Anton explains to them that he is going to do an assessment called an independent living skills assessment. He explains to Jude and Danica how it will work and how it can help Danica. He says that they can take breaks at any time or postpone it if she's not feeling up to it. He also explains that he will ask her to do a task and then write down his observations in the assessment tool.

Danica says she feels a lot better after hearing all of this, and they begin the assessment. During the assessment, Jude gives her encouragement and support which also helps her to perform better. Anton highlights what Danica is doing well, records down his observations and notes the areas in which she needs help.



Practice Task 5

Question 1

Which of the following are important in creating a suitable assessment environment?
Tick all that apply.

- It suits the assessor's tastes
- It is private and allows for confidentiality
- It is not noisy or disruptive
- It is safe and comfortable and has adequate lighting
- It has the required resources, e.g., enough tables and chairs

Question 2

Suggest why it is important to schedule an assessment time that suits the person.

Question 3

List two actions you would take to contact and brief an interpreter or cultural worker.



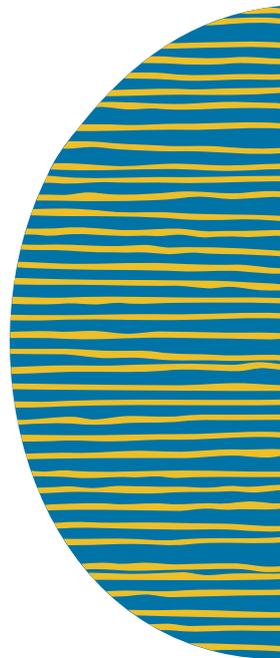
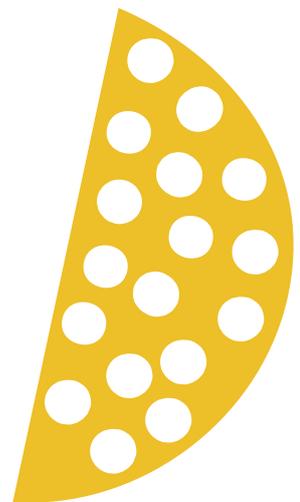
Question 4

Provide two reasons why it might be preferable to conduct an assessment in the person's home.



Summary

- Refer to organisational policies and procedures when identifying assessment tools and processes.
- Gauge the need for assessment as a first priority.
- There are four types of assessment approaches: strengths-based, domain-based, norm-based and competency-based.
- Follow your organisational guidelines to request additional information from specialists or other sources to determine the range of issues that may be affecting the person.
- Various suitable assessment approaches may be used together.
- Use a problem-solving approach when analysing information about existing issues.
- The location of the assessment can affect the results. Arrange an appropriate environment and a time that suits all relevant parties.
- Explain the assessment process prior to obtaining consent and consult with the person when organising the assessment.
- Make the person aware of their right to privacy and any relevant organisational policies.
- The person must give informed consent before the assessment is conducted or any personal information is shared.
- Clients may need referrals to outside organisations to meet their needs.





Learning Checkpoint 1

Prepare for initial assessment

Part A

1. List one behaviour or trait typically exhibited in late adulthood for each of the following domains:
 - a. Physical
 - b. Psychological
 - c. Cognitive
 - d. Social
 - e. Affective



2. Which of the following statements are correct? Select yes or no for each one.

a. Homelessness can have lifelong effects on a person’s mental, physical and emotional wellbeing.	Yes / No
b. Disability always negatively impacts a person’s development because people with disabilities experience barriers to education, employment and forming relationships.	Yes / No
c. Substance misuse can have long-term effects on a person’s physical and mental health and may even result in financial stress and criminal activity.	Yes / No
d. The effect of mental health on human development is negligible because it can be managed with medication or therapy so that people can continue to live normal lives.	Yes / No
e. Experiencing role reversal/changes in late adulthood can negatively impact a person’s emotional and mental wellbeing.	Yes / No

3. Match each assessment approach, concept or tool to its description/definition.

Strengths-based assessment	The assessment accurately measures what it is intended to measure.
Validity	Similar results are produced when the assessment is conducted on separate occasions or by different assessors.
Individual assessment policies	Assesses a person against a predetermined criterion or set standard.
Reliability	Focuses on the potential of the person and on the resources the person already has access to.
Domain-based assessment	Specifies the intention for conducting an assessment and how to determine whether an assessment is required.

4. Which of the following actions would help prepare you for a holistic assessment of a person’s needs? Tick all that apply.

- Reviewing a referral letter addressing why and how assessment should take place
- Checking with the person to ensure they agree to undergo an assessment of needs
- Determining funding requirements for the assessment
- Booking a midday assessment in your organisation’s reception area
- Identifying interpreters or advocates required to help the person



5. Which of the following demonstrate a commitment to building on a person's strengths, functional capacity and social participation? Tick all that apply.
- Connecting an area of personal strength to a domain where that person has been struggling
 - Encouraging the person's participation in support groups and networks
 - Asking the person to identify their weaknesses
 - Explicitly communicating areas of strengths to the person
 - Highlighting the strengths of other people in the person's life
6. Explain how you would contact and brief a cultural worker when assisting a CALD person.

Part B

Case study

Trish has reached out to an AOD organisation because her dependency on prescription pain medication is out of control. It's beginning to affect the way she cares for her daughter. Trish is connected with Stavros, an AOD support worker. Stavros tells Trish that the first step to take is to complete an AOD assessment.

The thought of going through an assessment makes Trish really anxious. She doesn't want any information she provides to be used as evidence to take her child away. She lives with her mother and step-dad who already judge her because she cannot afford housing in the same neighbourhood.



- 1.** Before informing Trish about the assessment, suggest three actions Stavros could have taken to establish rapport with Trish.

- 2.** For the assessment to take place, Trish must consent. List three other elements Trish must consent to as part of the assessment process.

- 3.** List two privacy and confidentiality principles, practices or procedures Stavros could communicate to Trish to help ease her anxiety over the assessment.



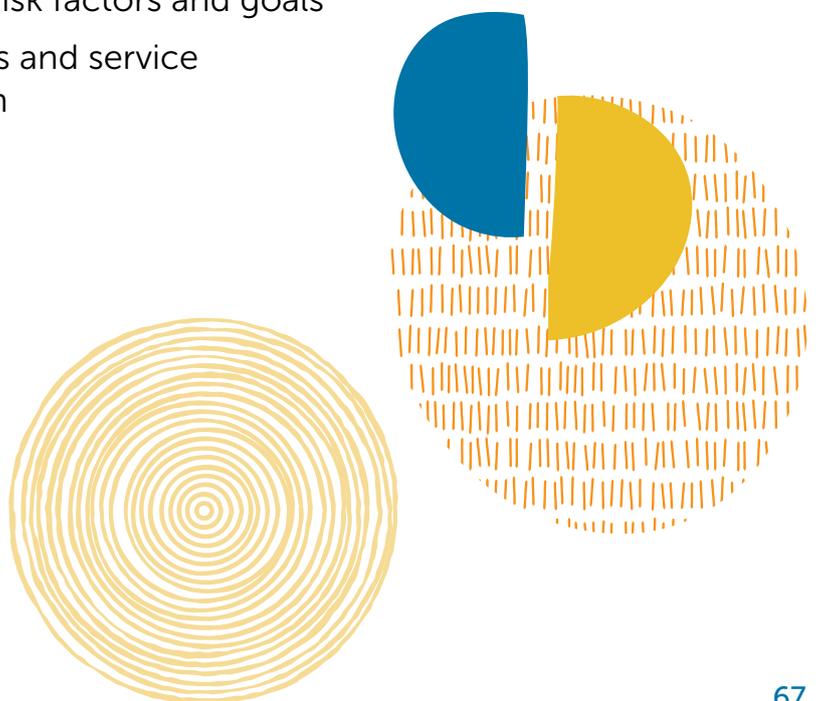
- 4.** Trish has now consented to undergo the AOD assessment. List three pieces of information, products and resources Stavros will need to conduct the assessment.

- 5.** Explain why it might not be suitable to conduct the assessment in Trish's home.



Topic 2: Conduct the assessment

- 2A Explain the assessment processes and legal requirements
- 2B Implement risk-assessment processes
- 2C Clarify everyone's roles and rights
- 2D Respond to complex needs, risk factors and goals
- 2E Collaborate with stakeholders and service providers to avoid duplication



2A

Explain the assessment processes and legal requirements

It is important to pay close attention to the language you use when assessing a person. This is also relevant if there are friends, family, carers, or other support workers present. Here are some tips about using appropriate language:

- Do not use complex terminology or jargon because it can cause confusion. Use simple words and clear sentences (without being patronising).
- Listen to the language the person uses to talk about their issues and circumstances and match their terms. For example: “I have an issue with gambling” (not a ‘problem’); “I have a learning disability” (not an ‘issue’ or ‘problem’).
- Do not use pathologising language, which is ascribing what may be normal behaviour to a mental health disorder, e.g., “She is so OCD” or “He can’t stay still! He must have ADHD”.
- If someone is struggling to remember what you have told them, write it down for them to take away.
- Do not give unsolicited advice. It is not person-centred and it disempowers the person by hindering their ability to make decisions. It is best to use active listening to really hear what the person is saying, and offer them suggestions via questions.

Building a relationship

Communication techniques can be used to build rapport, engage the person, encourage them to talk and build a positive, collaborative relationship.

Communication techniques for relationship building

- Always introduce yourself and say what you like to be called.
- Ask the person what they would like you to call them, and check the pronunciation of their name if you are not sure.
- Invite the person to sit down and direct them to a chair.
- Check that the person is comfortable and see if they need anything, such as a drink of water.
- Always show respect by addressing the person by name.
- Make small talk while the person gets settled, such as asking if they got to the meeting okay.



Communication techniques for relationship building

- Monitor nonverbal body language for their emotional state.
- Invite the person to ask questions at any time.
- Allow plenty of time for the person to answer questions you pose. Do not jump in.
- Indicate with your body language and position on the chair that you are interested in what the person is saying.

Use body language

Identifying and matching a person's communication style and needs requires good observation skills. It is a fundamental skill in effective communication. One way to check that our way of communicating is successful, is to observe how the person responds, particularly their nonverbal responses and body language. Blank looks, puzzled expressions, muscle tension, looking away, sighing and fidgeting are all clues that our attempts to communicate may not be succeeding.

We communicate a lot of information using our bodies and by other nonverbal means. Research indicates that a significant amount – sometimes most – of what is communicated is transmitted nonverbally.

Body language and nonverbal communication can:

- communicate attitudes and feelings
- support the verbal message by repeating or reinforcing it
- replace verbal communication
- regulate the flow of conversation
- contradict the verbal message (which is definitely not what you want!).

Nonverbal communication

Your aim should always be to use nonverbal communication to build a relationship of trust and safety. For example, one way to communicate a feeling of safety for the person is to display open, relaxed body language. Consider the complexity of nonverbal communication.

Dimensions of nonverbal communication:

- Nonverbal cues are often ambiguous and may be interpreted in several ways.
- The same feeling can be expressed nonverbally in different ways.
- The same nonverbal cue can be open to different interpretations in different contexts and situations.



Dimensions of nonverbal communication:
<ul style="list-style-type: none"> • Different cultures and social groups interpret different nonverbal cues in different ways; for example, eye contact.
<ul style="list-style-type: none"> • Verbal messages and nonverbal messages may contradict each other. It is important for counsellors and support workers to be congruent in their verbal and nonverbal communication.

Explain the assessment process

Most assessments go through several stages, including an initial assessment, goal setting, implementation and evaluation of the person’s progress.

Here are some details on each of the stages of the assessment process.

Initial assessment	<ul style="list-style-type: none"> • To assess a person’s eligibility for services and determine the level of care they need, an initial assessment will sometimes be carried out by a health professional.
Goal setting	<ul style="list-style-type: none"> • Individualised plans are developed using a combination of person-centred and strengths-based approaches to support the person to identify their needs, aspirations, strengths and goals. • Activities and tasks are then selected that will align to the person’s overall objectives. This process is done in collaboration with the person, their support people, service workers, health professionals and other stakeholders.
Risk assessment	<ul style="list-style-type: none"> • Before accessing a service or program, a risk assessment is carried out to ensure that the person’s safety and wellbeing are protected from any foreseeable harm. This is also to ensure that the facility can provide adequate resources and support for the person’s needs.
Strategy implementation	<ul style="list-style-type: none"> • Once the individualised plan has been established, it needs to be implemented. Support workers and other relevant people document the person’s progress and highlight any challenges that may affect their ability to reach their goals. • Reporting processes and documents used will vary, depending on the organisation.
Progress reports	<ul style="list-style-type: none"> • Information on progress towards achieving goals should come from all relevant sources. The person should be encouraged to self-assess and compare their perspective to that of support workers, carers and family. As milestones and goals are achieved, plans need to be reviewed and updated.



Review

- Reviewing what has been achieved in the skills-development process is important. What needs to be reviewed are the strategies used, the progress of skill development and anything that is not working.
- The review process may reveal that a person's needs, goals, and preferences have changed. New strategies, goals and other changes need to be documented on the individual support plan.
- A review may take the form of a meeting process with the person, relevant staff, supervisors, allied health professionals and the person's family. A review process can also be done independently and informally by a support worker.

Video: The assessment process

Watch the following video on the assessment process: aspirelr.link/yt-assessment-process

Think about the importance of identifying the purpose of assessment.



Preparing the client for assessment

After you have discussed privacy and confidentiality, confirmed the person's details and begun to hear a little about their story, needs and goals for service provision, you can go ahead and talk about the assessment tools.

This process is an informational and educational process for the person, in that you are giving them general information about the assessment and how it can help them. The more a person understands the process of assessment, the more they will be relaxed and prepared prior to it beginning.

Before beginning an assessment, explain:

- what assessment tool you are using (including how and why you are using it)
- common things to expect during the assessment, such as how long it should take, how it may make them feel, and strategies to manage emotions or disclosures that may arise
- how they will be supported during the assessment; for example, at what stage you will move to the next question, how you will support their emotions, and who can help them (family, support workers etc.)
- what to say to you if they need a break or want to stop the assessment
- what alternatives are available if they are struggling with the assessment tool or process; for example, if they are embarrassed to attempt to demonstrate a skill they cannot do, say that you can make an observation without them making the attempt

- how you will use the assessment data to determine their needs
- how you will record any other disclosures and admissions they make
- how the data will be stored by your organisation (according to privacy laws).

It is also appropriate to give them the opportunity to ask any questions and to address any fears, concerns, and areas of confusion or uncertainty they have. Also:

- highlight the strengths the person has
- use an appropriate but professional sense of humour, which can help put the person at ease
- involve their friends, family and other support workers if they are at the assessment appointment.

Allow the person as much time as they need to complete the assessment, and if they need multiple appointments, schedule these as necessary.

Make sure you do NOT:

- begin an assessment without the person's explicit consent, or without explaining the process to them – this is unethical and illegal
- do an assessment 'at' someone – do it with them, as it is meant to be a collaborative, person-centred, strengths-based process
- highlight a person's weaknesses or limitations, even if you believe they are obvious.

Rights and responsibilities

Assessments must capture the person's unique situation, context, needs and goals, but they also need to comply with legislative, statutory, professional and ethical standards.

Mandatory reporting

The legal requirement of people in certain job roles and industries to report suspected or actual abuse to the police.

Mandatory reporting means that professionals who work with vulnerable people (including doctors, nurses, midwives, teachers, police officers, counsellors, coordinators of home-based care for children and public servants who deal directly with children) are legally required to report suspected or actual abuse of the people they work with. Even if you do not work directly with children, or other vulnerable people, if an adult client discloses child abuse or neglect to you, you still have an ethical and moral obligation to report it to child protection professionals.

Mandatory reporting is designed to protect all vulnerable people from abuse and neglect, including children, the elderly and people with disability. When it comes to counsellors and support workers it is the supervisor's responsibility to make the report, however workers must report their concerns to their supervisor. It is important to explain the concept of mandatory reporting to the person you are assessing in the first session you have with them, and to answer any questions or concerns they have.



In order to meet legislative requirements and fulfil their moral duty, community services organisations are required to have policies and procedures in place and to train workers to identify, assess and report harm.

As a community service worker, you must be aware of the specific statutory reporting requirements relevant to your area of work and for your state or territory.

The table below explains these requirements in more detail.

<p>Mandatory reporting for suspected abuse or neglect of a child</p>	<ul style="list-style-type: none"> • Each state and territory has their own child protection legislation with varying requirements for who is mandated to report child abuse and what type of abuse must be reported. For example, in the ACT, sexual and physical abuse must be reported, but not neglect or emotional abuse. In NSW, all forms of abuse, including exposure to family violence, must be reported. • Managers, including paid workers and volunteers, who supervise those providing direct services to children, are mandated to report. Reports must be made to the relevant child protection authority in the state or territory.
<p>Compulsory reporting for providers of residential aged care</p>	<ul style="list-style-type: none"> • Providers of residential aged care must identify, report and respond to allegations of assault in residential aged care. Compulsory reporting requirements state that workers must: <ul style="list-style-type: none"> - report incidents of alleged or suspected reportable assaults to the police and to the Department of Social Services - take reasonable measures to ensure workers report any suspicions or allegations of reportable assaults to the approved provider, authorised person, the police, or the Department. • Approved providers have compulsory reporting requirements as part of their responsibility under the <i>Aged Care Act 1997</i> (Cth) to provide a safe and secure environment.
<p>Reporting requirements for disability services providers</p>	<ul style="list-style-type: none"> • Service providers that are funded under the National Disability Agreement are required under their funding arrangement to report key information about their service users on an ongoing basis. • In certain circumstances, disability services organisations are required to report on individual plans. The NDIS outlines provisions for mandatory reporting as a part of registration and standards auditing.

You can read more about mandatory reporting, including who is legally required to report suspected abuse or neglect in Australia, at the Australian Institute of Family Studies website at: aspirelr.link/child-abuse-mandatory-reporting

You need to explain to the person that you must report disclosures and admissions of neglect and abuse and the mandatory reporting laws that require you to do so. Once you have established rapport and built a good relationship with the person, it is common for all kinds of disclosures to be made. Outline how you will support the person if they themselves are being abused or people in their care are being abused.

Reporting other safety concerns

There may be times you will need to report concerns about the person's safety to your supervisor. Given that this does not fall under the category of mandatory reporting, you have a degree of professional discussion about how to address your concerns. It will be a case of monitoring a complex situation. The person may require more intensive support from you or other professionals to meet their safety needs.

Report to your supervisor if you see or know about:

- sudden and unexpected changes in the person's mood or behaviour; for example, the person has been consistently happy with you for some time and suddenly they are very depressed and cannot get out of bed – this is a considerable safety issue
- mental health disorders and/or physical disabilities that have deteriorated – this requires careful monitoring and the person may require a professional review of their situation
- instances of family violence, or suspicions of neglect or abuse
- sudden and unexpected deterioration of the person's skills; for example, a client could easily use cognitive skills to come up with a solution to a problem and now they cannot, or an older person could cook a meal safely one week, and the next week they are not able to, or are injuring themselves in the process
- children and young people who are saying they do not feel safe around particular people.

Example

Reporting safety concerns

Charlie has been working with Suki in her home, providing her mental health support. Suki has bipolar disorder and OCD and receives a disability support pension. Suki had wanted to work on the goal of healthy meal preparation, because her medication makes her want to overeat and she would often find herself bingeing on junk food. For many weeks, Suki was very positive and enthusiastic about the goal and enjoyed cooking different meals with Charlie.

Charlie had not seen Suki in a week and when she turned up to her house Suki did not open the door. She called Suki several times and she eventually answered the door. Suki's appearance was very unclean, and her room was full of junk food and wrappers. Suki said she had not had a shower since she saw Charlie the week before and said she did not feel like doing anything with her today. Charlie respected Suki's wishes and went back to the office. She made a note of the conversation in Suki's file.

Charlie mentioned what had occurred to her supervisor, Bev. Bev mentioned that this was a common occurrence for Suki when she was having a major depressive episode. When this occurred, Suki had given consent for the organisation to let her doctor, psychologist and her mother know. Bev said to call Suki every day for the next week to see how she was and to ask if her mother had been around to her house. Charlie notified Suki's doctor, psychologist and mother, and followed her supervisor's instructions.

Example

Organisational policy and mandatory reporting

Franca is a counsellor in the area of AOD. Patricia is attending her first counselling session and has a history of cocaine use. Patricia is already receiving some support and treatment from her doctor and psychiatrist to reduce her drug dependence.

During their first meeting, Patricia asks Franca to promise that she will not disclose anything she tells her. Franca explains the organisation's confidentiality guidelines and their limits but promises that she will try to work with Patricia on any issues that can remain within the organisation. Patricia tells Franca that she thinks her partner may be sexually abusing her young sons.

The state laws require that Franca must report this information to her supervisor who will report to the appropriate authorities, and she explains her obligation to Patricia. Patricia becomes very upset, but listens as Franca outlines the steps she will take to help her work through the problem.

Legislation underpinning community services work

Depending on the area of community services that you work in, additional legislation may apply.

Here are some examples of legislation specific to various community services sectors. Check your state or territory legislation for the specific acts that govern each sector.

<p>Aged care</p>	<p>Aged care is regulated by the principles outlined in the <i>Aged Care Act 1997</i> (Cth). Its objectives are:</p> <ul style="list-style-type: none"> • to promote accessible, affordable, high-quality care and accommodation • to protect the health and wellbeing of residents • to help residents enjoy the same rights as all other people in Australia • to plan the effective delivery of services • to ensure services and funding target people and areas with the greatest needs • to encourage diverse, flexible services in response to individual needs • to provide funding that takes account of the quality, type and level of care • to provide respite for carers • to promote 'ageing in place'. 	<p>Key components refer to:</p> <ul style="list-style-type: none"> • the requirements and responsibilities of the provider • the approval and classification of residents • funding options • residents' rights.
<p>Child protection services</p>	<ul style="list-style-type: none"> • Depending on the state or territory you work in, you may need to understand the principal Act of the state or territory as well as other relevant Acts and legislation. • The objective of child protection legislation is to provide for the protection of children. 	<p>Key components of child protection legislation are:</p> <ul style="list-style-type: none"> • the 'best interest' principle • early intervention • participation of children and young people in decision-making • out-of-home care • culturally specific responses for Aboriginal and Torres Strait Islander people • 'after care' support • permanency planning and stability of care.



<p>Disability services</p>	<ul style="list-style-type: none"> • In disability services, the National Standards for Disability Services (NSDS) apply. These standards were established in the <i>Disability Services Act 1986</i> (Cth). • Some states have guardianship and administration Acts that provide for a guardian to be appointed for adults who do not have the capacity to make decisions about their lives and affairs. • The objectives of the NSDS are to promote a greater focus on person-centred approaches and promote choice and control to people with disability. 	<p>Key components of the NSDS are:</p> <ul style="list-style-type: none"> • rights • participation and inclusion • individual outcomes • feedback and complaints • service access • service management.
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You can find further information on the *Aged Care Act 1997* at the Federal Register of Legislation: [aspirelr.link/age-care-act-federal-register-legislation](https://www.legislation.gov.au/idx/asp?idxidx=aspirelr.link/age-care-act-federal-register-legislation)

Head to the Department of Social Services page to find the National Standards for Disability Services: [aspirelr.link/nsds](https://www.legislation.gov.au/idx/asp?idxidx=aspirelr.link/nsds)

Standards and codes of practice

The table below provides examples of standards and codes of practice that may be part of service delivery.

<p>The Australian Community Workers Association (ACWA) Code of Practice</p>	<p>This is a set of practice guidelines that defines the ethical standards of practice for members of ACWA. They also help you to understand your community services role more generally.</p>	<ul style="list-style-type: none"> • aspirelr.link/acwa-practice-guidelines
<p>Workplace health and safety legislation and codes of practice</p>	<p>Workplace health and safety laws and codes of practice underpin the work done by community services workers.</p> <p>Australia has both federal and state laws for working safely in the workplace. Safe Work Australia provides various codes of practice that help organisations achieve the standards of health and safety required under the WHS Act.</p>	<ul style="list-style-type: none"> • aspirelr.link/manage-whs-risks-code-of-practice • aspirelr.link/law-and-regulation-legislation



Mental health standards	<p>If you work in mental health services, you must abide by the National Standards for Mental Health Services.</p> <p>These Standards apply across a range of mental health services, including bed-based and community mental health services, those offered in clinical and non-government settings, those offered by the private sector and also offered as part of primary care and general practice.</p>	<ul style="list-style-type: none">• aspirelr.link/national-mental-health-standards
NDIS Quality Standards	<p>If you work in an organisation funded by the NDIS, or are a registered NDIS provider, you must follow the NDIS Practice Standards and the NDIS Code of Conduct.</p>	<ul style="list-style-type: none">• aspirelr.link/ndis-practice-standards• aspirelr.link/ndis-practice-standards-quality-indicators• aspirelr.link/ndis-code-conduct
Community Services Quality Governance Framework	<p>States and territories across Australia also use a framework document designed for all community services delivered and funded by state and territory governments; for example, the Victorian State Government, Health and Human Services provides a community services framework.</p>	<ul style="list-style-type: none">• aspirelr.link/dffh-community-services-quality-framework
The Aged Care Quality Standards	<p>The Aged Care Quality Standards apply to a range of care providers within community services who provide support to older clients.</p> <p>There are eight standards that must be met across the areas of:</p> <ul style="list-style-type: none">• organisational governance• ongoing assessment and planning with consumers• personal care and clinical care• services and support for daily living• organisation’s service environment• feedback and complaints• human resources• organisational governance.	<ul style="list-style-type: none">• aspirelr.link/aged-care-quality-standards



Professional standards and code of ethics

Codes of ethics are designed to support community workers to:

- follow their organisation's policies and procedures to ensure they are working within the scope of their role
- maintain standards of practice
- protect the vulnerable people they support
- make decisions when faced with ethical dilemmas.

Code of ethics

Guiding principles that outline expected ways of behaving or standards of conduct for an individual or organisation.

The Australian Community Workers Association (ACWA) is a professional peak body for community workers across Australia. They produce a code of ethics that:

- outlines human rights and inclusion principles that underpin the code
- details workers' responsibilities to clients, colleagues and their employer
- describes the limits of conduct that protect the reputation of the profession.

You can access the ACWA, Code of Ethics document here: aspirelr.link/acwa-ethics-standards

Social policy and planning service delivery

Local, state and federal governments determine various funding options for people accessing community service organisations based on social policy and research.

Eligibility to access various services is determined by social policy and informed by research. Community service organisations shape their service delivery models around the funding available to them.

Service models are based on best practice, which guides service priorities. They are designed to promote the empowerment of the person accessing the service.



The table below highlights different service delivery models currently used in community services.

<p>Person-centred practice</p>	<ul style="list-style-type: none"> • Person-centred practice (PCP) is a service model that places the person at the centre of their own care. This service model responds to the whole person and focuses on a social model, rather than a medical model of care. A social model of care considers all factors that affect or influence a person’s life (social, psychological, physical, cognitive and cultural), whereas a medical model focuses on the problem or illness. • PCP philosophy is founded on human rights and supports the person to make decisions about their own care needs. PCP philosophy is also a strengths-based approach. PCP relies on person-centred planning, which is where the person (or their advocate, family and/or primary carer) directs the focus of their plan, including what service they want, and when and for how long they want a service. Plans are driven by the person’s goals and aspirations.
<p>Consumer-directed care</p>	<ul style="list-style-type: none"> • Known as CDC, consumer-directed care enables people with support needs (and their primary carer) to make decisions about their care. In the past, these decisions have been made by service providers. This approach allows for flexibility in the timing and scheduling of services. • This funding model and approach to service provision prioritises people having choice and control over their own lives. It is similar to person-centred practice, but has the added flexibility for people to use their funding to get the services they need and in the way that suits them. • CDC is used in conjunction with programs such as home care packages. • How CDC works: <ul style="list-style-type: none"> - People have more say in the type of services they receive, how they are delivered and by whom. - People direct their own care plan in consultation with the service provider based on their own goals. - People determine how much involvement they want in managing the package. - People are involved in monitoring and reviewing their package of care.
<p>Flexible service model</p>	<ul style="list-style-type: none"> • The flexible service model looks at how and where services are delivered. Services can be provided in a range of settings in aged care, such as transitional care, multi-purpose services and innovative care. These supports can be provided at a time that suits the person.

It is important that you have a general understanding of the structural features of Australia’s community services systems. The following table provides some information on funding, responsibility and stakeholders.



Funding	Community services organisations may have various funding sources. They can be funded by government (at the local, state and federal level) as well as by philanthropic organisations, trusts, grants and charitable donations.
Stakeholders	<p>Stakeholders in this sector are:</p> <ul style="list-style-type: none"> • people who use community services (and their carers and families) • government departments that plan and deliver services • consumer and advocacy groups that protect the interests of people who use community services • not-for-profit organisations that plan and deliver community services and support services through awareness-raising and fundraising efforts.

Here are some links where you can get more information on the service systems in your state or territory.

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

Utilising service delivery type to determine client needs

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

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

<p>Wellness approach</p>	<ul style="list-style-type: none"> • The wellness approach focuses on minimising the impact of functional loss and aims to avoid setting up further dependencies. The worker gets the person to do as much as they possibly can for themselves. Where the person requires support, the worker does the task with the person, rather than for them. • The worker uses encouragement to get the person to do tasks they have difficulty with, increasing their confidence and skill level at doing the tasks – or as much of it as they can – themselves. This approach builds capacity and self-management, supporting the person to retain as much autonomy as possible. • The wellness approach also identifies whether there is an ongoing need for services and how to assist the person to reconnect with the community.
<p>Reablement approach</p>	<ul style="list-style-type: none"> • The reablement approach works toward positive change in developing the person's ability to care for themselves. It builds on the person's strengths (what they can do) by providing short-term interventions to support the person to regain skills and abilities. This might include providing access to and ensuring the person can use assistive technologies and aids. • Reablement is aimed at reducing or minimising the need for ongoing support.
<p>Restorative care approach</p>	<ul style="list-style-type: none"> • The restorative care approach is provided by a multi-disciplinary team that supports the individual to make functional gains after a setback or illness. Services may include podiatry, speech therapy, physiotherapy, occupational therapy, nursing services, social work, speech therapy, diversional therapy and specialist services such as continence support.



Practice Task 6

Question 1

List three professional standards or codes of ethics that community support workers need to be aware of when working with a person.

Question 2

Which of the following techniques should you use when explaining the assessment process? Tick all that apply.

- Use pathologising language to describe behaviours
- Use simple terms and avoid jargon
- Listen to the language the person uses to describe their issues and circumstances and use the same terms
- Write down information if the person has difficulty remembering it
- Use body language, gestures and facial expressions to aid communication

Question 3

Briefly outline what mandatory reporting is and why it must be explained to the person prior to conducting an assessment.



Question 4

Which of the following is information that needs to be explained to the person prior to commencing? Tick all that apply

- What assessment tool you are using
- Family members, carers or advocates that must be present in the assessment
- How they will be supported during the assessment
- How you will use the assessment data to determine their needs
- How you will report any disclosures and admissions to your supervisor
- Where the assessment will be stored in your organisation according to privacy and confidentiality laws

Question 5

Briefly outline how social policy and research informs funding and service delivery.

2B

Implement risk-assessment processes

Community service workers need to abide by work health and safety laws, policies and procedures when conducting assessments and planning services.

Part of this is managing risk in the workplace and identifying risks that arise in the assessment processes with the person.

All workers must understand and comply with the workplace health and safety legislation of their state or territory. Staff have a legal obligation to take reasonable steps to keep themselves, co-workers, people who are accessing the service and visitors safe. Safety includes physical safety (coming to no physical harm) and psychological or emotional safety, which means that if someone is experiencing emotional distress or a mental health crisis, they are supported with strategies to keep them safe. To be safe, support workers must work within the boundaries of their role. If tasks or issues arise that require action from a more experienced person, support workers have a responsibility to contact their supervisor or a more experienced colleague.

If a person is exposed to harm, the worker and the agency must take action to address the hazard; for example, by providing first aid, calling an ambulance or providing appropriate emotional and mental support.

Examples of risks to safety:

- Stress and burnout
- Exposure to aggression, physical or emotional threats
- Assault
- Tripping hazards such as electrical cords lying across walkways
- Slipping hazards such as rain water dripping through the roof and ceiling on to the floor
- Work stations that are not ergonomically suitable

Risk assessment

Community services workers have a duty of care to those they support and other service users to take all reasonable action to avoid exposing them to avoidable risk.

Duty of care
A moral or legal obligation to ensure the safety and wellbeing of other persons.

To have a **duty of care** means you are legally and morally responsible for avoiding acts or omissions that could foreseeably cause harm to people in your care. You also have an obligation to report workplace health and safety concerns. If you feel stressed at work, you need to raise this with your supervisor so strategies can be developed to address this health and safety issue. Any hazard that can affect a person's health and safety should be identified so it can be addressed.

Many activities in the mental health and community services sector carry with them some degree of risk. It is the organisation's responsibility to be informed about possible risks and identify the level of risk that an activity may pose. Assessing risks means understanding the nature of the harm that could be caused by the risk, how serious the harm could be and the likelihood of it happening.

Questions that can help with risk assessment include:

- What could go wrong in pursuing a person's goal?
- What is the likelihood of it happening?
- What consequences may arise if it happens?
- What are the risks associated with *not* working towards the goal?

Managing risk

To effectively manage risks, workers need to know how to apply risk management procedures. Risk management involves four steps as shown below.

Four steps to managing work health and safety risks	
1. Identifying hazards	Find out what could cause harm.
2. Assessing risks	Understand the nature of the harm that could be caused by the hazard, how serious the harm could be and the likelihood of it happening.
3. Controlling risks	Implement the most effective control measure that is reasonably practicable in the circumstances.
4. Reviewing control measures	Ensure control measures are working as planned. Control measures must be selected to eliminate the risk, so far as is reasonably practicable. If elimination is not reasonably practicable, the risks must be minimised so far as is reasonably practicable.



You can also read more about managing risk at:

- aspirelr.link/swa-managing-risks-to-health
- aspirelr.link/swa-identify-risk

Health and safety risks

Some assessment environments may be hazardous for the person being assessed and the assessor. A WHS risk assessment should be conducted prior to an assessment to identify any hazards in the assessment environment and put control measures in place. Your organisation may require you to complete a hazard report. If the environment for assessment is deemed hazardous to either a person or a worker, and hazards cannot be removed or minimised, an alternative location should be found.

Hazards may include:

- poor lighting
- poor ventilation
- tripping hazards
- unsafe electrical equipment
- equipment not stored in a safe way.

Controlling risks at work

A framework known as the hierarchy of control can be used to reduce or remove risks from any given situation.

The most efficient way of controlling risks is to eliminate a hazard. If this is not reasonably practicable, the next step is to minimise risks by substituting (wholly or partly) the hazard creating the risk with something that creates a lesser risk. If that is not possible, or reasonably practicable, isolate the hazard and/or implement engineering controls.

Hierarchy of control	
Eliminate the hazard	Eliminating the hazard means getting rid of the hazard completely; for example, moving a floor lamp so the cord no longer presents a trip hazard.
Substitute the hazard	This means changing the hazard for something less risky; for example, using a scourer, detergent and hot water, rather than a caustic cleaning product.
Implement engineering controls	An engineering control is a physical device, piece of equipment or environment modification made to minimise a risk; for example, a person who is at risk of falls using a motorised scooter to get around the neighbourhood.



Hierarchy of control	
Implement administrative controls	Administrative controls are work methods or procedures designed to minimise exposure to a hazard; for example, staff training, changes to a procedure, and the installation of signs and warning labels.
Personal protective equipment – PPE	Using PPE – for example, masks, gloves, aprons, sunglasses, steel-capped boots or hardhats – is the last resort when minimising exposure to a hazard.

Duty of care, negligence and dignity of risk

Duty of care describes the legal obligation that individuals and organisations have to anticipate and act on possible causes of injury and illness that may exist in their work environment or as a result of their actions.

A person or organisation must do everything they can to remove or minimise the potential cause of harm. Injury, illness or harm can describe physical damage to a person as well as psychological harm or injury.

Negligence

Failure to take reasonable care with your actions and causing harm to person or property.

While aspects of WHS legislation may vary between states and territories, there are common legislative requirements and obligations under the principle or duty of care. Everyone in the community services environment has the responsibility of duty of care for themselves, the people they care for, visitors and each other.

Negligence is deemed to have occurred when duty of care has been breached and harm to a person or property ensues. It is the legal and ethical obligation of any counsellor or community services worker, supervisor or organisation to ensure that people using services are not exposed to unnecessary or unreasonable risk.

Dignity of risk

A person's right to dignity and choice, upheld in legislation and service standards, to ensure that duty of care or safety is not used as a reason to limit a person's freedom of personal choice.

In community services settings, it is important to balance your obligation to uphold duty of care, with the rights of the people you are caring for or providing services to. Specifically, this means their right to dignity, choice and personal freedom. **Dignity of risk** means that people have the right to make choices about their lives even when those choices entail a degree of risk.



Alert clients to risks associated with the assessment

Part of your duty of care is to alert the person being assessed to any risks they may face during the assessment process. The fact is, performing any kind of assessment can put the person at emotional, psychological or physical risk.

Type of assessment	Potential emotional or psychological risks	Potential physical risks
Verbal assessment such as psychosocial assessment, strengths-based assessment, AOD assessment	<ul style="list-style-type: none"> • Risk of re-traumatisation when recounting experiences of trauma and distress • Distress, stress, tension, anxiety 	<ul style="list-style-type: none"> • Encountering hazards in the assessment environment (home or office setting): poor lighting, trip hazards, poor ergonomic furniture, broken equipment
Competency-based assessment such as skills assessment	<ul style="list-style-type: none"> • Risk of (re-)traumatisation in the face of being unable to perform a task • Distress, stress, tension, anxiety 	<ul style="list-style-type: none"> • Encountering hazards in the assessment environment (home or office setting): poor lighting, trip hazards, poor ergonomic furniture • When performing tasks to determine competency, potential risk of injury; for example, doing tasks in the kitchen and experiencing a cut or burn

It is your job as a community service worker to think ahead, identify these psychological risks and attempt to minimise and control them. You need to explain to the person that recalling some information may make them feel sad, angry or stressed, and that you are going to support them by offering breaks and emotional support.

The best way to manage distress and re-traumatisation in an assessment context is to:

- listen and validate the person's emotions
- find out what social supports and coping strategies they have to cope with distress
- encourage them to engage in those positive strategies
- stop the assessment and postpone it if the person is experiencing ongoing distress
- never ask probing questions when a person makes a disclosure that references a trauma they have experienced, or talks about something that is distressing for them.

Physical hazards that may arise in competency and skills-based assessments are easier to control. Be alert and observant and use your common sense. For example, if you are assessing a client's independent living skills in their home, tidying up things off the floor and ensuring the lighting is adequate can make the area safer.

When talking about potential risks to the person you are assessing, use clear, concise language that is respectful, person-centred, non-judgemental and not discriminatory about a characteristic they may have (for example, a physical disability).

To ensure that your communication is non-discriminatory:

- avoid personal pronouns and use plural forms instead
- avoid using expressions or terms that are patronising or play to stereotypes
- use the acceptable terms for describing nationality, ethnicity or other minority groups, for example, 'First Nations people'
- use 'person first' language when referring to someone with a disability, for example, 'a person with a hearing impairment'
- where possible, use promotional materials and information sheets that feature people from diverse cultures, genders, ages and abilities.

Example

Alert clients to the risks of assessment

Bree is a family violence support worker. She has to do a family violence assessment and use a risk assessment tool with new clients who access the service. Today she has a new client, Ida, who she is assessing. Bree spends some time building rapport with Ida and hearing about her story. Bree explains to Ida that they need to do the family violence and risk assessment tool which will help them to understand what she has been through and her current risk of experiencing family violence. Bree says that some of the questions can be quite confronting, but that she will be there to support Ida through the process.

They begin the assessment and Ida becomes upset by some of the questions. Bree tells Ida to take her time and reassures her that she can take a break when needed. Once Ida feels up to it, she and Bree work slowly to complete the assessment.



Identify hazards and rate risks

In the context of assessment, this involves assessing the risks to you, the person or others present. When a hazard has been identified, you need to consider how likely it is that the risks you have identified will occur (the likelihood), and what the effects may be if the risk occurs (the impact). Then you can decide what control measures should be put in place to remove or control the risk, as described in the section above. A risk assessment matrix in which you assess the likelihood and impact of the risk occurring can help you determine the level of risk and decide upon appropriate action.

Example

Assess potential risk factors

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

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

Risk stratification

Risk stratification is where risks and a person's characteristics are identified and managed through a risk reduction process.

Risk stratification aims to match assessment and support strategies to help a person best manage their circumstances. Most psychosocial assessments have a built-in section to identify risk and may offer a risk rating for a person. Some organisations may require you to use their assessment tools as well as a separate risk-assessment tool. You should always clarify these processes with your supervisor.

The level of risk the person is currently facing will determine what further assessments they require. The level of risk will also help to determine the person’s immediate needs.

Client situations	Intensity of support	Level of risk
Suicidal, homeless, experiencing abuse, neglect, family violence, experiencing a medical episode or mental health crisis, complex and ongoing trauma, behaviours of concern, threatening staff, violence	<ul style="list-style-type: none"> Requires urgent, intensive, and immediate support/ response 	<ul style="list-style-type: none"> High-level risk
Financial issues, grief and loss, single event trauma, new medical or mental health diagnosis, changes in home, transport issues	<ul style="list-style-type: none"> Requires short-term support 	<ul style="list-style-type: none"> Medium-level risk
Needs assistance navigating and managing different parts of life, wanting basic goals and needs attended to	<ul style="list-style-type: none"> Requires medium- to long-term support 	<ul style="list-style-type: none"> Low-level risk

Violence in the home

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

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

When conducting a high-risk family-violence assessment
<ul style="list-style-type: none"> Clarify whether it is safe to proceed with the interview.
<ul style="list-style-type: none"> Conduct the assessment without the perpetrator present.
<ul style="list-style-type: none"> Ensure the perpetrator’s whereabouts are known; if not, ensure the interview is conducted in a place where the victim will be secure.
<ul style="list-style-type: none"> Make security personnel available to secure the premises or relocate the victim to a safe place.



Unpredictable behaviour

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

Reasons for behaviours	<ul style="list-style-type: none"> • Aggression • Dementia • Mental health problems • Issues with alcohol and other drugs (AOD) • Confusion • Miscommunication • Conflict • Struggling with strong emotions, such as anger, fear, disgust, shame
Forms of aggressive behaviours	<ul style="list-style-type: none"> • Shouting and/or crying • Physical abuse • Disorientation • Property destruction
Factors that can exacerbate the situation	<ul style="list-style-type: none"> • Unfamiliar people and environments • Changes in routines • Feeling frightened or humiliated • Feeling frustrated or confused • Being yelled at

Minimise unpredictable behaviour

Always follow organisational guidelines when developing and implementing risk-management processes to minimise and respond to unpredictable behaviour. You should have access to an alert button and the ability to phone the police if necessary. Here are some strategies for minimising unpredictable and volatile behaviour. You may have access to security personnel and, if you feel unsafe for any reason, you should make use of them. If it is a dire situation in which someone is displaying threatening behaviour, it is reasonable to reschedule the assessment to another time, when the person is feeling and behaving in a more positive way.

Strategies	<p>The following may help to minimise unpredictable behaviour:</p> <ul style="list-style-type: none"> • Conduct the assessment in a familiar environment. • Conduct the assessment with familiar people present, for example, a carer or family member. • Clearly explain the assessment process to minimise confusion and surprises. • Be assertive.
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Containment skills	Containment skills can be used in a volatile scenario to help reduce a person’s anxiety or aggression. This involves containing a person’s emotions to manage the situation so the assessment can proceed. Grounding is an effective method of containment in which you help the person come back to the present moment. Phrases such as, “Let’s sit down for a moment so you can focus on your breath”, can help the person feel grounded and contained. You can also suggest a break to go outside or take a walk. Use your discretion.
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Manage risk through assessment

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

Fire danger	<ul style="list-style-type: none"> Ensure fire equipment is locatable and up to date. Ensure fire exits are accessible. Ensure access to a telephone in case of emergency. Remove fire hazards.
Medical risk	<ul style="list-style-type: none"> Review the person’s medical history and care plan. Ensure the person has access to medication, if required. Ensure access to a first-aid kit and use required PPE. Maintain currency of first-aid certificate. Ensure access to a telephone in case of emergency.
Task hazards	<ul style="list-style-type: none"> Ensure task being observed is appropriate for the person being assessed. Have access to first-aid supplies. Provide first aid, if required. Contact emergency services.
Self-harm	<ul style="list-style-type: none"> Identify if the person has access to self-harm implements. Consult carer and relevant records about self-harm and risk of self-harm. Consult the person if you believe they are at risk of self-harm.
Suicide	<ul style="list-style-type: none"> Identify suicide indications, such as depression, talk of ‘ending it all’ and cutting off connections. Clarify any firm intention to commit suicide by asking the person directly. Minimise risk by helping the person to move away from suicide aids, such as weapons or medication. Help connect the person to resources to minimise risk of suicide.



Example

Managing risk, risk stratification and risk identification and assessment

Toby is a youth worker in an organisation that supports local youth and young people up to age 25. His organisation provides a range of social support, material aid and emergency support to the local young people. Today, Toby is working in the material aid section of the organisation, where it is his job to assess the immediate needs of a person and to provide material aid and referrals where necessary.

Marley is 18, and comes in with her baby. She tells Toby that she needs food and a place to stay. Marley explains that she has just left an abusive relationship and has been living in her car for two nights. Toby stops the material aid assessment process and explains to Marley that he is going to do a domestic violence risk assessment. Marley says that's okay and she is happy to get any help she can. They complete the domestic violence risk assessment together and Toby says that the tool has determined that Marley is at low risk of any further domestic violence. Even so, he says that he will still provide her with referrals to some domestic violence organisations which can help her further with accommodation, legal aid and support. Marley is grateful for the referrals. Toby returns to the material aid assessment process and gives Marley food vouchers, clothing and infant supplies.

Practice Task 7

Question 1

Provide at least three examples of work health and safety risks associated with service and resource delivery.



Question 2

Choose one risk from Question 1 and outline the risk management steps you would follow to manage this risk.

Question 3

Match each client circumstance to the level of support required.

Client needs assistance managing their finances
Client is experiencing grief
Client is experiencing family violence

Requires short-term support
Requires urgent and immediate support
Requires medium- to long-term support

Question 4

Briefly outline how you would assess a person's risk and determine their risk stratification.

**Question 5**

Which of the following statements are correct? Select yes or no for each one.

a. Part of upholding a person's dignity of risk is not alerting the person to risks they may face when performing an assessment because they have chosen to partake in this activity.	Yes / No
b. When providing information about health risks and assessment procedures, you should use gendered language and stereotypes that matches the person so they feel included and validated.	Yes / No
c. AOD assessments carry the risk of re-traumatising a person.	Yes / No
d. Competency-based assessments only carry physical risks, not emotional or psychological risks.	Yes / No

2C

Clarify everyone's roles and rights

Support people are very important in the lives of people receiving support and can help to determine and shape service delivery.

Empowerment

The process of gaining strength and confidence to voice one's own opinion.

When working with the person's family members, carers or others in their support network, it is important to work towards the person's own **empowerment**, supporting them to represent their needs, preferences, goals and desires first. Working positively with everyone involved in the assessment and service delivery process means working professionally and adapting well to different and unique family situations.

Empowerment

Many people receiving community service supports are vulnerable because of their care needs, and the marginalisation, stereotyping and discrimination they face. Their vulnerability and social disadvantage can create barriers to accessing the services they need. An empowerment approach has been adopted in the community services sector to address the areas of vulnerability people experience.

As a professional working in the community services sector, you should use an empowerment approach in which you aim to 'do yourself out of a job'. If your focus is to provide information, resources and support to assist people to build capacity, gain confidence and take control of their lives, you will be working to uphold people's rights through an empowerment approach.

However, it is also important to understand that the term 'empowerment' can mean different things to clients, workers and stakeholders. As an approach, empowerment can also create more barriers to address. The notion that a professional is needed to 'empower' a service user has been argued to be an oxymoron because it automatically sets up an unequal power dynamic in which the professional is seen as more powerful and knowledgeable than the person. This can create another social barrier for vulnerable people to overcome.

Community service workers need to work sensitively with the concept of empowerment by always being led by the person's needs and listening deeply to them. This is where person-centred practice comes into play. If you are working with person-centred practice in mind, you are empowering the person.

Video: Empowerment

Watch the following video on empowerment: [aspirelr.link/yt-empowerment](https://www.youtube.com/watch?v=aspirelr.link/yt-empowerment)

Think about your own empowerment (and oppression) and how this can help you facilitate empowerment for others.





Disempowerment

In a community services context, ‘disempowerment’ means acting in ways that demoralise the person with support needs and negate their human rights, agency and self-determination.

While care workers generally have the best interest of people at heart, they may occasionally act in a way that disempowers the person they are providing support to. It may be that the worker wants to exercise personal power by taking power from others, but it can also be that they are acting through ignorance, or acting with good intentions without realising that their approach can lead to dependency and loss of control for the person being supported. It is also disempowering for a person when a worker fails to uphold their rights or does not follow legal or ethical practice.

Here is a reading about disempowerment: aspirelr.link/disempowerment-aged-care

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

Reflect on your practice	Ask yourself, ‘Did I provide services in ways that are designed to do myself out of a job?’ If you answered ‘no’, you need to ask yourself why. Check your approach to your work.
Empathise	Think about how you would want to be treated if your role was reversed with the person you support. Would you want the kind of support that stripped you of your dignity and reduced your personal control over your own life? If you think you are acting in this way, consider how you could change your practice.
Find a mentor	Talk to your supervisor and ask them to mentor you to build skills in working from an empowerment model. Make a time to meet regularly with your supervisor to discuss how well you have handled certain situations. Be honest with yourself.

Strengthen relationships

A person’s family can have a powerful and positive influence in the assessment process, in that they can provide perspectives and factual information about the resources currently being used by the person, discuss the capacity of the person to perform different tasks and any barriers they have. The person may live with their family, and may be dependent on them for emotional, social and financial support. Families can also influence the goals, needs and preferences the person has regarding the assessment process and what service delivery can look like for the person.

These practical tips can help you to protect the needs and rights of the person, whilst working respectfully with their family members and people from their support network:

- Prior to beginning the assessment, confirm with the person that they would like family members/support people to be there and to be part of the process.
- If so, discuss with the person and family/support networks how the assessment process works, what assessments are available and involve everyone in the choice of assessment which is best suited to the person's needs.
- Do not ignore what the members of the family/support people are saying. Express empathy, support and validation to them.
- Advocate for the person's rights, needs, goals, preferences and desires. For example: "I hear what you are saying, however Jeff has said that his goal is to learn to drive".
- Use conflict negotiation skills if there are discrepancies about a person's skillsets, capacity and level of autonomy.
- Do not get in the middle of areas of family conflict. This is not your job as a community services worker. If you take a side, then the other side may not wish to work with you any longer.
- Keep conversations focused on the purpose of the appointment.
- Involve your supervisor if a situation is escalating and becoming unhelpful.

Strengthen family relationships

When you are working with family members/support networks during the assessment process, take a strengths-based approach with everyone, not only the person you are assessing.

This means:

- explicitly pointing out strengths in family or supportive relationships
- encouraging relationships that are supportive and helpful
- giving appropriate tasks to family members that support the person in their empowerment
- encouraging family members/support people to positively advocate for the person's needs, preferences and goals
- encouraging shared activities that promote good family bonding experiences.

Inform family members and carers about their roles and rights

If you have obtained the person's consent for their family members or support people to stay during the assessment process, you need to inform these people of their role and rights in the assessment process. This includes:

- explicitly explaining to them what their role is; for example, supporting the person in a specific way
- explicitly explaining what they can do and cannot do; for example, it is not appropriate for them to answer for the person when they are asked to respond to a question
- explaining their rights, such as their right to a break, right to complain, right to stop or postpone the assessment, right to consider changing the assessment tool
- explaining what to expect during the assessment (for instance, its duration, what to do if they get distressed, how disclosures will be dealt with, etc.)
- offering an assessment to a family member/support person if they also meet the eligibility of assessment and services being offered (the more support a carer or family member has, the more well supported the person will be)
- discussing the extent to which family members will be involved in the decision-making process (which will depend on the person's individual circumstances).

In the context of the NDIS, there are three key decision-making mechanisms at play in service planning and delivery:

- autonomous decision-making by the person
- informal, supported decision-making by family members, carers and other natural supports
- substitute decision-making by nominees.

When conducting assessments and making decisions about service delivery options, it is important to identify who has decision-making authority. Even if it is a family member or carer, it is still important, as part of an empowerment approach, to include the person in discussions and collaboratively assess service delivery options and arrive at decisions together.

Example

Involving the person's family in assessment processes

Dexter and his mother Esme are meeting Ty, a service coordinator at a disability service. Dexter has Level 2 autism and has just finished high school at a special school. He is looking to spend three days a week at the organisation, which specialises in supporting adults. Ty shows Dexter and Esme around the centre, and they do a basic orientation. Ty introduces the assessment process, saying that the centre needs to understand what people's needs are. They use a psychosocial assessment to help design individual support.

Ty explains how the assessment works, how long it will take, what is expected of Dexter and Esme, and what will happen with the information collected. Esme asks how much input she can provide to the process. Ty says he will ask Dexter the questions first and if he is struggling, he will turn to her. He asks if this is okay with Dexter and he nods his head. They begin the assessment process and Dexter is struggling to remember a lot of details about his life. Esme provides the information that Ty needs. They take a few breaks because Dexter is tired, but Ty keeps the assessment focused on the needs of Dexter and how they can help him. After it is over, Esme reveals that she has Level 1/high-functioning autism. She asks if she can also somehow get help from the organisation. Ty says that she would be eligible for some of the programs they offer, but she would need to do the same orientation and assessment process Dexter has just done. Esme says that she is interested in doing this and they make a time for her.



Practice Task 8

Question 1

Which of the following actions empower the person and supports their family's involvement in the assessment process? Tick all that apply.

- Involve everyone in the choice of assessment, even if the person says they want to be the sole decision-maker.
- Provide information to the person and their family/support people about how the assessment process works and what assessments are available.
- Confirm with the person that they wish for family members/support people to be there.
- Ignore what the members of the family/support system are saying if it goes against what you or your supervisor think.
- Advocate for the person's rights, needs, goals, preferences and desires during discussions with family/support system.

Question 2

Suggest at least four ways that workers can strengthen relationships when family members or carers are involved in the assessment process.



Question 3

Briefly outline the roles and rights of carers/family members in the assessment and decision-making process. Provide examples with your response.

2D

Respond to complex needs, risk factors and goals

People who require support services have different needs. Some may have basic needs, while others, depending on their life and circumstances, will have more complex needs.

It is important to identify and prioritise these needs and determine if there are any coexisting issues that may affect how support is provided. Coexisting complex issues may mean that the person needs support from more than one provider or service type, or that the people who work with them may require specialised training to appropriately deliver services. Coexisting complex issues may arise when the person is affected by more than one type of disability, when they have experienced trauma, when they misuse alcohol or other drugs, or when they have issues that relate to their environmental, societal or financial circumstances.

Common needs

People will attend your service with a range of psychological, emotional, physical and social needs. You need to ensure that your service delivery to each person meets their basic needs. If they have needs you cannot address, refer them to an appropriate service or professional.

Physical needs	<ul style="list-style-type: none">• Safe and stable accommodation, adequate food and clothing
Social needs	<ul style="list-style-type: none">• Safe, stable and secure relationships at work, home and in the family• Social support needs, depending on the strength of their social network
Psychological/ emotional needs	<ul style="list-style-type: none">• Feelings and thoughts to be validated• Positive relationships that are psychologically and emotionally supportive
Financial needs	<ul style="list-style-type: none">• To have a stable and adequate income• To be able to pay all bills and debts and not be left in need

Complex issues

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

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

<p>What should be established</p>	<p>In a complex needs assessment, the following should be established:</p> <ul style="list-style-type: none"> • the severity or intensity of each need • the interrelationships between needs. <p>When planning service delivery, complexity of issues may cause a person to be ineligible for the service. For example, a person with a mental health problem and a disability may be ineligible for mental health support in a certain organisation because the person’s disability is a significant need to be addressed that is beyond their scope.</p>
<p>What should be determined</p>	<p>A person with Alzheimer’s disease, for example, may present with an AOD dependency and depression. The needs assessment should determine the severity of the AOD dependency, the severity of their depression, and the relationship between the Alzheimer’s disease, AOD dependency and depression – that is, how each affects the others and which need demands priority.</p>

People with specific complex needs

There will be times when you come across people who have specific complex needs. These people need you to identify their specific needs and come up with a plan to address them. As shown in the following table, these specific, complex needs often overlap.

<p>AOD</p>	<p>Homelessness, family violence, mental illness, disability, poverty, low levels of education (which impacts ability to get appropriate work), learned helplessness, lack of appropriate support network, abuse and neglect, trauma.</p>
<p>Family violence</p>	<p>Homelessness, mental illness, disability, poverty, low levels of education, learned helplessness, lack of appropriate support network, abuse and neglect, trauma.</p>
<p>Financial difficulty</p>	<p>Homelessness, family violence, mental illness, disabilities, AOD misuse, poverty, low levels of education, learned helplessness, lack of appropriate support network, experiencing financial abuse, abuse and neglect, trauma.</p>
<p>Gambling problem</p>	<p>Homelessness, family violence, mental illness, disabilities, poverty, low levels of education, learned helplessness, lack of appropriate support network, experiencing financial abuse, abuse and neglect, trauma.</p>
<p>Mental illness</p>	<p>Homelessness, family violence, mental illness, disabilities, AOD misuse, poverty, low levels of education, learned helplessness, lack of appropriate support network, experiencing financial abuse, abuse and neglect, trauma.</p>

**Homelessness**

Family violence, mental illness, ambivalence, AOD misuse, poverty, low levels of education, learned helplessness, lack of appropriate support network, abuse and neglect, trauma.

Other issues that contribute to the complexity of a person's needs include:

- imprisonment
- involvement with child protection
- chronic health conditions
- age
- behaviours of concern
- employment/unemployment
- culture and religion
- legal issues
- transport issues
- grief and loss
- unstable or overcrowded housing.

Supporting a person with multiple, complex needs may be beyond the scope of your role/organisation. In these situations, options for support typically include:

- treatment and intervention from a range of allied health professionals
- referral to education and work organisations, homelessness and accommodation services, disability organisations, mental health organisations, AOD support services, family violence/trauma counselling, Centrelink, financial counselling services.

Analysing co-existing issues

When analysing information about a person's needs, take a structured approach to ensure you identify, explore and prioritise their needs appropriately. You must consider their goals and desired outcomes alongside the available options and possible solutions. Needs must be prioritised. For example, a centre that assists women living with domestic violence will prioritise the woman and her children's safety. Other additional factors, such as drug or alcohol abuse, poverty or mental illness, should be identified and addressed incrementally, depending on the immediacy of the need.

Analysis and prioritisation can be achieved by adopting a problem-solving strategy. An example is provided below.

Step 1: Identify the problem	A person presents with an AOD dependency, signs of domestic abuse and indications of depression.
Step 2: Explore the problem	Discuss the implications of assessment results and needs priorities with the person. If they are involved with a multi-disciplinary team or an inter-disciplinary team, consider a team meeting to discuss assessment results. More information about the person and their current needs and various assessment outcomes can be shared. Present the results to the person and ask how they would assess their own safety and which actions would be of greatest benefit.
Step 3: Consider goals or desired outcomes	Meet with the person and relevant stakeholders to discuss goals and desired outcomes. Prioritise their safety. For example, the person may decide the most important outcome is to move away from domestic abuse, and then begin to address mental health and AOD problems. Record goals and outcomes.
Step 4: Look at alternatives	Consider options for achieving the desired outcome. For example, assist the person to consider where they will move to when they leave the abusive relationship, and how planning should proceed to allow them to leave safely. As well as the person with support needs, you may need to consult others, such as your supervisor.
Step 5: Select a possible solution	Choose a solution that seems to best resolve the issue and meet the needs of the parties involved. For example, develop a plan of action for supporting the person to leave the relationship and begin to address other complex issues.
Step 6: Implement the solution	Record goals, actions and outcomes, seek agreement with the person about proceeding with a plan, and support the person to implement actions. For example, liaise with a refuge about supporting the person in the short term and facilitate the transition.
Step 7: Evaluate	Evaluate how this solution worked. If, after a time, it does not seem to have given suitable results consider other options. For example, if the person was unable to leave the abusive relationship, discuss alternative options, such as counselling.

Document individual needs

Needs are identified through an assessment process and by gathering information from various sources. This allows an individual support plan to be developed.

An individual support plan contains the information required by community services workers to provide appropriate care. Individual support plans contain information such as:

- details of the person’s disability (if they have one) and how it impacts them
- what strategies work to support them to function at home, in the community or at work
- what behavioural triggers they may have, and how to manage them

- medications they are currently on
- interests and hobbies they have
- daily routines
- professionals involved in their care
- excerpts of medical reports or medical information
- who their family, friends or carers are.

This information is collected and collated by a case manager or other key contacts who are responsible for liaising directly with the person who requires services. They may utilise a variety of methods to obtain formal and informal assessment information about the person. Organisational policies and procedures will specify information collecting methods and documentation requirements, including what templates to use. It is important to familiarise yourself with organisational templates and forms to ensure all required information about a person is collected and relevant fields are completed accurately.

You may begin working with a person who has already undergone an assessment process and already has an individual support plan, or you may be reviewing assessments and individual support plans.

Example

Identify and prioritise needs

Peta is visiting Marcus for the first time to discuss his current living situation and to help determine what support needs and services he may require. Peta has been asked to assess Marcus for eligibility for home-based care on a regular basis.

Peta initiates a conversation with Marcus to help him feel comfortable and relaxed. While they are talking, Peta observes Marcus and notices he appears pale and his hands are shaking. She asks Marcus several questions about his daily activities. Marcus appears confused and loses track of the conversation several times. He repeats himself and is upset when he cannot remember what he has had for breakfast.

Peta asks Marcus to show her where the kitchen is, so she can see if there are any health and safety issues that should be considered. Peta notices that there are dishes piled in the sink and food left uncovered on the bench. When she looks in the laundry, Peta sees clothing and soiled bedding on the floor. Peta determines that referral for assessment of Marcus' physical and mental health status is a high priority, and that regular ongoing household care is important but a lower priority than the assessment.

Setting goals

Once you have identified complex needs, coexisting issues and implemented risk-management processes, it is time to get to the task of identifying specific goals the person has.

Goals can relate to needs, wants, desires and preferences that improve a person's life in some way. Goals can be skills they wish to develop, changes in routine, increasing social supports in specific ways, or aspirations about how they want their life to be.

SMART goals are specific, measurable, achievable, realistic and time-bound. These kinds of goals help ensure objectives are clear, detailed and tangible. When setting goals with a person, consider the following:

<u>S</u> pecific	Goals should be clear and precise: who, what, where and when?
<u>M</u> easurable	Goals should be quantifiable: how many, how much?
<u>A</u> chievable	Goals should be possible to achieve: how will you accomplish it? What steps need to be taken to accomplish the objective?
<u>R</u> ealistic	Goals should be practical: Is there the budget to do this? Is there enough time to do this? Do you (your team) have the knowledge and skills to do this?
<u>T</u> ime-bound	Goals should have a deadline: what needs to be achieved and by when?

The more a person is empowered to form their own goals, the more engaged and motivated they will be in the process. These goals will determine whether and how exactly your service can assist them. A person may not be able to communicate directly what their goals are; however, you can use these tips to help them identify and shape what may become a goal for them:

- Listen for areas where they describe struggles, issues, weakness, uncertainty and anxiety.
- Use closed and open questioning techniques to unearth information; for example: “You mentioned that you have been having issues with getting to work. How are you getting to work now?”
- Listen for areas a person wishes to change, develop or grow. For example: “I want to get new friends, but I don't have the confidence to go to a support group”.
- Goals need to consider the person's strengths, the resources available to them and what type of help they need to meet them.

- Suggest a range of possible goals and be willing to change them according to the person's responses to your suggestions. For example, you might say: "You mentioned you wanted to be able to catch the train, but do not know how to use the public transport app. Could one goal be that we help you to learn how to use the app as well as catch the train?"
- Goals need to be aligned with a person's social, emotional and behavioural skillsets. This is where the steps of the goal must be achievable, realistic, and safe for the person to achieve. If a goal is too difficult, it can cause anxiety. For example, You would not expect a person who is a quadriplegic to be able to do many household tasks on their own, as they require considerable physical support. However, if that person wants to do an online course, that could be achievable for them. Likewise, if a goal is too easy, motivation can be low.

Where there are family members or support people involved in discussions around goal setting, you can also assist the process.

- Consider the information they provide about resources needed to meet goals. For example, if the person wants to learn how to make a cake but their carer says they only have a microwave at home, the goal might need to be changed.
- Encourage them to take on a positive role with respect to meeting the goal. This can lead to good quality bonding time. For example: A person wants to learn how to swim, and a worker suggests their family member takes them to the pool once a week, outside of the swimming lesson, to get used to the water.
- Sometimes carers, family members and support people underestimate the skills a person has to reach their goals. They may begin to point out barriers and obstacles for the person. Some of these barriers may relate to previous experiences, but others may be rooted in bias and paternalism. Advocate for the person to have the right to reach their goal. Good interpersonal skills are useful here to gently confront the attitudes of family and support members and help them stay focused on empowering the person. You can also explain the concept of dignity of risk, which is where everyone is entitled to try something new, even if there are some risks involved, if it is safe enough for them to do so. There is nothing wrong with doing a trial period of working towards a goal. You can explain this to family and support members.

Prioritise goals

This process depends on what goals they would like done sooner, the range of resources required for each goal and whether they are short-, medium- or long-term goals. For example, it may take a person with an intellectual disability a long time to learn how to catch a train; however, for a person whose goal is to feel more confident to meet new people, it is likely to take a shorter amount of time.

A simple and practical way to prioritise goals is to match them with Maslow's Hierarchy of Needs, as shown in the following table.

Maslow's Hierarchy of Needs		Priority
Physiological needs	Air, water, sex, food, shelter	Meet these needs first.
Safety needs	Personal security, employment, health	Meet these needs second.
The need for love and to belong	Friendship, intimacy, family, sense of connection	Meet these needs third.
The need for esteem	Respect, self-esteem, status, strength, freedom	Meet these needs fourth.
Self-actualisation	To be the best a person can be	These needs can only be met, after the others have been met.

Goals must always be thought of as a fluid concept, meaning they can change between assessment appointments and at any time during service delivery. All community service workers and organisations must be flexible and adapt to new goals or changing goals. At times, a change in life circumstances may mean a person's goals have to change. For example, if a person moves to a new area, they may need to learn how to use public transport to get around the community as a first priority.

Always allow the person to determine what goal is most important to them, whether it is a short-term, medium- or long-term goal. However, if it is a goal that does not make sense to you, you can encourage the person to trial it and make amendments if it is not working the way they expected.

Example

Confirm and prioritise goals

Vann has schizophrenia and lives by himself. During the COVID-19 lockdowns he has developed social anxiety and has lost a lot of confidence around people. Vann has been through a process of orientation and assessment with a social worker, Juri. Vann's goals are to attend two different support groups for people with a mental health disorder and to get better at cleaning his house. Juri and Vann spend a few weeks talking about different strategies for meeting Vann's goals. However, Juri notices that Vann is not as interested in talking about his goal to attend support groups. She brings this up with him.

Vann says he has met quite a few people online playing games and he is happy with that type of social interaction for the moment. Juri asks whether there are any other goals they could work on, other than the cleaning and decluttering projects. Vann says that he would like to explore the possibility of doing a computer course so he can get better with computers. Juri says it is okay with her and she makes an amendment on his Individual Support Plan and assessment document about the change of goal.

Example

Confirm and prioritise goals with clients and family members

Cassie is 25 and has a moderate intellectual disability. Cassie attends a disability organisation four days a week and she wants to meet the social worker, Chung, to change her goals. Cassie goes to a meeting with Chung with her mother Rosa. Cassie says that she would like to do more cooking during her time at the centre. Her mother Rosa disagrees, because they have had bad experiences in the kitchen with Cassie cutting and burning herself. Rosa explains that Cassie does not listen very well when she's in the kitchen and just takes over and makes a mess. Chung interjects and says to Rosa that Cassie has the right to change her goals if she wishes. He also says that if safety is a concern, they can do a few sessions in the beginner cooking group, which has a high staff-to-person ratio to keep all participants safe. Cassie says she wants to do that, but Rosa is not convinced. Chung says they can monitor Cassie in the kitchen and do a lot of instruction around safety, starting it as a trial to see how she goes. Rosa is still hesitant but she is more okay with it being a trial than a permanent change to Cassie's program.



Practice Task 9

Question 1

Number the following steps from 1 to 7 in the order you would follow to identify, clarify and prioritise complex needs of a person.

	Choose a solution that seems to best resolve the issue and meet the person's needs.
	Implement the solution by recording goals, actions and outcomes, seeking agreement with the person about proceeding with a plan and then supporting them to implement actions.
	Meet with the person and relevant stakeholders to consider and discuss goals and desired outcomes. Prioritise physiological and safety needs.
	Evaluate how the solution worked.
	Explore the problem by discussing the implications of assessment results and needs priorities with the person.
	Identify the problem.
	Look at alternatives and consider options for achieving the desired outcome.

Question 2

Identify at least three possible characteristics or needs of a person who presents with family violence issues.



Question 3

Explain why community service workers need to be familiar with workplace documentation forms and templates; for example, individual support plans.

2 E

Collaborate with stakeholders and service providers to avoid duplication

In this context, ‘duplication’ occurs when service users have to provide the same information many times over.

Information that is often duplicated includes:

- their general information
- information about their needs, preferences and goals
- their personal story and life circumstances
- their needs and coexisting issues.

Duplication can happen when a person transfers from one organisation to another, or where a person is a client at more than one organisation (for example, at a disability organisation that provides a range of services to one person).

Issues around duplication are a common complaint for service users, as they often have to give basic information on multiple occasions, retell their story and talk about their needs many times over to agencies and community service professionals. This process is time consuming and often causes frustration, anxiety and distress. It is particularly distressing for people who have suffered trauma, including abuse and neglect. Retelling one’s story can re-traumatise a person and make symptoms of trauma worse. This is a common issue for people escaping family violence and those making an application for NDIS funding. The key here is for community service organisations to improve their systems and enact strategies to reduce and avoid duplication.

Refer to policies and procedures

Community service organisations need to reduce and avoid duplication of client data. Organisations can do the following to reduce duplication:

- When a person first rings for an appointment, the worker can suggest that the person sends all relevant information, including any reports, files and assessments to the office. After the organisation receives the information, the worker can read it prior to conducting the intake or assessment. The worker can then go ahead and prefill information into the assessment fields, so they do not need to be discussed again in detail.



- If a person attends an initial intake or assessment appointment and they confirm that they are a client of another organisation, the worker can suggest that they complete a consent to share information form so the worker can retrieve information already on file. A worker can also offer to speak to the professional they have been seeing, to save them from having to tell their story again.
- Collaborate with other community service organisations to streamline information-sharing systems.

Collaborating with other community service organisations and stakeholders

Community service organisations should be aware of services offered, resources and funding availability of other organisations, especially if they refer clients to each other.

To improve systems for sharing information, workers at community services organisations can:

- attend local expos, events, conferences and professional development opportunities to get to know other workers and organisations, their services and the resources they offer
- become familiar with established professional networks and partnerships, and suggest professional meetings focused on negotiating information-sharing systems
- suggest meetings to establish common information-sharing policies and procedures between organisations such as:
 - using similar client information templates between agencies
 - working on commonly accessible intranets holding client information
 - using an online file-sharing platform.

Do not forget that you must meet all privacy principles, which means telling clients how their information will be used and stored. If you are sharing information using an online tool with another organisation, clients must be informed and provide their consent.



Example

Innovation in reducing duplication: The MARAM Framework

One of the recommendations from Victoria's Royal Commission into Family Violence (2016) was for community service organisations working with family violence clients to work towards using a common network to share information. The Victorian Family Violence Multi Agency Risk Assessment and Management Framework (MARAM) identifies the risk level of people fleeing from family violence and offers information sharing tools so that clients do not have to tell their stories and details over and over again. Many day-to-day policies and procedures of the MARAM framework are still being worked out, but it is on track to be an innovative state information sharing and risk assessment system.

You can read all about the MARAM framework here: aspirelr.link/vic-maram-framework

Practice Task 10

Question 1

Briefly outline two ways community service workers can collaborate with the person to avoid them experiencing duplication.



Question 2

Explain how community service workers can work with other service providers to avoid the duplication experienced by service users.

A large, empty rounded rectangular box intended for the user to provide their answer to the question.



Summary

- Effective interpersonal skills allow you to communicate respect and empower people with support needs to identify and prioritise their own needs.
- Use verbal and nonverbal communication skills such as empathy, active listening and maintaining eye contact during your interactions.
- Prepare individuals for assessment by clearly explaining assessment procedures in a way the person will understand.
- By assisting people with support needs to identify their own needs and risk factors, you will empower them and encourage fuller participation in the assessment process.
- Assessments, including risk assessments, should take into account the person's strengths and capabilities, available resources and desired outcomes.
- Evaluating a person's needs requires an understanding of the nature, impact and interrelationship of diverse needs and issues.
- Apply your knowledge of complex issues to identify specific needs. This includes being aware that a complex issue will often obscure another need.
- Prioritising needs should be done in close collaboration with the person and, where appropriate, their family, guardian or carer.
- Encourage supportive and positive relationships between the person and their families and support networks.
- Identify and manage risks according to organisational guidelines to ensure the safety of the person with support needs, you and others.
- Duplication can be upsetting, frustrating and time-consuming for clients. Avoid duplication as far as possible.



Learning Checkpoint 2

Conduct the assessment

Part A

1. Which of the following are professional standards and code of ethics for support workers? Tick all that apply.

- Australian Community Workers Association (ACWA) Code of Ethics
- Professional Standards Act
- NDIS Quality Standards
- Community Services Quality Governance Framework
- The Aged Care Quality Standards

2. List three examples of communication techniques to explain the assessment process to the person and any others involved.

3. Briefly outline why it is necessary for a person to be informed about mandatory reporting requirements prior to them undergoing an assessment.



4. List at least four things a community service worker should explain to the person about the assessment process before they begin the assessment.

5. Explain the impact that social policy and research has on funding and service delivery in the community services sector.

6. Which of the following statements are correct? Select yes or no for each one.

a. Exposure to aggression, physical or emotional threats are work health and safety risks associated with service and resource delivery.	Yes / No
b. To manage a risk, you need to assess its likelihood and impact, determine its risk rating, implement the most effective control and review the control measure.	Yes / No
c. Risk stratification can only be done by using a risk assessment tool or matrix.	Yes / No
d. A person who has limited social support and is experiencing family violence would have a high-risk rating, meaning they require urgent and immediate support.	Yes / No
e. If a person lives in overcrowded housing and has a goal of improving their finances and finding stable accommodation, improving their financial stability should be the top priority.	Yes / No



- 7.** Provide an example of communicating information to a person in a non-discriminatory way about the health risks associated with conducting a competency-based assessment.

- 8.** Which of the following roles and rights do carers and family have in the assessment and decision-making process? Tick all that apply.

- The right to have their own needs assessed, if they qualify
- If they are the guardian, the right to make decisions for the person
- Helping the person in a specific way
- Talking over the person when they are answering questions
- The right to suggest changing the assessment tool

- 9.** List three characteristics/needs/issues commonly shared by people experiencing homelessness, AOD and mental health issues.



Part B

Case study

Prash is visiting Dante at his home for the first time. She needs to discuss his current living situation and to help determine what support needs and services he requires, as well as if he is eligible for home-based care.

Prash starts the conversation with Dante. His answers are short and oftentimes irrelevant to the question asked. He also appears to struggle to remember what Prash has asked. Prash notices that Dante appears unkempt: his clothes are dirty, he hasn't shaved in some time and his hair is oily. When Dante shows Prash around his home, she notices clothing and soiled linen on the bedroom floor. She also sees milk and food left out on the kitchen bench and the rubbish bin overflowing with discarded food and rubbish.

1. List Dante's needs and outline how they should be prioritised.



- 2.** Dante expresses his desire to have his mother with him at the assessment. List three ways Prash can involve Dante and his mother in the assessment process, in a way that empowers Dante.

- 3.** Identify how Prash can strengthen the relationship between Dante and his mother during the assessment process.

- 4.** Provide at least five examples of information Prash needs to document about Dante as part of the assessment process and according to organisational procedures.

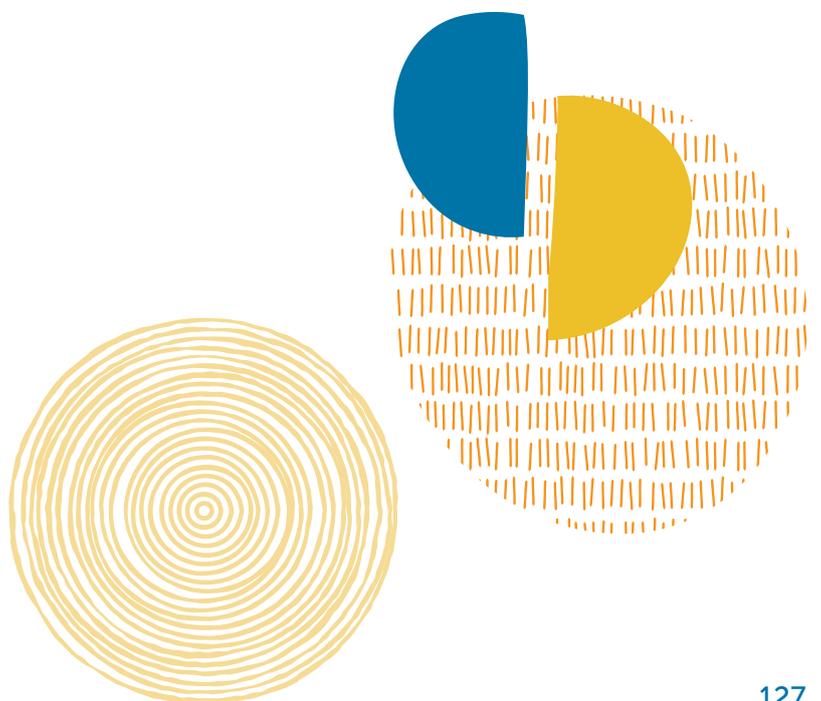


- 5.** Dante requires a referral to a mental health professional. Briefly outline two ways Prash can collaborate with another service provider to share information and avoid duplication.



Topic 3: Respond to diversity

- 3A Use assessment processes and practices to build trust
- 3B Provide equitable access and culturally competent processes for diverse groups
- 3C Involve ethno-specific organisations in the assessment process



3A Use assessment processes and practices to build trust

Your attitudes, values and beliefs affect the way you work and communicate with the people you support.

Self-reflection

The ability to observe and evaluate one's own thoughts, emotions and behaviours.

Self-reflection is the process of examining your attitudes and potential biases to develop more self-awareness and ensure you are providing the best service to clients and their families.

Self-reflection can involve:

- examining the thoughts, feelings and behaviours that led to a situation that occurred at work
- reflecting on what strategies worked well
- reflecting on what did not work well and what you may need to change
- reflecting on what type of help you need to make changes; for example, seeking more supervision, doing a buddy shift with a more experienced support worker, etc.

Asking for help from more experienced work colleagues or your supervisor means you can discuss challenges and issues or seek more information. Lacking knowledge in different work areas can cause you to:

- use unsafe work practices
- inadvertently work in ways that are not legal or ethical
- breach duty of care.

Personal values and attitudes

Whether consciously or unconsciously, we are all affected by stereotypes, generalisations and attitudes about all kinds of people. These attitudes often create rigid ways of thinking and bias against certain people. This is part of being human; however, as someone who works with many different kinds of people, it is your responsibility to examine your attitudes and bring your opinions and biases into the light, so you can choose to question them and put them aside, so as to treat everyone equally.

Everyone has preferences and biases; the process of self-reflection can help us become aware of attitudes and values we may not have acknowledged before. It is important to be honest about your beliefs and attitudes, as they may affect how much time you spend supporting one person compared to another, how you communicate with them and the level of support you provide.



In your work you are certain to encounter people who have values, attitudes and lifestyle choices that are different from your own. While your values and attitudes are important, you need to acknowledge that other people's values and choices are valid too, and support them in their needs. If you feel that your personal values may prevent you from being able to support a person's choices, seek out a supervisor, trusted colleague or member of your professional network and talk through the conflict with them (being sure to protect the person's privacy and confidentiality).

Assess your bias by doing the Harvard Implicit Association test. This is a live test used as by Harvard psychologists. This test can help you to identify and unearth bias and preferences you will have for different groups of people. You may or may not be surprised by the results! Access the test here: aspirelr.link/harvard-implicit-association-test

How might it affect the person you are supporting, if you are not aware of your attitudes, values, and bias?

- You may find yourself favouring particular people over others.
- You may find yourself giving better treatment to some people over others.
- You may find yourself sharing more resources with some people over others.
- You may subtly or overtly discriminate against some groups of people.
- You may subtly or overtly marginalise some groups of people.

Build trust and confidence

When you establish a relationship of trust with a person, their connection to you and your organisation is greatly increased and their ability to ask for help improves significantly.

Staying connected to support services and asking for help are protective behaviours and protective factors, meaning they work to reduce risk factors such as social isolation and not seeking help in times of crisis. All of these work to build confidence. People with little support and social connection during times of crisis are at greater risk of poor mental and physical health outcomes. Be mindful that you are not just working with someone for the duration of your appointment with them, you are potentially altering their perception of professionals and support services and impacting how they choose to live their lives.

The following table outlines assessment practices that support trust and confidence, and others that undermine it. Many of the concepts overlap; however, if you read through the list and reflect on each concept, it will raise your awareness of what you are doing well and what you still need to work on.



Practices that foster trust and confidence:	Practices that undermine trust and confidence:
<ul style="list-style-type: none"> Genuine, authentic, professional relationship Good relationship established prior to beginning any assessment 	<ul style="list-style-type: none"> Cold and clinical relationship Rushing into an assessment; acting as if it is more about time than the person's needs
<ul style="list-style-type: none"> Good communication skills, sense of humour and empathy 	<ul style="list-style-type: none"> Poor communication skills
<ul style="list-style-type: none"> Offering assessments that complement current skillsets, goals, needs, preferences, resources 	<ul style="list-style-type: none"> Favouritism between clients in which some people get more access to resources
<ul style="list-style-type: none"> Good explanation of person's rights prior to the assessment 	<ul style="list-style-type: none"> Poor matching of assessments or assessment questions to the person's abilities, needs and goals
<ul style="list-style-type: none"> Professional record-keeping practices that are clearly explained 	<ul style="list-style-type: none"> Poor client record-keeping practices; information about the person's needs, goals, preferences is missing or unclear
<ul style="list-style-type: none"> Risk and workplace health and safety are identified and managed well throughout the assessment process 	<ul style="list-style-type: none"> Risk management is poorly managed or not done at all; workplace health and safety is hit-and-miss, or not taken seriously
<ul style="list-style-type: none"> Professional clinical discussions about the person's needs are done appropriately with supervisor 	<ul style="list-style-type: none"> Gossiping about clients when they are not around
<ul style="list-style-type: none"> Stages of assessment are undertaken thoroughly and effectively 	<ul style="list-style-type: none"> Skipping stages or not doing them adequately Not enough time allocated to the assessment stages
<ul style="list-style-type: none"> Client information between agencies is shared professionally and competently 	<ul style="list-style-type: none"> Client information is missing or fragmented; service users are left to run around after paper work on their own
<ul style="list-style-type: none"> Workers check on high-risk clients between appointments/sessions 	<ul style="list-style-type: none"> No one is checking on high-risk clients, just relying on them to show up at appointments
<ul style="list-style-type: none"> High-quality, relevant referrals are provided for the person 	<ul style="list-style-type: none"> Referrals are provided and workers have no idea if they are relevant to the client or not
<ul style="list-style-type: none"> Assessment processes and practices are person-centred and strengths-based 	<ul style="list-style-type: none"> Assessment processes and practices are paternalistic, biased or hold negative attitudes about different client groups



Example

Build trust and confidence to support the person to stay connected to services

Ivan is a support worker at an AOD service that mainly sees forensic clients who are also involved in some form of criminality. All of the people he supports are engaged in programs non-voluntarily – due to court orders – so he is used to engaging with people who are hostile, aggressive, ambivalent and conflicted. Ivan must complete an AOD assessment with the people he supports regularly to determine their areas of risk, areas of support and recovery goals. Ivan doesn't agree with many things that his clients say or do, however he is aware that if he comes across as judgemental or too clinical it can impact how they behave in support and recovery programs. Ivan works to establish a good quality relationship with each person prior to doing the assessment, because it means people are more relaxed and comfortable when the assessment is being done. Many of Ivan's clients trust him enough to open up about their issues, crimes, and backgrounds. Ivan has found that once trust and confidence in him are firmly established, he can do much more positive work with each person than if it is not.

Identify discrimination

Discriminatory behaviour can look like overt harassment, victimisation or bullying; however, it can also be more subtle, unconscious and difficult to identify.

It is illegal to discriminate against others and can result in legal prosecution. It is proscribed in legislation such as:

- *Age Discrimination Act 2004* (Cth)
- *Racial Discrimination Act 1975* (Cth)
- *Sex Discrimination Act 1984* (Cth)

Discrimination occurs when rules or conditions that apply to everyone have an unfair effect on some people because of their different circumstances. This applies to staff but also community service worker relationships with clients.

In a workplace, seemingly harmless jokes based on race, sex/gender, religion, sexual orientation or appearance are a form of discrimination. These types of jokes hinder, rather than promote, understanding because they can be demeaning to the people who end up as the butt of the joke. Most humour of this sort, including mimicry, is based on prejudicial and discriminatory stereotypes. Such humour can be extremely hurtful and is unacceptable both inside and outside the workplace.

Discrimination

The act of excluding or treating a person differently based solely on an attribute such as disability, age, gender, race or sexual orientation.



Discrimination in the workplace can be direct or indirect.

Direct discrimination	<ul style="list-style-type: none"> • Direct discrimination occurs when a person with an attribute is treated less favourably than another person without the attribute in the same or similar circumstances. • For example, an employee is not offered a promotion to a supervisor role because she is Asian and the employer believes that this would make her unpopular with the non-Asian people who use the service.
Indirect discrimination	<ul style="list-style-type: none"> • Indirect discrimination occurs when a condition, requirement or practice is imposed and a person with an attribute does not or is not able to comply. • An example would be if a workplace planned a social outing that required people to compete in a running race; that would discriminate against staff members who are unable to run.

Prejudice and stereotyping

Stereotyping

Judging an individual based on particular characteristics, then applying that belief to all members of that group.

Holding rigid ideas about a group of people can lead to prejudice and **stereotyping**. These are not helpful to teamwork or maintaining a positive work culture.

Prejudice	Prejudice means ' <i>pre-judging</i> '. It is an opinion or attitude that is based on a preconceived idea, rather than an experience or fact. It means believing something about a situation or person before knowing enough to make an appropriate judgment. Prejudice is often unfair and is always inappropriate.
Stereotyping	<p>Stereotyping is the process of unfairly or incorrectly making assumptions or generalisations about all of the people in a certain group.</p> <p>Examples of stereotyping include saying or believing that, 'all men are ambitious' or 'all Muslim women are subservient'.</p>

Prejudice and stereotyping can be found in workplaces in relation to a number of aspects of diversity such as:

- gender
- sexual orientation
- age
- ethnicity
- personality type
- visual appearance or physical features
- dress standards
- personal interests or differences.



Video: Prejudice and discrimination

- Watch the following video on prejudice and discrimination: aspirelr.link/yt-prejudice-discrimination
Pay attention to how implicit biases influence how we relate to others.
- Watch this video on stereotype, prejudice, discrimination and just world belief: aspirelr.link/yt-stereotype-prejudice-discrimination
In particular, think about the impact of the 'just world' belief on how we support and interact with victims of crime or violence.



Assessment processes that are non-discriminatory

Assessment processes must not discriminate against a person; rather, they must be suitable for all people regardless of age, sex, cognitive ability, or social/physical stage of development.

In Australia, it is illegal to discriminate against someone based on their gender, marital status, age, sexual orientation, physical features, disability, culture, political or religious beliefs, or employment activity. Assessment processes need to consider these protected characteristics.

Example

Discriminatory assessment processes

Scenario	Discrimination?	Appropriate?
Brad is seeing Tam for a psychosocial assessment that takes up to an hour and a half. In the initial information gathering stage, Tam says she is Jewish, from Israel. Brad has strong feelings about Israelis and Palestinians, and he cuts short the appointment, saying that he can get the information from Tam's basic client information sheet.	Yes, it is. Culture, religion and ethnicity are a protected attribute.	This is not an appropriate way to gather information about a person's needs.
Cheryl cannot read printed text due to a vision impairment. Her worker Justin offers to fill in the answers on the assessment for her.	This is not discrimination.	This is an appropriate strategy for the person's needs.



Scenario	Discrimination?	Appropriate?
<p>Tanya comes in for a psychosocial assessment with support worker, Clint. Tanya says that she has six children to five different fathers and is pregnant with her seventh child. She has been unemployed for all of her adult life. Clint can feel himself disapproving of Tanya’s lifestyle and he rushes over some of the assessment to hurry it up. Tanya says she is interested in attending parenting classes, however Clint insists on putting her goal as getting a job.</p>	<p>This is discrimination.</p>	<p>It is inappropriate for Clint to push his values onto Tanya in this way.</p>
<p>Janelle is a material aid support worker. She performs assessments of people’s material needs and provides resources such as food and vouchers to different stores. Janelle has found herself favouring certain people in the area and provides them with more food and vouchers than others.</p>	<p>This is discrimination against the people who are not getting special treatment. It does not matter that we do not know the protected characteristics of the other people, it is still discrimination.</p>	<p>It is inappropriate and unethical.</p>
<p>Tristan is an AOD support worker who has been working with Aaron for 12 months. Aaron had been doing well in his recovery from drinking; however, when his friend commits suicides, Aaron has a few drinks to get through the shock and pain. Aaron admits this to Tristan at his next appointment which happens to be an AOD assessment. Tristan is shocked and disappointed at Aaron’s relapse, and he stops the assessment, saying he will complete it later. When he completes it, he puts in the document that Aaron had gone back to drinking a month prior to when he actually had the relapse. This results in Aaron doing more community service time on his justice order.</p>	<p>This is discrimination. It is also unethical, illegal and inappropriate.</p>	<p>Punishing a person in this way is never appropriate.</p>



Scenario	Discrimination?	Appropriate?
<p>Ryder is a new client at a disability organisation. He has Level 2 autism and struggles with communication. Today he is working with Sandy, who is to complete a skills assessment so the centre can formulate a learning and skills development plan. On this day, Ryder has turned up without his brother (who is his carer) because he is sick. Sandy finds it almost impossible to get Ryder to perform any skill in the general skill assessment, so she uses an assessment tool designed for people with severe intellectual disabilities. Ryder finds this assessment too easy but Sandy puts down that he struggled with it. She then goes and forms a support plan around an assessment which demonstrated that his skillsets sat between two separate skills assessments.</p>	<p>This is not necessarily discrimination, however it is still not correct.</p>	<p>This is an inappropriate use of an assessment tool. This assessment is neither valid or a reliable indication of Ryder's true skillsets. Sandy should have postponed the appointment so Ryder's brother could be in attendance. Sandy should also not be completing an Individual Support Plan without the consultation of Ryder and his brother. This is not a person-centred or strengths-based assessment process.</p>
<p>Bridi has turned up to her assessment appointment with Maria, very upset. Bridi wants to take some time with Maria to process why she is upset, however Maria explains that she can't really talk because she has a lot of appointments that day. She begins the assessment while Bridi is crying. They complete the assessment and Maria hardly has any answers about Bridi's situation at all. Bridi goes away feeling even more upset.</p>	<p>This is not discrimination, however it is inappropriate and unethical.</p>	<p>It was an inappropriate use of the time. Maria should have postponed the assessment and focused on building a good relationship with her and meeting her immediate needs and concerns. This assessment data is neither valid or reliable and will need to be repeated at another time. It was also unethical for Maria to act in this way.</p>



Practice Task 11

Question 1

Which of the following assessment practices help build trust and confidence with people? Tick all that apply.

- Assessments offered complement the person's current skillsets, goals, needs, preferences, resources.
- A person's rights are explained clearly prior to the assessment.
- Workplace health and safety risks are identified and managed well throughout the assessment process.
- Initial stages of assessment are rushed to ensure that the assessment is completed on time.
- High-risk clients are left to their own supports in between appointments/sessions.

Question 2

List five characteristics that are protected by Australian anti-discrimination laws.



Question 3

Explain how one's own values can impact service delivery and meeting a person's needs.

Question 4

Match each scenario to the correct attribution as discriminatory or not discriminatory.

A person with a wheelchair has their assessment adapted to meet their needs.	Discrimination– unethical
A woman has her assessment appointment rescheduled because she missed the bus.	Discrimination– illegal
A person is denied assessment because they identify as non-binary.	Not Discrimination
A person with a hearing impairment is given the same verbal assessment as all other clients.	Not Discrimination

3 B

Provide equitable access and culturally competent processes for diverse groups

When stereotyping and prejudices remain unchallenged, it stops people from seeing the qualities and attributes a person does have. It can lead to people feeling alienated, unwelcome and outside of the team or circle of care. People can be reluctant to express themselves if they feel that their differences are not tolerated.

Cultural safety

An environment that is void of power imbalance and where shared respect, shared meaning and shared knowledge of others' experience is promoted.

Finding themes of commonality between people can help counter prejudice and be used to recognise the links that already exist between people, such as shared interests. Often the link that brings people together is a common objective. This can be the foundation of an inclusive environment and creating a place of **cultural safety**. For example, organising recreational and social activities allows people with similar values, experiences and interests to feel a sense of value and belonging. Showcase events that encourage people to share an activity, such as a morning tea to celebrate a culturally important event.

Community service workers can encourage collaboration by sharing their experiences and working together as a team. The following table offers general tips for promoting cooperation, both with colleagues and those to whom one is providing services.

Tips to encourage collaboration and cooperation
• Approach people in a way that respects their culture and lifestyle.
• Listen to different opinions and do not judge others based on how you perceive them to be.
• In the case of your colleagues, give criticism sensitively and receive criticism open-mindedly.
• Work together to solve problems, such as differences in values, opinions and beliefs.
• Ask yourself what others need to be able to work effectively.
• Be open to new ideas and be open to learning new ways of doing things.
• Discuss tensions before they escalate.
• Use the talents of others to help you carry out your own work more effectively.
• Know the difference between personal and professional opposition.
• Recognise the talents of others and acknowledge their contribution.



Access and equity

Apart from the moral obligation to treat everyone fairly and equally, legislation aims to ensure that workers in organisations offering support to people with complex or multiple needs do not discriminate or act with prejudice.

Everyone has the right to be treated fairly and equally and to have the same level of **access** to the benefits of living in community as well as from the support systems they access.

All support workers must work within legal and organisational guidelines at all times. Every community service or mental health service will have policies and procedures that reflect state and national legislation and also common values and guiding principles.

Service delivery to people with multiple or complex needs should show commitment to the principles of access and **equity**.

Access

The ability to use or obtain something, or to physically enter a place.

Equity

When everyone is treated fairly, according to their needs.

An organisation can show commitment to access and equity by:

- creating a person-focused culture in which people's values, preferences and choices are respected and valued
- taking a non-discriminatory approach to all people using the service, their family and friends, the general public and co-workers; for example, having information brochures available in languages commonly spoken in the community
- ensuring all cultural, physical, religious, economic and social differences are respected; for example, by celebrating different cultural and religious events (such as Christmas, Chinese New Year and Diwali). Some services may even have a specific cultural worker who engages and connects with people from particular cultural backgrounds.

Video: Access and equity

Watch the following video on access and equity in the AOD area: [aspirelr-link/yt-access-and-equity](https://www.youtube.com/watch?v=aspirelr-link/yt-access-and-equity)

Pay particular attention to the barriers and enablers associated with access and equity.



Diversity concepts

We all learn from each other's different experiences and skills. Interacting with a diverse range of people at work can mean we are challenged to think differently about the world around us.

Diversity is about including everyone in a culture of respect, and valuing and celebrating difference. All community service workers must value people's different capacities and respect their differences.

Diversity and service delivery

A service-wide approach to diversity means positive responses will be demonstrated in the behaviour and actions of staff and will be reflected in the development and planning of programs.

There are several standards of practice that a service can work towards that reflect an acceptance and welcoming of diversity:

- to treat all people fairly and respectfully
- to take responsibility for creating an inclusive environment
- to be responsible for improving diversity and inclusion measures.

Here are some key concepts and definitions related to diversity:

Cultural competence
Having awareness, respect and understanding of the cultural diversity around you.

Cultural competence	<p>Cultural competence is the ability to effectively communicate and interact with people of different cultures.</p> <p>Building cultural competence requires that a person understands their own culture and what drives their beliefs and values. It means acknowledging the similarities and differences between your own culture and those of others and breaking down stereotypes and biases.</p>
Cultural sensitivity or awareness	<p>Cultural sensitivity involves being receptive to the different needs and values of people from other cultures. For example, a culturally sensitive approach means adapting to other people's values, opinions, customs and cultural practices. Being sensitive is being aware of the cultural differences of others.</p>
Cultural safety	<p>A culturally safe environment is created when people show respect to others. It means ensuring that your needs do not overshadow the needs of others.</p> <p>To create cultural safety, you must act in a way that shows others you care about their needs and are interested in their choices. This helps others to feel respected and included. When people feel welcomed in this way they feel empowered, valued, understood, supported, willing to participate, and are open to the feelings and ideas of others.</p>

Characteristics of diversity and cultural identity

Cultural identity
A person's self-perception of belonging to a social group, such as a particular nationality, religion, ethnicity or social class.

Culture refers to the social behaviour, lifestyle and characteristics that describe a group of people.

Cultural identity is about understanding who you are and where you come from, why you are the way you are and what you believe in. People with a strong cultural identity are more likely to be confident and feel a sense of belonging. They are also better able to understand diversity and work positively with others.



Here are examples of factors that may influence a person's or family's cultural identity.

<p>Beliefs and customs</p> 	<ul style="list-style-type: none"> • Every family has its own beliefs and customs which reflect their values. These values are sometimes associated with ethnicity, race, religion or another aspect of culture. • Some families believe that leisure time is the most important thing in life; some people value education; whereas others place a high value on wealth, status and material possessions.
<p>Race, culture and ethnicity</p> 	<ul style="list-style-type: none"> • Race is a term applied to people based on their genetic heritage. It is often difficult to say that a person belongs to a specific race because there are so many individual variations (such as skin, eye and hair colour). • An ethnic group is a distinct group with specific characteristics. People of the same ethnicity have a shared past or culture and might share the same: <ul style="list-style-type: none"> - physical characteristics (such as shape of the nose) - linguistic characteristics (language or dialect spoken) - behavioural or cultural characteristics (religion or customs) - environmental characteristics (living in the same area). • Australia is home to families who are influenced by many races and ethnicities. These families are also influenced by their life experiences in Australia and will follow different beliefs and have different styles of living. • CALD means 'culturally and linguistically diverse', and is sometimes used to refer to people from different backgrounds. There is significant diversity of experience, beliefs and practices within all CALD groups and people should not be stereotyped as all being alike. • While it is not possible to know all the cultural and religious factors that impact on communication for all cultural groups, showing that you value access and equity for all will help establish respectful relationships with the people whom you work with and support.
<p>Language</p> 	<ul style="list-style-type: none"> • Many languages are spoken in Australia – both verbal and sign languages (signed English, or Auslan). Many people are able to speak more than one language. People may also demonstrate particular communication styles and non-verbal social customs, such as bowing. • Each language should be respected as a valid form of communication.

Religion and spiritual beliefs



- All Australians are free to practise any religion they find appropriate to their beliefs, faith and values, and have the right to express those religious beliefs or to practise no religion at all.
- Religion is a specific set of organised beliefs and practices, focused on the belief in and worship of one or more gods, or a core philosophy. Religion is usually practised by a community or a group.
- Spirituality is a broader concept than religion. It can be more of an individual practice and has to do with having a sense of peace and purpose. People can have a range of spiritual beliefs without necessarily being religious.
- Religion and spirituality often have a strong influence on the norms, beliefs, values and customs that determine family culture. Many individuals and communities frame their values in religious or spiritual terms.
- A colleague or family should only be asked about their religious habits if it affects the way services are provided to them.

Life experiences, personal history and experiences of trauma



- All people are affected by their life experiences. Whether positive, challenging or traumatic, experiences affect the way people live their lives and interact with others. In some cases, life experiences are visible, such as a scar. Other life experiences may not be as obvious, such as a chronic illness, the traumatic experiences of war, the death of a loved one, a serious illness or accident or inter-generational trauma.

Family history



- Ancestry or family history may influence traits or behaviours that are evident in your family's behaviours. For example, you may discover that your ancestors have lived through tragedies or triumphed against the odds. You may discover that your own attitudes and beliefs are linked with this history.
- Added to this is your own set of life experiences. Who you are today and the values and beliefs you hold have been shaped by these events, your family and your environment.



Families granted political asylum or refugee status



- People who have been granted political asylum have been in danger in their home country due to their race, nationality, religion, political opinions, sexual orientation or social group. They have come to Australia and been recognised by the government as needing protection.
- Refugees are people who have left their own country to escape war, persecution or natural disaster. They may not have chosen or wanted to leave their own country.
- When gathering background information about families who have been granted political asylum or refugee status, questions about cultural background or family history may be confronting.
- Children may experience developmental or emotional challenges due to the trauma or uncertainty they have experienced. They may be confused about their identity and where they belong.

First Nations Australians



- Aboriginal and Torres Strait Islander peoples, also known as First Nations people, come from diverse cultural groups and all parts of Australia and its surrounding islands. These communities often face issues from the impact of colonisation, the Stolen Generations, government involvement in their lives, displacement from their lands and other hardships.
- To work effectively with Indigenous Australian people, you need to understand the impact of their history, culture and current issues. You also need to use culturally safe and sensitive language around them. This understanding needs to be developed as the foundation on which all communication is built.

Family type



Families are structured in many different ways. They might be:

- nuclear families – two parents raising children (may be male/female parents or same-sex parents)
- single-parent families – one parent raising children
- extended families – two or more adults raising children in one home
- step or blended families – two separate families merged into one
- grandparent families – a grandparent or grandparents raising children.

Gender, gender identification, relationships and sexual orientation



- Families include people with various gender characteristics and identities and sexual orientations. These characteristics or orientations are based on the individual's perception of their own identity, including those identifying as:
 - male, female, gender neutral (people who do not identify as being either male or female) or gender diverse
 - heterosexual (people attracted to those of the opposite sex)
 - homosexual (people attracted to those of the same sex)
 - bisexual (people whose attraction is not limited to one gender)
 - transgender or trans (people whose identity does not correspond with their birth sex).
- People in this community often self-describe as 'LGBTQ+'. This term describes a range of gender and sexual orientations including lesbian, gay, bisexual, transgender, queer and those questioning their sexual orientation. The '+' shows inclusiveness.
- Intersex status refers to people who have physical, hormonal or genetic features that are:
 - neither wholly female nor wholly male
 - a combination of female and male
 - neither female nor male.
- Being intersex is about having biological variations, not about gender identity. An intersex person may have the biological attributes of both sexes, or lack some of the biological attributes considered necessary to be defined as one sex or the other.
- Discrimination against people on the basis of their sexuality or sexual orientation is illegal in Australia. Being intersex must be considered as another aspect of the person – just like race, culture and ethnicity.

Age and generation



- Research shows that each generation approaches life and work in a different way. Their attitudes, ambitions and world views have been shaped by the social and historical events that they have lived through.
- The different generations include:
 - Silent generation (born approx. 1925–1945)
 - Baby boomers (born approx. 1946–1964)
 - Generation X (born approx. 1965–1979)
 - Millennials (born approx. 1980–1994)
 - Generation Z (born approx. 1995 to 2010)
 - Generation Alpha (born since 2011).

Ability and disability

- People have diverse interests that lead to developmental differences; for example, one person may enjoy sport and show strong hand-eye coordination; another may prefer to read books, demonstrating high literacy skills.
- Some people are born with or develop a disability or impairment.
- Categories of disability include:
 - physical – affects a person’s mobility or dexterity
 - intellectual – affects a person’s ability to learn, think, process and organise
 - psychiatric – affects a person’s mental health
 - sensory – affects a person’s ability to use senses such as sight or hearing
 - neurological – results in the loss of some bodily or mental functions.
- There may also be disabilities resulting from physical disfigurement or from the presence of organisms causing disease in the body.

Strategies to provide equitable access and culturally competent assessment

Maintaining respectful, non-judgemental and non-discriminatory attitudes and language towards all people can work to improve access and equity for marginalised groups, in particular LGBTQ+, CALD and First Nations people.

As a worker, be especially mindful around the preferred language and terminology of people from different groups. Always ask the person you support about their preferred pronouns (for example, he/him, she/her and they/them) and never assume that people want to use them or not. Everyone is uniquely different.

Community service organisations can do the following to provide equitable access and culturally competent assessment processes for people who identify with these groups:



Culturally and linguistically diverse people (CALD)	<ul style="list-style-type: none">• Provide a translator if the person is not comfortable operating in English.• If unsure, ask how to pronounce the person’s name or place of birth.• Always check with the person how they would like to be addressed. Many people adopt an English name when they settle in Australia, but might feel more comfortable using their birth name.• Include members of cultural groups or language groups in the assessment process if this is what the person wishes.• Offer and support the person to access language and cultural interpreter services.• Welcome goals that respect people’s diverse cultures and languages. For example: a person may have the goal of attending a cultural support group or finding a language/ gender-specific therapist.• Do not assume that all people from a cultural or linguistic background have similar goals and needs as others with similar characteristics.
Aboriginal and Torres Strait Islander people	<ul style="list-style-type: none">• Offer the assessment in the preferred language of the person (this is a person-centred approach), employing a translator if necessary. Remember that First Nations people speak many different languages and dialects.• Include family or community members in the assessment process if this is what the person wishes.• Offer and support the person to access language and cultural interpreter services.• Include goals that respect and acknowledge diversity within First Nations people. For example, a person may have an important goal to attend a ceremony or partake in a specific ritual.• Do not assume that all First Nations people have the same characteristics and needs as others with similar characteristics.• Do not rely on the person to tell you their areas of diversity because this can be confronting to discuss. You can gently ask about these areas in the general client information sheet.



LGBTQI+ people (lesbian, gay, bisexual, transgender, queer, intersex)

- Have policies and procedures that address the specific needs of people with diverse sexualities and genders.
- Ask which gendered pronouns a person prefers, these can be either, she/her, he/him, they/them. Don't assume that because someone identifies as female, male or non-binary, that they prefer one set of gendered pronouns over nonbinary pronouns. This is a way of showing respect.
- Include the person's support network in the assessment process, which could include members of the gay, trans or queer community, if that is what the person wishes.
- Include goals that respect and acknowledge diverse sexualities and genders. For example, a person may have an important goal to attend a gender or sexuality support group or find a sexuality/gender specific therapist.
- Do not rely on the person to communicate their gender or sexuality because this can be confronting to discuss. You can gently ask about these areas in the general client information sheet.

As with all client groups, strategies and assessments must be strengths-based and person-centred, and focus on the person's goals, needs and preferences.

Video: CALD communities

Watch the following video on how to work with CALD communities.
aspirelr.link/yt-cald-communities

Pay attention to how the service targeted certain CALD community groups.



Example

Maintaining inclusivity for diverse clients

Brent is meeting a new support worker, Dessie, who is performing a material aid assessment to determine eligibility for material and financial resources. Dessie asks what gendered pronouns Brent would prefer and Brent says they identify as gender neutral and would prefer Dessie to use the pronouns they/them/their. Dessie asks if there are any other ways she can meet Brent's needs. Brent says that they are very nervous and would like it if their partner could be involved to ease their nerves. Brent explains that they have a slight speech impediment and have a lot of anxiety around new people, which makes their speech worse. Dessie says of course and Brent leaves the room to get their partner Felix to come into the room. Dessie gets Brent's consent to speak with Felix and they go through confidentiality and privacy, mandatory reporting requirements and policies around managing risk and disclosures. Dessie addresses the assessment questions for both Brent and Felix to answer and does not assume that Felix will answer all of the questions.



Practice Task 12

Question 1

Identify at least two strategies for providing equitable access and culturally competent assessments to CALD people.

Question 2

Explain why asking a person directly about their gender/sexuality identity or First Nations identity goes against principles of equitable access and cultural competency and suggest an appropriate way to do this.

3C

Involve ethno-specific organisations in the assessment process

When working with people from CALD or First Nations backgrounds, find out about services provided by organisations that specifically support these groups to provide relevant and targeted services.

Specific funding from various sources may be available to deliver targeted services. Find out about funding streams that can assist CALD and First Nations people.

Consider:

- eligibility criteria, such as specific age groups, family types or client situation (such as homelessness or family violence)
- what service delivery looks like; for example, type and duration of service, access to professionals and programs, internal referral processes.

You may need to provide a referral to these organisations in cases where there are service gaps in the person's needs and goals. Services provided might include:

- short-, medium- or long-term housing
- access to health care professionals
- advocacy services
- homelessness support
- mental health support
- disability support
- education, work and training opportunities
- material aid
- counselling
- AOD support
- child and family support
- aged care support
- refugee and asylum seeker support.



Most community service organisations provide a range of services for:

- children, teens, young people, adults and older people
- people from specific cultural and religious/spiritual groups
- people with disabilities
- people with mental health issues or concerns
- people at risk of homelessness
- different types of families; for example, foster or kinship families, single-parent families
- people requiring legal and financial advice and support
- individuals, carers or families requiring counselling
- people who are experiencing family violence
- people of diverse sexualities and genders
- people requiring advocacy.

Your organisation will service a particular client group, be they single parents, disabled people or people with mental health needs. It is common for some, if not most, community service organisations to be impacted by local community issues, such as unemployment, poverty, poor public transport, drug use, suicides and suicide clusters. The way the community and your client group are impacted by these unique local issues and situations can determine how your organisation identifies and responds to them.

How to determine what your community and client group needs

- The people you support will naturally and organically tell you about the local issues and circumstances that are impacting them. For example, a person turns up to appointments late because the local transport operator is cutting services to the area; a local hospital psychiatrist is refusing to admit patients in crisis, which impacts families and carers having to care for their loved one.
- You can identify themes occurring for the people you support and speak to your supervisors and managers about ways of responding to meet those additional issues and needs. These responses and solutions will impact people, families and client groups.
- Learn about what is happening in the community by attending local council meetings, action groups and neighbourhood meetings. Local issues are discussed at these meetings.
- Participate in local community service networks and partnership meetings. Often when a few different community service organisations have established partnerships and agreements, they meet to discuss issues affecting the local community in order to formulate solutions and responses to these issues.



Example

Identify and respond to community needs

In a remote area, a small, tight-knit community has been impacted by droughts, bush fires and the COVID-19 pandemic, which has led to high unemployment and more people living in poverty. A few local farmers have died by suicide and a few of the teenagers have also died by suicide. One child makes a suicide attempt. Allied health professionals identify this as a suicide cluster, which is very dangerous for the local community as people may see suicide as the only way out of difficult life and family circumstances. The council calls an urgent meeting for all the local community service organisations and allied health professionals. They come up with an urgent mental health response plan to reduce the number of suicides and better support the urgent and dire mental health needs of the community. All services agree to disperse more qualified mental health professionals and allied health professionals at the local primary and high schools, youth drop-in service, the local GP clinic, and disability and family support services, who are available at different times of the day and week. Slowly, over a period of four to eight weeks, more adults, children and teens start to talk about their mental health struggles. The suicide rate slows and eventually stops.

Build and maintain relationships

Individuals, community service workers and organisations all benefit from professional networking partnerships and positive relationships with one another. The benefits for individuals, workers and organisations include:

- information and resource sharing
- sharing funding streams between agencies
- streamlined processes between agencies that share clients and client groups to avoid duplication
- targeted programs that meet individual and community needs
- improved referral processes.



Building and maintaining professional relationships and networks with CALD and First Nations community organisations
<ul style="list-style-type: none">• Attend local expos, festivals, council events, professional development events and conferences to get to know staff and colleagues.
<ul style="list-style-type: none">• Attend local action groups focused on a particular outcome for community group members; for example, improving outdoor hang-out spaces for teens.
<ul style="list-style-type: none">• Volunteer or work at their organisation to learn more.
<ul style="list-style-type: none">• Do independent research on organisations in your area to find out more about their service delivery and funding.
<ul style="list-style-type: none">• Suggest partnerships to build targeted programs between your organisations.
<ul style="list-style-type: none">• Suggest that your organisations put in applications for funding and tender processes.
<ul style="list-style-type: none">• Suggest information-sharing processes and memoranda of understanding between organisations.
<ul style="list-style-type: none">• Suggest collaborations for festivals and events celebrating local holidays and important dates.

Taking these kinds of actions takes considerable initiative. You may not have the time in your role to do so, and it may be beyond the scope of your role. Some organisations engage professionals such as community engagement managers, or service managers who source funding streams and connect with other agencies and organisations to manage these processes.

You can still suggest ways and methods of connecting and staying engaged with CALD and First Nations community service organisations, particularly if you know that service users are experiencing particular difficulties and require specific and targeted support. For example, if young people in the community begin committing more crime, organisations can come together to discuss diversional programs after school and in the evenings to ensure young people are engaged and safe.

Example

Build and maintain relationships with CALD community service organisations

Joanne works as a support coordinator in a family support organisation. A lot of the women who come from different south-east Asian countries do not speak or write English very well. Joanne contacts the local refugee support agency to speak to Kirri, the manager there, as they are experiencing the same thing. They both agree that the lack of cultural workers and the women's low levels of English are creating barriers to them engaging in services. Joanne says to Kirri that they have a support worker who used to be a TESOL teacher and wondered if they could somehow use this staff member to teach the women English. Joanne and Kirri meet a few times face to face to flesh-out the possibility of starting English classes. Joanne finds some funding from the local council that could be used to fund the classes. Kirri also thinks this is a great idea and she gets the organisation's tender writer to write up the application. After a few months, they are notified that they have been awarded the grant to provide 25 women with weekly, 90-minute English classes which will go for 12 months. They are granted permission to use a council community room for the classes.

Example

Build and maintain relationships with First Nations community service organisations

Sebastian works as a counsellor in a service that provides heavily discounted counselling services to children, teens, adults and families in a rural area. He and the other therapists have noticed that the Aboriginal people of the area find it difficult to stay engaged with the service, despite them reporting various difficulties in their lives. Sebastian remembers meeting Uncle Jack, a local elder, at a number of local community events. Uncle Jack and the local Aboriginal health service run a free drop-in health service for the local people. Sebastian rings up Uncle Jack to arrange a meeting. Uncle Jack explains that the local Aboriginal people find it hard to trust the white people of the area and it can take some time to build up that trust. He suggests to Sebastian that some of the therapists could use their activity room to see clients at the health centre. Sebastian says that is a great offer and they go together to see the room being offered. Sebastian walks into the health service and notices many of his previous and current clients sitting and chatting with each other. He sees how calm they are and realises that the setting is really important for Aboriginal clients.

Involving First Nations community members in assessment processes

Once you have established and maintained relationships with First Nations community members through partnerships and networks, it is important to have their input into your organisation's assessments processes and protocols.

This input could lead to:

- more culturally safe and sensitive assessment practices and processes
- more First Nations languages being used in assessments
- better knowledge about which assessments are the most culturally sensitive and safe for First Nations people.

For more information about First Nation organisations that provide community services to First Nations people, visit:

- aspirelr.link/support-first-nation-organisations
- aspirelr.link/djirra



Example

First Nations community members giving advice about assessment processes and protocols

Aunty Joyce, a local First Nations elder is having a meeting with Colleen, who is the service manager at the local women's health service that provides a range of allied health professionals and health checks to local women. The organisation is also a feminist organisation, which means that one of its aims is to empower local women. Aunty Joyce says to Colleen that many of the First Nations women have become upset with how the case manager, Kylie, has been doing psychosocial assessments. Colleen wanted to know more, because she wants the service to empower all women, especially First Nations women. Aunty Joyce says there is a question in the assessment about the women's childhood which is causing them distress, because many of the women have either come from the Stolen Generations or are descendants of people who were taken from their families. Aunty Joyce says this is triggering the women, and they are not wanting to return to the centre or to see Kylie again. Colleen says she will speak with Kylie about removing the question. She does so, and they agree to remove the question from the psychosocial assessment. Colleen contacts Aunty Joyce to let her know they have removed the question and Aunty Joyce lets the local First Nations women know what the centre has done to accommodate their needs. The women slowly begin to return to get their health needs attended to.



Practice Task 13

Question 1

Which of the following build and maintain relationships with ethno-specific and multicultural organisations, including First Nations organisations? Tick all that apply.

- Attend local expos, festivals, council events, professional development events and conferences to get to know staff at these organisations
- Work at these other organisations to find out more
- Create partnerships to build targeted programs between organisations
- Discuss and share client information with workers from the other organisations to gain insight and input into possible support options
- Suggest collaborations on festivals and events celebrating local holidays and important dates

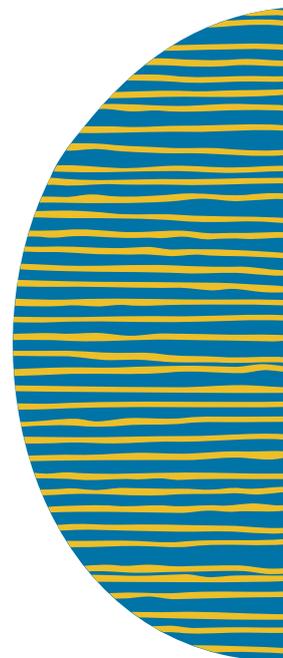
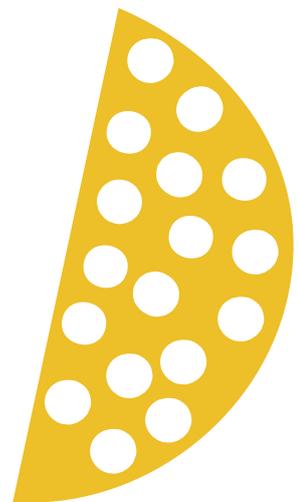
Question 2

When working to support a First Nations person, briefly describe why involving a First Nations representative in the assessment process can be beneficial.



Summary

- When organisations are culturally safe and inclusive, clients are more likely to stay connected and engaged in services and assessments.
- Creating professional partnerships and networking with other local community service organisations can help build the profile of your organisation and better meet the needs of your community.
- Cultural workers can help to build culturally safe and sensitive organisations by incorporating language, customs and practices of the cultures they represent.
- First Nations community members can provide culturally sensitive and safe advice about assessment practices and protocols.
- Professionally qualified interpreters can provide interpreting services in cases where a client has a preferred language other than English.





Learning Checkpoint 3

Respond to diversity

Part A

1. List two assessment processes and practices that can help build trust and confidence.

2. Which of the following characteristics are protected by Australian anti-discrimination laws? Tick all that apply.

- Socio-economic status
- Marital status
- Sexual orientation
- Physical features
- Political or religious beliefs

3. Explain how being prejudiced and judgmental can impact how a worker performs their role.



4. List two ways an assessment process can be non-discriminatory and suitable for people with multiple needs.

5. Which of the following statements are correct? Select yes or no for each one.

a. Offering assessments in someone's preferred language is a way of providing equitable access and culturally competent assessment to CALD and First Nations people.	Yes / No
b. If a First Nations person only speaks English, they will not require a language or cultural interpreter to complete an assessment.	Yes / No
c. Using assessment documentation that contains female and male pronouns and identities ensures equitable access to all people, regardless of cultural background.	Yes / No
d. First Nation organisations can help bridge the gap between mainstream community service organisations and First Nations people who require support.	Yes / No



Part B

Case study

Mandy is a service manager at a local health service that provides health care to both men and women. She is meeting with Uncle Bob, a local Aboriginal elder, to discuss the low attendance rate by First Nations men. Uncle Bob tells Mandy that the men only want to discuss their health care, including sexual health, with male professionals. Seeing as there is only one available health care professional who is a man, many of the men will not wait for an appointment as it takes too long. Mandy acknowledges that this is an issue. She leaves Uncle Bob and goes to speak with the director of the service to try bridge this gap in human resources. The director suggests partnering with other First Nations organisations, both as a way of addressing the human resource gap and as a way of improving services to First Nations people.

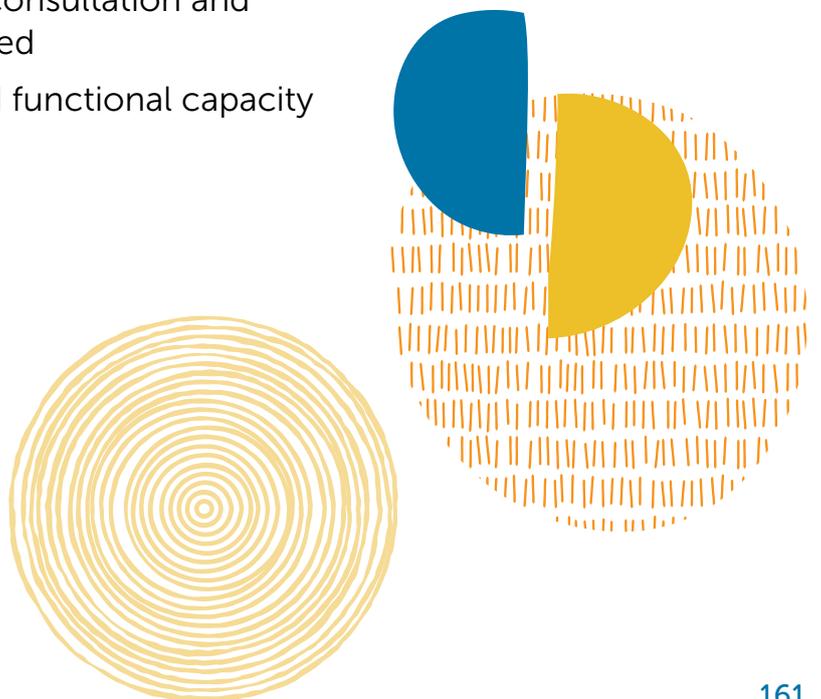
1. Suggest two ways that Mandy could build connections with First Nations organisations.

2. List two ways a First Nations representative can support a First Nations person in the assessment process.



Topic 4: Respond to people with different needs

- 4A Support people with complex needs and facilitate access to assessment
- 4B Recognise when secondary consultation and specialist assessment is needed
- 4C Help motivate clients to build functional capacity and set goals



4A

Support people with complex needs and facilitate access to assessment

People who have complex needs may have more than one type of disability or condition.

They may have a disability or condition that is difficult to manage, or that changes/worsens over time. Complex needs may arise from a disability or condition that has been present from birth (congenital) or that has arisen after birth (acquired). Rather than focusing on the type of disability or condition, seeing the whole person and identifying their particular needs is useful for identifying relevant services and supports. Here are some areas of life in which people may have complex needs.

Physical functioning and mobility	Physical functioning and mobility refers to how the person moves and any assistance they require, such as wheelchair, walker or assisted transfers. When a person has multiple disabilities, it is called a comorbid disorder. For example: A person who has autism and cerebral palsy, is experiencing comorbidity.
Physical disability and mental health disorder	Where someone experiences a physical disability and a mental health disorder, this is also called a comorbid disorder. For example, a person is a quadriplegic and also has schizophrenia.
Dual diagnosis	Dual diagnosis means that a person has a mental health disorder and a dependency on drugs or alcohol.
Social/emotional/behavioural	Social, emotional and behavioural refers to how the person interacts with others, and any relevant information about their emotional or mental health or behavioural issues.
Communication	Communication refers to how the person interacts and imparts information to and with others, and any equipment or aides required (such as communication boards, assistive technology, sign language or an interpreter).
Financial	People with financial issues may have a gambling issue, be burdened by significant debt, have lost their job or Centrelink payment, or be experiencing financial abuse.
Legal	A person may be facing criminal charges, be out on bail, have lost their children due to criminal charges, or be facing civil issues such as being sued.
Daily living/recreation management	Daily living and recreation refers to how the person manages their activities of daily living and general leisure tasks, and any assistance required (making bookings, organising transport or providing supervision).



Complex situations

Complex situations refer to a range of circumstances that mean the person requires multiple and often intensive interventions to help them function in daily life. Examples include a person fleeing from domestic violence, a person who is homeless, a person who is long-term unemployed, someone who is not coping well with grief and loss.

Video: Addressing complex needs

Watch the following video on how social workers address clients with complex needs:

- aspirelr.link/yt-addressing-complex-needs

Pay attention to the impact of change and the importance of balance when addressing complex needs.



Coexisting issues

Some people have issues that coexist with their primary disability or mental health condition. This makes providing care and support more challenging, however with careful planning and consideration many of these issues can be easily dealt with.

By paying attention to coexisting issues and understanding how they affect a person, you can help the person manage them so they do not become a major limiting factor for activities of daily living. You can use direct questioning, as well as observation, to help you understand how coexisting issues are affecting their daily activities. Coexisting issues must be considered prior to offering support services and care.

Some coexisting issues that must be considered are:

- whether the person requires a translator to interpret for them
- whether they are misusing drugs and alcohol
- whether they have mental or physical health conditions
- whether they have transport difficulties
- whether they live with social or geographical isolation
- whether there are financial issues/significant debt
- any religious or cultural requirements
- any carer or other family responsibilities.

The impact of dual, complex and multiple issues

Dual diagnosis

When a person has one or more diagnosed mental health conditions at the same time as a problem with alcohol or other drugs.

Comorbidity

The presence of two or more coexisting mental or physical conditions, disorders or diseases.

When a person has complex issues, including **dual diagnosis**, it increase their vulnerability to other conditions and difficult life circumstances. This can lead to **comorbidity**.

Common outcomes of comorbidity and dual diagnosis:

- poor physical health, complex diagnoses and poor treatment outcomes, leading to greater impairment
- a lack of social networks and support and a risk of homelessness
- poor interpersonal relationships
- greater risk of violence and aggressive behaviour, including a greater risk of violence to self, such as self-harm, suicide or substance abuse
- resistance to change
- cycle of abuse and dysfunction in relationships
- disruptive, inappropriate behaviour, such as criminal behaviour or inappropriate sexual behaviour
- unemployment or under employment
- living in poverty
- financial issues, including gambling addictions, debt or financial abuse
- greater engagement with justice departments.

Source: Parliament of Australia, Chapter 14 – Dual Diagnosis ‘The expectation not the exception,’ accessed via https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Former_Committees/mentalhealth/report/c14

Prioritising needs

Care and support may be required for a short period of time, such as in response to a crisis or as part of planned respite or a short-term activity. Sometimes ongoing care is required to support daily activities or a regular schedule of tasks such as employment, recreation or personal care requirements. Establishing how urgent the needs are helps determine the priority of meeting a person’s various needs.

Here is an example of how needs can be prioritised:

<p>Crisis support</p>	<p>Crisis support can be provided to help manage a short-term crisis, such as a family illness, change to living situation or a sudden change in health status or care needs, if the person has suddenly become homeless or is fleeing domestic violence.</p>	<p>High needs</p>
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Intermittent care	Intermittent care can be provided from time to time, when required; for example, if a person's condition exacerbates or when they are having respite care.	High, medium or low needs
Transition care	Transition care facilitates a transition from one setting to another, such as moving from home to a residential setting.	High, medium or low needs
Ongoing support	Ongoing support, such as daily or weekly care, is provided according to a regular, planned schedule. It ensures the maintenance of usual life functioning and arrangements.	High, medium or low needs

Facilitate access to assessment

A person with complex and coexisting issues will have additional needs in accessing and participating in the assessment process. The strategies below can be used to support people with complex and additional needs to access assessments:

Types of support needs	How to support clients with these needs so they can access and engage in assessment
Communication needs	<ul style="list-style-type: none"> • Use communication books and devices to communicate aspects of assessment to the person. • Invite the person's support worker to help communicate the assessment. • Arrange an interpreter if the person has language needs.
Cultural needs	<ul style="list-style-type: none"> • Arrange for a cultural worker to attend the assessment. • Arrange for a cultural community member to attend the assessment.
Social needs	<ul style="list-style-type: none"> • Invite friends, family or members of the person's support network to the assessment.
Cognitive needs	<ul style="list-style-type: none"> • Provide regular breaks. • Offer to write information down. • Offer to do the assessment split over a couple of days or weeks, rather than in a single appointment.
Transport needs	<ul style="list-style-type: none"> • Arrange transport if your organisation provides this. • Look into local public transport options and provide this information for a client if they need it. • Offer to do an in-home assessment if the client has no transport options.
Emotional and psychological needs	<ul style="list-style-type: none"> • Use the best of your communication skills: empathy, active listening, validation, and appropriate use of open and closed questioning. • Perform a risk assessment of any risk factors



Types of support needs	How to support clients with these needs so they can access and engage in assessment
Financial needs	<ul style="list-style-type: none">• Tell clients prior to the assessment if there is any financial cost to them to undertake the assessment.• Offer relevant funding to them for assessment.• Source funding streams for them (if this is part of your role).

Example

Assessing a person with complex needs #1

Marco is a disability support worker who supports people in their home. Today he is meeting Sasha to perform a skills assessment in her home. Sasha has a moderate intellectual disability and already has some needs and goals she would like to work on. Sasha's father, Dan, also attends the assessment to support Sasha and provide information for Marco. After Marco explains confidentiality and privacy, clients rights, how he will manage risk factors and disclosures, and explains what the assessment will look like, he asks Sasha and Dan to share information about Sasha's life and her needs for the assessment.

Dan explains that Sasha also has a slight vision impairment and occasionally struggles with communicating. Dan shows Marco the communication book they use to communicate with Sasha. Dan also explains that Sasha has Type 1 diabetes and says what they do to manage that condition. Marco makes a note of all the different aspects of Sasha's conditions and needs that he will incorporate into the skills assessment, which will also be incorporated into her individual support plan. Marco begins the assessment and Dan supports Sasha to demonstrate each skill for Marco. Marco praises Sasha for doing each part well and trying her best. They take several breaks for Sasha to rest and to test her blood sugar levels. Marco checks with Dan and Sasha to ensure he is meeting Sasha's needs throughout the assessment.



Example

Assessing a person with complex needs #2

Judson is an AOD support worker and regularly performs AOD assessments with people to determine their needs and recovery goals. Today he is meeting with Kelsey, a new client who is hoping to get support from Judson's organisation. Kelsey is currently homeless, has a heart condition and is on methadone. She is actively recovering from a long-term heroin addiction. Kelsey explains to Judson that she cannot read and needs him to fill out all forms, but she can sign her name on consent forms. Judson asks if she would like to have regular breaks throughout the assessment which usually takes an hour. Kelsey confirms that a couple of breaks would be helpful. Judson asks if there are any family members or support people she would like involved. Kelsey explains that she does see a psychologist regularly and says she would like her input in the assessment process. Judson gets Kelsey's consent to contact the psychologist and request information about Kelsey's situation and a phone conversation.

Practice Task 14

Question 1

Suggest two ways you can facilitate access to assessment for people with communication needs.



Question 2

The person you support is a quadriplegic. They recently became homeless after a relationship breakdown. Explain the support you would provide this person and how you would ensure they access appropriate assessment.

4B

Recognise when secondary consultation and specialist assessment is needed

You must know the limitations of your work role and expertise and refer people or seek additional support when necessary.

Community service providers have a duty of care to the person accessing their service. Teamwork is often necessary to meet this requirement. Operating outside the scope of your work role or level of qualification is unethical and not person-centred. You run the risk of breaching your duty of care by doing so. Where a person needs assessments or services beyond your scope of practice, you must refer them to a service that is better suited to meet their needs. In this case, you need to liaise with and report to the people or agencies responsible for the assessment. Some people with complex needs can be a risk to themselves and others, so if assessment is beyond your scope of practice, you need to seek assistance from colleagues, senior staff and/or experts in the area.

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

Information on your assessment role and responsibilities can be found in:

- your position description
- the organisation's policies and procedures, specifically those on duty of care
- your qualifications and accreditation
- relevant legislation
- service agreements with other organisations or agencies.

Position description

Your position description is a key document to refer to when seeking clarification about your role. It details:

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



Organisational policies and procedures

The limits of your role will also be guided by your organisation’s policies and procedures. These specify what your organisation is assessing and the skill level/ qualifications/job titles of their staff.

Assessment tools	It is important to only use assessment tools and procedures that have been adopted or approved by your organisation. This means you are fulfilling your responsibility to the organisation and meeting your duty of care obligations to people who access your service.
Your training	It is your organisation’s responsibility to ensure that you have the necessary training and/or accreditation to assess people with complex needs. If a person’s needs fall outside the criteria nominated by organisational policy (for example, individuals under the age of 16), consult your supervisor to determine an appropriate referral.

Work role boundaries

Boundaries

Guidelines, rules or limits that help you to behave in an ethical way and separate your professional from your personal life.

Boundaries set the limits of acceptable workplace behaviour and provide information on how you can communicate and work with others. Boundaries help you and your colleagues to understand your individual roles and responsibilities.

You will find these boundaries outlined in several documents, such as your position description and the policies and procedures of the service. You can also discuss boundaries with your supervisor who will help you understand what they are and why they are important; for example, what information can be shared with parents.

To maintain professional work role boundaries, you need to be aware of how you speak and work with others and what is and is not appropriate to say or do in certain situations.

Work role boundaries are about:
• being professional
• being friendly, but not overly friendly
• maintaining confidentiality
• respecting differences of opinion
• ensuring parents also understand what the boundaries are with respect to their children.



Seek assistance when tasks are outside your job role

Because of the diversity of the roles and services offered in the community services sector, there are a range of professionals you could be reporting to. When you first begin your role, make sure you understand who you must report to for the various physical and mental health issues that may occur while you are supporting clients. Your organisation will also have policies and procedures outlining how you escalate different work situations to the correct person. Your organisation will also have documentation that needs to be filled out in response to the situation.

There will be times when you are unable to provide all the assistance a person (and their family, carers and friends) may require. The boundaries of your role can restrict the actions you are authorised to take. Additionally, there will be times when you do not have the expertise or competence to provide the assistance required. You must be able to recognise these situations and seek assistance from a supervisor, more experienced work colleague or other health care professional. Other health professionals such as nurses in community health centres, social workers, occupational therapists, psychiatrists, psychologists, drug and alcohol workers, leisure and health officers, and employment agencies might all be useful referrals.

Health situations beyond your role

Situations may arise when a person develops physical or mental health issues that are beyond the scope of your role. Additional support is required. In these situations, you need to report the health concern to the relevant person in your organisation such as a team manager or supervisor.

Health situation	Example scenarios and who to report to
Physical health	<ul style="list-style-type: none"> • A person has fallen in the bathroom and you have not completed manual-handling training. Lifting the person could cause additional harm to the person or to yourself. • In this situation, call an ambulance so the person can be lifted safely and have any injuries treated. • If in doubt, check with your supervisor



Health situation	Example scenarios and who to report to
Mental health	<ul style="list-style-type: none"> • People with psychosocial disabilities and mental health needs may also have other issues that require complex interventions and treatments. They may require more support than the basic emotional support that you provide to them. • They may have psychiatrists and psychologists who have input into their care. They may also need more monitoring of their emotional and psychological health and wellbeing, which can only be done by registered nurses, mental health nurses, psychologists and doctors. • You need to escalate mental health situations of people with psychosocial disabilities and mental health needs, when: <ul style="list-style-type: none"> - a person is reporting that they are seeing, hearing, or feeling things that are not there - the person is more depressed or emotional than usual - the person is not coping with their current life situation - the person begins talking about wanting to die or to not be around anymore - medications for psychiatric treatment are not working the way they have previously - the person is experiencing significant memory issues - there is evidence or concern that the person is self-harming - the person is concerned about their signs and symptoms of mental health disorders.
Assistance with medication	<ul style="list-style-type: none"> • You may be trained to administer medications to clients. You must only give medications if you have been trained to do so. • Medications can usually only be given from a pre-packaged device known as a dose administration aid (DAA). It contains medication that has been carefully checked and sorted into the times of the day that it is to be given. • Important things to remember when assisting with medications include: <ul style="list-style-type: none"> - Always focus on the task you are doing. Distractions can cause you to make mistakes. - Take your time and be careful. You will need to be supervised when you first help with medications. - Always ask for help if something does not seem right.

Dose administration aid (DAA)

A package that contains the person's weekly medications, put together by a pharmacist.

Video: Medication in aged care

Watch this video about how to provide assistance with medication: [aspirelr.com/link/youtube-medication-aged-care](https://www.aspirelr.com/link/youtube-medication-aged-care)

Pay particular attention to the guidelines that must be followed when helping the person manage their medication.





Example

Report health situations beyond the scope of your role

Jessica is working with Larry, a war veteran, and his wife Lynda. Lynda approaches Jessica and explains that Larry has been having disrupted sleep, night terrors and mood swings since returning from service. She asks Jessica for advice on how she should deal with the situation as it is affecting Larry's health – he is losing weight and is tired all the time.

Jessica is aware that providing advice is outside of the scope of her job and her expertise. She acknowledges Lynda's feelings by saying, "It sounds like this is causing you a lot of concern. Would you mind if I speak to my supervisor for more suggestions?" Lynda accepts this offer and Jessica discusses the situation with her supervisor.

Example

Focus on medication tasks

Pauline has completed her training in assisting with medications. She feels a little nervous about this responsibility, but she feels well supported by people she can ask questions of or seek support from. She takes her time and makes sure she is able to focus on the task. Her service has a procedure that requires staff members to wear a yellow apron when they are assisting with medications. The aprons have a message worded in large red letters, 'Medication round – Do not disturb.' The aprons warn other staff and residents that she needs to focus.

Role of other organisations providing assessments

Your organisation may rely on external organisations to provide various assessments for your client groups. Examples of this are a psychologist providing a range of cognitive assessments to help you determine a person's needs and capacity, or an AOD organisation providing AOD assessments to help determine the needs of clients you are supporting.

Your organisation will have a record of which organisations and allied health professionals do which assessments, and how to access those assessments and set up appointments for them. You may need to inform your client when, where and how to access other professionals or organisations for assessments which need to be performed outside your organisation.

Ensure equitable access for clients

Where you refer a client to an outside organisation for assessment or service delivery, ensure the organisation is accessible for your client. This means double checking that the person has access to the buildings, staff and supports they need. For example, you may need to double check that a CALD or First Nations organisation still provides a cultural worker for clients. Double checking these details can reduce disappointment for people and save them time.

Video: Equitable access

Watch the following video on equitable access to home and community care: aspirelr.link/yt-equitable-access

Pay attention to the barriers older people encounter and how equitable access can be provided.



Follow processes for accessing services

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

Guidelines for accessing services:

- Use the appropriate method of communication and procedures for referral.
- Communicate with necessary parties about referral; for example, notify the person and their advocate or family members as required.
- Communicate with the service on behalf of the person or facilitate contact between the service and the person themselves.
- Complete the requisite documentation when making contact with a service or network.
- File communication documentation appropriately.
- Seek the person's consent to release information using the appropriate consent form.

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



Process for accessing services

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

Roles of health professionals

Depending on the person's needs, there may be a combination of several different types of professionals in the multidisciplinary team to support them.

The following table outlines the assessments provided by different allied health professionals.

Psychologist	Provides a range of cognitive assessments and therapeutic interventions designed to assist the person.
Social Worker	Provides case management, referrals and links to other service providers the person may need. They may also act as advocates and counsellors.
Doctor	Provides a range of physical assessments and tests. Provides prescriptions for medications.
Psychiatrist	Provides a range of cognitive assessments and therapeutic interventions designed to assist the person. Provides prescriptions designed to control the symptoms of mental health disorders.
Occupational therapist (OT)	Provides a range of cognitive assessments and physical assessments, as well as therapeutic interventions designed to assist the person. Can prescribe equipment to increase mobility and functionality; for example, shower chairs, wheelchairs, communication devices.
Registered nurse	Provides a range of physical assessments and clinical care directly to clients/residents.

Speech therapist

Provides a range of speech assessments to determine treatments that are designed to increase speech and communication. For elderly people, speech therapists most often assist those who have had a stroke or an acquired brain injury and have lost the ability to speak.

For more information on multidisciplinary teams, visit: aspirelr.link/nsw-multidisciplinary-teams

Video: Multidisciplinary teams

Watch the following video on multidisciplinary teams: aspirelr.link/yt-multidisciplinary-teams

What support and care can multidisciplinary teams provide?



You may find yourself having to report to a multidisciplinary team to give input about a person you are assessing. Information required from you for the allied health professional may include:

- what assessments you have been using and what evidence-based judgments you have gathered from them
- your recent observations about the person
- their areas of strengths
- any areas of recent deterioration – for example, someone who used to be able to hold a spoon up to their mouth but can now only hold a spoon for a few seconds
- concerns you have about the person
- details of support and care strategies and tasks you have been using.

Professionals who collaborate with relevant people

It is critical that these people communicate and collaborate with one another and share relevant information regarding the person's care. A case manager or social worker may be assigned to liaise directly with the person requiring support to help them understand the information and make decisions. A case manager/social worker reduces the intrusion of different people coming into the person's life and can help reduce the workload for families.

Here is how the case manager/social worker fills an important role in helping collaborate with others in a support team.



Consult	Meet with the person directly, discuss their needs and goals and obtain permission to contact others on their behalf.
Identify	Identify relevant personnel who can offer appropriate care and support to meet the person's goals and needs, such as a physiotherapist or mental health professional.
Contact	Contact other relevant people to discuss their ability to provide services and the eligibility of the person to receive them. Examples may include the Commonwealth Home Support Program or Queensland Community Care Services.
Meet	Meet with other relevant people to develop a plan to prioritise (and help the person achieve) their goals and meet their needs. This may include the person receiving support, the person's family, health professionals and other support service providers.
Report	Report back to the person and share information about what has been achieved at the meeting with other relevant people and seek their permission to proceed with establishing support service arrangements that will meet priorities and needs.

Example

Recognise the need for secondary consultation

Cathleen makes an appointment at a carers' support service because she is struggling with her role as a carer. Cathleen cares for her husband Roy, who became a quadriplegic after a car accident. She meets with the case manager who helps her to identify and prioritise her needs. Cathleen mentions that her top priorities are: getting urgent respite so she can have some more time to herself to have a break; getting intensive home support for Roy's personal care tasks because doing these every day is aggravating a back injury she has; and a need for more social interaction. The case manager, Ari, firstly determines if Cathleen can contact services herself or if she requires assistance to do that. Cathleen confirms that she can do it herself. Ari puts Cathleen in touch with a disability respite service who can organise in-home respite. Ari also puts her in contact with an in-home support service who send out nurses to assist with high-needs clients. Ari recommends that she attend their in-house carer support group which runs weekly and monthly groups. Cathleen says that she is interested in attending both groups. Ari also explains that she can organise respite care for her husband while she attends the groups. Ari queries how Cathleen could take care of her back injury. Cathleen says that she could go back to her doctor to have a review of the injury.



Practice Task 15

Question 1

Which of the following statements are correct? Select yes or no for each one.

a. Legislation, organisational policies and procedures and your position description will specify your job role, responsibilities and boundaries.	Yes / No
b. Part of the job role of a community services worker is to administer medications from a pre-packaged device known as a dose administration aid (DAA).	Yes / No
c. All health situations a person is experiencing beyond your knowledge or expertise should be escalated to your supervisor.	Yes / No
d. If the person you support is more depressed or anxious than usual, secondary consultation or specialist assessment with a psychologist/psychiatrist should be sought.	Yes / No

Question 2

Which of the following processes facilitate inter-organisation relationships and assessments across multiple organisations? Tick all that apply.

- Obtaining the person's consent to share their information with other organisations
- Compiling and delivering personal information, including an assessment report to the other organisation
- Sending an introductory email to the service in question
- Arranging a meeting between you and the coordinator of the other service to discuss and plan the person's assessment
- Completing an organisational referral form so the person can access the external organisation



Question 3

List three signs that indicate a person’s health may be unstable and they require an assessment from a qualified health professional.

Question 4

Match each health professional to the need they address.

Psychiatrist	When the person requires a range of physical assessments and clinical care.
Speech therapist	When the person requires a cognitive assessment and therapeutic interventions to assist them with the symptoms of their mental health disorder.
Occupational therapist	When the person requires speech assessments to determine treatments designed to increase speech and communication.
Registered nurse	When the person requires a cognitive and physical assessment, as well as the prescription of equipment to increase mobility and functionality.

4C

Help motivate clients to build functional capacity and set goals

Motivation can be defined as the internal driving force we have to meet our needs and goals.

This is different from biological motivation, which is the innate drive to eat and drink, sleep and otherwise keep ourselves alive.

Motivation is made up of three different processes:

1. Activation	This is where we decide to initiate a behaviour, for example, to enrol in a class.
2. Persistence	This is the sustained effort we put into pursuing a goal, despite challenges and obstacles; for example, staying in the class despite having other life challenges.
3. Intensity	This is how much effort we put into achieving the goal; for example, putting in a lot of work to pass the unit of study.

Extrinsic motivation

Being motivated to do something by an external reward, such as praise or money, or to avoid something unpleasant.

Intrinsic motivation

Being motivated to do something for its own sake, for the pleasure, enjoyment or satisfaction it gives.

Both **extrinsic** and **intrinsic motivation** are important when learning and trying new things.

You can read more about motivation here: aspirelr.link/what-is-motivation

Video: Motivation and change

Watch the following video on motivation: aspirelr.link/yt-motivation-and-change

Think about the role misery plays in motivating the people. Can you think of examples where a person you supported was motivated by their experience of misery?



Barriers to motivation

People with support needs often experience a range of barriers that negatively affect the activation, persistence or intensity aspects of motivation.

Barriers that decrease motivation include:

- low self-esteem and self-confidence
- depression and anxiety
- medications that cause drowsiness
- learned helplessness



- ambivalence (in which you have both positive and negative feelings about something)
- addictive behaviours; for example, compulsive gambling, substance abuse, excessive time on social media
- engaging in negative/maladaptive coping skills.

When a person struggles with motivation to achieve their needs and goals, be kind. People cannot be forced or talked out of the barriers they experience and may require support from a professional such as a social worker, mental health nurse or psychologist. As a community service worker, you can always offer simple suggestions to engage in positive coping strategies, such as returning to the present moment, slowing the breath, taking a time-out, spending time with a loved one or doing some gentle exercise.

Video: Dealing with resistant clients

Watch the following video about dealing with resistant clients: aspirelr.link/yt-resistant-clients

Think about a time in your own experience when encouraging a person's resistance might have been effective in helping them to overcome it.



Video: Coping mechanisms

Watch the following video on coping mechanisms: aspirelr.link/yt-coping-mechanisms

Take notes about healthy coping mechanisms that can be used and encouraged.



Example

Identify motivation level and barriers to motivation

Andrea has turned up to a women's community service organisation and asked to speak to someone. She sits with community service worker, Fleur, who wants to hear about her story and needs. Andrea says that she is living in a bad and violent situation with her partner Bruce and she does not know what to do anymore. Andrea describes Bruce's coercive behaviours and how she is verbally and physically abused by Bruce. Fleur asks what, if anything, she has done to address the behaviour. Andrea says she feels completely helpless and has no choice but to be there. Fleur explains what kind of supports they offer women in domestic violence situations.

Andrea withdraws and says she can't see herself doing the things Fleur is saying because she is scared of more violence from Bruce. She also says she can't live without Bruce and he is not a bad guy all the time. Andrea says she is drinking and smoking more and more lately. Fleur offers some support for the drinking and smoking and Andrea declines, saying it's not that bad.

Analysis of the scenario: Andrea has very low self-esteem and confidence in her ability to follow through with actions to protect and help herself. She also displays ambivalence about her partner, as well as about her drinking and smoking. She displays learned helplessness in which she is stuck in a perpetual cycle of helplessness and can't see any positive way out of the situation. The combination of these factors means that Andrea has very low motivation to change her situation, despite her recognising that it is harming her.

Functional capacity

Functional capacity refers to a person's ability to perform daily tasks that are necessary and desirable in their lives. For an adult, this refers to their ability to establish and maintain capacity across the following domains:

- social support (from family, friends, cultural, religious and interest groups, local community)
- finances
- home
- work
- education
- mental health
- physical health.

The more functional ability and capacity a person has across these domains, the better their quality of life and mental and physical health will be.

Video: Functional capacity

Watch the following video on functional capacity assessment: [aspirelr.link/yt-functional-capacity-assessment](https://www.aspirelr.link/yt-functional-capacity-assessment)

Pay attention to the components of the assessment and what is involved in terms of creating meaningful assessments.





Harness motivation to increase skills and quality of life

Motivation is integral to improving the quality of life of a person and increasing their skill sets. To understand how a person uses motivation, consider the following:

- Listen for what daily living tasks they can do by themselves without any assistance from others.
- Listen for what daily living tasks they need minimal or substantial support in.
- Listen for how they motivate themselves to do a task. For example: if a person creates a calm atmosphere for reading a book, this can also assist when creating transitions into new behaviours.
- How do they reward* their efforts for meeting their goals and daily needs? For example: they give themselves time out or a rest after doing part of a task.
- Listen for barriers to motivation.

(*Note: Food is not an appropriate reward as it creates a poor relationship with food and can even contribute to disordered eating.)

How can you harness a person's ways of motivating themselves to increase their functionality skills and capacities?

- Encourage them to engage in positive coping skills when they are feeling frustrated or demotivated.
- Encourage the use of appropriate extrinsic rewards when they do a task, or part of a task. For example: five minutes of a game they enjoy for every 30 minutes of performing a task.
- Break tasks down into manageable steps.
- Break down large goals down into smaller, more achievable goals or milestones.
- Begin to formulate strategies for support and service delivery that come into play where the person's functional capacities end.

Matching service delivery to a person's goals

This is where you specifically match a person's needs to the services your organisation provides. Your organisation may only focus on some domains of a person's functionality.

Tips for forming goals and service delivery around a person's functional capacity:

- Never offer what you cannot provide. Doing this, even incidentally, can give false hope.
- Explain very explicitly when introducing the assessment what your organisation does and does not do.

- As far as possible, fit support strategies into the needs and goals of the person.
- Where appropriate, use assessment results about a person's functional and cognitive capacity that have been done by other professionals. These can provide a lot of information about what the person can and cannot do. Do not duplicate results that have already been provided in other assessments; people find duplicated questions annoying and frustrating.
- Listen for areas of natural motivation, such as hobbies and topics of interest. These interests and hobbies can be incorporated into service delivery to naturally build motivation for other tasks.

After you have identified and formalised a person's needs, goals and preferences, you can begin to incorporate these into a service delivery plan. Depending on the organisation, this may be called an individual support plan, a recovery plan, a support plan or a service needs plan. This plan should be added to the person's file, along with assessment results, so that anyone who needs to look at it can see the identified needs, goals and service delivery details. Support plans are fluid documents, meaning that they are subject to change depending on the person's needs and circumstances.

Example

Service delivery that meets functional capacity and goals

Tran and Lydia are meeting disability support worker, Braydon, for a skills assessment. Tran has Downs syndrome and is about to move into a group home with two other young people with Downs syndrome. Lydia, Tran's mother, wants to be at the assessment to help give Braydon the best information about Tran's abilities. Tran and Lydia both express that they would like her to learn more skills in the kitchen for cooking. Braydon asks questions about Tran's current abilities in the kitchen, so they can form a support plan for Tran in the kitchen. They go through and answer the questions and Braydon identifies that Tran has some fears around heat and cooking safely around the oven and stove top. Tran and Lydia both confirm that this is an issue. Braydon mentions some strategies they can put in place to help Tran overcome this fear at the same time as she is building confidence in the kitchen. Tran mentions that she does not like male support workers and would prefer a female support worker to help her in the kitchen. Braydon says that there is already a female support worker in the group home who assists the residents in the evenings. This puts both Tran and Lydia at ease.



Example

Service delivery that meets goals, functional capacity and natural motivation

Milo is 20 years old and has Level 2 autism. He likes trains and animals of all kinds. He would like to learn how to catch public transport independently to his workplace. Today he is doing a skills assessment with disability support worker, Janice. Janice notices that Milo will do anything to turn the conversation to the topic of trains and animals. Janice suggests that they incorporate this passion into the support strategies they use to help him do the transport training. Milo says he would love that and even gives examples of how he already uses trains and animals to help him to do tasks at work. Janice says that she really likes these ideas and suggests that they incorporate them into his support plan as well.

Practice Task 16

Question 1

Identify at least one way to harness a person's motivation to improve their functional capacity.

A large, empty rounded rectangular box with a thin grey border, intended for the student to write their answer to Question 1.



Question 2

Explain how breaking down big goals into smaller, more achievable goals can help to sustain motivation.

Question 3

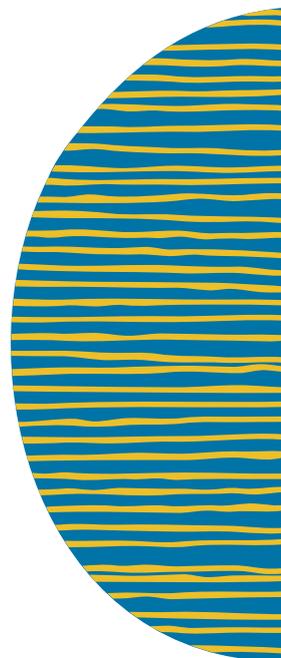
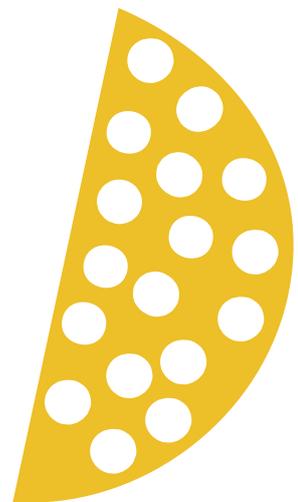
Which of the following actions would you take when matching service delivery to a person's goals and functional capacity? Tick all that apply.

- Offer services and support that give the person hope and intrinsically motivate them, even if they are not all within your power to deliver.
- Explain very explicitly in the introduction of the assessment what your organisation does and does not do.
- Attempt to fit support strategies into the needs and goals of a person as much as you can.
- Where appropriate, use assessment results about a person's functional and cognitive capacity that have been done by other professionals.
- Incorporate a person's interests and hobbies into service delivery to naturally build motivation for other tasks.



Summary

- It is important to understand the characteristics of a person with complex needs because this will guide what services you provide for them.
- When you are faced with an issue beyond the scope of your role, you must consult with a supervisor or experienced colleague and/or refer them to an appropriate professional.
- It is important to understand how the person you are supporting uses motivation to perform daily tasks.
- Use extrinsic motivation rewards to help a person meet their goals and needs, noting that food is not an appropriate reward to use.
- Only give medications if you are trained and authorised to do so.
- Working within your work role boundaries means you are working safely, legally and ethically at all times.





Learning Checkpoint 4

Respond to people with different needs

Part A

1. List two ways you can facilitate access to assessment for people with cognitive needs.

2. The person you support has a dual diagnosis and is fleeing from family violence. Which of the following actions would support the person and facilitate access to assessment? Tick all that apply.

- Organise crisis support so the person can immediately address their safety and accommodation needs
- Conduct a risk assessment of any risk factors
- Offer to do an in-home assessment
- Help the person access a funding stream
- Because the person is in crisis, schedule the assessment in a single session rather than splitting it over several appointments.

3. Match each situation to the need/support required.

A person is returning to work after knee surgery and is unsure whether they can still perform the required manual tasks.	Secondary consultation
A person expresses that they are struggling with their sobriety and are unsure what to do.	Medication administration
A person living in residential care requires oral medication to treat their mental health disorder.	Assessment carried out by a specialised health professional



4. Which of the following indicate that a person's health is unstable and requires assessment from a health professional? Tick all that apply.

- The person is not coping with their current life situation.
- A person temporarily forgets their contact number.
- A person is experiencing grief after losing a loved one.
- There is evidence that the person is self-harming.
- The person expresses concern about their mental health disorder.

5. List five actions within a community service worker's job role that can help facilitate inter-organisation relationships and assessments across multiple organisations, including referrals.



Part B

Case study

Sydney is 30 years old and has Downs syndrome. She enjoys colouring in and taking photographs. She would like to learn how to catch public transport independently so that she can go to the beach to take sunset photos.

Today, Sydney is with Caleb, a disability support worker. He will be doing a skills assessment with Sydney. Caleb notices how often Sydney talks about photography and relates many of the questions to this passion of hers. Caleb thinks it would be advantageous to incorporate Sydney's passion for photography into the support strategies they use to help her do the transport training.

1. Identify one way Caleb can build on Sydney's motivation to improve her public transport use.



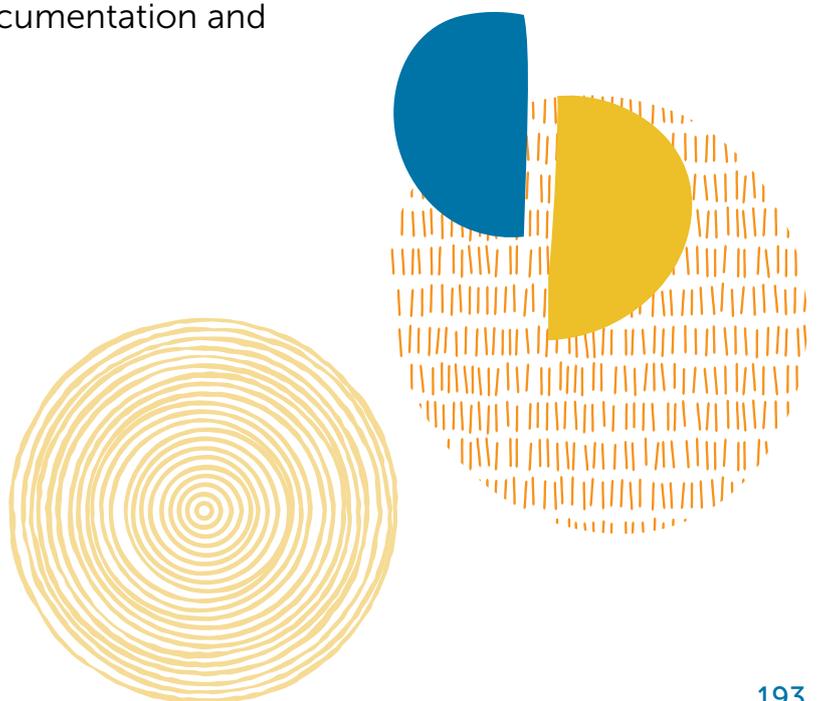
2. List three roles and responsibilities Caleb has in supporting Sydney.

3. Provide two examples of work role boundaries Caleb must respect.



Topic 5: Undertake ongoing assessment and review

- 5A Provide informal monitoring of health and wellbeing
- 5B Undertake reviews and reassess the person's needs
- 5C Maintain communication, documentation and reporting throughout



5A Provide informal monitoring of health and wellbeing

Part of your role as a support worker is to informally monitor your clients' health and wellbeing so you can take action if their health deteriorates.

Domains of health and wellbeing include a person's mental and physical health. Deterioration in these areas can look like:

- more or stronger symptoms of anxiety or depression
- symptoms of trauma
- disengagement in usual activities
- social isolation
- exacerbation of physical conditions or complaints
- conflict in relationships
- engaging in more negative or maladaptive coping skills; for example, denial, minimising issues, drinking, over- or under-eating, self-harm.

Without an appropriate response to these issues, a person can deteriorate further and may require urgent and immediate assistance. You can work proactively with the person by getting to know them well, understanding their functional capacities and abilities and what their normal days are like. This will help you monitor their health and wellbeing informally.

A person with complex needs, substantial disabilities and/or mental health disorders can deteriorate suddenly and require more careful monitoring of their physical and mental states as well as their life circumstances.

If you support a person who has suddenly deteriorated in their physical or mental health, you can suggest:

- that they see their regular GP
- that they see any doctor or nurse for a medical check-up
- that they return to their treating mental health professional, such as their psychiatrist or psychologist
- if their life circumstances have changed significantly or deteriorated, that they see their case manager or social worker
- to your supervisor that their support be increased, if you have the capacity to do so.



For any medical or mental health emergencies contact an ambulance and your supervisor immediately. If they have become homeless or are fleeing domestic violence, you need to provide an urgent referral to an appropriate service which can assist them.

Video: Social determinants of health

Watch this video on the social determinants of health: aspirelr.link/yt-social-determinants-health-impact



For more information on responding to the needs of clients in crisis, visit: aspirelr.link/aifs-clients-needs-in-crisis

Notify others involved in the assessment

If you need to respond to a person's deteriorating physical or mental health, you must also alert the people involved in the assessment process. This could be an allied health professional, family member, carer or case manager. Depending on the severity of the person's deterioration, an email may be appropriate or an immediate phone call, if the situation is more urgent.

Example

Respond appropriately to health and wellbeing needs

Hazell had been seeing Annabella at the local state carers service for counselling for around six months. Hazell contacted the service for help, saying she was struggling with caring for her two boys who have oppositional defiance disorder (ODD) and ADHD. Annabella had been working with her to build her capacity to return to work and engage in self-care. Annabella had also performed a psychosocial assessment to identify the risks and protective factors in Hazell's life.



Today Hazell turned up to the counselling appointment and Annabella noticed that she had scars on her arm. Hazell said that she had not been coping well these last few weeks and she had begun self-harming and having suicidal thoughts. Annabella immediately did a suicide and self-harm assessment, and Hazell scored quite low on it. However, Annabella knew that this could change at any moment and that Hazell required support to manage this rough period. Annabella suggested that they see each other weekly for the next month to provide additional support for Hazell. Hazell agreed that this was a good idea. Annabella checked to see if there was anyone she could contact to let them know what had occurred. Hazell said she could contact her doctor who was helping her deal with high blood pressure and stress. Annabella confirmed that Hazell would notify her doctor after their time was over.

Practice Task 17

Question 1

Which of the following signs may indicate a deterioration in a person's mental or physical health? Tick all that apply.

- Conflict in relationships
- Disengagement from usual activities
- Social isolation
- Adopting a lifestyle change, e.g., Going vegan
- Having a nightmare

Question 2

List at least three ways a community service worker could respond to the deterioration of a person's physical and/or mental health.

5B

Undertake reviews and reassess the person's needs

Depending on the organisation, there may be a formal and systematic review process to ensure that support plans continue to be effective.

A review process may occur:

- after a certain period of time; for example, once per school term or every six months
- after a person meets an intended goal
- if a person leaves and returns to the same service
- if there is a complaint about a service that has been delivered
- when a person has experienced a significant change of circumstances; for example, if they have become homeless, or abuse/neglect has been discovered and reported.

A review process is likely to explore:

- any changing but immediate needs of the person
- changes in a person's preferences or functional capacity
- any deteriorating conditions and issues that require a response
- what is working and what is not working on a support plan
- any referrals to other organisations or professionals that are needed for the person.

Reassess the person's needs

In order to reassess a person's need and determine if there are any new needs to add to their individual support plan/recovery plan, check the latest notes from the community support worker who is delivering support to the person.

These notes should give you an idea of what is changing in the person's life; for example, if they have a change of carer, home or job. The notes should give you an idea of the areas which require reassessment. This may mean you need to completely perform a new assessment or modify one assessment which has been pre-filled using the notes that the support worker has written on the individual support plan or client notes. You can also ask the person directly, in a reassessment appointment or phone call, what has changed and how it has changed their needs and goals.



Reassessment might also be required when:

<p>The person's circumstances have changed</p>	<ul style="list-style-type: none">• Work life – for example: loss of employment or income stream, changes in work conditions, new job, more or fewer work hours, beginning a new job role or coming back from injury.• Home life – for example: family or relationship breakdown, loss of housing, moving house, need for crisis accommodation, family violence situation, court orders, child protection.• Social life – for example: new social supports and connections or loss of social supports, experiences of grief and loss, social isolation.
<p>The person's health has changed</p>	<ul style="list-style-type: none">• Physical health – for example: sudden injury or illness, pregnancy, hospitalisation, new or changed medications, deterioration in current health status, car accident, disability, victim of abuse.• Mental health – for example: deterioration or improvement in mental health condition, changes in medication, new diagnoses, insomnia, poorer cognitive function, memory loss, emotional distress.
<p>The person's carer is experiencing poorer health</p>	<p>Poorer health outcomes for a person's carer may be due to:</p> <ul style="list-style-type: none">• ageing• their own disabilities or mental health issues• physical injury or strain from support work• emotional burnout from carer responsibilities• fatigue• social isolation and feelings of hopelessness• lack of emotional support• stress.

Example

Reassess a person's needs or skills

Kevin is a disability support worker and has been supporting Cane at home. Cane has a mild intellectual disability and schizophrenia. Kevin has noticed that Cane is capable of much more than what is stated in his individual support plan and skills assessment. Kevin has noticed that the assessment has not considered Cane's reading or computer skills in looking for work. He brings this up with Cane and his mother Stella and they both talk about not enjoying the assessment process with the assessor, who has actually left Kevin's organisation. Kevin suggests to them that Cane perform a new skills assessment that includes skills he has observed Cane show proficiency in. Cane and Stella both agree this is a good idea and they are happy that Kevin is taking the initiative to do a reassessment of his skills.

Reprioritise a person's needs for service

You can maximise the regular review process by discovering additional needs the person has. You can do this by using open ended questioning to find out what changes have occurred in a person's life and potentially re-prioritise the person's needs for service. Re-prioritising here means that you adjust the needs and goals according to the person's needs and preferences. Give the person control over this process, as this supports their self-determination, is person-centred and specifically boosts their motivation to meet their goals and work with you. The re-prioritised goals and needs must be updated in their individual support plan. Some organisations may even require you to start a new individual support plan.

Example

Reprioritising a person's needs

Isla is an AOD support worker who has been working with Ada to help her reduce her drinking and intake of prescription pain medication. Isla has not seen Ada for around a month, and Ada reports that she has gotten control over the drinking and has not had a drink for 15 days. Isla congratulates Ada for accomplishing half of her goal and asks if she would like to keep working on reducing the pain medication intake. Ada says she is much more concerned about her smoking, because she recently had a chest infection and her doctor said that quitting cigarettes would help her. Isla updates her recovery plan with this new re-prioritisation of goals. Isla also discusses support strategies they can use to reduce her cigarette intake and suggests that Ada see her GP to check in about the pain medication intake.



Example

Referring a person

Izzy has cerebral palsy and has also expressed interest in transitioning her gender from female to male. Izzy attends an appointment with Susan, her disability support worker, to do a reassessment of her needs and goals. Susan had previously given Izzy a referral to see a psychiatrist who specialises in gender dysphoria and reassignment at a sexuality service. Izzy says that she only had one appointment with the psychiatrist and then disconnected with him because other life issues came up. Susan rings the service to see if that psychiatrist is still there and seeing patients, however the receptionist says that he is not seeing any new patients or patients he has not seen in more than a couple of months. The receptionist recommends a trans worker who can see Izzy. Susan double checks that the building has ramps for Izzy's mobility walker, and the receptionist says they have moved to a new location but still have accessibility ramps and elevators in the building. They make a time for Izzy to see the new worker.

Practice Task 18

Question 1

Identify at least two situations that may trigger a review of a person's needs to ensure they are being addressed effectively.

**Question 2**

Which of the following factors should be identified by regular reviews of a person's support plan? Tick all that apply.

- A change in the person's preferences
- Changing functional capacities of the person
- Their food allergies
- What is working and what is not working on a support plan
- Referrals to other organisations and professionals needed for the person

Question 3

Suggest at least three examples of changes in a person's circumstances or health, or in their carer's health, that would indicate the person needs to be reassessed.

Question 4

Provide one reason why you should involve the person in the re-prioritisation of their needs for service.

5C

Maintain communication, documentation and reporting throughout

Workers must document, store and keep a person's information current and correct by following organisational policies and procedures.

When sharing someone's personal information with a third party, community service providers are required to obtain their consent and follow all organisational procedures.

Organisations will have their own protocols around how reports and assessments are documented and collated into an individual support plan. These protocols will include:

- who writes the report (if it is not the role of a community services worker)
- how the data is analysed and disseminated
- what organisational documents are used in assessment, review and reporting processes
- how evidence-based practices are used in conjunction with the assessment and report
- what domains are covered in the report (for example, physical and mental health, finances, social supports, criminal and forensic areas, AOD, family violence information)
- which other people are authorised to view the assessment and report and how their role relates to supporting the person (for example, an organisational psychologist may view the report to get an idea of the person's presenting needs and issues).

Maintain communication with other parties

Maintaining communication with other professionals involved in the person's support is essential to the provision of high-quality care.

Other parties or professionals involved in the person's care may include their psychologist or psychiatrist, occupational therapist, physiotherapist, dietician, social worker/case manager, nurse or doctor (GP).

If the person has consented to have their information shared with another professional or organisation, you can go ahead and email the report to their office.



Ensure that you:

- have the correct contact details for the professional or organisation
- use appropriate, professional language in your report and in all spoken and written communications
- give them your contact details, including your phone number, email address and the days you work.

If the person wishes to discuss the outcomes of the report with you and/or people at another organisation, ensure you have their consent to go ahead and make an appointment.

Reporting requirements

In a community services organisation, you may be required to write assessment summary reports, incident reports and mandatory reports. To write an effective report, follow the designated structure, use professional language and use your best written language skills in clear, straightforward sentences. Requirements for the format and content of reports will be outlined in organisational guidelines.

Once the necessary assessments have been conducted and results are collated, a summary report should be written as a basis for making decisions. These decisions need to be made in consultation with the individual. If requested, the person and their guardian or advocate should be given access to the completed report.

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

<p>Purpose of summary report</p>	<ul style="list-style-type: none"> • Summarising assessment information • Identifying priority areas for service delivery • Providing findings from external assessments • Informing supervisors or managers about the person's needs • Suggesting appropriate service options • Collating relevant information for other service providers • Fulfilling regulatory and duty-of-care requirements
<p>Contents of summary report</p>	<ul style="list-style-type: none"> • The person's name, date of birth and contact details • Their next of kin and emergency contact details • Specific needs, including how these are prioritised • Strengths and resources • Service delivery options and recommendations

Here is an example of a summary report template from the Victorian Department of Health: aspirelr.link/referral-report



Example

Document outcomes of assessment

This is an example of a report. An organisation's report template may include form fields that prompt the report writer to supply specific information.

Complex assessment report: Disability Support Service	
Report prepared by: Mirabella Watts	Position: Complex needs assessor, disability support service
Name: Nina Black	
Gender: Female	DOB: 1/11/2012
Contact: (02) 66 272 272	
Address: 16 Parish Drive, Ashtonville, 2006	
Guardian/next of kin (relationship): Belinda Black (mother)	
Guardian contact: (02) 66 272 272	
Guardian address: 16 Parish Drive, Ashtonville, 2006	
<p>Referral information: Referred for assessment by Dr Collins, GP, to Dr Wallis, Child Psychologist. Presented with suspicions of ADHD, autism spectrum and depression. Assessment confirmed ADHD, autism spectrum disorder and childhood depression. Referred to Disability Services for further assessment, seeking funding and additional support.</p> <p>Note: Dr Wallis has made a notification to child protection services for suspected child neglect under mandatory reporting.</p>	
Health history: No previous medical history or operations. No prescribed medication.	
Home environment: Nina lives with her mother, who is a single mother on a pension. They live in a one-bedroom apartment. Her mother has recently been convicted for illicit drug dealing. She served one month in prison, at which time Nina stayed with her grandmother, Hyacinth Black, in regional NSW. Nina reports having been hit on many occasions by her mother, to the point of bruising. She also has reported being left unattended during the evening several nights a week. Nina does not appear undernourished, and reports eating meals every morning and evening. She either catches a bus to school or walks.	



Developmental assessment

Demonstrates ability to:

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

Does not demonstrate ability to:

- sit for more than five minutes
- read at Grade 4 level
- write
- control impulses; for example, she yelled at the assessor
- follow complex instructions; for example, she was not able to follow the instruction, 'Please sit and read this book for five minutes before the assessor returns to the room'.

Physical assessment

Demonstrates ability to:

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

Does not demonstrate ability to:

- control impulses like salivating.

Communication

Demonstrates ability to:

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

Does not demonstrate ability to:

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

Social

Nina has difficulty relating to peers. She has minimal engagement with other students her age and spends most play times alone. She hits and bites other children when she gets frustrated. She can follow simple instructions from adults but becomes frustrated quickly, and acts out by shouting.

Emotional

Nina reports crying frequently, and having difficulty going to sleep and getting out of bed in the morning. She reports having unstable emotions throughout the day.



Recommendations

Assessment finds that Nina requires support for:

- educational outcomes such as reading and writing
- behaviour management
- communication styles
- social engagement.

Priority should be given to Nina’s current home situation. It appears that Nina is neglected and child support intervention should occur. A report has been made to child protection services. We will communicate with child protection services to determine the best outcome and next stage of the process.

Signed: Mirabella Watts

Date: 16/4/2022

Practice Task 19

Question 1

Briefly outline the reporting requirements of community services workers after an assessment has been conducted.



Question 2

List at least two parties that may need to be communicated with regarding the results of a person's assessment.

Question 3

Identify one protocol that should be followed when documenting assessments.



Summary

- Refer the person to a doctor or nurse if their physical health or mental health deteriorates.
- Review the person's needs as their situation, goals, needs and preferences change.
- If you need to refer a person to an external organisation, double check that your client can access buildings and has their support needs met (e.g., for a cultural worker or translator).
- Requirements for the format and content of reports will be outlined in organisational guidelines.
- To write an effective report, follow the given structure, use professional language and write in simple, clear, correct sentences.
- Obtain the person's consent before sharing their information with a service, including assessment results.
- Follow organisational policies and procedure when obtaining consent to share personal information, writing an assessment report and referring to other services.
- Follow the National Privacy Principles and organisational privacy and confidentiality policies when collecting, storing and using a person's personal information.



Learning Checkpoint 5

Undertake ongoing assessment and review

Part A

1. List at least three signs that a person's mental or physical health may be deteriorating.

2. Which of the following are appropriate responses for a minor deterioration in a person's physical and/or mental health? Tick all that apply.
 - Suggest the person see their regular GP.
 - Suggest the person return to see their treating mental health professional.
 - Suggest increasing the amount of supports your service is providing, if possible.
 - Document your observations in your client file notes and follow up with your supervisor at your next meeting.
 - Suggest that they increase the dose of their medication to treat their health issues.



3. Which of the following statements are correct? Select yes or no for each one.

a. According to organisational policies and procedures, all assessment documentation, including summary reports, incident reports and mandatory reports, must be made available to the person.	Yes / No
b. Maintaining communication with a person’s psychologist involves emailing assessment summary reports.	Yes / No
c. Reassessing a person’s needs should only be performed if it is specified in their plan or as part of the organisation’s systematic review process.	Yes / No
d. Regular reviews of a person’s needs involves meeting with the person and conducting a functional capacity assessment.	Yes / No

Part B

Case study

Amal has been working with Nick, an AOD support worker, to help her reduce her illicit drug intake. When she next sees Nick after a month, she reports that she has not used illicit substances for 21 days. Nick is supportive of her progress and discusses coping strategies. Amal tells Nick that her cigarette smoking has increased significantly but it is helping her to stay sober so she doesn’t want to stop even though she has been battling a chest infection. After further discussion, Amal agrees that her smoking does concern her and she would like to reduce her intake.

1. Briefly outline how Nick should approach this re-prioritisation of Amal’s needs.



Glossary

Access

The ability to use or obtain something, or to physically enter a place.

Boundaries

Guidelines, rules or limits that help you to behave in an ethical way and separate your professional from your personal life.

Code of ethics

Guiding principles that outline expected ways of behaving or standards of conduct for an individual or organisation.

Comorbidity

The presence of two or more coexisting mental or physical conditions, disorders or diseases.

Cultural competence

Having awareness, respect and understanding of the cultural diversity around you.

Cultural identity

A person's self-perception of belonging to a social group, such as a particular nationality, religion, ethnicity or social class.

Cultural safety

An environment that is void of power imbalance and where shared respect, shared meaning and shared knowledge of others' experience is promoted.

Dignity of risk

A person's right to dignity and choice, upheld in legislation and service standards, to ensure that duty of care or safety is not used as a reason to limit a person's freedom of personal choice.

Discrimination

The act of excluding or treating a person differently based solely on an attribute such as disability, age, gender, race or sexual orientation.

Dose administration aid (DAA)

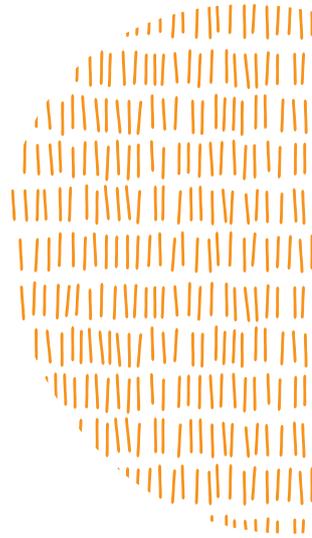
A package that contains the person's weekly medications, put together by a pharmacist.

Dual diagnosis

When a person has one or more diagnosed mental health conditions at the same time as a problem with alcohol or other drugs.

Duty of care

A moral or legal obligation to ensure the safety and wellbeing of other persons.



Empowerment

The process of gaining strength and confidence to voice one's own opinion.

Equity

When everyone is treated fairly, according to their needs.

Extrinsic motivation

Being motivated to do something by an external reward, such as praise or money, or to avoid something unpleasant.

Informed consent

A person's decision to agree to a healthcare treatment, having been informed about the intervention and any alternative options.

Intrinsic motivation

Being motivated to do something for its own sake, for the pleasure, enjoyment or satisfaction it gives.

Mandatory reporting

The legal requirement of people in certain job roles and industries to report suspected or actual abuse to the police.

Negligence

Failure to take reasonable care with your actions and causing harm to person or property.

Networking

The process of making contact with others to foster mutually beneficial and supportive relationships.

Networks

People, groups and organisations who work together, sharing information, ideas and resources to support the health of the community and everyone in it.

Self-reflection

The ability to observe and evaluate one's own thoughts, emotions and behaviours.

Stereotyping

Judging an individual based on particular characteristics, then applying that belief to all members of that group.

Strengths-based approach

Recognises that all individuals are resourceful and resilient experts in their lives, and can progress in a way that enhances their quality of life.