



# CHCCCS004

Assess  
co-existing  
needs



# **CHCCCS004**

**Assess  
co-existing  
needs**

**Release 2**

**Learner Guide**

Aspire Version 1.1

## CHCCCS004 Assess co-existing needs, Release 2

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Aspire acknowledges the homelands of all Aboriginal and Torres Strait Islander peoples and pays our respect to Country



# Before you begin

This Learner Guide is based on the unit of competency *CHCCCS004 Assess co-existing needs*, Release 2.

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

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



Foundation skill area	Foundation skill description
Planning and organising	<ul style="list-style-type: none"> <li>• Planning your workload and commitments</li> <li>• Implementing tasks</li> <li>• Completing work on time</li> <li>• Knowing how to deal with hazards and risks</li> </ul>
Self-management	<ul style="list-style-type: none"> <li>• Understanding and applying decision-making processes</li> <li>• Reviewing your behaviour and the impact of your decisions</li> </ul>
Technology	<ul style="list-style-type: none"> <li>• Efficiently using digitally based technologies and systems correctly and safely</li> <li>• Accessing, organising and presenting information</li> <li>• Using equipment correctly and safely</li> </ul>

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 assessment	1A Identify and prepare assessment tools and processes	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Gather existing information about the person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Seek additional information from specialists and other sources	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Organise practical aspects of assessment in consultation	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1E Provide information about the assessment process and obtain consent	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic	Key outcome	Rate your confidence in each section
Topic 2 Analyse the person's needs	2A Work within scope of own role	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Empower the person to identify and prioritise their own needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Evaluate needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Identify and analyse complex, multiple and interrelated issues	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2E Evaluate issues of urgency and eligibility	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2F Assess potential risk factors for service delivery	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Determine appropriate services	3A Consider service delivery and referral options	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Evaluate internal capability and other service networks	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Provide the person with service information	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Encourage the person to advocate on their own behalf	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Complete reporting	4A Document outcomes of the assessment	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Maintain and store the person's information	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4C Provide the person's information to other services	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic	Key outcome	Rate your confidence in each section
Topic 5 Evaluate assessment and referral processes	5A Seek feedback about assessment processes	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5B Monitor processes and their outcomes	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5C Routinely seek feedback	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5D Use feedback to improve processes	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident





## Topic 1: Prepare for assessment

- 1A Identify and prepare assessment tools and processes
- 1B Gather existing information about the person
- 1C Seek additional information from specialists and other sources
- 1D Organise practical aspects of assessment in consultation
- 1E Provide information about the assessment process and obtain consent



# 1A

## Identify and prepare assessment tools and processes

**A diverse range of assessment tools and processes are available for use in the community services sector.**

Identification of the most appropriate assessment tool requires a thorough understanding of the types of tools available, their use in different contexts, and the processes, policies, procedures and guidelines of your organisation.

Community services organisations use standardised assessment tools and processes. It is important to familiarise yourself with these prior to conducting assessments. Take time to review the approved assessment tools and processes of your organisation. Clarify any questions with your supervisor prior to conducting assessments. You could also watch a more experienced worker conducting assessments, prior to doing them yourself.

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

### Reasons for assessment

The purpose for and the type of assessment required will vary depending on the context and the person's specific needs.

Determining these are key components of the assessment planning process. You should clearly understand your role in this process, including the type of assessments you are expected to carry out, and who – inside or outside of your organisation – conducts other types of assessments. For example, a service



coordinator may carry out an initial comprehensive assessment when a person first accesses the service, but other workers may be responsible for ongoing assessments or assessing specific needs. It is also important to understand when you should refer a person to another organisation for assessment that is outside the scope of your organisation's practice, such as a medical or clinical mental health assessment.

## Type of assessment

People's individual situations and specific needs vary greatly, therefore the types of assessments needing to be conducted vary too.

Who needs to carry out the assessment will depend greatly on what services the organisation provides. For example, an aged care assessment service may assess individuals who require respite. A carer support service may also assess them to determine eligibility for the service.

### The types of assessment organisations might provide include:

- comprehensive assessments when a person first joins a service to determine their needs and the services required
- crisis assessments when a person is experiencing an emergency
- periodic assessments to identify a person's changing needs
- assessments in response to a change in a person's 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 amount of risk a person may have.

## Purpose of assessment

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

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

Assessment types	
1. Intellectual disabilities	Assessment will identify the person's IQ and determine eligibility for funding. This type of assessment is carried out by psychologists and psychiatrists. People with intellectual disabilities are supported to access generic services and disability-specific services. These organisations will make further assessments to determine the person's skill level and support needs.
2. Physical disabilities or impairments	Medical practitioners, physiotherapists and occupational therapists (OTs) carry out assessments to determine accessibility needs, skill level and required support. People with physical disabilities are assessed to determine the level of funding required to support them.



Assessment types	
3. Drug and alcohol use	People with alcohol and other drug problems can potentially have medical, behavioural and needs assessments conducted to determine the level of support they require.
4. Mental health problems	Psychiatrists and general health practitioners can be involved in needs assessments to determine the level of care required. An individual may need support with their medication needs, short-term intervention and/or longer skills developments.
5. Sensory impairments	Assessment through medical practitioners, depending on age, may involve aged care assessment services/teams, as well as support service providers and physiotherapists in relation to aids and appliances that may support the person's independence.
6. Centre Against Sexual Abuse (CASA)	An adult or child who has been referred to CASA will undertake assessment to determine the best type of support required; for example, individual counselling coupled with small group work.
7. Homelessness	Depending on the support service you work for, you may be able to first do an assessment through informal conversation to determine the level of support a person needs. The information from this informal assessment method is then transferred into an assessment tool.
8. Behaviours of concern	Although assessment tools may differ, they all capture information about the <i>antecedent</i> to the behaviour, what the behaviour is and the consequences of the behaviour. This is referred to as the 'ABC of Behaviour' (antecedent, behaviour, consequence).
9. Family violence	Family violence risk assessment tools help to identify the likelihood of a family violence related event for a person. They also help to identify the types of abuse a person has suffered and what further short-, medium- and long-term interventions they may need.

Prior to assessment, look at what can be achieved if the assessment is conducted.

Determine whether the person actually requires assessment, and if so, consider which form of assessment is most appropriate.

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



### Determine assessment method

The following will assist in determining the most appropriate assessment method:

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

### Consider required outcomes

Consider the required outcomes by asking the following questions:

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

### Determine resources

Resources required may include:

- funding for assessment
- expertise to carry out assessment
- assessment instruments or tools
- assessment location; for example, a safe space
- translators for a person where English is not their first language
- advocates; for example, disability and mental health advocates.

## Organisational policies, procedures and guidelines

Organisational policies will outline the intention for conducting assessments, and procedures and guidelines will specify how to determine whether an assessment is required.

Work contexts will vary, as will reasons 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, the procedure for one organisation may require assessment for all people entering a service, while another organisation may only require assessment if the person has not previously been assessed.

## Identify and use assessment tools and processes

You may use different methods of assessment depending on the context and the person's specific needs.



These methods include:

- strengths-based assessment
- domain-based assessment
- norm-based assessment
- competency-based assessment.

A combination of these methods may be used, depending on the person's needs.

Discuss the types of assessment used in your organisation with your manager or supervisor, and ensure that you follow organisational policies, procedures, protocols and guidelines when conducting assessments.

## Strengths-based assessment

Community services operate from strengths-based service delivery models; therefore, a **strengths-based approach** to assessment focuses on a person's strengths and competencies.

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

### 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.

#### Advantages of the strengths-based perspective

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

The strengths-based assessment tool you choose to use will depend on the person's individual needs and goals.

An example of a strengths-based assessment tool is the Behavioural and Emotional Rating Scale (BERS), a standardised assessment tool developed to focus on strengths. The 52-item scale measures:

- the behavioural and emotional strengths of children and adolescents
- how well the young person can regulate their behaviours and emotions
- the quality of the young person's relationship to their family
- the young person's perceptions of their achievements and competencies.

Another example of a strengths-based assessment tool is a skills assessment, which aims to:

- identify the person's areas of strength
- identify resources and strategies the person is currently using



- identify knowledge gaps the person may have about a task
- identify areas where the person struggles to perform specific skills
- re-assess areas that have been worked on over periods of time.

Skills assessments often cover domains such as:

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

Skills assessments are performed by teachers and disability support workers and are usually shared in individual support plans or individual education support plans. Skills assessments are evaluated and reviewed when a person has learned to do a new skill or the person's goals have changed.

## Domain-based assessment

**Domain-based assessment**, also called criterion-referenced assessment, occurs when assessing a person against a predetermined criterion or standard.

This type of 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 and advantages of using domain-based assessment.

Criterion
An example of domain-based assessment is a student who wants to study medicine at university. To do so, they must score 99 per cent on their final exams in high school; that is, 99 per cent is the criterion.
Demonstration of skills
Another example of domain-based assessment is demonstrating designated skills at a required level when attempting a driving test to gain your licence. The level of skill and the number of skills the driver is required to demonstrate are the criteria.

### Domain-based assessment

Assesses a person against a predetermined criterion or standard.



### Advantages

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

## Norm-based assessment

### Norm-based assessment

Assesses an individual in comparison with a predefined population.

**Norm-based assessment**, or norm-referenced assessment, assesses an 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-based assessment. Assessment data is collected from a standardised sample. The raw assessment scores are then standardised into a ‘bell curve’. The ‘mean’, ‘median’ and ‘mode’ are calculated, as well as the ‘standard deviation’.

Here is some more information on norm-based assessment.

### Raw score and bell curve

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

### Mean, median and mode

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

### Standard deviation

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



### Advantages of norm-based assessment

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

### Wechsler Intelligence Scale for Children

- An example of norm-based assessment is the Wechsler Intelligence Scale for Children (WISC), 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, then the child has scored above average on that particular item.

## Competency-based assessment

**Competency-based assessment** is the process of assessing a person's competencies in different areas.

The person being assessed must demonstrate a skill under a set of conditions, and demonstrate evidence of competency. They are then deemed competent or not yet competent.

Here is further information about competency-based assessment.

### Competency-based assessment

Assesses a person's competencies in multiple areas to gain holistic insight.

### Competency-based tools

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

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

### Assessment emphasis

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

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



### Functional assessment

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

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

## Assessment questions

Assessment can be performed through observation, testing and asking questions.

Most assessments need to be completed over time to ensure the information collected is an accurate depiction of needs. For example, assessing for dementia and behaviours of concern should not be done in one assessment setting.

### Questions that may need to be answered when carrying out an assessment

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

## Assessment tools or screening instruments

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

Using these ensures the information you obtain is comprehensive and covers all the issues you need to examine. Within your organisation's assessment protocols, you may use a range of tools and methods to assess people's needs, including:

- interviewing them
- reviewing their files or health records
- undertaking direct observation
- consulting others
- asking them to fill in questionnaires
- administering specialised screening or assessment tools.

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



### Examples of tools

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

To see a PNRQ, visit: [aspirelr.link/bdi-pnrq](https://aspirelr.link/bdi-pnrq)

### Video: Psychogeriatric Assessment Scale (PAS)

Watch the following video, which demonstrates how to conduct the PAS:  
[aspirelr.link/yt-pas](https://aspirelr.link/yt-pas)

Pay attention to the tools and processes the worker uses to conduct this assessment.



## Administration of assessment tools

When you use the tools adopted by the organisation you are currently working for, you are following their approved procedures and guidelines.

This means you are fulfilling your responsibility to the organisation and meeting your duty of care obligations to people using the service and others. Do not use a tool or procedure that you used while working for another agency.

Professionals – such as psychologists, OTs, social workers and psychiatrists – who are trained to interpret the results must administer some assessment and screening tools. Others can be used by anyone working in human services as an additional tool for obtaining information about individuals. Many of these instruments are available on the internet.



## Reliability and validity of assessment tools

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

Here is some more information on reliability and validity.

Factors to consider
Imagine you are assessing an individual's happiness. Assessing happiness is difficult, because the conditions in which you assess a person's happiness will vary daily. At nine o'clock, the person may rate their level of happiness as high, but at three o'clock, they may rate the level of happiness as low. Which score would you use? Some of the factors that may affect responses are the weather, time of day, where the test is conducted and the assessor's tone of voice. Furthermore, the person may have a different interpretation of happiness than the assessor.
Error and standardised instruments
Assessment instruments always contain an element of error. The variable you are testing for will affect how accurate the testing instrument is. There is also error when testing for constructs such as intelligence and happiness, because these concepts are less concrete than factors like height and weight.  Assessment instruments should be standardised, which is the process of implementing guidelines so as many variables as possible are controlled, and the reliability and validity of the instrument is increased.

## Assessment reliability

### Assessment reliability

The extent to which measurements are consistent.

**Assessment reliability** means that an assessment should produce similar results on separate occasions.

Height and weight are considered to be reliable measurements. For example, if a set of scales is reliable, it will weigh an orange as 200 grams one day and as 200 grams again the following day.

An intelligence test is reliable if it produces similar results on two separate occasions, when testing has been done under similar, standardised conditions.

However, an intelligence test is less reliable than a set of scales, because intelligence is a more fluid construct than weight.

Here are examples of four different forms of assessment reliability.

Assessment reliability	
1. Internal consistency	<ul style="list-style-type: none"> <li>Internal consistency refers to how strongly the items on the assessment relate to one another.</li> <li>Internal consistency is high if a respondent agrees with the item 'I have difficulty getting out of bed in the morning', and disagrees with the item 'I generally wake up feeling happy and energetic'.</li> </ul>



Assessment reliability	
2. Test–retest reliability	<ul style="list-style-type: none"> <li>• Test–retest reliability refers to how stable the assessment is over different conditions.</li> <li>• Test–retest reliability is high if a person is found to have an overall IQ of 91 on one administration and, when tested again with variations of the questions, is found to have an overall IQ of 91.2.</li> </ul>
3. Parallel forms of reliability	<ul style="list-style-type: none"> <li>• Parallel forms of reliability refer to how strong the correlation is between two different tests that have been constructed and administered in a similar way.</li> <li>• Parallel forms of reliability are high if two similar scales for depression are administered in succession in the same room under the same conditions and produce similar results.</li> </ul>
4. Inter-rater reliability	<ul style="list-style-type: none"> <li>• Inter-rater reliability refers to how similar assessment results are when an assessment instrument is administered by two different assessors.</li> <li>• Inter-rater reliability is high if a personality test is administered by two different assessors under similar conditions and similar results are produced.</li> </ul>

## Assessment validity

**Assessment validity** relates to how useful or accurate an assessment is 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.

### Assessment validity

The usefulness or accuracy of an assessment in measuring what it is intended to measure.

Face validity
<ul style="list-style-type: none"> <li>• Face validity refers to whether the assessment instrument appears to measure what it claims to measure.</li> <li>• Face validity of a self-efficacy assessment is high if the assessor reads through the questions and believes they accurately assess self-efficacy.</li> </ul>
Content validity
<ul style="list-style-type: none"> <li>• Content validity refers to whether the assessment instrument covers the range of content it claims to cover.</li> <li>• Content validity of an assessment for coping and resources is high if all the questions in the assessment refer to coping mechanisms and resources.</li> </ul>
Criterion-related validity
<ul style="list-style-type: none"> <li>• Criterion-related validity refers to how well the assessment instrument can be used as a predictor for another related variable.</li> <li>• 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.</li> </ul>



### Construct validity

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

### Ensuring assessment methods are valid and reliable

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

## Example

### Identify need for assessment

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

#### Scenario

Judy is a 60-year-old lady with Down Syndrome. She 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 Judy attends, the staff have 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'.

Wendy is a carer at the centre. She knows Judy well and believes that these changes are very out of character for Judy. Wendy has discussed her concerns with her supervisor who suggests that Nancy and Judy may benefit from an assessment.



### What will be achieved?

The supervisor explains that an assessment will help to determine what factors have contributed to the changes being observed, to identify needs that require support for both Nancy and Judy, and to identify possible funding options available to access services. Wendy and her supervisor agree that an assessment would enable Nancy to care for Judy by providing support where required and to help Judy 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 needed for Nancy due to her age, ill health and responsibilities as sole carer for Judy.

### Which assessment is most appropriate?

Wendy consults the organisation's procedures and guidelines, which indicate the assessments required are outside the scope of her organisation. The guidelines outline the process for engaging an assessment team, so Wendy refers Judy to an appropriate agency that is capable of conducting assessment of her mobility, hygiene, personal care, diet, emotional needs and social activities. She also refers Judy for a general practitioner (GP) assessment to determine if there are any underlying physical causes for her weight loss.

Wendy also refers Nancy to the agency to undergo a Caregiver Strain Index assessment to assess her current situation and identify possible support requirements. In addition, she refers Nancy to her GP for a physical assessment to identify any underlying illness that may require treatment.



## Practice Task 1

### Question 1

Identify three benefits of applying a strengths-based approach to an assessment.

### Question 2

Suggest three ways to determine the need for assessment.



**Question 3**

List two types of assessment tools an agency can use to conduct assessment for new people accessing a service for the first time.

Also, what is the aim of conducting assessment for a new person entering the service for the first time?

**Question 4**

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

# 1B

## Gather existing information about the person

**When preparing for assessment, you need to gather existing information about the person.**

The assessment process will vary from case to case, and organisation to organisation. The type of questions asked will also depend on the person's needs and the assessment circumstances. Always give the individual the opportunity to ask questions and consent to the process before proceeding.

The elements of gathering information for assessment are explored here.

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

Key areas
The assessment process generally covers the following key areas:
<ul style="list-style-type: none"><li>• Obtaining essential information, such as the person's contact details, date of birth and next of kin</li><li>• Obtaining the person's medical/family history, such as history of mental illness, history of drug abuse or hereditary factors</li><li>• Obtaining information about the person's current situation, such as current medications, current feelings and experiences, and current financial situation</li><li>• Determining future or predictive risk factors, such as medical risks, risks of drug overdose, risk of homelessness or risk of financial stress</li></ul>

Other processes
Other assessment processes that may be used include:
<ul style="list-style-type: none"><li>• a genogram – a diagram of family relationships and interrelationships, including history of family stressors and traumatic events</li><li>• an eco-map – a visual representation of family and social support networks and resources</li><li>• specially designed scales and rating systems – such as the Environmental Cleanliness and Clutter Scale (ECCS).</li></ul>



## Gather existing information

The stages of the assessment process include gathering a range of information about people from a variety of sources.

This includes collating and analysing the information to interpret the result, and presenting a report that summarises the most relevant information and prioritises the person's needs for service delivery.

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

### Information sources

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

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

### Combination of procedures

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

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

## Analyse information

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

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

### Assessment domains

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



<b>Competency-based assessment</b>	To assess and interpret personal needs in some areas, you may need to observe people or have specialists conduct competency-based assessment. This may involve using a checklist to observe a person as they undertake specific activities. The checklist helps to assess a person's skills in a consistent way and across a number of areas, allowing you to draw conclusions about their competency in these areas.
<b>Norm-based assessment</b>	Norm-based assessments let you compare a person's level of functioning or other characteristics against other people in their particular situation or age group. This will tell you where a person is on a standardised scale for a particular characteristic; for example, a person may be considered very underweight based on norms for their height and age.
<b>Assessment tool reliability and validity</b>	It is important to consider the reliability and validity of the results when using questionnaires and screening tools. The tools should accurately measure what they are supposed to, and they should be reliable in that they produce the same results across time and can be interpreted in the same way by different workers.
<b>Consultation with others</b>	You may need to consult with workers or service providers who have provided input to the assessment process. For example, where a psychologist has identified that a person is depressed, you may need to discuss how this could affect areas of a person's life, such as their ability to engage in self-care tasks and relate to others. Do not attempt to interpret results outside your own scope of practice.
<b>Individuality</b>	When analysing information, always be mindful that each person is an individual with unique characteristics and needs. Take a person-centred approach by recognising that the person is the expert in their own life, and that the needs and concerns they identify themselves are usually the most important to them. Always take a person's strengths into account, as well as areas of concern.

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



## Example

### Use existing information

Take time to review the following problem-solving process.

Problem-solving process	
<b>Step 1: Identify the problem</b>	A person presents with an alcohol and other drugs (AOD) dependency, signs of family violence and indications of depression.
<b>Step 2: Explore the problem</b>	Discuss the implications of results and the priority of needs with the person. If they are involved with a multidisciplinary or interdisciplinary team, consider a team meeting to discuss assessment results. This meeting can provide more information about the person and their current needs, and any assessments that have been performed by the different professionals. Present the results to the person and ask how they would assess their own safety and which actions would be of greatest benefit to them.
<b>Step 3: Consider goals or desired outcomes</b>	Meet with the person and relevant stakeholders to discuss goals and desired outcomes. Prioritise safety. For example, the person may decide the most important outcome is to move away from family violence, and then begin to address mental health and AOD problems. Record goals and outcomes.
<b>Step 4: Look at alternatives</b>	Consider options for achieving each 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.
<b>Step 5: Select a possible solution</b>	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 to support the person to leave the relationship and begin to address other complex issues.
<b>Step 6: Implement the possible solution</b>	Record goals, actions and outcomes, seek agreement with the person about proceeding with the plan, and support the person to implement actions. For example, liaise with a refuge about supporting the person in the short term, and facilitate the person with the transition.
<b>Step 7: Evaluate the solution</b>	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.



## Practice Task 2

### Question 1

Explain the roles of the following people in the assessment and information-gathering process:

- Health professional (e.g. psychologist)

- The person

- The person's family

### Question 2

List three types of assessments you can use to gather information about a person needing support.

# 1C

## Seek additional information from specialists and other sources

**To be clear on which assessment procedures lie outside your scope of practice, you can consult your supervisor, colleagues, organisational policy and professional body.**

You may identify the need to engage a specialist to assist with the assessment process. A specialist can help you in a range of ways, including:

- administering the assessment
- analysing the assessment results
- making decisions about the person's needs
- determining development goals.

### Use methods to collect additional information

The methods used to collect information will vary depending on the person's needs or the issues you are assessing.

Your agency guidelines for assessment will outline the approved methods of assessment for your organisation. Assessors must ensure that a person's right to privacy and confidentiality are maintained when collecting, storing, handling or discussing information.

Common information collection methods	
<ul style="list-style-type: none"><li>• Conducting an interview with the person</li></ul>	<ul style="list-style-type: none"><li>• Reviewing referral letters or correspondence from other service providers</li></ul>
<ul style="list-style-type: none"><li>• Making direct and indirect observations</li></ul>	<ul style="list-style-type: none"><li>• Reviewing case files, reports and notes</li></ul>
<ul style="list-style-type: none"><li>• Using assessment or screening tools</li></ul>	<ul style="list-style-type: none"><li>• Participating in case conferences</li></ul>
<ul style="list-style-type: none"><li>• Reviewing records</li></ul>	<ul style="list-style-type: none"><li>• Participating in multi-agency meetings</li></ul>
<ul style="list-style-type: none"><li>• Conducting interviews with family/ carers</li></ul>	<ul style="list-style-type: none"><li>• Having discussions at in-house staff meetings</li></ul>
<ul style="list-style-type: none"><li>• Having discussions with other service providers</li></ul>	<ul style="list-style-type: none"><li>• Having discussions with other staff or your supervisor</li></ul>



## Seek information

A comprehensive assessment involves gathering a range of information from a variety of sources.

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

## Request information

You will need to complete a request for information form when requesting documents from a third-party service provider.

This form contains information about the identity of the person and the reason for request. It also contains a section to be completed and signed by the person to indicate consent to release information.

Your organisation must approve the request for information form for use. Check your organisation's policy and procedures and discuss with your supervisor to identify and locate your organisation's approved request for information form. Also familiarise yourself with your agency's approved process for obtaining records and information.

Ways to obtain additional information
Request a meeting to discuss the person with other service providers.
Participate in case conferences.
Conduct an interview or discussion with the person's family or carers.
Have a discussion or meeting with your supervisor.
Request documentation, reports or correspondence from a third-party service provider.

## Consult specialists

There may be occasions when you need to consult specialists about higher-level assessment or specialist needs assessment.

Here are examples of various specialists you may consult while assessing people with complex care needs.



<b>Supervisor</b>	Your supervisor can provide you with guidance regarding assessments and may be qualified to conduct higher-level assessments. They may also have access to further information about analysing assessment results.
<b>Health professionals</b>	Health professionals conduct medical or functional assessments and provide specific services such as counselling, medication and therapy. For example, a nurse, GP or psychologist should conduct a depression-screening questionnaire. The health professional should also provide information about assessment results and outcomes.
<b>Clergy/pastoral care providers</b>	Clergy/pastoral care providers and other religious staff can provide comfort and guidance when people require spiritual or religious support. If an assessment reveals that an individual has a spiritual interest and they express a need for emotional support, a pastoral care provider may be appropriate.
<b>Grief and loss counsellors</b>	The National Association for Loss and Grief (NALAG) can provide the names of counsellors who specialise in supporting people who are experiencing grief, loss and trauma. Palliative care associations can provide referrals to palliative care professionals and hospices for people with terminal illnesses.
<b>Specialist associations</b>	Many specialist associations and community organisations provide support to people with specific health issues and conditions, such as diabetes, cancer, multiple sclerosis, mental health problems, AOD problems and disabilities. There are also organisations that support veterans and war widows.
<b>Support groups</b>	Support groups exist for many issues and conditions. Their purpose is to provide self-help and mutual support for people with a range of concerns and conditions. Group members can share experiences and coping strategies.
<b>Various supports</b>	The person may already be engaged with services that meet their cultural needs; for example, a support organisation for refugees or First Nations Australians. The staff at these services can provide additional information in regard to the person's culture, religion and language needs.

## Work with specialists

Establish sound working relationships with specialists and other service providers through regular liaison.

For example, if you are working with a person who requires an AOD or mental health assessment, you need to liaise and exchange information with the appropriate people (with the individual's consent) to provide effective and coordinated services.



**Ways to build good working relationships with specialists**

- Be courteous and respectful.
- Use appropriate communication skills, including clear written communication.
- Return telephone calls and emails promptly.
- Familiarise yourself with service guidelines, such as their referral procedures and opening hours.
- Attend case management meetings as required.
- Keep your records and the person’s file notes up to date.
- Provide reports and relevant information as requested.

### Determine the range of issues

Each person has their own set of circumstances and issues that affect their needs.

To determine the range of issues and their effect on a person’s needs, adopt a holistic approach when conducting assessment. A holistic assessment takes into account a number of domains of health and functioning, such as mental health, physical abilities, social needs or AOD use.

### Take a holistic approach

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

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, psychological or emotional areas. Pain can cause a person to feel anxious or withdrawn, leading to social isolation. Relevant support staff should continually assess the effects of one domain on others.

Here is an explanation of the domains of needs.

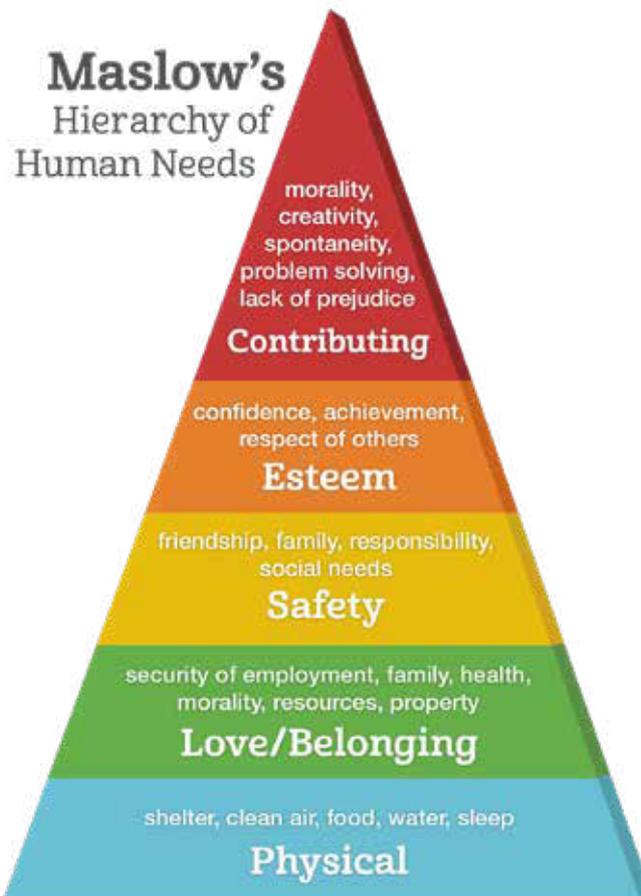
**The domains of needs**

<b>Social</b>	This domain refers to a person’s social interactions with others, including family members, program or service staff, and other people accessing services. It can also refer to current social supports a person has.
<b>Communication</b>	A person may use a particular communication device and they may need access to a support worker to assist with communication. For example, they may be hearing impaired and need a support worker to help them translate what is being said.



The domains of needs	
Self-advocacy	A person will need more support if they lack advocacy skills. This refers to a person's ability to speak up for themselves, negotiate services and needs with others, and communicate effectively about their needs and situation.
Cognitive	This refers to a person's ability to understand rules and participate effectively; for example, they may have dementia or an intellectual disability.
Spiritual/ cultural	Beliefs and cultural practices (e.g. religious beliefs and customs) can play an important role in lifestyle.
Physical/ medical	This refers to a person's ability to participate in tasks that require dexterity; for example, they may have a physical disability or medical condition.
Psychological/ emotional	This can affect a person's desire and ability to benefit from activities; for example, grief and depression.
Basic needs	This refers to needs such as safe and stable accommodation, food, clothing, access to reliable transport, and access to education and work.

These needs are also reflected in Abraham Maslow's hierarchy of needs.



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## Example

### Seek additional information

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

**Referral form**

**Details**  
Name: Emmanuella Salako  
Date of birth: 1/2/1991  
Address: No current fixed address

**Consent to release information**

Completed:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Filed:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Copy attached:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Date: 1/4/2017  
**Referred to:** Psychologist, Ana Valour  
**Reason for referral:** During the intake interview, Emmanuella advised that she has been experiencing hallucinations. She stated during the assessment interview that she would like counselling to address this.

**Relevant history**  
Emmanuella presents with:

- a heroin dependency
- risk of kidney failure.

Emmanuella has been involved in sex work and drug trafficking. She currently has no medical or psychological support and is unemployed. Emmanuella has made one attempt to take her own life six months ago and was hospitalised as a result.

<b>Name:</b>	<b>Signature:</b>
<b>Position:</b> AOD intake assessor	<b>Contact details:</b>



## Practice Task 3

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

### Case study

A-Mei Chang lives at home and has been experiencing the early stages of dementia. She has Type 2 diabetes and Stage 1 renal failure. She also wears hearing aids due to hearing impairment. A-Mei is of Chinese descent and has lived in Australia for 40 years. At home, A-Mei speaks English and she has declined interpreter services – she speaks, reads and writes English fluently. A major service provider has conducted an assessment to determine A-Mei's current needs and priorities.

A-Mei lives at home alone, with the assistance of daily carer visits arranged to help with showering. Her daughter lives close by and visits weekly. A competency-based assessment and strengths-based questionnaire reveals that A-Mei can safely continue to live at home, with the assistance of continued home visits from carers.

However, an interview with A-Mei reveals that she may be experiencing depression. A-Mei stated that since her husband died six months ago, she has been feeling very down. She reported that she is sleeping for long periods during the day, has lost interest in things that she usually enjoys and always seems to feel sad. She described feeling as though she is walking around in a big black cloud. A-Mei denies suicidal thoughts or plans and says she has not attempted self-harm. She is willing to take part in assessment and any recommended course of action that follows.

### Question 1

List two specialists you could seek a secondary consultation with regarding A-Mei's situation.



**Question 2**

Provide three examples of information you would need to communicate to the specialist in order to receive accurate advice.

# 1D

## Organise practical aspects of assessment in consultation

**Organisation of the practical aspects of assessment includes coordination of the time and place of the assessment in consultation with the person you are assessing, their family/ carers and other service providers.**

It is important to inform the person about the assessment process, the need for assessment and who will have access to information. This allows the assessment process to take place with informed consent from the person.

The service provider has a responsibility to take into account legal and ethical considerations when organising assessments. They must also ensure that the appropriate resources to carry out assessments are available.

### Organise setting

Choose and set up the assessment environment to promote a feeling of security and comfort for the person with support needs.

Negotiate with the person prior to scheduling the assessment location to ensure their needs are met, and that assessment can take place in a way that increases the assessment's reliability.

Ideally, the assessment environment should:

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



## Schedule a suitable time

Always schedule assessment times in consultation with the person with support needs.

The time of assessment should meet the requirements of both the assessor and the person. You may be arranging an assessment that involves other parties, such as the person's family members or a health professional. Ensure the scheduled time suits all relevant parties and inform everyone of the time and place well in advance so they can make arrangements.

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

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

## Organise assessment

To ensure assessment results are both reliable and valid, you need to ensure the scheduled time of day does not confound the results.

A confounding variable refers to a hidden variable that confuses the appearance of the results. For example, if you were assessing attention, tiredness would be a confounding variable. The time of day you conduct the assessment is important in this scenario, because assessment in the morning would produce different results than later in the day, when the person is tired. Speak to the referrer, such as the nurse or medical professional, about the person's individual requirements before scheduling an assessment.

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



### Factors to consider when arranging a time for assessment

- Can all parties make the scheduled assessment time?
- Will the time of day affect the results of the assessment? For example, if the person has medication with food, is it appropriate to arrange an assessment after a mealtime?
- Is the assessment location available at the scheduled time?
- Will the resources needed for the assessment be there at the scheduled time; for example, equipment, translators, cultural staff?

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

<p><b>Brief the person</b></p>	<p>You should make all decisions in consultation with the person being assessed. If they are not able to communicate, ensure that an interpreter, guardian or advocate is engaged to represent the person's interests.</p> <p>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 telephone or in a face-to-face interview. In addition, you may be required to prepare and present a document that summarises the reports. Organisational guidelines and protocols for communicating with people will guide this process.</p>
<p><b>Present options</b></p>	<p>Present options and inform the person of their rights.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• relevant disability support and AOD agencies</li> <li>• how to access the agencies</li> <li>• the cost and location of the agencies</li> <li>• how the agencies can meet their needs.</li> </ul> <p>Also inform the person about their right to make a complaint or refuse a service. Explain in detail the avenues for making a complaint, so the person is empowered to make a complaint or refuse a service if the need arises.</p>
<p><b>Be respectful and obtain consent</b></p>	<p>When liaising with the person about assessment results and service delivery options:</p> <ul style="list-style-type: none"> <li>• be calm and courteous</li> <li>• treat them with respect</li> <li>• be fair – present them with all alternatives and make available all information</li> <li>• ensure they have the support required to access and understand the provided information.</li> </ul> <p>Always obtain consent from the person before you take action, or before personal information is released to other agencies.</p>



## Example

### Organise practical aspects of assessment in consultation

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

<b>Identify need for assessment</b>	Identify the need for assessment; refer to workplace procedures and guidelines.
<b>Select tool</b>	Identify the most appropriate type of assessment and assessment tool by referring to workplace procedures and guidelines.
<b>Determine ability to consent</b>	Determine the following: <ul style="list-style-type: none"><li>• Is the person physically, emotionally and intellectually capable of undergoing assessment? Arrange support or advocacy if required.</li><li>• Can the person give their informed consent? If not, a family member or guardian may be required to consent.</li><li>• Is the person willing to undertake the assessment process?</li></ul>
<b>Arrange support</b>	If appropriate, offer the following support persons to attend the assessment: <ul style="list-style-type: none"><li>• Interpreter</li><li>• Advocate</li><li>• Family member or friend</li><li>• Carer</li><li>• Cultural or spiritual support person</li></ul>
<b>Explain assessment</b>	Explain the type of assessment that will take place, the purpose of assessment, how you will conduct the assessment, and how results and personal information will be disseminated to other relevant parties.
<b>Obtain consent</b>	Obtain written informed consent on agency-approved consent forms. This should outline exactly what the person is consenting to.
<b>Arrange time</b>	Negotiate an appropriate time to conduct the assessment in consultation with the person and other parties attending. Consider factors that may influence the reliability and validity of the assessment.



<b>Arrange location</b>	Identify the most appropriate location in negotiation with all parties attending, taking into account safety, the type of assessment, privacy and other factors that may influence the validity of the assessment. Consider factors that may influence the reliability and validity of the assessment.
<b>Arrange resources</b>	Arrange the use and availability of any equipment and resources required to undertake the assessment.
<b>Send reminders</b>	Send reminders prior to assessment. Refer to workplace procedures and guidelines for the approved reminder process.
<b>Take your time</b>	Make sure you allocate enough time to set up and conduct the assessment. If the assessment is rushed, the person may feel uncomfortable or uneasy and you may miss valuable information.

## Practice Task 4

### Question 1

List three factors that need to be considered when organising a suitable assessment environment.



**Question 2**

Suggest why scheduling an afternoon assessment would produce invalid and unreliable results for an elderly person who experiences confusion as they get more tired throughout the day.

**Question 3**

Which of the following requirements do you need to consult the person about when organising an assessment? Tick all that apply.

- Personal hygiene requirements
- Other people to be present during the assessment, e.g. family, advocates
- What the assessment entails and its purpose
- If they consent to the assessment
- How assessment results and personal information will be shared with other relevant parties

# 1E

## Provide information about the assessment process and obtain consent

**When conducting a needs assessment, it is important to make the person aware of their right to privacy and relevant organisational policies and procedures.**

Understanding privacy is empowering for the person, and gives them the confidence to share necessary information. It is also important that the individual consent to each stage of the process, including the release of assessment results to other services. This is an ethical requirement as well as the person's basic right.

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

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

### Privacy, confidentiality and disclosure

When discussing an individual's situation, always be aware of maintaining their privacy.

You must protect confidential details. You always need the individual's consent if you wish to talk about their situation to other stakeholders or family and friends involved in their care. Most of the time people are happy to give their consent because they know you want to help.

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

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

### Privacy regulations

An individual must have their personal information protected.



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

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

## Explain rights

Each sector and organisation will provide an outline of the rights and responsibilities of individuals – this should include information about their rights to privacy.

For example, the Charter of Residents' Rights and Responsibilities, which outlines aged care residents' rights and responsibilities, states that people have the right to personal privacy. Some organisations have printouts of rights and responsibilities for people to take with them to read.

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



### Explain privacy and confidentiality

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

## Obtain consent

Before assessment commences, the person must fully understand the process.

You must clearly explain to the person the assessment process, your duty of care, and the organisation's policy and processes for mandatory reporting. This is an ethical and legal obligation. Without the person's full consent, assessment should not take place.

The person must consent to:

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

The strategies used to explain this information need to take into account the person's complex needs. There are factors which may influence how you provide information to people.

### Influential factors

Level of functioning and comprehension; for example, people with dementia require additional support, such as the presence of family members.

Mental health status; for example, do not attempt to conduct an assessment when a person is extremely agitated, experiencing delusions, having a mental health crisis or experiencing suicidal ideation.

Cultural background and preferred language; for example, you may need to arrange for an interpreter, translated documentation or cultural support.

Other states and territories use different words in official policy. For example, in Queensland the term 'informed decision-making' is preferred, as it implies a less passive transaction for people accessing services. There are a broad range of definitions that reflect the ethical, legal and practical conceptions of this term. People also have the right to withdraw their informed consent at any time.

The Victorian Charter of Human Rights states that 'Consent must be voluntary, and the person must be given sufficient information about assessment to make a decision'. This is known as informed consent.



## Record decisions

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

The record of consent must detail exactly what the person has consented to. If you need to share the assessment results, you must inform the person about where results will be shared, and the purpose of sharing results.

You should file a record of consent according to organisational policies. The requirement protects the legal and ethical rights of service users, protects organisations and improves communication between service users and the people who provide healthcare or support services to them.

The following outlines the requirements for obtaining individual consent.

Prerequisites	<ul style="list-style-type: none"> <li>Information, competence, willingness, understanding and voluntariness</li> </ul>
Decision-making process	<ul style="list-style-type: none"> <li>Willingness and ability to analyse and make decisions</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>The right to accept or reject assessment</li> <li>The right to withdraw from the assessment process</li> </ul>

### Example

#### Provide information about assessment

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

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

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



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

From *Aged Care Assessment Guidelines* (2015); reproduced with permission of the Australian Government.

## Practice Task 5

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

### Case study

A community services agency is assessing a community member, Kostya, who was identified in a report from his psychologist as living in a hoarding situation. Kostya's house is dilapidated. Car and truck parts are in piles in the front garden.

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

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

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

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



**Question 1**

Identify at least two factors Erik would need to consider before seeking to obtain Kostya's consent to assessment.

**Question 2**

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

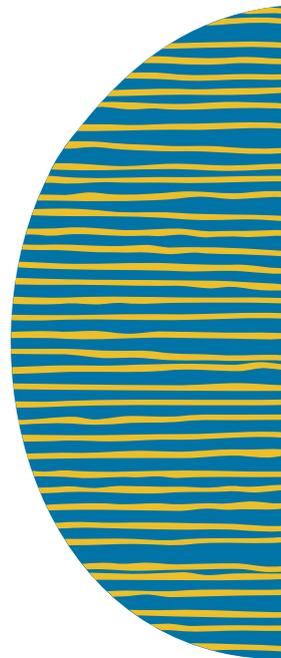
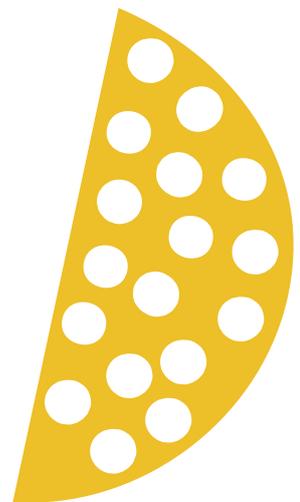
**Question 3**

Identify what element Erik failed to explain when obtaining Kostya's consent.



## Summary

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





# Learning Checkpoint 1

## Prepare for assessment

### Part A

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

Assessment tool	Assessment type	Assessment purpose

2. List three ways an assessor can ensure that assessment methods are reliable and valid.



- 3.** Which of the following statements apply to gaining informed consent when planning assessment and disseminating information? Tick all that apply.
- The person must be given information about privacy and consent requirements.
  - People need to be advised that they have the right not to consent to share their information with other service providers (bearing in mind the exceptions).
  - If a person is unable to provide consent, you should obtain it from their legal guardian, carer or next of kin.
  - Most organisations have forms that the person can sign to give consent to share their personal information with another service provider.
  - If a person does not consent to sharing information, they will not undergo assessment.
- 4.** List two practical aspects that should be considered when planning assessment. Indicate who should be consulted when organising these practical aspects, and how you would organise them.



- 5.** Briefly outline how you would seek additional assistance from other specialists or sources to obtain information about the person being assessed. Identify the types of information you might request to determine the range of issues that may be affecting the person.

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



## Part B

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

### Case study

Jean-Luc is 24 years old and has an acquired brain injury (ABI) brought on by a motor vehicle accident when he was 18. As a result, he has trouble concentrating, has interrupted sleep and experiences seizures. He currently lives at home with his mother and father but would like to move out and live independently. He would also like to gain employment now that he takes medication to control his seizures.

Having understood Jean-Luc's goals and needs, you want to conduct a skills assessment.

1. Suggest at least two domains you should consider assessing if adopting a strengths-based approach.

2. List three factors that will determine whether Jean-Luc needs other assessments conducted.



**3.** Suggest two methods/processes you will use to gather information about Jean-Luc and any coexisting issues he may have.

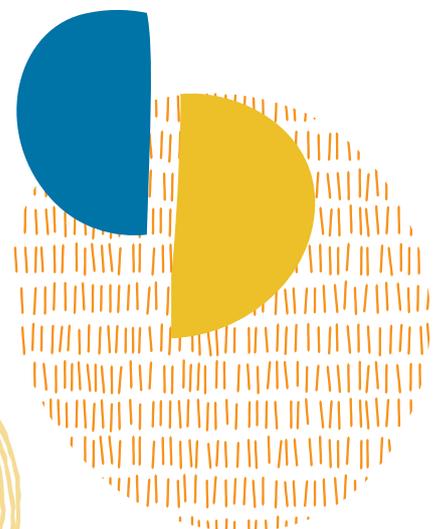
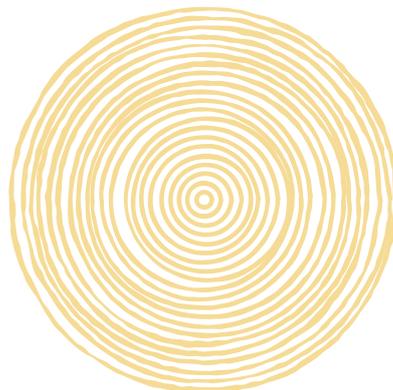
**4.** Provide two examples of ways to follow organisational policy and procedures when planning the assessment.

**5.** To ensure the assessment is valid and reliable, list three factors you would need to consider when choosing an environment/setting in which to conduct the assessment.



## Topic 2: Analyse the person's needs

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



# 2A Work within scope of own role

**It is imperative when assessing individuals with complex needs that you understand the limitations of your work role and expertise.**

Community services providers have a duty of care to the person accessing their service, and teamwork is often necessary to meet this requirement. Operating outside the scope of your work role or level of qualification risks failure in your duty of care to the person. It can also mean you are not working ethically or in a person-centred way.

Where a person needs assessment or services beyond your scope of practice, they must be referred to a service that can better meet their needs. If this is necessary, you will need to liaise with and report to the people or agencies responsible for the assessment.

Some individuals with complex needs can be a risk to themselves and others, so if assessment is beyond your scope of practice, you need to seek assistance from colleagues, senior staff and/or experts in the area.

## Work within scope of job role

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

Your assessment roles and responsibilities are determined by the following factors.

Your assessment role and responsibilities are determined by:
• Your position description
• Your organisation's policies and procedures
• Your qualifications and accreditation
• Your duty of care
• Legislation
• Your scope of practice

## Position description

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



Your position description details:

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

## Organisational policies and procedures

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

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

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

Some forms of assessment require you to hold specific qualifications or accreditation.

Here are some examples of the types of qualifications required to undertake specific assessments.

Type of assessment	Required accreditation
The Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV)	Psychologist
The Wechsler Preschool and Primary Scale of Intelligence – Third Edition (WPPSI-III)	Psychologist
Clinical (physical) examination	Medical professional (nurse, registered nurse, doctor)
Psychosocial assessment	Case manager or social worker
Physiotherapy assessment	Accredited physiotherapist

## Qualifications and accreditation

Consult with your supervisor or relevant professional body to determine the accreditation requirements of your job role, as assessing persons outside your scope of practice can have serious legal consequences.

For example, clinical psychologists need to accumulate a certain number of professional development points annually by attending conferences and training and fulfilling supervision requirements to maintain their accreditation. Professional bodies, such as the Australian Psychological Society (APS), determine accreditation requirements.

## Scope of practice

Community services workers are bound by the rules of scope of practice.

These rules are set out in:

- your organisation's policies, procedures and guidelines
- relevant legislation
- the limitations of your qualifications
- the guidelines of some professional bodies.

It is imperative that community services workers understand and adhere to the parameters set out in the most current laws and guidelines to work within their scope of practice. Some workers have qualifications that extend their scope of practice by allowing them the ability to carry out a broader range of tasks.

Often, an individual with complex or specialised needs will require services that fall outside your scope of practice. In circumstances where this occurs, the person will need referral to a suitably qualified or specialist service provider. If you are unsure if a task is within your scope of practice, consult your supervisor or the regulatory body of your field of work.

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

- an assessment you are not qualified to conduct
- a person requiring medication to be administered; for example, a sedative
- a person committing a criminal offence, such as assault, sexual abuse or family violence
- a person who is stating they have suicidal ideation
- an underage person
- a person who is violent
- a person who is placing you in imminent danger
- a person who is in imminent danger
- a person who has multiple disabilities and very complex issues
- a person who is facing dire life circumstances, such as family violence or homelessness.

## Deal with behaviours of concern within your scope of practice

It is important to be aware of your own scope of practice when dealing with behaviours of concern.

Multiple and complex issues and needs can sometimes result in behaviours of concern, which can include aggression, violence, insults and inappropriate sexual behaviour. Dealing with some behaviours of concern may be beyond the scope of your qualifications and training, and your organisation's responsibilities.

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

The National Disability Insurance Scheme (NDIS) has recently outlined the scope and role of restrictive practices in disability and community services.

Read the NDIS Quality and Safeguards Commission's *Regulated restrictive practices guide* to determine whether your service and staff are adhering to the new guidelines: [aspirelr.link/ndis-commission-safeguards](https://www.aspirelr.link/ndis-commission-safeguards)

## Seek assistance when needed

The information you gather about the existing needs and issues of individuals will guide your decision to seek assistance.

If there is no risk of imminent danger, but the person's needs fall outside your scope of practice, consult your supervisor about how to proceed with a referral. If you are unsure about whether the person's needs are within your scope of practice, consult your supervisor, colleagues or experts in the field.

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

If the person is in imminent danger to themselves or others, consult emergency personnel and your supervisor immediately. Most facilities have an alert button to use in the case of an emergency to notify others you are in danger. If you have to work past closing time, ensure there are safety protocols to keep you safe.

If you are conducting an assessment in the person's home, ensure you have access to a working mobile phone and always have an escape route planned. For example,



try to position yourself between the door and the person you are assessing. It is also ideal for two workers from the same organisation to attend a person's home. This ensures the safety of both the person and the workers.

If you have to work alone in an office setting or in a person's home, refer to this information about working safely alone: [aspirelr.link/working-alone-info-sheet](https://aspirelr.link/working-alone-info-sheet)

## Example

### Work within scope of own role

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

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

## Practice Task 6

### Question 1

Identify three factors and guidelines that determine your roles and responsibilities with regard to conducting assessments.



**Question 2**

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

**Question 3**

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

**Question 4**

Provide an example of when you would need to seek assistance from colleagues to fulfil duty-of-care requirements for a person you are providing support to.

# 2 B

## Empower the person to identify and prioritise their own needs

**When a person with coexisting needs presents for assessment, they can sometimes find the experience quite daunting.**

There are a range of service-specific processes and procedures in place that may be unfamiliar to the person. They may be required to navigate a variety of different services. Service staff possess in-depth knowledge of their area of expertise due to extensive training and experience, while the person's own knowledge and experience in these areas may be limited.

The way a person is engaged by staff can also affect the person's sense of power and control. Circumstances where a person feels a loss of power or control can lead to a sense of reliance on staff, and incapacity and uncertainty. The way staff interact with the person, and the approach to conducting assessment, can greatly reduce these feelings of disempowerment. Support workers play a vital role in empowering people to identify, prioritise and make decisions about their own needs.

### Empower individuals to identify their own needs and risk factors

**Wherever possible, encourage people to identify their own risks and needs.**

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

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

### Disempowerment

While care workers generally have people's best interests at heart, they may occasionally act in a way that disempowers the person they are providing support to.

Working in such a way can say a lot about the care worker. For example, they may be trying to exercise personal power by taking power from others, or they may be acting through ignorance. Alternatively, a worker acting in this way might believe they are



doing the best they can for the person by doing everything for them; however, this approach is just as disempowering because it can lead to further dependency, a lack of control for the person being supported and the individual's rights not being upheld. **Disempowerment** can also occur for a person when a worker does not follow legal or ethical practices.

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

Reflect on your practice	Ask yourself, 'Did I provide services in ways to do myself out of a job?' If you answer '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 roles were reversed with the person you support. Would you want people providing support in ways that strip you of your dignity and personal control over your own life? If you think you act in this way, consider how you can change your practice.
Find a mentor	Talk to your supervisor and ask them to mentor you to build the skills to work from an empowerment model. Make a time to meet regularly with your supervisor to discuss how well you have handled situations. Be honest with yourself.
Use an ethical framework/code of ethics for practice and professional decision-making	Use an ethical framework/code of ethics to guide your practice and professional decision-making in regard to: <ul style="list-style-type: none"> <li>• the human rights of the person</li> <li>• the context and situation the person is currently in</li> <li>• how your service can help them</li> <li>• how the scope of your role can help them.</li> </ul>

**Disempowerment**  
Acting in ways that demoralise the person with support needs, infringing on their human rights, agency and self-determination.

The Australian Community Workers Association (ACWA) provides a Code of Ethics which you can use to inform and guide your practice: [aspirelr.link/acwa-ethics-standards](https://aspirelr.link/acwa-ethics-standards)

## Empowerment

Many people in receipt of support services 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. Many community services organisations have adopted the concept of **empowerment** in order to address these areas of vulnerability.

As a professional working in the community services sector, it is best to use an empowerment approach to support people. Your approach to your work should always be based on trying 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, then you will always be working to uphold people's rights through an empowerment approach.

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

However, it is also important to understand that the term 'empowerment' can mean different things to workers, stakeholders and people accessing support. Empowerment itself can also create more barriers than it addresses. For example, the concept of a professional needing to 'empower' a person accessing support has been argued to be an oxymoron because it automatically sets the professional as more powerful and knowledgeable, which creates an unequal power dynamic. This can then create another social barrier for vulnerable people.

Community services staff can work carefully with the concept of empowerment by always being led by the person's needs and listening to understand them deeply. This is where person-centred practice (PCP) comes into play. If you are working with PCP in mind, you are empowering the person.

## Use effective communication skills

Use communication skills to establish rapport with a person before assessment is conducted.

It is important to use effective verbal and nonverbal communication and interpersonal skills to identify and clarify the person's needs. Use positive, strengths-focused language. Be careful not to use language that is authoritative; for example, use the term 'collaboration' rather than 'intervention'.

Effective communication is vital to providing information to enhance the person's knowledge and understanding of the assessment process, the person's rights and the service options available to them. Knowledge gained from the communication process will empower the person to make informed choices about their own needs.

## Use appropriate language around prioritising and assessing needs

Pay close attention to the language you use while assessing and prioritising needs and interventions.

Here are some tips about using appropriate language:

- Do not use complex terminology because this can cause confusion. Use simple words that can be easily understood.
- Listen to the language the person uses to identify their issues and circumstances and use the same language. For example: 'I have a gambling issue not a problem' or 'I have a learning problem not a disability'.
- Do not use pathologising language; it is not a person-centred practice. For example: 'She is so OCD', 'He can't sit down for more than a few minutes, he must have ADHD' or 'He can't look me in the eye, he must have autism'. Pathologising applies what may be normal behaviour to a mental health disorder. It results in more diagnoses being reported and goes against the social model of disability. It



is also a subtle form of indirect discrimination. Provide support by using positive language and not pathologising.

- If someone is struggling to remember things you have said to them, write it down for them to take away.
- Do not give unsolicited advice. Giving advice without asking the person first is not person-centred. It disempowers the person and hinders their ability to make decisions based on the dignity of risk. Use active listening to really hear what issues the person has and offer them suggestions via questions. For example: 'You mentioned that you are struggling to get a break with being a carer, would it help if I put you in contact with a respite service we use? They may be able to offer you some emergency respite options.'

## Use effective interpersonal skills

Positive rapport can help to establish trust and make the person feel more comfortable in the assessment environment, which will increase the effectiveness of the assessment.

Good interpersonal skills are central to establishing rapport.

Here are some examples of interpersonal skills you can use to effectively clarify a person's needs.

<b>Active listening</b>	Active listening involves paying attention to what someone is saying and then demonstrating that you understand. For example, you may summarise what they have said, using minimal encouragement, such as 'okay, yes', 'ah-ha', 'I understand'. Active listening reflects the person's thoughts and feelings back to them; for example, 'You mentioned you were feeling nervous about seeing the doctor'.
<b>Empathy</b>	Empathy is the act of perceiving, understanding, experiencing and responding to the emotional state and ideas of another person. Displaying empathy can use the skills of active listening, but it is also about having a general attitude of meeting the person where they are at with their situation.
<b>Collaboration</b>	Collaboration involves doing an assessment 'with' the person, not 'at' or 'to' them. An example is 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 to identify possible needs and solutions and existing strengths and resources.



<b>Politeness</b>	Being polite can help establish rapport. An example is a person with paranoid schizophrenia being assessed in their home. They are very cautious around people they do not 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.
<b>Respect and dignity</b>	Respect and dignity are vital. An example is an older man being assessed in hospital. The man is nervous and concerned about being moved to a higher-care residence. The assessor closes the curtain around the bed for privacy and asks how he is feeling, listening attentively. When the man says he is worried, the assessor validates and normalises his experience.
<b>Conflict management</b>	Conflict management refers to a range of skills to manage conflict and misunderstandings. Much conflict comes from misunderstandings and miscommunication. In these situations: <ul style="list-style-type: none"><li>• keep calm</li><li>• use active listening to determine the cause or issue of conflict</li><li>• negotiate calmly with the person an acceptable way of moving forward or addressing the conflict.</li></ul>
<b>Confidentiality</b>	Confidentiality is linked to the amount of trust a person has for their support worker. If they trust their support worker, they are more likely to disclose vital information about their situation.  For example, a person being assessed for drug and alcohol use and mental health problems on admission to a rehabilitation centre may be concerned about being caught by the police, so does not disclose truthful information. The assessor informs the person about their right to confidentiality and reminds them of the assessment's purpose and how the results will be used so that the person feels comfortable expressing their true needs.

### Video: Active listening skills

Here is an Australian Government clip on developing active listening skills:

[aspirelr.link/yt-active-listening-skills](https://aspirelr.link/yt-active-listening-skills)

Pay attention to all the steps involved in active listening.



## Ask appropriate questions

Asking appropriate open-ended questions helps to identify the needs of the individual during assessment.

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

Closed questions can be useful for clarifying information, and are particularly useful



in an emergency situation. For example, if a person has vaguely indicated that they do not feel like living anymore, an appropriate closed question would be, 'Are you thinking about suicide?'

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

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

## Uphold dignity of risk

### Dignity of risk is upheld in legislation and service standards.

A support worker's adherence to duty of care and safety must be coupled with the concept of dignity of risk, which means that a person has the right to make their own choices and to take risks.

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

The rights-based approach focuses on people being able to access and enjoy the same rights as others in the community. It is about helping them to understand areas where they face oppression and assisting them to become more self-determined.

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

#### Rights in practice

Having opportunities to participate in elections; for example, the person may require assistance to get to a voting booth.

Helping people to have the same access to education, work and community opportunities that able-bodied people have.

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

Having opportunities to celebrate milestones such as birthdays.

Having the right to develop relationships and express sexuality.

Having a disability or mental health advocate present to help the person have their say in the service provision they want.

#### 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.

## Service models

Service models are industry-specific guidelines set out by an organisation, government department or agency.

Service models are developed based on best practice and guide service priorities. In the community services sector, service models focus on a person-centred approach to service delivery, consumer-directed care and flexible service. All of these promote empowerment of the person accessing the service.

Types of service models include:

- Flexible service model
- Person-centred practice
- Consumer-directed care
- Trauma-informed practice
- Family violence response

The flexible service model considers how and where services are delivered.

Services can be provided in a range of settings in aged care – such as transitional care, multipurpose services and innovative care – as well as providing support at a time that suits the person.

## Person-centred practice

### Person-centred approach

Providing tailored support for each person and taking time to learn about their individual preferences, needs and goals.

Person-centred practice (PCP) is a **person-centred approach** that places the person at the centre of their own care.

In PCP, the service responds to the whole person and focuses on a social 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, cultural), whereas a medical model focuses on the problem or illness.

A PCP philosophy embraces a process that sees the person making decisions about their own care needs, which forms part of their human rights. PCP is also a strengths-based approach. It relies on person-centred planning. This is where the person (or where they cannot make sound judgments – their advocate, family and/or primary carer) states what they want their plans to focus on. The plans are driven by the person's goals and aspirations. For example, the person can choose what service they want, the time the service is provided and how long they receive the service for.

## Consumer-directed care

Consumer-directed care (CDC) enables people with support needs (and their primary carer) to make decisions about their own care.

In the past, these decisions have been made by service providers. CDC allows for flexibility in the timing and scheduling of services.

This approach to service provision and model of funding is central to people having

choice and control over their own lives. It is built on the premise of PCP, but with the added opportunity for people to use their funding to get the services they need and in ways that suit them.

CDC is used in conjunction with programs such as Home Care Packages.

#### How CDC works

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

## Trauma-informed practice

**Trauma-informed practice refers to measures taken by services that are trauma informed and suit people who have been exposed to single-event trauma or multiple and often complex traumas.**

This type of service delivery is growing in the mental health and family violence areas. You may find that your organisation requires you to do additional training in trauma-informed practice and service delivery.

Trauma-informed service delivery:

- is a framework for service delivery based on those who have experienced trauma and their unique service needs
- offers evidence-based flexible strategies, interventions and models of support aimed at those who have experienced trauma and family violence
- requires all staff to be trained and upskilled in trauma-informed practice and to use evidence-based strategies to support trauma-affected people.

Read more about the trauma-informed service delivery framework here:

[aspirelr.link/aifs-trauma-informed-practice](https://aspirelr.link/aifs-trauma-informed-practice)

The Blue Knot Foundation is one of Australia's leading organisations in trauma and trauma-informed practice. Use this link to read more:

[aspirelr.link/blueknot-trauma-informed-world](https://aspirelr.link/blueknot-trauma-informed-world)

## Family violence response

Family violence service models aim to address the complex needs of people who are experiencing family violence and perpetrators of family violence.

They work in a similar way to trauma-informed models, in that they recognise the range of symptoms and impact of trauma from family violence, and the complexity of cycles of abuse.

Family violence service models and frameworks are still in their infancy in many states and territories, as methods of practice are only now being formulated based on the recommendations of the Royal Commission into Family Violence completed in 2016.

Read more about the Royal Commission into Family Violence here:

[aspirelr.link/rcfv-recommendations](https://aspirelr.link/rcfv-recommendations)

These new family violence service delivery frameworks will aim to:

- train and upskill community services staff in intervening with those who experience family violence and perpetrators of family violence
- train and upskill community services staff in delivering trauma-informed practice
- provide new assessment tools for measuring the effects of family violence
- provide new, innovative ways to refer those who experience family violence and perpetrators of family violence to relevant service providers who can help them
- provide new funding streams from states/territories and governments to fund family violence services for those who experience family violence and perpetrators
- inform new service delivery models for new family violence response programs and interventions.

## Service systems

There are many funded programs and services that operate in the community services sector to empower people with a range of care needs.

It is important that you understand what these programs are, why they are provided, what they do and who they are for. It may be helpful to understand how the program you work in is the same or different from other programs. Over time, programs change and funding is sometimes redirected by governments, so you need to keep up to date with what the service system can provide.

Here are links for further information on service systems in your state or territory.



Qld	<ul style="list-style-type: none"> <li>• Department of Communities, Child Safety and Disability Services: <a href="https://aspirelr.link/community-services-qld">aspirelr.link/community-services-qld</a></li> <li>• Community support: <a href="https://aspirelr.link/community-groups-qld">aspirelr.link/community-groups-qld</a></li> </ul>
NSW	<ul style="list-style-type: none"> <li>• Community services directory: <a href="https://aspirelr.link/community-services-nsw">aspirelr.link/community-services-nsw</a></li> <li>• Family and community services: <a href="https://aspirelr.link/family-and-community-services-nsw">aspirelr.link/family-and-community-services-nsw</a></li> </ul>
ACT	<ul style="list-style-type: none"> <li>• Functions and services directory: <a href="https://aspirelr.link/government-directory-act">aspirelr.link/government-directory-act</a></li> </ul>
Vic.	<ul style="list-style-type: none"> <li>• Community directories: <a href="https://aspirelr.link/community-directories-vic">aspirelr.link/community-directories-vic</a></li> <li>• Service Seeker: <a href="https://aspirelr.link/service-seeker">aspirelr.link/service-seeker</a></li> </ul>
Tas.	<ul style="list-style-type: none"> <li>• Department of Health – Find a service: <a href="https://aspirelr.link/dhhs-tas">aspirelr.link/dhhs-tas</a></li> <li>• Tasmanian government organisations: <a href="https://aspirelr.link/government-organisations-tas">aspirelr.link/government-organisations-tas</a></li> </ul>
SA	<ul style="list-style-type: none"> <li>• Find community organisations: <a href="https://aspirelr.link/community-organisations-sa">aspirelr.link/community-organisations-sa</a></li> <li>• SA Directory of Community Services: <a href="https://aspirelr.link/sa-community">aspirelr.link/sa-community</a></li> </ul>
WA	<ul style="list-style-type: none"> <li>• Department of Communities: <a href="https://aspirelr.link/communities-wa">aspirelr.link/communities-wa</a></li> <li>• Communities and vulnerable people: <a href="https://aspirelr.link/dss-vulnerable-people">aspirelr.link/dss-vulnerable-people</a></li> </ul>
NT	<ul style="list-style-type: none"> <li>• Department of Health: <a href="https://aspirelr.link/health-nt">aspirelr.link/health-nt</a></li> <li>• Department of Territory Families, Housing and Communities: <a href="https://aspirelr.link/housing-community-development-nt">aspirelr.link/housing-community-development-nt</a></li> </ul>

## Example

### Empower the individual through assessment

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

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



### Wellness approach

The wellness approach focuses on minimising the impact of functional loss or not setting up further dependencies. The support worker gets the person to do as much as they possibly can for themselves. Where the person requires support, the worker does the task with the person, rather than for them.

The worker uses encouragement to get the person to do tasks they have difficulty with, to increase their confidence and skill level at doing the tasks (or as much of them as possible) themselves. This approach builds capacity and self-management to support the person to retain as much autonomy as possible.

The wellness approach also identifies whether there is an ongoing need for services and considers how to assist the person to reconnect with the community.

### Reablement approach

The reablement approach works toward positive change by developing the person's ability to care for themselves. It builds on the person's strengths (what they can do) by providing short-term intervention to support them to regain their skills and abilities.

This might include ensuring the person has access to and can use assistive technologies and aids.

Reablement is aimed at reducing or minimising the need for ongoing support.

### Restorative care approach

The restorative care approach is provided by a multidisciplinary team to support the individual to make functional gains after a setback or illness.

Services may include podiatry, speech therapy, physiotherapy, occupational therapy, nursing services, social work, diversional therapy and specialist services such as continence support.

## Practice Task 7

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

### Case study

Noni is a First Nations woman who is pregnant with her third child and has gestational diabetes. Noni also has antenatal depression and a history of postnatal depression. She is a single mother who receives a disability pension.

Louise, a social worker, is conducting an assessment to determine Noni's current financial, mental and emotional needs during her pregnancy and following the baby's birth. Noni is afraid of losing custody of her children and is worried about interventions taking place that will affect her baby, such as needing to take antidepressant medication.

Noni is resistant to assessment, so Louise uses a range of interpersonal and language skills to identify her complex needs, including asking open-ended questions, using active listening, reflecting, paraphrasing and maintaining eye contact. After Louise spends some time with Noni, she begins to open up about her experiences and is feeling more comfortable with the assessment process.

### Question 1

List three skills Louise used to empower Noni to identify and prioritise her own needs.



**Question 2**

Explain how Louise applied a person-centred practice model of care when engaging with Noni. Could Louise have done more to ensure that person-centred practice was applied?

# 2C

## Evaluate needs

**It is essential to take a holistic approach when gathering information for assessment.**

A holistic approach takes into account a number of domains of health and functioning, such as mental health, physical abilities, social needs or use of alcohol and other drugs (AOD). It ensures that an assessor has access to a full range of relevant information when evaluating a person's needs. This requires an understanding of the nature and impact of diverse and multifaceted needs and issues, as well as how these issues and needs interrelate.

### Methods of evaluation

**Evaluation should take into account the person's strengths and capabilities, available resources and desired outcomes.**

The person's wishes, personal goals and priorities should also be considered throughout the evaluation process. Apply analytical and critical thinking skills to examine the full range of issues and needs identified, and to consider the potential implications of issues for the person being assessed.

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

Here is more information on evaluation.

#### Consult the individual

When evaluating a person's needs, it is important to gain an insight into how they perceive their own situation.

- What aspects of their life do they feel they require support in?
- What aspects do they think they can manage independently?
- What are their priorities?
- What outcomes do they desire?

This information should be used to direct the evaluation process.



### Consult with specialists

Where issues or needs fall outside your scope of practice, you may need to work in consultation with a specialist to evaluate the person's needs.

Case conferences are an effective way of taking a multi-agency approach to evaluating a person's needs. They are particularly useful in instances where a person has a diverse range of multifaceted issues and needs.

By bringing together specialists from a range of agencies, the person's needs can be examined and discussed to achieve a more holistic evaluation.

### Examine information

It is important to establish whether the information/data collected is sufficient to cover the range of domains that require assessment. Information should be relevant to the person's current set of circumstances.

The types of tools and processes used to collect the information must be appropriate to the individual's circumstances and characteristics. For example, an age-appropriate assessment tool is used to conduct a child health assessment to ensure that the most appropriate stages of development and milestones are covered.

Information must be valid, reliable and represent an accurate depiction of the person's level of functioning, circumstances and capabilities.

### Evaluate existing issues

Methods used to evaluate existing issues will vary depending on the guidelines of the agency conducting the assessment, the type of assessment being conducted and the reason for the assessment.

Issues affecting the person must be identified and examined to determine how they affect the needs of the person. The relationship between issues and needs should be established to identify cause and effect.

Issues must be prioritised, taking into account safety and security, the person's own priorities and the extent to which the issues are affecting the person's life.

### Evaluate needs

Methods used to evaluate a person's needs will vary depending on the guidelines of the agency, the type of needs being assessed, the type of assessment and the reason for assessment. Some agencies have guidelines and procedures in place that outline the evaluation process.

When evaluating a person's needs, an assessor must possess an in-depth understanding of the person's physical, psychological, social, cultural and spiritual needs, and the interrelatedness of those needs. This knowledge will be applied when identifying the person's existing and potential needs, and when prioritising those needs.



## Example

### Evaluate needs

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

Evaluation process	
<b>Step 1: Conduct a gap analysis</b>	Perform a gap analysis by: <ul style="list-style-type: none"> <li>identifying a current situation</li> <li>comparing the current situation with a desired or necessary situation</li> <li>identifying the difference (gaps) between these situations.</li> </ul> This will aid in identifying needs and potential support service requirements.
<b>Step 2: Identify priorities</b>	Examine and prioritise the needs and potential support service requirements by taking into account: <ul style="list-style-type: none"> <li>the significance of the need</li> <li>the severity of the need</li> <li>the impact of the need on other aspects of the person's life</li> <li>safety and security</li> <li>the person's priorities and goals</li> <li>desired outcomes</li> <li>available resources</li> <li>cost-effectiveness</li> <li>availability of funding.</li> </ul>
<b>Step 3: Identify aspects of the need to be addressed</b>	Once a need has been identified, conduct a more in-depth examination to determine the specific aspects within the need that must be addressed. Consider the cause of the need and how it relates to other needs. Identify opportunities, such as the person's existing capabilities, existing resources they have access to, and potential service and funding options available.
<b>Step 4: Identify possible solutions</b>	Draw on your knowledge of the services and funding options available to identify possible solutions to address the person's needs. Consider alternative solutions and negotiate support options with the person and relevant service providers.



## Practice Task 8

### Question 1

Outline the steps you would take to evaluate a person's needs.

### Question 2

Which of the following factors are important when examining information? Tick all that apply.

- Information/data collected should be sufficient to cover the range of domains that require assessment.
- Information should be relevant to the person's past circumstances.
- Types of tools and processes used to collect the information should be appropriate to the individual's circumstances and characteristics.
- Information should be valid and reliable.
- Information should represent an accurate depiction of the person's past level of functioning, circumstances and capabilities.

### Question 3

List three factors an assessor should consider when evaluating priority of needs.

# 2D

## Identify and analyse complex, multiple and interrelated issues

**Having multiple and complex issues can increase a person's vulnerability and make it more difficult to identify their needs.**

Here is some information about the assessment and prioritisation of multiple and complex issues.

<b>Assess person</b>	<p>A person with multiple and complex issues may be experiencing two or more of the following:</p> <ul style="list-style-type: none"><li>• Mental health issues</li><li>• Physical disabilities and medical conditions</li><li>• AOD</li><li>• Imprisonment</li><li>• Child protection</li><li>• Family violence</li><li>• Homelessness</li><li>• Poverty</li><li>• Health</li><li>• Age</li><li>• Disability</li><li>• Behaviours of concern</li><li>• Employment and unemployment</li><li>• Culture and religion</li><li>• Legal issues</li><li>• Financial issues including gambling addictions</li><li>• Transport issues</li><li>• Grief and loss issues</li><li>• Unstable and overcrowded housing</li></ul>
<b>Assess needs</b>	<p>Each complex issue needs to be identified and assessed individually. You need to consider the:</p> <ul style="list-style-type: none"><li>• purpose of the assessment; for example, to apply for funding or additional support services</li><li>• hierarchy of needs; for example, immediate safety, security, food and shelter are prioritised over ongoing psychological support and a permanent housing solution</li><li>• immediate health and safety risks.</li></ul>
<b>Prioritise needs</b>	<p>Prioritising needs is determined by the nature of the service provider. For example, a centre concerned with assisting women living with family violence will prioritise the woman and her children's safety.</p> <p>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.</p>



## The potential impact of dual or multiple issues

People with dual or multiple issues are among the most disadvantaged in Australia.

Complex issues increase vulnerability to other complex issues, leading to comorbidity. Comorbidity is the presence of two or more coexisting mental or physical conditions, disorders or diseases. Dual diagnosis means that a person has a mental health disorder and a dependency on drugs or alcohol.

Common outcomes of comorbidity and dual diagnosis
<ul style="list-style-type: none"><li>• Poor physical health, complex diagnoses and poor treatment outcomes, which lead to greater impairment</li><li>• Lack of social networks and support and risk of homelessness</li><li>• Poor interpersonal relationships</li><li>• Greater risk of violence and aggressive behaviour, including greater risk of violence to self, such as self-harm, suicide or substance abuse</li><li>• Resistance to change</li><li>• Cycle of abuse and dysfunction in relationships</li><li>• Disruptive, inappropriate behaviour, such as criminal behaviour or inappropriate sexual behaviour</li><li>• Unemployment or underemployment</li><li>• Poverty</li><li>• Financial issues, including gambling addiction, debt or financial abuse</li><li>• More engagement with justice departments</li></ul>

In the context of assessment, complexity can be viewed as having two elements:

- breadth of need, which refers to dual or multiple needs that are interconnected
- depth of need, which refers to dual or multiple needs that are profound, severe or intense.

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

What should be established
<p>In a complex needs assessment, the following should be established:</p> <ul style="list-style-type: none"><li>• The severity or intensity of each need</li><li>• The interrelationship between needs</li></ul> <p>When planning service delivery, the 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 because the service views the person's disability and behaviour as the need to be addressed.</p>



### What should be determined

A person with Alzheimer's disease, for example, may present with an AOD dependency and depression. The needs assessment should determine the:

- severity of AOD dependency
- severity of depression
- relationship between Alzheimer's disease, AOD dependency and depression – that is, how each affects the other and which need demands priority.

## Mental health disorders

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

Common mental health disorders include:

Mental health disorders	
<b>Bipolar</b>	People with bipolar experience mania (elevated mood) and severe depression. The brain alternates between these severe states, which impacts the person's ability to work and have relationships.
<b>Schizophrenia</b>	People with schizophrenia experience hallucinations, which can be auditory (hearing things that are not there), visual (seeing things that are not there), olfactory (smelling things that are not there) or tactile (feeling things on the skin that are not there). Schizophrenia also involves having delusions; for example, the person may believe the government is chasing them or that they are a god.
<b>Generalised anxiety disorder (GAD)</b>	People with GAD have very intense anxiety that affects how they access society, have relationships and perform in activities or at work. It may also include panic attacks.
<b>Post-traumatic stress disorder (PTSD)</b>	People with PTSD have usually experienced a traumatic event; for example, child abuse or a natural disaster. They may experience flashbacks of the traumatic event, irritability, nightmares and sleep issues, and they may avoid reminders of the event and feel emotionally numb.
<b>Borderline personality disorder (BPD)</b>	People with BPD experience severe emotional difficulties in managing strong emotions and reactions. They can be impulsive, which leaves them at higher risk for suicidal ideation and dying by suicide. They may also have relationship issues because they fear abandonment and rejection.
<b>Depression</b>	People with depression feel flat and unmotivated, struggle to get going, have ongoing negative thoughts and report somatic complaints.



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

Here is more information about assessing mental health.

Select assessment instruments
Examples of assessment instruments include the: <ul style="list-style-type: none"><li>• Beck Depression Inventory (BDI) – a 21-question, multiple-choice, self-report inventory for assessing the severity of depression</li><li>• Geriatric Depression Scale (GDS) – a scale used to identify depression in older people</li><li>• Caregiver Strain Index (CSI) – a tool designed to identify caregiver need for support.</li></ul>
Use the interview process for screening
Tips for interviewing: <ul style="list-style-type: none"><li>• Pose open-ended questions, or closed questions such as ‘Does leaving the house make you anxious?’</li><li>• Ask probing questions for further information; for example, ‘You haven’t voluntarily left the house for days. Can you help me understand this?’</li><li>• Observe body language, tone of voice, personal hygiene and self-care.</li></ul>
Refer undiagnosed issues
Mental health is often stigmatised. Be aware that people with mental health problems may not reveal what they are experiencing. For instance, a person may be motivated to disguise symptoms of depression because they feel ashamed. If you identify a mental health problem that has not yet been diagnosed, refer the person to a relevant medical professional for a formal diagnosis.
Ensure safety
<p>If a person experiences a mental health episode, such as a hallucination or a panic attack in your presence, ensure they are safe and help them to remain grounded and in the present moment. Bringing the person’s attention back to their breath is a helpful strategy to calm them.</p> <p>If a person says they are having thoughts of suicide and have a plan to carry this out, it means they are experiencing suicidal ideation and require immediate clinical assessment. A person in this state must never be left alone and an emergency assessment is critical. Appropriate responses can include:</p> <ul style="list-style-type: none"><li>• calling an ambulance immediately</li><li>• calling a psychiatric triage hotline</li><li>• calling Lifeline</li><li>• getting a support person to take them immediately to a hospital emergency department.</li></ul>



### Consult the person and professionals

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

## Alcohol and other drugs (AOD)

Mental health management is therefore often dependent on minimising drug and alcohol consumption.

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

You need to work collaboratively with the person to assess their immediate, short- and long-term needs. Be aware that they may downplay drug or alcohol use for fear of intervention or legal implications. Emphasise the person's right to confidentiality and privacy, and remind them of the importance of seeking support. A range of screening tools have been designed to assist with the needs identification process.

Here is some information about two commonly used screening tools.

People with AOD addictions commonly experience mental health problems, such as depression, anxiety and various forms of psychosis.

### ASSIST

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

### SDS

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

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

For access to a range of AOD assessment tools and resources, visit:

[aspirelr.link/aod-screening-and-assessment](https://aspirelr.link/aod-screening-and-assessment)

## Imprisonment

**Correctional services have a duty of care to ensure the safety and wellbeing of people under their care.**

People held in custody may have a range of multifaceted and diverse issues and needs, such as existing mental health problems, AOD dependence, physical health issues, physical or intellectual disabilities, behaviours of concern or gambling addiction. Correctional services are required to undertake assessment of the person upon intake to identify needs and services required.

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

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

Read more about correctional services assessment tools at:  
[aspirelr.link/compendium-of-assessments](https://aspirelr.link/compendium-of-assessments)

## Child protection

### **Child protection involves the protection of all children and young people from harm or neglect.**

**Neglect**  
Failing to properly care for a person.

There are many different causes of harm that can have a detrimental effect on a child's physical or emotional health, development and wellbeing. Forms of child abuse include neglect, physical, sexual or emotional abuse.

Children who require protection are those who have suffered harm, are presently suffering harm or are at risk of suffering significant harm. These injuries can affect a child's mental health. Children who suffer from abuse or neglect may experience the effects of low self-esteem, anxiety, depression or PTSD.

Neglect is a type of maltreatment that refers to failure to provide needed age-appropriate care. The impact of neglect may include the following:

- The child's physical health is affected by poor nutrition, injury and/or lack of medical care.
- The child does not have access to age-appropriate toys which are important for cognitive development.
- The child is not adequately supervised, which can result in injuries, near misses and accidents.



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

Here is more information about potential indicators of child abuse and neglect.

<b>Lack of support</b>	<p>Parents may have limited resources available to provide support, which can lead to feelings of being overwhelmed or stressed, an inability to cope and social isolation.</p> <p>Social isolation of the parent or caregiver can occur due to a lack of support networks or family support, and may lead to feelings of being overwhelmed, isolation, loneliness and stress, and an inability to cope.</p>
<b>Stress</b>	<p>Factors such as unemployment, financial pressures, poverty, relationship breakdown and homelessness can contribute to a person's stress.</p> <p>Mental health problems can affect a person's behaviour, mood, emotional, cognitive and social abilities. In some cases (but not all), this may significantly interfere with the person's ability to provide adequate parenting skills, such as supervising a child or providing a safe, hygienic environment for the child.</p>
<b>Limited parenting skills</b>	<p>Some parents may not have an understanding of parenting skills or child development; this may be the case in some (but not all) circumstances where they themselves suffered abuse or neglect as a child.</p> <p>In some (but not all) cases, a parent who has an intellectual disability may have a limited understanding of parenting skills and childhood development.</p> <p>Overuse of authoritarian parenting styles can expose children to physical and emotional abuse. These parenting styles usually stem from poor coping skills, poor conflict resolution skills and limited parenting skills.</p>
<b>AOD dependence</b>	<p>Use of AOD can significantly impair a person's reasoning and judgment, and affect their behaviour, mood, social interactions and cognitive ability. These effects can sometimes limit the parent's ability to supervise a child, provide a safe environment or provide for the child's needs.</p>
<b>Family violence</b>	<p>In circumstances of family violence, a child may be at risk of emotional and physical harm. Witnessing violence can have a traumatic emotional effect on a child. Being in the vicinity of violence places the child at risk of physical harm – this may be due to a direct threat of abuse targeted at the child or an indirect threat whereby the child is not the intended victim but may suffer injury as a bystander.</p>



<b>Other indicators of abuse and neglect in children</b>	<ul style="list-style-type: none"><li>• Old or new sites of bruising, open or closed wounds, fractures</li><li>• Clothes not washed or cared for</li><li>• Malnourishment or reporting they are hungry</li><li>• Genital injuries</li><li>• Suspicious burns</li><li>• Poisoning or over-medicating</li><li>• Fear and mistrust of certain adults</li><li>• Wanting to run away from home</li><li>• Untreated medical conditions</li><li>• Child displays a range of trauma symptoms</li></ul>
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Read more here: [aspirelr.link/wa-child-development-guide](https://aspirelr.link/wa-child-development-guide)

## Mandatory reporting

Each state and territory government is responsible for the administration and operation of child protection services.

Each jurisdiction has its own legislative acts that govern these services. It is essential that you understand your child protection obligations and adhere to the processes set out in these acts. Child protection legislation varies slightly between states/territories, mainly around the definition and role of the mandatory reporter of child abuse and neglect. However, even if your state/territory states that you are not a mandatory reporter of child abuse, you still have a moral and ethical obligation to report all suspicions and disclosures of abuse and neglect occurring against children. Exposure to family violence also requires mandatory reporting in some states and territories.

Read more about child protection and mandatory reporting in your state or territory here:  
[aspirelr.link/child-protection-legislation](https://aspirelr.link/child-protection-legislation)  
[aspirelr.link/mandatory-reporting-child-abuse](https://aspirelr.link/mandatory-reporting-child-abuse)

## Family violence

When assessing a person's needs, be aware of the many forms that family violence can take.

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



Types of violence in the home	
1. Physical	<ul style="list-style-type: none"> <li>• Physical assault; throwing objects; threatening with or using weapons</li> <li>• Locking out of property; damaging possessions</li> <li>• Withholding access to medical help</li> <li>• Murder</li> </ul>
2. Psychological/emotional	<ul style="list-style-type: none"> <li>• Threatening suicide</li> <li>• Emotional blackmail and eroding self-esteem</li> <li>• Constant criticism and undermining character; humiliation; mind games</li> </ul>
3. Social	<ul style="list-style-type: none"> <li>• Isolation from friends and family; preventing social outings</li> <li>• Jealousy</li> <li>• Monitoring telephone calls and internet use; smashing or hiding mobile phone</li> </ul>
4. Sexual	<ul style="list-style-type: none"> <li>• Rape; pornography; sex in front of children; bestiality</li> <li>• Denying use of contraception</li> <li>• Forced abortion</li> </ul>
5. Financial	<ul style="list-style-type: none"> <li>• Controlling finances; controlling expenditures</li> <li>• Lying about money; gambling</li> <li>• Concealing assets</li> </ul>
6. Stalking	<ul style="list-style-type: none"> <li>• Excessive telephone calls; continuous emailing or contact via letters</li> <li>• Driving past house unnecessarily</li> <li>• Following person</li> </ul>
7. Spiritual/religious/cultural	<ul style="list-style-type: none"> <li>• Disrespecting or ridiculing spiritual choices and beliefs</li> <li>• Denying choices; imposing beliefs</li> <li>• Preventing participation in worship</li> <li>• Stating how people must grieve after a loss of a loved one</li> <li>• Forcing family members to take part in cultural/spiritual/religious ceremonies</li> </ul>

## Impact of family violence

Often people who are experiencing family violence feel responsible for the violence.

A characteristic of violence in the home is the person's self-worth and self-esteem being worn down by the constant cycle of abuse, causing them to feel powerless and unable to leave the situation. Furthermore, threatening to leave often increases their vulnerability to abuse. People experiencing family violence often feel a lot of **ambivalence** around their relationship with the perpetrator and the concept of leaving them.

### Ambivalence

Both good and bad feelings and thoughts about the situation and the perpetrator.

When working with people who are experiencing family violence, it can sometimes be difficult to understand why they choose to remain in the situation. It is important to avoid judging the person; instead, seek appropriate advice and refer them to services that can help. It can take people experiencing family violence around seven attempts to eventually leave the perpetrator, so they need a lot of support and empathy.

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

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

Here are some examples of family violence risk assessment tools:

Western Australia Department of Communities: [aspirelr.link/wa-risk-assess-tool](https://aspirelr.link/wa-risk-assess-tool)

MARAM family violence risk assessment tools:

[aspirelr.link/vaada-family-violence-risk-assess](https://aspirelr.link/vaada-family-violence-risk-assess)

MensLine Australia: [aspirelr.link/mens-line-family-violence](https://aspirelr.link/mens-line-family-violence)

## Homelessness

Many factors can contribute to homelessness, including poverty, family violence, relationship breakdown, unemployment, mental health problems, AOD dependence and gambling addiction.

Being homeless can affect physical health, mental health, ability to gain employment, personal safety and security, nutrition and hygiene needs, and social interaction.

Assessment methods and services to address homelessness will vary depending on the role of the agency and the state, territory and region. There are many and varied government and non-government programs to address homelessness. Some agencies provide assessment and referral, some focus on housing, and others provide food, living essentials and financial services.

Due to the multifaceted issues that contribute to and result from homelessness, it is essential that support is provided using a coordinated, multiagency approach to ensure that all factors contributing to and resulting from a person's homelessness can be identified and addressed.



### Places people experiencing homelessness often frequent

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

## Poverty

There are a range of reasons a person may be living in poverty, including mental illness, AOD use, disability, long-term unemployment, intergenerational poverty and unemployment, and long-term homelessness.

The poverty line is defined by how much money a single person or a family has access to per week. The Organisation for Economic Co-operation and Development (OECD) defines the poverty line as half the median household income of the total population. In 2021, the poverty line in Australia for:

- a single person was \$426.30 per week
- a family made up of two adults and two children was \$895.22 per week.

During 2020 in Australia there were over 3 million people living in poverty.

Read the full report about poverty in Australia here: [aspirelr.link/poverty-australia-info](https://aspirelr.link/poverty-australia-info)

It is important to understand what is meant by poverty and have a sound understanding of services in the area in which you work that can provide support. Some support options may be unaffordable for people experiencing poverty.

Support services for people living in poverty can include:

- emergency food relief
- financial counsellors
- job assistance programs and services
- Centrelink
- local employers.

Take the following factors into account when conducting an assessment.



Strategies for conducting an assessment in regard to poverty
Focus on the person's current situation; for example, determine their current income, expenses and employment possibilities.
Focus on the person's resources; for example, identify their training history, financial management skills, transport resources and ability to navigate society.
Empower the person; for example, focus on their strengths, and help them to identify resources and participate in decision-making.
Empathise with the person's unique reality; poverty is a different experience for everyone.

## Health

In 1946, the World Health Organization (WHO) defined health as 'a state of complete physical, emotional and social wellbeing and not merely the absence of disease or infirmity'.

This definition has become universally recognised. It is particularly relevant when considering how multifaceted needs and issues are interrelated, as it implies that a person's health is not just based on their physical abilities or dysfunction. Instead, it focuses on a holistic concept where a person's health is determined by physical, psychological and social dimensions.

Here are examples of how aspects of each dimension of health can relate to and affect the other.

Physical health affecting social and emotional wellbeing
Physical health can affect social and emotional wellbeing in the following ways: <ul style="list-style-type: none"><li>• Some illnesses (e.g. hypoxia, low blood sugar, fever) may cause delirium, confusion or agitation and may result in behaviours of concern.</li><li>• Poor physical health can contribute to social isolation, depression and anxiety.</li><li>• Poor physical health can affect a person's employment and financial status; for example, absence from work due to illness or difficulty accessing employment opportunities.</li><li>• Medications may cause adverse side effects which affect overall health and wellbeing.</li></ul>



### Mental health and social issues affecting physical health

Mental health and social issues can affect physical health in the following ways:

- Social issues such as poverty or homelessness can affect physical health, due to limited or no access to health services and unsuitable living conditions.
- AOD dependence may have adverse effects on the body, resulting in illness or injury. The effects of AOD on behaviour and cognitive function may also increase a person's risk of injury.
- AOD dependency can lead to an inability to maintain a sufficient standard of hygiene, nutrition or personal care, which can affect physical health.

## Age

Throughout the lifespan, the types of issues a person experiences will evolve. The impact of ageing and frailty on a person's physical health may include risk of falls due to decreased mobility; visual or hearing impairment; and loss of cognitive function or memory due to illness such as dementia. Mental health may be affected by social isolation, poor health or grieving. It is important to understand how a person's needs change throughout the lifespan to ensure that assessment is age appropriate.

A person's age has an influence on factors affecting their health and wellbeing.

Read about healthy ageing and the determinants of health relating to older people at: [aspirelr.link/healthy-ageing](https://aspirelr.link/healthy-ageing)

## Growth and development

**Growth** and **development** are the processes of maturation that occur from birth and continue throughout a person's life.

Growth and development can be measured using assessment tools based on benchmarks or milestones. These are used as a guide to determine the rate of growth and development of a person. Benchmarks are a collection of physical, social, emotional or cognitive functions that have been proven to occur at certain stages of the lifespan. They should be used as a guide only, as no two people are the same. Growth and development may vary; therefore, an appropriate timespan should be allowed to assess benchmark achievement.

### Growth

The physical changes that occur in the body throughout the lifespan, such as weight and height.

### Development

The psychological and social changes that a person experiences throughout their lifespan.

Read more about developmental milestones at: [aspirelr.link/developmental-milestones](https://aspirelr.link/developmental-milestones)

## Disability

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

Cognitive disabilities, such as an intellectual disability or dementia, can affect a person's ability to communicate. Physical disability can affect a person's mental health due to issues relating to body image and social inclusion. Psychosocial



disability means the person is considerably impacted by mental health disorders.

A disability may be:

- mobile – for example, the person uses a wheelchair
- cognitive – for example, dementia or acute brain injury
- learning – for example, dyslexia
- a sensory impairment – for example, a hearing or vision impairment
- the result of severe mental health disorders – for example, bipolar, a personality disorder, anxiety or depression.

When assessing the needs of a person with a disability, it is essential that they have the ability to understand and actively participate in the assessment process. If necessary, engage an advocate to represent them. A sign language interpreter may also be appropriate if the person is hearing impaired.

Here is some guidance on identifying needs.

Review
<p>To identify the person’s needs, you may review the following:</p> <ul style="list-style-type: none"> <li>• Medical history</li> <li>• Records of interviews with the person or the person’s advocate</li> <li>• Information gathered from family members and carers</li> <li>• Recorded observations</li> </ul>
Assess
<p>You may also need to assess:</p> <ul style="list-style-type: none"> <li>• the level of physical support required, such as mobility aids</li> <li>• the level of support required for activities of daily living, such as hygiene or meal preparation</li> <li>• whether funding for additional resources is required.</li> </ul>

## Behaviours of concern

### Behaviour of concern

An action that can cause harm, either to the person who presents with the behaviour or to others.

A **behaviour of concern** can impact the assessment process or hide underlying issues and needs that require assessment.

Here are some examples of behaviours of concern, along with potential reasons and patterns.



### Behaviours

Behaviours of concern include:

- physical abuse
- resisting care
- agitated repetitive acts and/or shadowing
- inappropriate sexual behaviour or sexual harassment
- unnecessary risk-taking
- illegal acts such as stealing
- hiding when afraid
- refusal to take medications that help behaviour.

### Reasons

Reasons behind behaviours vary greatly between people and may include:

- having a disability
- having a mental health problem or disorder, such as bipolar, schizophrenia and delusions
- having a medical condition, such as dementia, which can lead to aggression and frustration
- being intoxicated with drugs or alcohol
- struggling to communicate needs, wants or desires
- experiencing strong emotions and struggling to express them in an age-appropriate way
- being hungry or in pain and struggling to communicate this
- not knowing how to act appropriately in the context of what is happening.

**Note: behaviours of concern do not arise from 'attention seeking'. This is a myth.**

### Patterns

Observe patterns of behaviours of concern and identify situations or specific people who trigger the behaviour, as this can help reveal the reason for the behaviour.

Always prioritise safety when dealing with people with behaviours of concern. If the situation is escalating and you, the person or others are at risk, you may need to involve security or emergency personnel, or use restraint if you are trained to do so and it is necessary.

If you are working with a person who consistently displays behaviours of concern, it is ideal to engage the professional assistance of an authorised behaviour support practitioner.

## Employment

The amount and type of jobs available can be directly affected by an area's economy. Other factors that can affect a person's access to employment include mental and physical health, disability or illness, geographic isolation, education, homelessness and poverty.



To protect people from discrimination and promote equal opportunity, Australia’s commonwealth, state and territory governments have introduced laws prohibiting discrimination.

The *Fair Work Act 2009* (Cth) is one of many legislations enacted to address issues of equality. The Fair Work Act prohibits discrimination by employers or other employees on the basis of ‘race, colour, sex, sexual orientation, age, physical or mental disability, marital status, family or carer’s responsibilities, pregnancy, religion, political opinion, national extraction or social origin’. The aim is to ensure equity of access to employment, protection from unfair treatment and equality for all employees.

Read more about Australian discrimination laws here: [aspirelr.link/discrimination-laws-guide](https://aspirelr.link/discrimination-laws-guide)

## Impact of employment on health and wellbeing

The benefits of undertaking paid work include increased physical activity, positive self-esteem, less financial stress and an increased opportunity to participate in social engagement.

These benefits promote positive outcomes for a person’s health and wellbeing. However, work in high-stress positions and working long hours can sometimes negatively affect a person’s psychological and physical health, parenting and relationships.

The physical, psychological, social and economic impact of unemployment should also be considered when conducting an assessment of a person’s needs. Keep in mind the flow-on effects of these factors for other family members including children.

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

<b>Economic</b>	The economic impact of unemployment may include: <ul style="list-style-type: none"> <li>• financial stress</li> <li>• less money to access food, education, healthcare and housing.</li> </ul>
<b>Psychological</b>	The psychological impact of unemployment may include: <ul style="list-style-type: none"> <li>• stress</li> <li>• anxiety</li> <li>• depression</li> <li>• suicide</li> <li>• low self-esteem.</li> </ul>



Physical	<p>The physical impact of unemployment may include:</p> <ul style="list-style-type: none"> <li>• less money to access medication and healthcare</li> <li>• increased risk of diabetes</li> <li>• obesity</li> <li>• heart disease</li> <li>• respiratory illness</li> <li>• AOD use</li> <li>• poor nutrition</li> <li>• inactivity.</li> </ul>
Social	<p>The social impact of unemployment may include:</p> <ul style="list-style-type: none"> <li>• isolation</li> <li>• homelessness</li> <li>• relationship breakdown</li> <li>• family violence</li> <li>• poverty.</li> </ul>

## Culture and religion

When conducting an assessment with a person from a culturally and linguistically diverse (CALD) background, it may be necessary to access interpreting services.

Where possible, link people from CALD backgrounds to resources and services provided by their community.

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

Specific needs may relate to:

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

## First Nations Australian heritage

Having a First Nations Australian background may increase a person's vulnerability to multiple and complex concerns.

For example, First Nations Australians have a higher rate than non-First Nations Australians of incarceration, disability, and alcohol and drug abuse. First Nations



Australians also have a significantly lower life expectancy due to health problems, disability and poverty.

There are many cultural considerations to take into account, such as communication styles, language and spirituality. If possible, link people who are First Nations Australians to resources and services, including assessment services, provided by other First Nations Australians.

## Example

### Complex, multiple and interrelated issues

While the WHO definition of health takes into account physical, psychological and social dimensions of health, many other factors can affect a person's health. These factors are referred to as the social determinants of health, defined by the WHO in 2013 as 'the conditions to which people are born, grow, live, work and age'. This includes the social, economic, political, cultural and environmental factors that influence and affect a person's health and the health of communities as a whole.

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

Learn more about the social determinants of health and how all the dimensions of health interrelate at: [aspirelr.link/australias-health-2016](https://aspirelr.link/australias-health-2016)



## Practice Task 9

### Question 1

Explain why imprisonment might be both a cause and a result of mental health problems.

### Question 2

Identify one physical health condition brought on by age. Explain the impact this condition might have on a person's mental health and social circumstances.

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

### Case study

Clare is a First Nations woman who has diabetes and schizophrenia. She is experiencing homelessness, and is unemployed and living in poverty. She also has an alcohol addiction. Clare has been referred for assessment for social services support. Sally is conducting the assessment. She has read Clare's case notes and understands her medical history and other relevant information.



During their first meeting, Sally clearly explains the assessment process. Sally says she wants to identify Clare's specific issues and needs. Sally explains that over the next two sessions, she will use a variety of scales and interview questions to determine the:

- extent of Clare's drug and alcohol dependency
- support Clare requires to manage schizophrenia
- financial support Clare needs
- support Clare requires to find employment and appropriate housing.

During the interview, Clare begins to get agitated. She is due to take her medication. She throws one of the pens at Sally. Sally tries to remain calm. She notifies security by pressing the alert button. They come and check on Sally and Clare. By this stage, Clare has calmed down, as Sally encourages her to take her medication.

### Question 3

Identify three categories of complex, multiple and interrelated needs and issues that Sally must address to undertake a holistic assessment of Clare's needs (e.g. psychological needs/issues). For each category, provide an example of a relevant need or issue.

**Question 4**

Drawing on your response to Question 3, explain how each of these categories of needs and issues can interrelate.

**Question 5**

During Sally's assessment, Clare reveals that she grew up in a family violence situation. It was never reported and she, along with her mother and siblings, had experienced physical abuse. Suggest how Clare's childhood may have contributed to the mental, physical and social issues she is experiencing as an adult.

**Question 6**

List additional needs Sally might identify for Clare based on this new information?

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## Evaluate issues of urgency and eligibility

**When assessing complex needs, one or more needs may demand more acute attention than others.**

For instance, if a person is at risk of homelessness, their accommodation needs will demand more urgency than their other needs and issues.

Here are some things to consider in assessing urgency.

Urgent needs
Needs that demand urgent attention include the risk of: <ul style="list-style-type: none"><li>• death</li><li>• suicide</li><li>• self-harm</li><li>• homelessness</li><li>• family violence</li><li>• severe behaviours of concern</li><li>• psychosis (seeing or hearing things that are not there).</li></ul>
Assessment processes
Multiple processes can be used to assess urgency. For example, you could interview the person to determine how likely they are to attempt to take their own life and whether they have made plans to do so. Use this information in conjunction with case notes or medical history.  Other issues and needs, such as AOD or mental health problems, may increase a person's vulnerability, so these needs and their relationship to the acute needs must also be assessed.
Emergency response
While assessing for urgency implies the need for an immediate response, it is equally important that critical information is not overlooked. For instance, if the person is suicidal, AOD issues should also be assessed, as they increase a person's vulnerability to suicide. In this situation, assess whether an emergency response is required and, if so, follow organisational guidelines for implementing the emergency response.

Accessing services can be more difficult for people with complex issues and needs, because one or more issues may deem them ineligible for service delivery.

For instance, an AOD agency may not have the facilities or resources to meet the needs of a person with a severe intellectual disability.

By maintaining a close working relationship with relevant service providers, you are more likely to understand which services have the resources to meet a particular need. To keep track of the range of services available, attend service network meetings and join online service networks.

Discuss the complexity and urgency of the person's needs with potential service providers. This is an efficient way to determine the person's eligibility for the service.

## **Prioritise service delivery**

Take a person-centred approach and use problem-solving strategies when determining how to prioritise services.

Involve the person in discussions about prioritising services. Inform them about their assessment results, and which needs appear to demand priority over others.

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

## **Unemployment**

The complex and interrelated factors that may contribute to or result from unemployment must be considered when determining a person's service requirements.

For instance, a person who is experiencing homelessness, and who is also unemployed and with an untreated mental illness and a physical illness, may require a coordinated multi-agency approach. Housing and financial services, and medical and mental health services, may all be necessary to support the person to address their needs and contribute to their work readiness.

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

The role of employment services may vary depending on the type of service provided; however, the basic features of all service providers is to:

- broker job opportunities for job seekers
- identify suitable job opportunities for each job seeker
- help job seekers to prepare for the recruitment process and obtain employment.

The Australian Government initiated a service in 2015 called 'jobactive', which can be used to identify and access service providers in your local area.



Learn about jobactive, employment services in your area and other government employment programs at the following websites:

- [aspirelr.link/jobactive-help](https://aspirelr.link/jobactive-help)
- [aspirelr.link/jobactive-search](https://aspirelr.link/jobactive-search)
- [aspirelr.link/jobactive-about](https://aspirelr.link/jobactive-about)

## Physical and mental health

The Australian health system is a complex network of services, providers and organisational structures that are designed to address the physical and mental health needs of the Australian population.

The complexity of the health system is largely due to the multifaceted needs of the community it serves; it is also tailored for optimal inclusion of all members of the community. The health system is made up of public and private providers, as well as government and non-government agencies.

Here are some examples of the structure of the health system in Australia.

Main staffing specialties	<ul style="list-style-type: none"> <li>• Medical practitioners in a variety of specialties</li> <li>• Nurses</li> <li>• Social workers</li> <li>• Speech therapists</li> <li>• Occupational therapists</li> <li>• Psychologists</li> <li>• Psychiatrists</li> </ul>
Areas of operation	<ul style="list-style-type: none"> <li>• Clinics</li> <li>• Hospitals</li> <li>• Community settings, such as a person's home</li> </ul>
Services delivered	<ul style="list-style-type: none"> <li>• Public health</li> <li>• Preventative health</li> <li>• Primary healthcare</li> <li>• Hospital-based care</li> <li>• Outpatient clinics</li> <li>• Community-based assessment and care</li> <li>• Palliative care</li> </ul>

To help people navigate the complex network of services, the Australian Government initiated the National Health Services Directory (NHSD). The aim of this directory is to provide people with access to reliable and consistent information about their local physical and mental health services.

Access the NHSD here: [aspirelr.link/healthdirect-nhsd](https://aspirelr.link/healthdirect-nhsd)



## Housing

The Australian Government Department of Social Services provides funded programs to assist people who are experiencing homelessness or who need help to access affordable housing.

State and territory governments deliver housing services to support people to access accommodation.

Accommodation support options include:

- private rental assistance
- private rental subsidies
- temporary accommodation
- emergency temporary accommodation
- supported and crisis accommodation
- affordable housing for low to moderate income earners
- social housing, including public, community and housing for First Nations Australians.

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

Here is more information on state and territory housing services.

ACT	Community Services Directorate: <a href="https://aspirelr.link/housing-act">aspirelr.link/housing-act</a>
NSW	Department of Communities and Justice: <a href="https://aspirelr.link/housing-nsw">aspirelr.link/housing-nsw</a>
NT	Department of Territory Families, Housing and Communities: <a href="https://aspirelr.link/housing-nt">aspirelr.link/housing-nt</a>
Qld	Homes and Housing: <a href="https://aspirelr.link/housing-qld">aspirelr.link/housing-qld</a>
SA	SA Housing Authority: <a href="https://aspirelr.link/housing-sa">aspirelr.link/housing-sa</a>
Tas.	Housing Tasmania: <a href="https://aspirelr.link/housing-tas">aspirelr.link/housing-tas</a>
Vic.	Department of Families, Fairness and Housing: <a href="https://aspirelr.link/housing-vic">aspirelr.link/housing-vic</a>
WA	Department of Communities: <a href="https://aspirelr.link/housing-wa">aspirelr.link/housing-wa</a>

## Community support

There is a vast range of community support services throughout Australia.

These services are provided by both government and non-government organisations. They may be office- or community-based.

Specialty areas covered by community support services include disability and carers, education, employment, family violence, health, housing, legal, mental health, financial, older people, parenting, relationships, separated parents and travelling.

The Australian Government Services Australia Service Finder is an excellent resource to find and access information about community support services in your local area.

Access the Services Australia Service Finder here: [aspirelr.link/service-finder-dhs](https://aspirelr.link/service-finder-dhs)

Social disadvantage occurs when a person or group of people are deprived of the things that society perceives as being essential, such as education, healthcare, employment, transport options and money.

Another contributing factor to social disadvantage is social exclusion. This occurs when a person has limited or no access to opportunities due to lack of participation in social or community activities, lack of access to services and restricted access to finances. All of these factors limit opportunities available to a person and affect their ability to get the most out of opportunities.

Social inclusion aims to overcome a person's social disadvantage by enhancing their opportunities to participate in society. This can be achieved by:

- increasing access to targeted services to help overcome any obstacles that have contributed to the person's social disadvantage
- providing support to achieve equitable access to opportunities such as education, training and employment.

## Education and training

Targeted education and training services address the needs of specific groups of people to promote inclusion, enhance learning and development, and provide access to opportunities such as employment and higher education.

Services are tailored to address the needs of children, young people, adults and older people.

Target groups for specific services may include:

- people with disabilities
- culturally and linguistically diverse people
- refugees
- First Nations Australians
- people living in areas that are socially disadvantaged due to geographical remoteness, poverty or high unemployment rates.



Education and training services are delivered by commonwealth, state and territory government and non-government organisations.

ACT	Education Directorate: <a href="https://aspirelr.link/education-act">aspirelr.link/education-act</a>
Commonwealth	Australian Government Department of Education, Skills and Employment: <a href="https://aspirelr.link/det">aspirelr.link/det</a>
NSW	Department of Education: <a href="https://aspirelr.link/education-nsw">aspirelr.link/education-nsw</a>
NT	Department of Education: <a href="https://aspirelr.link/education-nt">aspirelr.link/education-nt</a>
Qld	Department of Education: <a href="https://aspirelr.link/education-qld">aspirelr.link/education-qld</a>
SA	Department for Education: <a href="https://aspirelr.link/education-sa">aspirelr.link/education-sa</a>
Tas.	Department of Education: <a href="https://aspirelr.link/education-tas">aspirelr.link/education-tas</a>
Vic.	Department of Education and Training: <a href="https://aspirelr.link/education-vic">aspirelr.link/education-vic</a>
WA	Department of Education and Training: <a href="https://aspirelr.link/education-wa">aspirelr.link/education-wa</a>

## Financial support

Financial pressures or disadvantage due to poor financial literacy, gambling addiction, unemployment, debt, homelessness, illness or family breakdown can affect a person's social, emotional and physical wellbeing.

To address financial disadvantage, the Australian Government has initiated a range of financial support services. These cover a variety of key factors that contribute to financial disadvantage, including:

- emergency or crisis relief assistance
- financial counselling
- money management services
- microfinance
- matched savings programs
- information on retirement investment.

There are a range of income support benefits available through Centrelink that have been tailored to address the financial needs of people from a variety of groups in the community, such as young people, the unemployed, students, parents, older people, people with disabilities, people of Aboriginal or Torres Strait Islander descent, refugees and people living in remote communities.

There are also a range of non-government organisations that provide financial support services in a person's community. The types of services can vary based on the charter of the organisation. Services may be specific to the needs of particular



population groups; for example, people experiencing homelessness, the unemployed, young people, First Nations Australians, children and people with a disability. Services may include financial support, food and essential donations, housing, financial and other counselling, and support for gambling addiction.

## Example

### Prioritise delivery of services

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

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

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

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



## Practice Task 10

### Question 1

Match the service on the left to the service features on the right.

Employment	Service features may include emergency or crisis relief assistance, money management services, matched savings programs and information on retirement investment.
Housing	Services may include brokering job opportunities for job seekers, identifying suitable job opportunities for job seekers and helping job seekers prepare for the recruitment process and work.
Financial support	Services may include public health, preventative health, primary healthcare, hospital-based care, outpatient clinics, community-based assessment and care, and palliative care.
Physical and mental health	Services may include providing private rental assistance, private rental subsidies, temporary or emergency accommodation, or supported and crisis accommodation.

### Question 2

Explain how services delivering community support, social inclusion, and education and training can be interrelated.



**Question 3**

Identify at least three factors to consider when evaluating issues of urgency.

**Question 4**

Briefly outline why it is important to keep up to date with the services provided by relevant service providers.

# 2F

## Assess potential risk factors for service delivery

**When conducting an assessment with a person who has multiple and complex needs, or providing support, you may find yourself in an unsafe or threatening situation.**

It is therefore imperative to have risk management processes in place before an assessment is conducted.

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

Risk management
Identify hazards – the objects, situations and processes that have the potential to cause harm to people, property or the environment.
Assess risks – the likelihood of the hazard causing harm to people, property or the environment.
Control risks – determine appropriate ways to eliminate or control risks.

### Duty of care

**Duty of care** is your legal obligation to protect the wellbeing of those being assessed as far as is reasonably practicable.

If you identify that an individual or another person is at risk of harm, you are legally responsible to act in a way that minimises this risk.

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

#### Duty of care

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

### 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, 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 decide what control measures should be put in place to effectively remove or control the risk.

You can use a risk assessment matrix to evaluate a risk, where you assess likelihood and impact, and determine the level of risk where these intersect on the matrix.

A risk assessment involves thoroughly reviewing an environment to identify hazards.



## Family violence risks

If a person is experiencing family violence, it is important to assess the risk of harm to yourself and the person, and seek to minimise risk and enhance the safety of those involved.

Ask the person to provide a self-assessment of the potential danger they are in before the assessment. Risk management processes are of particular importance if the risk is high, such as if an immediate threat has been made and the perpetrator's whereabouts are not known.

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

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

It is important to be aware of the factors that can exacerbate unpredictable behaviour, particularly when scheduling an assessment.

Here are some factors to consider.

Potential reasons for behaviour	<ul style="list-style-type: none"> <li>• Aggression</li> <li>• Dementia</li> <li>• Mental health problems</li> <li>• AOD issues</li> <li>• Confusion</li> <li>• Miscommunication</li> <li>• Conflict</li> <li>• Struggling with strong emotions such as anger, fear, disgust, shame</li> </ul>
Forms of aggressive behaviour	<ul style="list-style-type: none"> <li>• Shouting and/or crying</li> <li>• Physical abuse</li> <li>• Property destruction</li> <li>• Disorientation</li> </ul>



### Exacerbation

- 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 telephone the police if you require it. You may also have access to security and, if you feel unsafe for any reason, you should contact them.

In a dire situation where 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.

Here are some strategies for minimising unpredictable and volatile behaviour.

### Strategies to minimise unpredictable behaviour

The following may help to minimise unpredictable behaviour:

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

### Containment skills

Containment skills can be used in a volatile scenario to help reduce a person's anxiety or aggression. This involves containing a person's emotions to manage the situation so 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.

## Health and safety risks

The person's needs and the context for assessment will determine where the assessment is conducted.

Some assessment environments can be hazardous for the person and possibly the assessor. A work health and safety (WHS) risk assessment should be conducted prior to 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 assessment environment 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
- trip hazards
- unsafe electrical equipment
- equipment not stored in a safe way.

Once risks are identified, they need to be managed. The following provides some information about WHS risk management processes.

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



## 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 risk of a work activity you have been involved in, and use the following matrix to estimate the level of risk.

		Impact				
		Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood	Almost certain	High	High	Very High	Very High	Very High
	Likely	Moderate	Moderate	High	Very High	Very High
	Possible	Low	Moderate	High	High	Very High
	Unlikely	Low	Low	Moderate	Moderate	High
	Rare	Low	Low	Low	Low	Moderate

## Practice Task 11

### Question 1

Briefly describe what is meant by duty of care.



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

## Case study

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

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

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

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

### Question 2

Identify the risk there is to Lee and Vicky and other workers.

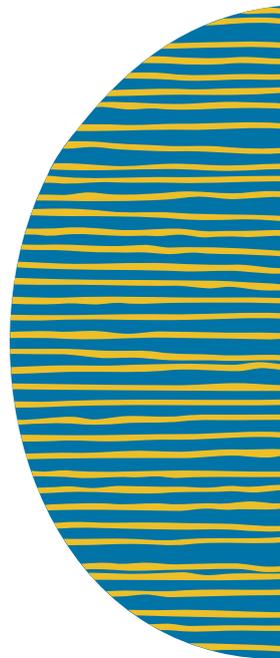
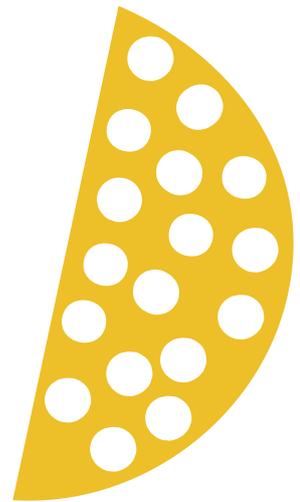
### Question 3

Identify how Vicky minimised the risk to Lee, herself and other workers.



## Summary

- It is important to clarify your work role, and to work within organisational protocols and your scope of practice, position description and qualifications. When necessary, refer individuals to an appropriate service or seek further assistance.
- Empower the person to identify and prioritise their own needs.
- Use verbal and nonverbal communication skills such as empathy, active listening and eye contact when identifying the diverse needs of people requiring support.
- Use effective interpersonal communication skills to communicate respect and empower people with support needs.
- Prepare the person for assessment by clearly explaining assessment procedures in a way they will understand.
- By assisting people to identify their own support needs and risk factors, you empower them and enhance their participation in the assessment process.
- Evaluation should take into account the person's strengths and capabilities, available resources and desired outcomes.
- Evaluation requires an understanding of the nature and impact of diverse and multifaceted needs and issues, as well as how they interrelate.
- Prioritise needs in close collaboration with the person and, if necessary, with their family, guardian or carer. Maslow's hierarchy of needs is a useful tool to guide this process.
- The safety of the person, yourself and others is a priority. Identify and manage risks according to organisational guidelines.





# Learning Checkpoint 2

## Analyse the person's needs

### Part A

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

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

3. List five strategies you can use to empower a person to identify and prioritise their own needs.



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

5. Briefly outline why assessing potential risks for service delivery is part of your duty of care responsibilities.

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

a. People in custody may have existing mental health problems, AOD dependence, physical or intellectual disabilities, or behaviours of concern.	Yes / No
b. Children who experience physical abuse will only experience the effects of this in childhood.	Yes / No
c. Experiencing family violence can lead to a range of mental and physical health problems due to prolonged periods of stress and insecurity, and feelings of powerlessness.	Yes / No
d. Ageing will only impact a person's mental health if they experience age-related illnesses like dementia.	Yes / No
e. Physical disability can affect a person's mental health due to issues relating to body image and social inclusion.	Yes / No



7. Briefly outline the effect on a person's physical and mental health when their cultural and religious needs are not met during service provision.

8. Explain how education and training services may fall under social inclusion and community support services.

## Part B

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

### Case study

Greg works for an alcohol and other drug (AOD) agency and has conducted an intake assessment of a person with complex issues. This is the information he notes:

**Name:** Emmanuella Salako

**Born:** 1/2/1988, Chile

**Nationality:** Chilean

**Citizenship status:** Permanent resident



**Religion:** None stated

**Address:** No current residence

**Contact telephone:** Mobile 0404 040 040

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

**Education:** St Mary's High School, Year 10

Emmanuella presents with:

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

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

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

1. List all the issues and factors you can identify in the case study.



- 2. Using examples from the case study, explain how physical, psychological, social and cultural issues and factors can be interrelated.**

- 3. Explain the evaluation process you would use to identify and analyse Emmanuella's needs.**



**4.** Identify at least three issues considered urgent.

**5.** Suggest two types of services you would recommend to address Emmanuella's issues.

**6.** Suggest two strategies Greg can use to determine Emmanuella's eligibility to access these services.



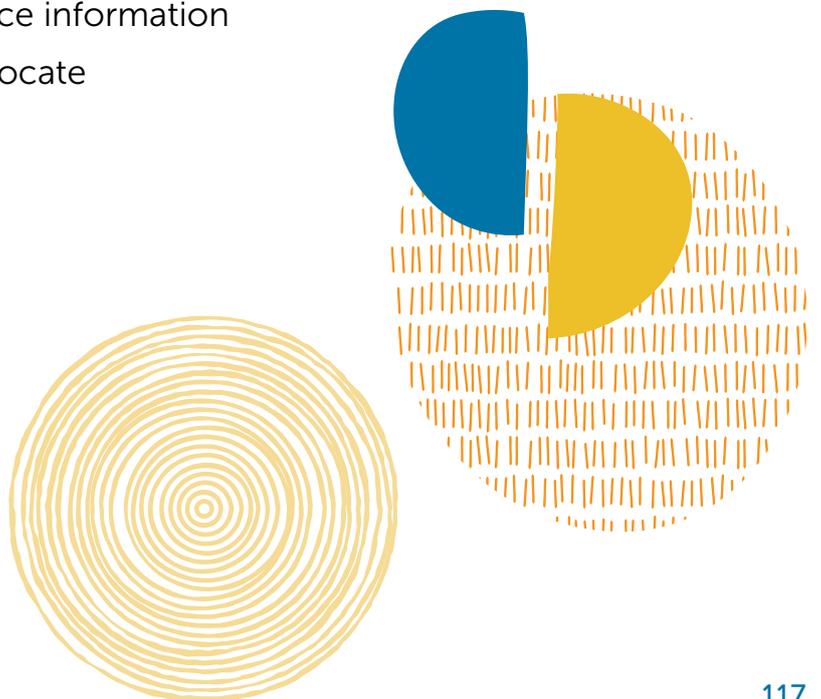
- 7.** Prior to conducting the assessment of Emmanuella’s needs, Greg was required to undertake a risk assessment. Briefly describe the purpose of a risk assessment.

- 8.** Identify any considerations Greg must make when a hazard is identified during the risk assessment process.



## Topic 3: Determine appropriate services

- 3A Consider service delivery and referral options
- 3B Evaluate internal capability and other service networks
- 3C Provide the person with service information
- 3D Encourage the person to advocate on their own behalf



# 3A Consider service delivery and referral options

**When considering service delivery and referral options, it is important to take a person-centred and strengths-based approach.**

When considering the allocation of resources, a strengths-based approach will take into account a person's existing strengths in terms of functional capacity and access to existing resources. Service delivery should aim to complement a person's strengths while supporting individual needs. This empowers the person to maintain independence in areas of existing strength and promotes achievement of optimal independence in areas where they may require support.

A person-centred approach will optimise service delivery by directing a more efficient use of resources that are specific to a person's individual needs. It also ensures that service delivery promotes and supports a person's self-management and engagement in decision-making.

In the past, community services agencies delivered services in conjunction with other services.

This method of operation may have afforded organisations independence and autonomy; however, it posed issues in regard to departmentalisation of services – the 'silo effect'. In modern times, there has been a shift in the delivery of services to a more coordinated, integrated and holistic approach to supporting people's needs.

By working together, agencies can share resources to deliver a more effective, efficient and individualised response to a person's needs. Delivery of coordinated and integrated services streamlines support and provides more user-friendly navigation. Multi-agency cooperation contributes to better information and skill sharing. Developing better links between services leads to less duplication, more appropriate use of resources and increased efficiency of service delivery.

## Service delivery frameworks

Delivery of community services is guided by sector-specific service delivery frameworks set out by the state or territory government and the organisation delivering services.

These frameworks provide information about:

- the types of services offered by the sector or agency
- the protocol for accessing these services
- key relationships between services, target groups or specialisations covered by each service



- the setting the service takes place in; for example, community or in-patient
- the capabilities of services.

The frameworks also guide the integration of service delivery by identifying the charter of services and the links between services. When planning and organising referral to other services, the service delivery framework is a useful guide to identify appropriate service options, processes for engagement of services and links between services.

## Service delivery standards

Government and non-government organisations measure performance based on service delivery standards.

These standards outline the intended performance targets of a service or sector. Performance targets are based on best practice principles to achieve the most ideal level of service. The standards outline the obligations or commitments of the service provider and what the person accessing the service should expect.

Service delivery standards in community services incorporate principles in relation to service provision:

- Equity and access
- Inclusion
- Person-centred practice
- Strengths-based approach
- Wellbeing
- Participation
- Social justice

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

An example of service delivery standards – the *National Standards for Disability Services* – can be found at: [aspirelr.link/national-standards-disability-services](https://aspirelr.link/national-standards-disability-services)

## Referral options

When making decisions about the most appropriate referral options, service providers must apply critical thinking skills and a holistic approach to take into account knowledge about the person, the issues and needs being addressed, and the services available.

When determining appropriate referral options, consider the following factors.

The person	<ul style="list-style-type: none"> <li>• Capacity to consent</li> <li>• Willingness and ability to participate</li> <li>• Ability to access the service</li> <li>• Personal priorities, goals and expectations</li> </ul>
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<p><b>The issues/needs being addressed</b></p>	<ul style="list-style-type: none"> <li>• Type of issue/need</li> <li>• Impact of issue/need on other aspects of the person's wellbeing</li> <li>• Complexity of issue/need</li> <li>• Coexisting issues/needs</li> <li>• Urgency of issue/need</li> </ul>
<p><b>The services available</b></p>	<ul style="list-style-type: none"> <li>• Eligibility criteria</li> <li>• Type of services</li> <li>• Capacity/capabilities and resources available</li> <li>• Funding or cost of the service</li> <li>• Location of the service</li> <li>• Referral procedure</li> <li>• Roles and responsibilities</li> <li>• Limitations</li> <li>• Level of care</li> <li>• Method of communication</li> </ul>

## Critical thinking skills

When making decisions about the most appropriate referral option for a person, you must employ critical thinking skills.

Critical thinking involves the application of clear, rational and open-minded thinking about a problem in order to identify a solution or judgment based on evidence.

The critical thinking process involves:

- gathering relevant information
- analysing the information
- interpreting the information
- evaluating the information
- problem-solving to come up with solutions.

Throughout the process, it is important to think laterally and consider all aspects of the issue. Also consider the prioritisation of issues and needs. This also refers to thinking holistically about a person's needs and situation.

## Plan and organise service delivery

Planning and organising service delivery takes place at both government and organisation levels.

The government level of planning and organising has a strong focus on the economic sustainability of programs and the governance of funded programs. Organisations are required to report regularly to funding bodies on key performance indicators (KPIs). This information is useful in planning ongoing resource allocation and determining program sustainability.



The organisational level of planning and organising incorporates service delivery frameworks and service standards into the development of policies and procedures and service delivery plans. Service delivery plans outline details of the method, purpose, expected outcome, roles and responsibilities, and charter of service delivery. Guidance for completing government-level service delivery plans can be found on state community services department websites.

## Individual service plans

Individual service plans or care plans are developed by service providers for people accessing services.

These plans are based on information obtained from the assessment process. Care plans provide information about a person's strengths, as well as issues or needs that require support. They also identify intended goals or outcomes, and strategies to achieve them. Care plans include specific sections on support, funding and services.

Remember that service delivery is a dynamic process – circumstances change and evolve, as do a person's issues and needs. It is therefore essential that assessment and planning be a consultative, recurrent and cyclic process.

## Refer to industry standards

Industry standards help ensure quality services are provided by setting guidelines for practice in specific areas of community services work.

These service standards are based on the rights of people using a service, ethical conduct and practice principles. Some standards are specific to a state or territory, such as Victoria's Human Services Standards, which cover empowerment, access and engagement, wellbeing and participation. When assessing multiple needs, you may need to refer to more than one industry standard.

## Aged care service standards

There are federal quality standards for the provision of support in aged care.

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

Here is an outline of the Aged Care Quality Standards.



Aged Care Quality Standards	
<b>Standard 1: Consumer dignity and choice</b>	<ul style="list-style-type: none"><li>• Recognises the importance of a consumer's sense of self.</li><li>• Highlights the importance of the consumer being able to act independently, make their own choices and take part in their community.</li><li>• These are important in fostering social inclusion, health and wellbeing.</li></ul>
<b>Standard 2: Ongoing assessment and planning with consumers</b>	<ul style="list-style-type: none"><li>• Describes what organisations need to do to plan care and services with consumers.</li><li>• The planned care and services should meet each consumer's needs, goals and preferences, and optimise their health and wellbeing.</li></ul>
<b>Standard 3: Personal care and clinical care</b>	<ul style="list-style-type: none"><li>• Consumers and the community expect the safe, effective and quality delivery of personal and clinical care.</li><li>• Applies to all services delivering personal and clinical care as specified in the Quality of Care Principles 2014 (Cth).</li></ul>
<b>Standard 4: Services and supports for daily living</b>	<ul style="list-style-type: none"><li>• Explains that even though a consumer might have some challenges in their health and abilities, they still have goals they want to achieve.</li><li>• Consumers also have roles that have meaning, and they want to manage their day-to-day life and live as well as they can.</li><li>• Services and supports cover a wide range of options that aim to support consumers to live as independently as possible and enjoy life.</li></ul>
<b>Standard 5: Organisation's service environment</b>	<ul style="list-style-type: none"><li>• Applies to the physical service environment that the organisation provides for residential care, respite care and day therapy centres.</li><li>• Aims to ensure that the service environment, furniture and equipment support a consumer's quality of life, as well as their independence, ability and enjoyment.</li><li>• The service environment should suit the consumer's needs, and be clean, comfortable, welcoming and well maintained.</li><li>• The safety and security, design, accessibility and layout of the service environment should encourage a sense of belonging.</li></ul>
<b>Standard 6: Feedback and complaints</b>	<ul style="list-style-type: none"><li>• The organisation must have a system to resolve complaints.</li><li>• The system must be accessible, confidential, prompt and fair. It should also support all consumers to make a complaint or give feedback.</li><li>• Resolving complaints within the organisation can help to build the relationship between the consumer and the organisation. It can also lead to better outcomes.</li></ul>



Aged Care Quality Standards	
Standard 7: Human resources	<ul style="list-style-type: none"> <li>Requires an organisation to have and use a skilled and qualified workforce sufficient to deliver and manage safe, respectful and quality care and services.</li> </ul>
Standard 8: Organisational governance	<ul style="list-style-type: none"> <li>Holds the governing body of the organisation responsible for the organisation and delivery of safe, quality care and services.</li> </ul>

If your organisation is a registered National Disability Insurance Scheme (NDIS) provider, then they must meet the NDIS Practice Standards for providers – read about them here: [aspirelr.link/ndis-practice-standards](https://aspirelr.link/ndis-practice-standards)

## Mental health service standards

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

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

National Standards for Mental Health Services	
Standard 1: Rights and responsibilities	The rights and responsibilities of people affected by mental health problems and/or mental illness are upheld by the mental health service (MHS) and are documented, prominently displayed, applied and promoted throughout all phases of care.
Standard 2: Safety	The activities and environment of the MHS are safe for consumers, carers, families, visitors, staff and its community.
Standard 3: Consumer and carer participation	Consumers and carers are actively involved in the development, planning, delivery and evaluation of services.
Standard 4: Diversity responsiveness	The MHS delivers services that take into account the cultural and social diversity of its consumers and meets their needs and those of their carers and community throughout all phases of care.
Standard 5: Promotion and prevention	The MHS works in partnership with its community to promote mental health and address prevention of mental health problems and/or mental illness.
Standard 6: Consumers	Consumers have the right to comprehensive and integrated mental health care that meets their individual needs and achieves the best possible outcome in terms of their recovery.



National Standards for Mental Health Services	
Standard 7: Carers	The MHS recognises, respects, values and supports the importance of carers to the wellbeing, treatment and recovery of people with a mental illness.
Standard 8: Governance, leadership and management	The MHS is governed, led and managed effectively and efficiently to facilitate the delivery of quality and coordinated services.
Standard 9: Integration	The MHS collaborates with and develops partnerships within its own organisation and externally with other service providers to facilitate coordinated and integrated services for consumers and carers.
Standard 10: Delivery of care	The MHS incorporates recovery principles into service delivery, culture and practice, providing consumers with access and referral to a range of programs that will support sustainable recovery.

## Example

### A service that meets a person's interests

Tamzin is considering attending a disability day service. She has an active mind and enjoys meditation, socialising and learning. Her support worker has identified the eligibility criteria, type of services, cost, location and referral procedure of a service that might meet Tamzin's needs.

The two of them decide that these needs are for community engagement, friendship, achievement, creativity, confidence and respect. Through collaboration and consultation, Tamzin decides on a service that offers meditation, yoga, cooking classes and social activities, which meets her identified needs.



## Practice Task 12

### Question 1

Suggest at least three factors you must take into account when considering referral options for a person from a strengths-based perspective.

### Question 2

Briefly outline why it is important to use critical thinking skills when evaluating services that meet the person's needs.

### Question 3

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

# 3 B

## Evaluate internal capability and other service networks

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

You will need to consider the:

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

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

### Identify appropriate internal services

The organisation you work for will provide specific services; for example, emotional, physical, social, financial and/or legal support.

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

Here are some examples of different agencies and the services they may offer.



<p><b>Disability services</b></p>	<ul style="list-style-type: none"> <li>• Day programs, including skill building, recreation, physical recreation, arts and crafts, music, meditation and yoga</li> <li>• Counselling</li> <li>• Financial management</li> <li>• Physical therapy</li> <li>• Respite services</li> <li>• Family support</li> <li>• Residential services</li> <li>• Individual support in the home and community</li> <li>• Specialist education centres and programs</li> </ul>
<p><b>Aged care residences</b></p>	<ul style="list-style-type: none"> <li>• Palliative care</li> <li>• Dementia care</li> <li>• Short-term care and respite services</li> <li>• Physical therapy and fitness</li> <li>• Cognitive, social and spiritual/religious activities</li> <li>• Counselling, including services for family members</li> <li>• Medical support</li> </ul>
<p><b>Mental health support services</b></p>	<ul style="list-style-type: none"> <li>• Day programs, including skill building, recreation, physical recreation, arts and crafts, music, meditation and yoga</li> <li>• Counselling</li> <li>• Financial management</li> <li>• Family support</li> <li>• Residential services</li> <li>• Individual support in the home and community</li> <li>• Specialist education centres and programs</li> <li>• Short-term care and respite services</li> <li>• In-patient services</li> </ul>
<p><b>Services to support children and young people</b></p>	<ul style="list-style-type: none"> <li>• Day programs, including skill building, recreation, physical recreation, arts and crafts, music, meditation and yoga</li> <li>• Residential services</li> <li>• Individual support in the home and community</li> <li>• Specialist education centres and programs</li> <li>• Short-term care and respite services</li> <li>• Counselling, including services for family members</li> <li>• Medical support</li> <li>• Youth groups</li> <li>• Drop-in services</li> <li>• After-school clubs</li> <li>• Foster care and kinship care programs</li> <li>• Therapeutic programs</li> </ul>



<b>Services to support carers</b>	<ul style="list-style-type: none"> <li>• Day programs, including skill building, recreation, physical recreation, arts and crafts, music, meditation and yoga</li> <li>• Counselling</li> <li>• Financial management</li> <li>• Family support</li> <li>• Residential services</li> <li>• Individual support in the home and community</li> <li>• Short-term care and respite services</li> <li>• Social programs designed to increase social participation</li> </ul>
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### Evaluate other services

The assessment process may identify individual needs that require services beyond your agency’s scope.

For example, if the person with AOD issues sustains a physical injury while under the influence of drugs and requires ongoing physical therapy, you would need to locate an external service to provide this.

To determine the most appropriate service for referral, evaluate the services available to identify the types of services offered, their suitability to meet the person’s needs and the funding options available.

Here are some examples of types of external services and what they may offer.

<b>Financial</b>	<p><b>Financial support services offer:</b></p> <ul style="list-style-type: none"> <li>• general information about managing finances</li> <li>• resources to assist financial management, such as budgeting support</li> <li>• financial counselling</li> <li>• information about saving for retirement</li> <li>• support for problem gambling</li> <li>• emergency relief funds.</li> </ul> <p><b>Examples of financial services:</b></p> <ul style="list-style-type: none"> <li>• Commonwealth Financial Counselling (CFC)</li> <li>• Emergency Relief funded under the Financial Management Program</li> <li>• National Information Centre on Retirement Investments</li> <li>• Gambling Help Online</li> <li>• Salvation Army Financial Counselling</li> </ul>
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<p><b>Employment</b></p>	<p><b>Employment support services offer:</b></p> <ul style="list-style-type: none"> <li>• links to employers</li> <li>• job search support</li> <li>• job skills training</li> <li>• support when a person is initially placed in a job, including on-the-job training and co-worker and employer support</li> <li>• ongoing support in a job when required.</li> </ul> <p><b>Examples of employment services:</b></p> <ul style="list-style-type: none"> <li>• Disability Management Services</li> <li>• Employment Support Service</li> <li>• Centrelink</li> <li>• Local Connections to Work</li> </ul>
<p><b>Recreation/ transport</b></p>	<p><b>Recreation and transport services offer:</b></p> <ul style="list-style-type: none"> <li>• physical recreation</li> <li>• connection to others</li> <li>• community interaction</li> <li>• emotional support</li> <li>• skill building</li> <li>• transport to and from events, facilities and appointments.</li> </ul> <p><b>Examples of recreation and transport services:</b></p> <ul style="list-style-type: none"> <li>• Men’s Shed</li> <li>• BlueScope Steel Sports Ready Program</li> <li>• Links to Leisure</li> <li>• Community Transport Services Tasmania</li> <li>• Newcastle Community Transport</li> <li>• Mums’ groups</li> <li>• Playgroups</li> <li>• Anxiety, depression and mental health support groups</li> </ul>
<p><b>Care and support</b></p>	<p><b>Care and support services offer:</b></p> <ul style="list-style-type: none"> <li>• disability support</li> <li>• mental health support</li> <li>• counselling</li> <li>• skill building</li> <li>• meal preparation</li> <li>• support with personal hygiene and grooming.</li> </ul> <p><b>Examples of care and support services:</b></p> <ul style="list-style-type: none"> <li>• Respite and holiday care</li> <li>• Day clubs</li> <li>• Home and community care programs</li> <li>• Rehabilitation Appliances Program – Department of Veterans’ Affairs</li> </ul>



## Consider appropriate services

As a care worker, you need to identify and access relevant networks to ensure the person is referred to appropriate services.

Community services organisations do not exist in isolation. They are part of the wider community and, as such, have links with different groups, services and individuals.

Here is some general information about community services networks.

Community services networks
The term 'networking' is often used to describe the process of making contact with others to foster mutually beneficial and supportive relationships. Networks involve individuals or groups working together to share information, ideas and resources to help them meet common goals. Different sectors in community services have their own networks. These networks may be based on a cross-section of organisations in a particular community, or focus on a particular issue, such as housing.
Formal and informal networks
<p>The networks you access may be informal or formal.</p> <p><b>Informal networks</b> are those that are self-made and do not have formal reporting structures. Examples in the community services sector include:</p> <ul style="list-style-type: none"> <li>• other workers internal and external to your organisation</li> <li>• trainers, teachers and academics</li> <li>• contacts in policy and funding bodies.</li> </ul> <p><b>Formal networks</b> refer to where and how two community services organisations work together to help people in the local community.</p>

## Formal community services networks

### Formal network

Two or more organisations that share funding streams for specific groups of people.

In a **formal network**, organisations work together to provide a range of services to groups of people.

For example, one organisation may case manage a person and the other may deliver therapeutic interventions to them. Specific feedback, evaluation and review processes will be set up between the organisations to ensure both are working in the way they are meant to. They may even have to report to government funders about various KPIs to stay eligible for funding.

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

Here are some examples of formal networks found in community services.



<p><b>Local networks</b></p>	<p>Your organisation will have links with a range of other agencies and service providers in the local area. People 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><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Government services such as Centrelink</li> <li>• Housing departments and other accommodation services</li> <li>• Employment services</li> <li>• Health services and local councils</li> <li>• Education providers</li> <li>• Welfare and charitable organisations</li> <li>• Local AOD, disability, homelessness, youth and aged care agencies</li> </ul>
<p><b>Interest and support groups</b></p>	<p>Interest and support groups are usually consumer-based. They include self-help groups aimed at providing support to their members.</p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Carers' groups</li> <li>• Mental health groups such as Arafmi, GROW, Neami National, Mental Health Foundation Australia, and PANDA</li> <li>• Groups aimed at supporting people with AOD concerns such as Alcoholics Anonymous</li> <li>• Special interest groups such as mothers' groups or Riding for the Disabled</li> <li>• Black Dog Institute wellbeing groups</li> </ul>
<p><b>Regional, specialist and peak associations</b></p>	<p>These associations represent the interests of a particular region, specialist service or sector. For example, there are peak organisations for every sector. The aim of these organisations is to ensure that community services in each sector have a unified voice. They can raise awareness of relevant issues and lobby for funding at a national or state level.</p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Aged and Community Services Australia</li> <li>• Cairns Youth Services Network</li> <li>• Carers Australia</li> <li>• Ethnic Communities Council</li> <li>• Mental Health Australia</li> <li>• National Disability Services</li> </ul>



<b>Professional or occupational associations</b>	<p>These associations include groups representing different professions or organisations such as community and welfare workers, social workers and psychologists. They each represent the group’s interests and promote professional and ethical practice and standards.</p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Australian Community Workers Association</li> <li>• Australian Association of Social Workers</li> <li>• Youth Workers Australia</li> <li>• Australian Counselling Association</li> <li>• Australian &amp; New Zealand Mental Health Association</li> <li>• Australasian Professional Society on Alcohol &amp; other Drugs</li> </ul>
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The needs of the individual will determine which networks are accessed for additional assistance. When accessing a network, ensure that the individual’s confidentiality is not breached. Only share information you are authorised to share.

### Determine best fit to meet needs

When assessment results have been collated and analysed with the person, the next stage is to identify the services that best meet the person’s needs.

You first need to determine what services are available and how accessible they are. For more complex cases, you may need to speak to your supervisor or a more experienced colleague to ensure you are determining the needs of the person correctly and referring them to the best organisation for their needs.

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



## Example

### Evaluate capability of services to meet needs

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

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

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



## Practice Task 13

### Question 1

List at least three things you must consider when evaluating services to determine those that best fit a person's needs.

### Question 2

Identify two strategies that you could use to locate external services that best fit a person's needs.



**Question 3**

Explain the role of networks in the community services sector.

**Question 4**

Provide two examples of networks in the community services sector. Identify the specialist services they each offer to people.

# 3C

## Provide the person with service information

**People making decisions about service options require access to information that is clear, comprehensive, accurate, current and relevant.**

Your role as service provider is to:

- provide the individual with information about services
- ensure that the information is understood to allow informed decision-making
- support the decision-making process.

You need to deliver information in a way that promotes understanding – use clear and plain language. Offer interpreter services to people from a culturally and linguistically diverse (CALD) background, and to those who have a hearing or vision impairment. It is a good idea to have handouts and printed information about any service you are referring a person to, so they can take it away to read. If they have low English literacy, or are from a CALD background, work together to use strategies to help them access services.

### Provide information about services

The organisation you work for should be able to provide you with access to information about internal and external services they generally refer to and work with.

If you are referring the person to services beyond your organisation's network, gather appropriate information about the services to present to the person.

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

The following sets out the important information the person will need to make decisions, along with examples.

Location	<ul style="list-style-type: none"><li>• If the service is difficult to access, it will be less suitable than a service in the person's local area.</li><li>• Example: Wilson is deciding between two AOD programs. One is located in the next suburb. The other is located on the other side of the city; however, it offers more specific services that meet his immediate needs. Wilson decides he is more likely to attend appointments if he accesses the closer service.</li></ul>
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<b>Cost</b>	<ul style="list-style-type: none"> <li>The person should know all costs involved, including whether funding (such as a pension) will cover the cost. If a person has private health cover, inform them of the private service gap fee.</li> <li>Example: Janice is deciding which psychologist will best be able to help her with depression. Her private health insurance covers most of the cost. She decides to see a practitioner whose fee is only \$15 more than her health insurance covers.</li> </ul>
<b>Needs</b>	<ul style="list-style-type: none"> <li>Explain to the person exactly how the service will meet their needs. For example, they should be informed that a drug and alcohol rehabilitation centre will provide counselling support for them and their family, and drug withdrawal programs.</li> <li>Example: Sandra is considering a disability day service. The service offers swimming classes, horse riding, cooking classes and social outings. Sandra decides that these programs meet all her needs.</li> </ul>
<b>Practicality</b>	<ul style="list-style-type: none"> <li>The person should understand the practical details, such as whether lunch is provided at a day program, and if so, whether dietary requirements are met.</li> <li>Example: Gary is considering a day service for older people to stay socially active. He enquires about whether lunch is provided. The organisation coordinator tells him that individuals bring their own lunch, but morning tea is provided.</li> </ul>
<b>Privacy</b>	<ul style="list-style-type: none"> <li>Inform the person about the service's confidentiality and privacy policy. They should know that their personal details will be protected.</li> <li>Example: Bahar wants to tell the psychologist very private details about her history. She is nervous about sharing such personal details. When booking an appointment with the psychologist, she asks him over the telephone about his privacy policy.</li> </ul>
<b>Right to refuse</b>	<ul style="list-style-type: none"> <li>Inform the person about their right to refuse a service, if it does not meet their needs.</li> <li>Example: Tammy has a mobility impairment and has started a new day program. After a week, Tammy realises she is unable to participate in any of the provided activities due to her disability. Tammy becomes distressed. Her case manager suggests they meet to discuss alternative services.</li> </ul>

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

Issues and needs to consider
Literacy – Can the person read the information? Is it easy to read and understand?
CALD – Does the person require an interpreting or translation service?
Vision impairment – Is there an audio version of the information, or is information available in large print?



Issues and needs to consider
<b>Hearing impairment</b> – Is there visual or reading material available?
<b>Clarity</b> – If information is about more than one provider, avoid confusing the person with too much information.

## Provide information in plain English

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

When organising information for the person, ensure it is as clear and easy to read and interpret as possible.

Documents written in plain English should:
• put the reader’s needs first
• place the most important information first, and not bury the main message in detail
• include an adequate amount of white space so the page is not cluttered
• use a formal but friendly tone and familiar language
• avoid jargon and the use of unnecessarily long sentences
• use correct spelling, grammar and punctuation
• include diagrams or images to clarify meaning where appropriate.

**Video: Health literacy**  
Watch the following video on health literacy: [aspirelr.link/yt-health-literacy](https://aspirelr.link/yt-health-literacy)  
Pay attention to the importance of providing information in a way that makes sense to each individual.



## Support the decision-making process

It is a basic human right for a person to be able to make their own choices and decisions.

However, in some cases this right may be limited or revoked based on a person’s lack of capacity or competence to make an informed decision. A person’s *capacity* to make an informed decision is determined by a health practitioner based on clinical assessment, and their *competence* to make an informed decision is determined by a court.

You are required to presume that a person possesses the capacity to make their own decisions unless a clinical assessment provides evidence to the contrary. In these exceptions, an advocate will be appointed by a court – this may be a family member



or carer. What this person will be called will differ according to the state you live in, but may include:

- Supportive power of attorney
- Enduring power of attorney
- Power of attorney
- Guardian
- Administrator

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

<p><b>Access information required</b></p>	<p>When accessing information, consider the:</p> <ul style="list-style-type: none"> <li>• information the person wants or needs</li> <li>• factors that the person describes as significant</li> <li>• person’s level of knowledge or understanding of services and relevant factors</li> <li>• person’s wants, needs, priorities and concerns</li> <li>• person’s family, social and financial circumstances</li> <li>• person’s medical history or current condition.</li> </ul>
<p><b>Provide sufficient information</b></p>	<p>Information provided should:</p> <ul style="list-style-type: none"> <li>• be discussed in a frank, honest, non-biased, well balanced and empathetic manner</li> <li>• use simple, non-medical, non-jargon terms</li> <li>• include all information that a person requires to make informed decisions</li> <li>• include all information that you or any support worker should reasonably know</li> <li>• include information that the person wants to be given before making decisions.</li> </ul>
<p><b>Provide sufficient level of detail</b></p>	<p>Information provided should include:</p> <ul style="list-style-type: none"> <li>• enough detail that a reasonable person would require to make informed decisions</li> <li>• all information that the person wants to be given</li> <li>• discussion that addresses the person’s individual circumstances, such as:             <ul style="list-style-type: none"> <li>- physical, social, cultural, psychological and financial factors</li> <li>- the urgency of issues being addressed</li> <li>- the complexity of services</li> <li>- the likelihood and potential for harm</li> <li>- the person’s attitude and level of understanding</li> <li>- questions asked by the person or information requested.</li> </ul> </li> </ul>



<b>Present information</b>	<p>When presenting information:</p> <ul style="list-style-type: none"><li>• ensure the methods used address the person’s individual circumstance, expectations, fears, beliefs, disabilities, values and cultural background</li><li>• choose the most appropriate techniques, such as:<ul style="list-style-type: none"><li>- visual aids</li><li>- print material</li><li>- video resources</li><li>- audio resources</li><li>- verbal discussion.</li></ul></li><li>• organise interpreter services, cultural liaison services or disability support services to provide assistance where necessary</li><li>• allow time to process information and to consult with family or other social support networks</li><li>• provide clarification and inform the person of options for seeking second opinions.</li></ul>
<b>Check understanding</b>	<p>When checking understanding:</p> <ul style="list-style-type: none"><li>• ask the person to explain what has been discussed in their own words</li><li>• ask questions about the information provided to assess level of understanding</li><li>• provide the person with the opportunity to ask their own questions, and answer in a way that they can understand.</li></ul>
<b>Obtain response</b>	<p>When receiving a response from the individual:</p> <ul style="list-style-type: none"><li>• ensure they understand the situation and the implications of their decision</li><li>• ensure a clear statement is made or written consent is given that outlines the exact elements of the decision.</li></ul>
<b>Document decisions</b>	<p>When documenting decisions:</p> <ul style="list-style-type: none"><li>• record discussions and elements of the decision-making process in case notes</li><li>• obtain written consent.</li></ul>

## Example

### Provide information about services

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



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

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

## Practice Task 14

### Question 1

List at least five sources for information about internal or external services.

### Question 2

Identify at least four types of information about services you should provide to an individual to facilitate the decision-making process.



**Question 3**

Outline the role of a support worker in supporting the individual's decision-making process.

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

# 3D

## Encourage the person to advocate on their own behalf

**Every person has the right to make their own decisions. Assume that all people have the capacity to make decisions for themselves.**

Support workers have an important role to play in supporting self-determination. Your role is to provide the person with opportunities for decision-making, self-expression and self-advocacy.

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

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

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

### **Video: Empower people to advocate for themselves**

This video from ADA Australia (and funded by the Australian Government) can help you to empower people to advocate for themselves:  
[aspirelr.link/yt-empower-people](https://aspirelr.link/yt-empower-people)



People with complex and multiple issues and needs often have difficulty navigating their way through different internal and external services.

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

## **Provide assistance to complete the referral process**

People with cognitive, intellectual or visual impairments or people from a CALD background may require additional assistance when completing the referral process.



You may also need to provide this assistance to people who are unmotivated or resistant to planning. In these situations, it may be necessary to contact the service on the person’s behalf, with their consent and preferably in their presence.

When completing the referral process, assistance options may include:

- providing an interpreter service to assist with completing referral forms or contacting the service to make an appointment
- providing a referral form or information about the service in large print or in braille for a person with a vision impairment
- presenting and seeking information verbally to complete forms on the person’s behalf if they have a vision impairment
- telephoning the service to make an appointment on the person’s behalf if they have a hearing impairment
- telephoning the service on the person’s behalf in their presence if they are not motivated to contact the service themselves
- ensuring an advocate or legal representative is engaged to complete the referral process, if required.

Once the referral has been made, the person may also require assistance to access the service.

Here are examples of the types of assistance a person may require.

Provide assistance to access services
Provide transport assistance.
Access funding or financial information.
Arrange an advocate, legal representative or support person to act on the person’s behalf.
Organise an interpreting service.
Contact social networks, such as members of the person’s cultural community.

## Types of referral processes

The role workers play in the referral process will depend on the type of referral being made.

Typically, the referral process involves:

- contacting the service provider to confirm accessibility and eligibility
- providing the person with information about the service



- completing a referral form
- providing the service with relevant information about the person, with their consent.

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

<p><b>Urgent referral</b></p>	<p>If the person requires urgent medical or psychiatric assistance, an emergency or urgent referral needs to be completed.</p> <p>Example: You are required to contact a Crisis Assessment and Treatment Team (CATT) because a person tells you they are planning to take their own life and have the means to do so. Note that area health services have a crisis assessment team or mental health triage service. The name of the service will depend on the state or territory in which you work.</p>
<p><b>Passive referral</b></p>	<p>The person is given the contact details of the external service, and other relevant information. The person is encouraged to contact the service and make an appointment.</p> <p>Example: In an assessment interview, a person describes the experience of having panic attacks. You suggest they contact their GP. They leave the meeting telling you that they plan to call their GP that afternoon to arrange an appointment.</p>
<p><b>Facilitated referral</b></p>	<p>The person is assisted to contact the referral service. For example, the support worker contacts an external service with the person's permission to make an appointment for them. The person is given necessary assistance to access the service, such as help with transport.</p> <p>Example: A person has presented with dementia and is at risk of homelessness. You consult the person about available public care facilities and ask if they require assistance. They do require assistance, so in the person's presence you telephone the unit on their behalf.</p>
<p><b>Active referral</b></p>	<p>The worker contacts the other service with the person's permission, in their presence, to make an appointment. With the person's consent, the worker shares relevant information with the service, and ensures the person has the means to access the service. The worker reviews the referral to ensure that the service continues to meet the person's needs.</p> <p>Example: A person has presented to your AOD agency with suicide ideation and risk of homelessness. Following agreement, you refer the person to the appropriate service. You then telephone the service after each appointment to update the person's care plan.</p>



## Example

### Encourage people to advocate for themselves

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

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

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

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

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



## Practice Task 15

### Question 1

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

### Question 2

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



**Question 3**

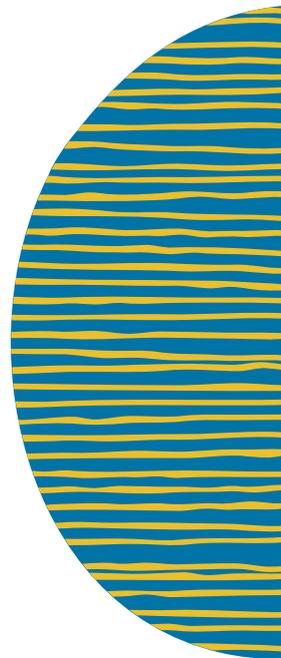
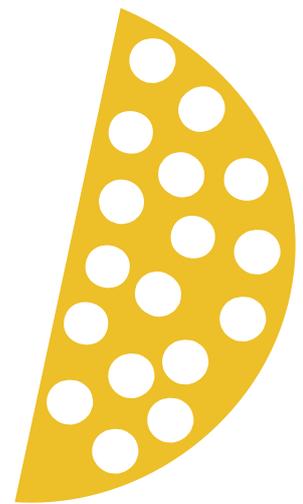
Explain how you could support a person to advocate for themselves.

A large, empty rounded rectangular box with a thin black border, intended for the user to write their answer to the question.



## Summary

- Identify appropriate internal and external services in conjunction with the person. This will help ensure the person's needs are met.
- Consult with the person, and your supervisor, colleagues and relevant networks, to identify appropriate agencies and services for referral.
- Use informal and formal networks to locate the most appropriate services for the person.
- Provide the person with service information so they can make informed decisions about service options.
- Encourage and empower people to make their own decisions about services. Support them by providing relevant information about the available services, including eligibility requirements.
- Encourage the person to advocate on their own behalf to access services. Where required, facilitate the referral by providing appropriate support. In some instances, you will be required to participate in the referral process on the person's behalf.
- Follow appropriate processes for referral.





# Learning Checkpoint 3

## Determine appropriate services

### Part A

1. Following an assessment, suggest how you can identify appropriate services to meet the individual's needs using a strengths-based approach.

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



**3.** Briefly outline why it is important to empower people to identify and access services.

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

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



## Part B

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

### Case study

You work in the Northern Rivers region of NSW. It is a fast-growing region with a population of approximately 307,000. The population is expected to grow significantly over the next 10 years due to the region's proximity to South East Queensland – another fast-growing area.

The region's population is ageing. Currently, 19 per cent of residents are aged 65 or over and this is expected to increase to 28 per cent in 2031. An ageing population will affect travel patterns and require better access to transport and health and aged care services. The region also has a higher-than-average level of social disadvantage due to poor access to education and employment opportunities, and health facilities and services.

1. Research two different agencies or organisations in the Northern Rivers region that provide services for people with complex issues. Using the information you find, complete the following table.

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



2. Research formal service networks in the Northern Rivers region. Using the information you find, fill out the following table. Your response should include a brief description of each type of network and list two examples for each type of network.

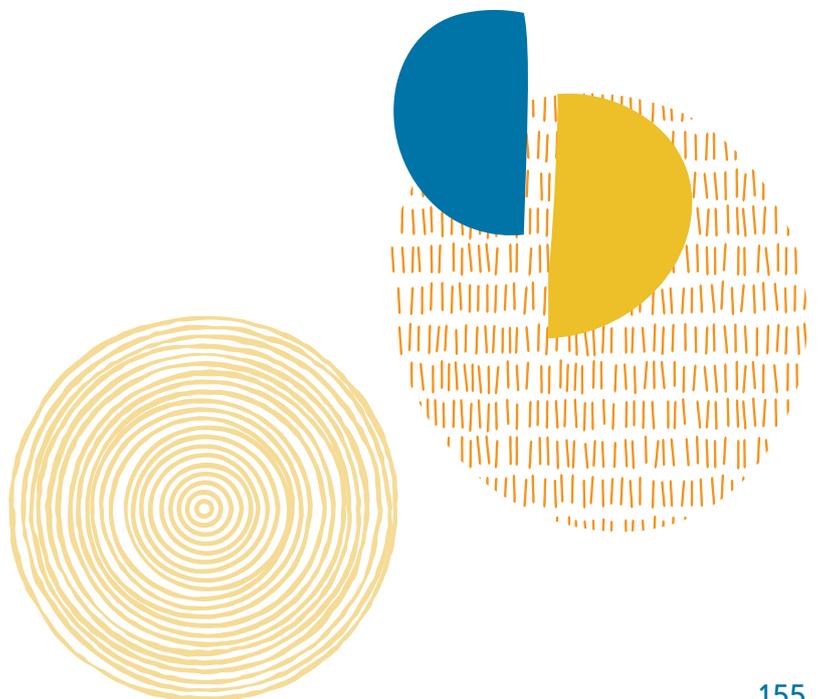
Type of formal network	Description	Example
Local networks		
Groups		





## Topic 4: Complete reporting

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



# 4A

## Document outcomes of the assessment

**In a community services organisation, you may be required to write assessment summary reports, incident reports and mandatory reports.**

Reports generally follow a standard format, depending on the nature of the content. Regardless of the type, professional language and excellent written communication skills are critical for writing an effective report.

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

Requirements for the format and content of reports will be outlined in organisational guidelines.

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

<b>Purpose of summary report</b>	<p>The purpose of a summary report includes:</p> <ul style="list-style-type: none"><li>• summarising the person's assessment information</li><li>• identifying priority areas for service delivery</li><li>• providing findings from external assessments</li><li>• informing supervisors or managers about the person's needs</li><li>• suggesting appropriate service options</li><li>• providing information to other service providers</li><li>• fulfilling regulatory and duty-of-care requirements.</li></ul>
<b>Contents of summary report</b>	<p>The contents of a summary report include the:</p> <ul style="list-style-type: none"><li>• person's name, date of birth and contact details</li><li>• person's next of kin and emergency contact details</li><li>• person's specific needs, including how these are prioritised</li><li>• person's strengths and resources</li><li>• service delivery options and recommendations.</li></ul>

Here is an example of a summary report: [aspirelr.link/referral-report](https://aspirelr.link/referral-report)

### Follow reporting requirements

There are legislative requirements for reporting in all states and territories.

Mandatory reporting regulations vary depending on the jurisdiction. It is important that community services workers are aware of their legal obligations to report



child abuse and neglect, elder abuse, work health and safety risks, incidents and assessment outcomes. It is also necessary to follow your organisation's policy and procedures with regard to formatting reports.

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

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

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

## Neglect

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

Here is further information about neglect.

### What is considered neglect?

Neglect can include:

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

### Indicators of neglect

Indicators of neglect include:

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



## Abuse

Abuse can be intentional or unintentional.

Intentional abuse is when a person deliberately causes harm to another person by depriving and/or hurting them.

Unintentional abuse can occur when a person does not realise that, through ignorance or other reasons, their behaviour towards the person with care needs is abusive. An example of when this may occur is when a primary carer has not had a break and is caring for someone with very high needs. If there is no one else the carer can call on, they can become very tired and burnt out, and not realise the impact their behaviour is having. This is still abuse and needs to be reported.

Here are some other causes of abuse.

Causes of abuse
• A primary carer being stressed at home or at work and not coping with being a carer
• A carer who is in debt stealing from the person
• Conflict, arguments and fights in the person's family
• The person being isolated and alone, and the abuser thinking no-one will find out if they treat them badly
• A carer using drugs or drinking too much alcohol and being unable to care for the person properly

## Indicators of abuse

Observing and getting to know the person you are supporting can assist in identifying indicators of abuse.

When you know someone well, you are more likely to pick up on unusual changes in their behaviour, mood, emotions, personal hygiene or physical appearance. Changes in behaviour, mood and emotions can be a result of other things, as well as being an indicator of abuse, so it is important to check your assumptions before coming to the conclusion that the person is being abused.

Here are some indicators of abuse.



### Behavioural changes of the person with care needs

The person may become withdrawn, depressed or anxious, or they may display signs of being scared. They may become quite ambivalent or unresponsive.

The person may become disorientated or make contradictory statements. This can be a sign of a range of illnesses, so should be thoroughly assessed before making an assumption that the person is being abused.

The person may over- or under-react to situations and not be able to regulate emotions like they usually do.

A child or young person may suddenly experience regression in their behaviours. This means that they begin to act like a younger child than their chronological age. It indicates that they are extremely distressed, and they are trying to find a safe place by acting as a small child. This is not a conscious decision.

### Behavioural signs from the carer

The carer may make lots of excuses so you cannot gain access to the person with care needs.

The carer might be overly affectionate and flirtatious with the person, which might indicate an inappropriate sexual relationship.

The carer may give conflicting accounts of incidents or be hostile towards the person with care needs.

You may find it very difficult to contact the carer to get explanations about what is happening to the person they are caring for.

### General indicators

There may be changes in the person's health, such as unexplained weight loss, bed sores, poor colouration, or sunken eyes and cheeks.

The person with care needs may have unexplained injuries or continual injuries.

The individual's personal care needs may not be being met, which can be indicated by dirty hair, dirty clothing, soiled bedding and unclean living conditions.

There may be inappropriate use of medication, such as drugging the person so they sleep for longer periods of the day and night.

## Physical abuse

Physical abuse can include physical assault, and it can occur through physical acts of violence.

Indicators might include physical pain or injuries. Physical acts of violence include hitting, slapping, punching, pulling hair, spitting at the person, pinching, biting, twisting their arm or wrist, using a physical restraint (e.g. tying the person to a bed or chair), confining the person to a room and using objects to hurt the person (e.g. throwing rocks, using a strap). This abuse needs to be reported.



Indicators of physical abuse can include:

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

## Sexual abuse

Sexual abuse can include unwanted or uninvited sexual contact, language or exploitative behaviour by another person.

Sexual abuse includes sexual harassment, indecent assault and rape. It also includes being exposed to pornography, if the person is a child. This abuse needs to be reported.

Here are some indicators of sexual abuse.

Sexual abuse indicators
Withdrawal, disturbed sleep patterns, nightmares, agitation, fear
Unexplained difficulty sitting or walking
Bruising of genital area or thighs
Unexplained sexually transmitted diseases
Unexplained bleeding from the genital area

## Financial abuse

It can include a person's money, property or assets being mishandled or taken and used without their consent. It can also include situations where a person with impaired cognitive abilities has given consent without truly understanding what their consent means. This abuse needs to be reported.

Financial abuse includes the following:

- Embezzlement, fraud, forgery and stealing
- Withholding money from the person or not paying accounts or debt
- Forcing a person to change their will



- The enduring power of attorney refusing to provide enough money for the person to be able to live
- The enduring power of attorney refusing to provide money for the person to buy clothing or other required items
- Forcing a person to hand over their money or assets

## Psychological and emotional abuse

Psychological and emotional abuse is ongoing intimidating behaviour that is designed to disempower a person.

This form of abuse can be both verbal and nonverbal. It can include belittling, threats and withdrawal of affection. This abuse needs to be reported.

Here are some indicators of psychological and emotional abuse.

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

## Social abuse

Social abuse occurs when a person behaves in ways to reduce or restrict another person's social contact with others.

It can include stopping the person from being involved in activities with others and/or preventing contact with friends and family, resulting in social isolation. This abuse needs to be reported.

Here are some indicators of social abuse.

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



## Follow policies and procedures when reporting

If you suspect abuse has occurred or you have witnessed abuse, you must act quickly to ensure action is taken immediately to prevent further abuse from happening or escalating.

When reporting, be guided by your organisation’s policies and procedures. Besides verbally reporting to your supervisor, you will be required to document the report. This information may be recorded in case, continuation or file notes and in an incident report form.

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

Objective report
What you saw – for example, the size, location and type of bruising.
When you saw it – the date, time and day.
What you did – for example, you removed the person from the situation.
What you said – for example, you explained to the person that you had to report the incident.
The person’s response – what they said or did.
The follow-up action to be taken.

## Mandatory reporting of suspected child abuse or neglect

When you have reasonable grounds for suspecting a child is being abused or neglected, it is your job to report this.

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

Reasonable grounds for making a report
<ul style="list-style-type: none"> <li>• A child disclosing that they have been abused or neglected</li> </ul>
<ul style="list-style-type: none"> <li>• A child’s acquaintance, friend or relative advising that the child has been abused or neglected</li> </ul>
<ul style="list-style-type: none"> <li>• Behaviour being observed that indicates the child has been abused or neglected</li> </ul>
<ul style="list-style-type: none"> <li>• Physical indications that the child has been abused or neglected</li> </ul>

All states and territories have mandatory reporting requirements for suspected child abuse or neglect, although the people mandated to report and the abuse types that are mandatory to report vary between these jurisdictions.



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

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

#### What types of abuse must mandated reporters report?

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

#### Is the identity of notifiers protected?

In most jurisdictions (all except Qld, where the disclosure of the notifier is protected, but 'may' be released in exceptional circumstances), the identity of notifiers – whether mandated or not – is protected.

#### What age groups can you make reports about?

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

#### What are the benefits of mandatory reporting?

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

#### Does person confidentiality apply?

In the context of mandatory reporting of child abuse or neglect, the right to person confidentiality of information legislated under the *Privacy Act 1988* (Cth) does not apply.

Access information about your state or territory's requirements at:  
[aspirelr.link/mandatory-reporting-child-abuse](https://aspirelr.link/mandatory-reporting-child-abuse)

## Child protection authorities

Child protection authorities should be contacted if child abuse or neglect is suspected.

The following table lists the child protection authority in each jurisdiction.

ACT	Community Services Directorate: <a href="https://aspirelr.link/child-protection-services-act">aspirelr.link/child-protection-services-act</a>
NSW	Department of Communities and Justice: <a href="https://aspirelr.link/report-child-abuse-nsw">aspirelr.link/report-child-abuse-nsw</a>



NT	Department of Territory Families, Housing and Communities: <a href="https://aspirelr.link/report-child-abuse-nt">aspirelr.link/report-child-abuse-nt</a>
Qld	Department of Children, Youth Justice and Multicultural Affairs: <a href="https://aspirelr.link/report-child-abuse-qld">aspirelr.link/report-child-abuse-qld</a>
SA	Department for Child Protection: <a href="https://aspirelr.link/report-child-abuse-sa">aspirelr.link/report-child-abuse-sa</a>
Tas.	Department of Communities Tasmania: <a href="https://aspirelr.link/dep-health-human-services">aspirelr.link/dep-health-human-services</a>
Vic.	Department of Families, Fairness and Housing: <a href="https://aspirelr.link/report-child-abuse-vic">aspirelr.link/report-child-abuse-vic</a>
WA	Department of Communities: <a href="https://aspirelr.link/child-protection-wa">aspirelr.link/child-protection-wa</a>

## Referral process to child protection authorities

If you suspect a child is being abused or neglected, follow your organisation’s policies and procedures for reporting.

If you are not clear on the policies and procedures, consult with your supervisor.

Procedures generally include the following.

Reporting requirements
<p>Your organisation’s procedure for reporting child abuse or neglect should specify:</p> <ul style="list-style-type: none"> <li>• which authority to report to</li> <li>• how and when the report should be made</li> <li>• who you should inform about making the notification</li> <li>• the procedure for reviewing the child’s case while the notification is being processed.</li> </ul> <p>If you believe a child is in immediate danger or is in a life-threatening situation, call triple zero (000).</p>
Reporting details
<p>If known, provide:</p> <ul style="list-style-type: none"> <li>• the child’s name, age and address</li> <li>• the parents’ names and addresses</li> <li>• siblings’ names and ages</li> <li>• the language spoken by the family</li> <li>• whether the family knows the report is being made</li> <li>• whether any other agencies are involved</li> <li>• the reasons for concern</li> <li>• the worker’s relationship to the child.</li> </ul>



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

## Conduct assessment according to policies and procedures

**Organisational guidelines outline how an assessment should be conducted and analysed based on workplace requirements, legal obligations, industry standards, and codes of ethics or conduct.**

To comply with relevant guidelines, you need to familiarise yourself with your organisation's policies and procedures. If in doubt about these guidelines, consult your supervisor.

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

Guidelines are necessary to help workers:

- meet the organisation's specific objectives
- conduct assessments in a standardised and consistent way
- work within their own job role and level of responsibility
- comply with legal and ethical requirements and current standards of practice.

### Video: A day in the life of a support worker

Watch the following video which follows Robyn, a support worker, during her workday: [aspirelr.link/support-worker-workday](https://aspirelr.link/support-worker-workday)

Pay attention to the various reports Robyn makes throughout the day and the information she records as part of her job role.



## Example

### Document outcomes of assessment

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



Complex assessment report: Disability Support Service	
<b>Report prepared by:</b> Mirabella Watts	<b>Position:</b> Complex needs assessor, Disability Support Service
<b>Name:</b> Nina Black	
<b>Gender:</b> Female	<b>Date of birth:</b> 1/11/2007
<b>Contact:</b> (03) 6627 2272	
<b>Address:</b> 16 Parish Drive, Ashtonville Vic. 2006	
<b>Guardian/next of kin (relationship):</b> Belinda Black (mother)	
<b>Guardian contact:</b> (03) 6627 2272	
<b>Guardian address:</b> 16 Parish Drive, Ashtonville Vic. 2006	
<b>Referral information:</b> Referred for assessment by Dr Collins (GP) to Dr Wallis (child psychologist). Presented with suspicions of attention deficit hyperactivity disorder (ADHD), autism spectrum disorder and depression. Assessment confirmed ADHD, autism spectrum disorder and childhood depression. Referred to Disability Support Service for further assessment, funding and additional support.	
<b>Note:</b> Dr Wallis has made a notification to child protection services for suspected child neglect under mandatory reporting.	
<b>Health history:</b> No previous medical history or operations. No prescribed medication.	
<b>Home environment:</b> Nina lives with her mother, who is a single mother on a pension. They live in a one-bedroom apartment. Her mother was recently convicted for illicit drug dealing, and she served one month in prison. During this 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 has also reported being left unattended during the evening several nights a week. Nina does not appear to be undernourished, and she reports eating meals every morning and evening. She either catches a bus to school or walks.	



### Complex assessment report: Disability Support Service

#### 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.



**Complex assessment report: Disability Support Service**

**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 state. It appears that Nina is neglected and child support intervention should occur. A report has been made to child protection services. We will communicate with child protection services to determine the best outcome and the next stage of the process.

Signed: <i>Mirabella Watts</i>	Date: 16/4/2021
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# Practice Task 16

## Question 1

List the state or territory authority you should report suspected child abuse to.



**Question 2**

List at least four types of information included in an assessment summary report.

**Question 3**

List three examples of reports you may need to complete during the assessment process.

# 4B Maintain and store the person's information

**Commonwealth and state privacy, health records and information legislation outline the obligation of community services providers to take reasonable security safeguards to protect the security of a person's personal information.**

Community services providers are required to understand and adhere to legal and ethical obligations to ensure a person's privacy and confidentiality are maintained when handling and storing a person's information.

To read more about commonwealth, state and territory privacy, health records and information regulations, visit: [aspirelr.link/alrc-national-consistency-health-information](https://aspirelr.link/alrc-national-consistency-health-information)

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

Here are some ways to store information securely.

<b>Physical safeguards</b>	<ul style="list-style-type: none"><li>• Lock filing cabinets and unattended storage areas.</li><li>• Physically secure areas where information is stored.</li><li>• Do not store information in public areas.</li><li>• Position computer terminals and fax machines so they cannot be seen or accessed by unauthorised people or members of the public.</li></ul>
<b>Technical safeguards</b>	<ul style="list-style-type: none"><li>• Use passwords to restrict computer access, and regularly change passwords.</li><li>• Establish different access levels so not all staff can view all information.</li><li>• Ensure information is transferred securely; for example, do not transmit information via non-secure email.</li><li>• Use electronic audit trails.</li><li>• Instal virus protections and firewalls.</li></ul>
<b>Administrative safeguards</b>	<ul style="list-style-type: none"><li>• Develop policies and procedures to address information security.</li><li>• Train staff on policies and procedures.</li></ul>

## Preserve confidentiality

When discussing a person's situation, always be aware of maintaining their privacy.

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

Maintaining confidentiality is part of respecting a person's privacy and individual rights. In practice, confidentiality means not discussing an individual's personal



information unless they have given their consent for this to happen. There are exceptional circumstances that enable you to disclose private information, but this is generally only when you become aware that someone may be harmed.

Read more about privacy, confidentiality and disclosure at:  
[aspirelr.link/law-handbook-privacy-confidentiality](https://aspirelr.link/law-handbook-privacy-confidentiality)

## Confirm confidentiality

Confirm a person's confidentiality prior to the commencement of their assessment.

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

Here are some points to follow to ensure and confirm confidentiality.

### How to confirm confidentiality

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

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

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

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

Ensure assessment documentation is stored securely.

## Example

### Maintain and store information

There are 13 Australian Privacy Principles (APPs) that apply to the collection, use and storage of people's information.

#### Collection, use and storage of personal information

##### 1. Open and transparent management of personal information

Ensures that organisations manage personal information in an open and transparent way.



### Collection, use and storage of personal information

#### 2. Anonymity and pseudonymity

Requires organisations to give individuals the option of not identifying themselves, or of using a pseudonym. Some exceptions apply.

#### 3. Collection of solicited personal information

Outlines when an organisation can collect personal information that is solicited. It applies higher standards to the collection of 'sensitive' information.

#### 4. Dealing with unsolicited personal information

Outlines how organisations must deal with unsolicited personal information.

#### 5. Notification of the collection of personal information

Outlines when and in what circumstances an organisation that collects personal information must notify an individual of certain matters.

#### 6. Use or disclosure of personal information

Outlines the circumstances in which an organisation may use or disclose personal information that it holds.

#### 7. Direct marketing

An organisation may only use or disclose personal information for direct marketing purposes if certain conditions are met.

#### 8. Cross-border disclosure of personal information

Outlines the steps an organisation must take to protect personal information before it is disclosed overseas.

#### 9. Adoption, use or disclosure of government-related identifiers

Outlines the limited circumstances when an organisation may adopt a government-related identifier of an individual as its own identifier, or use or disclose a government-related identifier of an individual.

#### 10. Quality of personal information

An organisation must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete.

#### 11. Security of personal information

An organisation must take reasonable steps to protect personal information it holds from misuse, interference and loss, and from unauthorised access, modification or disclosure. An entity has obligations to destroy or de-identify personal information in certain circumstances.

#### 12. Access to personal information

Outlines an organisation's obligations when an individual requests access to personal information held about them by the organisation.



### Collection, use and storage of personal information

#### 13. Correction of personal information

Outlines an organisation's obligations in relation to correcting the personal information it holds about individuals.

## Practice Task 17

### Question 1

Suggest three physical safeguards that ensure confidentiality when maintaining and storing a person's information.

### Question 2

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



**Question 3**

Identify three factors to be considered when confirming a person's confidentiality.

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

# 4C

## Provide the person's information to other services

**A person's right to privacy and confidentiality, and their right to refusal, must be upheld.**

Support workers are required to provide details about information sharing, and the consequences for both sharing and not sharing information to other services. The person with care needs should have the opportunity to make an informed decision free from bias or duress.

The process for obtaining consent and sharing information to a third party is guided by organisational policy and procedures. Organisational guidelines apply when accessing services from inside and outside of your organisation.

The following guidelines ensure that information is shared in a legal and ethical way.

### Guidelines for accessing services

Use the appropriate method of communication with services when making referrals.

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

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

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

File communication documentation appropriately.

Seek the person's consent to release information beforehand, using the appropriate consent form.

## Follow processes for accessing services

The process for accessing a service may vary between organisations.

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

The following is an example of accessing services in another organisation.



Process for accessing services in an external organisation
Send an introductory email to the service.
Arrange a meeting between the service coordinator and the person.
Obtain the person's consent to share their personal information with the service.
Compile and deliver the necessary information about the person, including an organisational referral form and an assessment report.
Arrange a follow-up review of the service to ensure it meets the person's needs.

### Obtain consent to share personal information

The person must be given the opportunity to consent to how assessment results will be used before assessment is conducted.

As well as explaining the assessment process to the person, it is also important to clearly explain the dissemination of results. For example, if an older person is being assessed for her ability to live independently in the community, the Aged Care Assessment Team (ACAT) must clearly explain the assessment process, that they will send a copy of the results to the person's GP (with the person's permission), and that they will arrange a follow-up visit to discuss what the results indicate and the support options available.

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

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

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

Legislation relating to consent
• <i>Privacy Act 1988</i> (Cth)
• <i>Privacy and Personal Information Protection Act 1998 No 133</i> (NSW)
• <i>Information Privacy Act 2009</i> (Qld)

### Consent requirements

One of your roles when working with a person is to provide them with information



about privacy and consent requirements and to ensure they understand this information.

Your organisation's privacy policy and procedures usually contain this information.

<b>Advise right to consent</b>	Advise the person that they have the right not to consent to share their information with other service providers. The only exceptions to this are when you need to disclose a person's personal information because there is a risk that they will harm themselves or others, or a court orders access to the information. If a person is unable to provide consent, you should obtain it from their legal guardian, carer or next of kin.
<b>Advise right to refuse</b>	The person should not be coerced or pushed into providing consent. Provide them with the necessary information about the targeted service, check that they understand the information and then respect their right to make their own decision.
<b>Inform about consequences</b>	If the person does not consent to share their information, ensure they understand the consequences of this. This may include them not receiving needed services or treatment, or it being more difficult for other agencies or professionals to provide services because they do not have information about the person.
<b>Document consent</b>	Most organisations have forms that the person can sign to give consent to share their personal information with another service provider.

## Document the referral

When documenting the referral, it is useful to ask yourself if you would be comfortable if the person read what you have written.

This will help you to write in a way that is respectful and preserves the dignity of the person you are writing about. Remember that under freedom of information legislation, people can request access to their files.

Consider the following when making referrals.

### Meet requirements

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

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



### Provide information

Collate the appropriate documentation to forward to the service provider. Find out exactly what information they require. As part of the referral process, you may need to provide:

- copies of the individual's service delivery plans and records
- contact details of the person's next of kin
- assessment results relevant to the service; for example, if the service provides sports activities, they should have access to information pertaining to the person's health/physical assessment
- medication the person is currently taking
- relevant first-aid information; for example, if the person requires an inhaler.

Documentation sent to the agency you are referring the person to must be accurate. If mistakes are made during the referral process, the person's safety may be put at risk. Double-check all referral information before handing it over.

## Example

### Provide the person's information to other services

The following are examples of information collected on forms dealing with consent.

#### Hilltop Community Support Service – Consent to disclose personal information

I have given my consent for Hilltop Community Support Service staff to provide my personal information to meet my support and care needs.

**Name:** Mavis Higgins

**Signed:** *Mavis Higgins*

**Date:** 21/10/21



Westbank Welfare Agency – Referral form			
<b>Person details</b>		Date: 7/5/2017	
Last name: Langveld	First name: Fred	Title: Mr	
Date of birth: 12/03/1971	Address: c/o Westbank Welfare Agency, 26 Kalinga Rd, North Bellalong		
Consent to release information			
Completed:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Filed:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Copy attached:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Referred to: Dr Tanya Sutherland – Psychologist			
<p><b>Reason for referral:</b> Fred Langveld has expressed a need to deal with the issues arising from his experiences being physically abused as a young boy. He would also like to learn strategies to deal with anger constructively and be able to strengthen his relationship with his partner, Cheryl.</p> <p><b>Relevant history:</b> Fred Langveld is a survivor of physical abuse. He has disclosed that he hits his partner, Cheryl, when he has consumed excess alcohol.</p>			
Name: Jane Robb		Signature: <i>J Robb</i>	
Position: Welfare Worker		Contact telephone: 0452 228 545	

## Practice Task 18

### Question 1

Outline the process for accessing services in line with consent and confidentiality requirements.



**Question 2**

Provide a list of information that should be provided when documenting for referral.

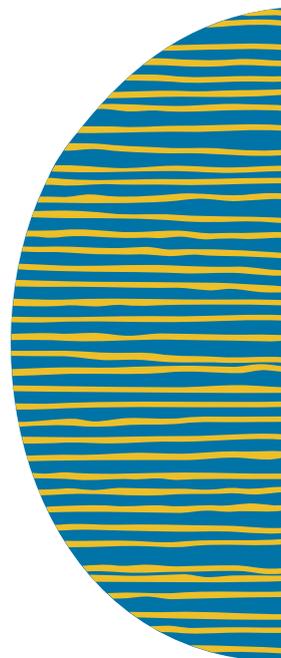
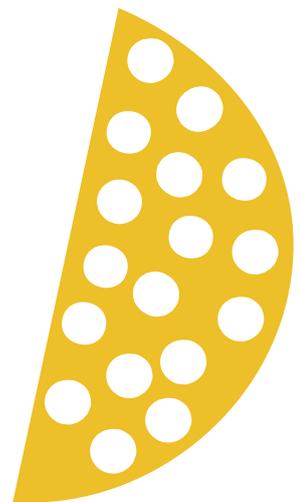
**Question 3**

Outline the support worker's role in confirming consent to share a person's information.



## Summary

- Organisational guidelines will outline the requirements for the format and content of reports.
- Professional language and excellent written communication skills are critical for writing an effective report.
- Obtain the consent of the person before sharing their personal information, including assessment results, with a service.
- Follow organisational policy and procedures when obtaining consent to share personal information, documenting assessment reports and referring to other services.
- Follow organisational privacy and confidentiality policies when collecting, storing and using a person's personal information.
- Follow the 13 Australian Privacy Principles when collecting, storing and using a person's personal information.
- Implement safeguards to maintain confidentiality when accessing, storing and using a person's personal information.
- All states and territories have mandatory reporting requirements. If you suspect a child is being abused or neglected, you must report to your state or territory child protection authority. Follow your organisation's policy and procedures for reporting child abuse or neglect.





# Learning Checkpoint 4

## Complete reporting

### Part A

1. Explain the exceptions to gaining informed consent from a person with support needs and what you should do in these exceptional situations.

2. A person is accessing support from a government alcohol and other drug (AOD) agency in South Australia. The person has reported that their six-year-old daughter is currently at home, unsupervised. They tell you that they often leave the child at home unsupervised for extended periods of time. Explain how you should respond and why.



**3. Identify the purpose of a summary report.**

**4. List the information that should be included in an objective report that documents suspected abuse.**



## Part B

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

### Case study

You work in disability services and are coordinating an assessment of a person with complex issues. Stefan is on the autism spectrum and has an intellectual and mobile disability. He also has AOD issues, which affect his ability to live safely on his own and impact on his mental health. An assessment is being conducted to determine which services will best meet Stefan's needs.

At the time of assessment, Stefan is living with his sister and her family, but his sister has requested support because she can no longer afford to support Stefan. She also finds it difficult to manage his dramatic mood swings. She reports that at times, Stefan's behaviour is aggressive, bordering on violent.

Stefan was injured in a car accident when he was 17, sustaining back and neck injuries and losing the use of his legs. He uses a wheelchair. Stefan currently takes medication to manage chronic pain. He is not currently receiving medical support other than occasional visits to the GP to collect prescriptions. He is unable to live independently, as he cannot manage his own hygiene or food preparation. He also has difficulty accessing transport and integrating into the community.

Stefan is eligible to access two disability organisations that currently have vacancies in residences. One service has a share residence available, where Stefan would be living with one other person with disabilities. The other service offers an apartment on the second floor, where Stefan would live independently.

1. List five safeguards the service provider can use that ensures Stefan's personal information is stored and managed securely to avoid a breach of his privacy.



- 2. List three strategies you could use to maintain Stefan's right to privacy and confidentiality when collecting, using or storing his personal information.**

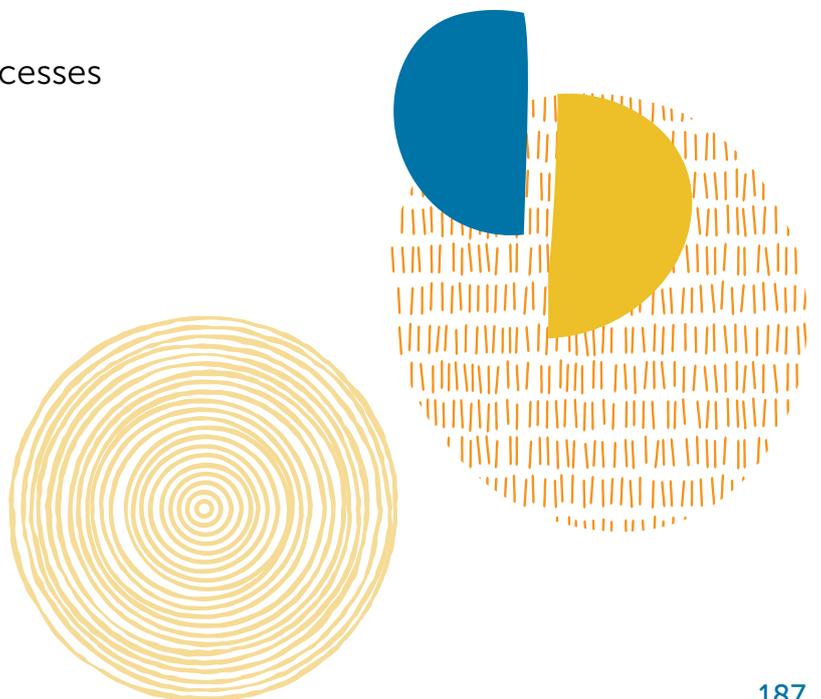
- 3. Outline the process you would follow to share Stefan's information for referral to another service to ensure his confidentiality is maintained.**





## Topic 5: Evaluate assessment and referral processes

- 5A Seek feedback about assessment processes
- 5B Monitor processes and their outcomes
- 5C Routinely seek feedback
- 5D Use feedback to improve processes



# 5A

## Seek feedback about assessment processes

### **Actively seek opportunities to obtain feedback on your performance from colleagues and the people you support.**

This feedback can be used to improve and further develop your skills in conducting complex assessments and referrals.

Seek out colleagues who will give you honest and constructive feedback. Also keep in mind that there is no point asking others for feedback unless you are willing to consider what they have said.

### **Seek feedback from networks**

The quality improvement process involves gathering feedback on service delivery from all stakeholders.

Networks are a valuable resource for providing feedback to inform the quality improvement process. The community services sector is dynamic due to changes in funding, service delivery models, capacity of networks and services, and processes. These changes can affect your organisation's service delivery; thus, it is essential to keep abreast of changes to other services and networks.

Feedback may be sought about:

- the capacity of the service network to effectively deliver services to meet the needs of the community
- the referral processes between agencies
- the roles of agencies
- how agencies in the network support each other
- whether services are extensive and comprehensive enough to meet the needs in the community
- funding arrangements and changes to funding
- best practice models and changes in best practice
- common issues that groups of people are facing in the local area; for example, disruptions to public transport services.

In addition to consulting service providers to obtain review information, it is also important to seek feedback from the person using the service in regard to their level of satisfaction with the assessment and referral process, services provided and whether their needs are being met. This is a key criterion for judging whether a process and outcome is satisfactory.



## Accept feedback non-defensively

When you request feedback, make clear the area of practice you want to receive feedback on.

For example, you may request feedback from a person you support about your management of their referral to a service. If you feel yourself reacting strongly to feedback, think about why this might be. Is it because you know what is being said is true, or is it because the feedback has been given in an unfair way?

Seeking out and accepting feedback non-defensively shows that you respect the opinions of your co-workers and other people, and are willing to learn from them.

Here is some further guidance on accepting and responding to feedback.

### Accepting feedback

To accept feedback in a non-defensive way:

- listen carefully to what is said
- be polite and courteous to the person providing the feedback
- accept the feedback without interruptions or protests
- ask for clarification or examples if you are not sure what the person is saying
- think about how you can apply the feedback you have been given
- discuss possible strategies to improve your work practices.

### Responding to feedback

You may appear defensive and hostile if you respond to feedback by:

- becoming angry with and insulting the feedback provider
- interrupting and arguing with the feedback provider
- denying that the feedback applies to you and refusing to take personal responsibility
- failing to consider or act on feedback.
- immediately rejecting the feedback.

Learning the guidelines for receiving feedback should help you feel confident about accepting feedback from others.

It is most beneficial to receive feedback in a respectful, sincere and courteous manner. Always try to convey that you appreciate and value the person who is providing you with feedback.

Here is some further guidance on receiving feedback.

#### Be specific

Make sure the feedback you ask for is specific. For example, if a colleague gives you feedback and you are unsure what they are saying, ask them to clarify what they mean or to provide specific examples of the performance, actions or behaviour they are commenting on.



<b>Be constructive</b>	<p>Convey to the person that you do not want critical or negative comments; rather, you would like feedback that is constructive and highlights ways in which you can improve your performance.</p> <p>If a co-worker makes comments that are personal, you have the right to tell them that you will only accept feedback that focuses on your skills and performance, and that it needs to be given in a respectful manner.</p>
<b>Be timely</b>	<p>Try to ask for feedback as soon as possible following the time the behaviour or work practice you are discussing or are concerned about occurred. It is not helpful to say, 'Mrs Jones, remember last month when you were not happy with the service provided – can you tell me why?' By this stage, the person might have forgotten the incident altogether.</p> <p>It is always better to ask about problems or oversights at the time they occur so the feedback received can be used to correct the issue or ensure the same mistake is not repeated.</p>
<b>Be clear and direct</b>	<p>Some people are uncomfortable giving feedback, so they 'beat around the bush' and do not state exactly what they mean. This can be confusing for everyone. Give the person time to collect their thoughts and do not pressure anyone into providing feedback on the spot. It is okay to let them get back to you once they have thought things through.</p> <p>If you are not sure what someone means when they are giving you feedback, ask questions until you do understand. Seek clarification and examples of the behaviour or practice so you know what areas you need to improve.</p>
<b>Focus on behaviours</b>	<p>Ask for feedback that focuses on behaviours or actions, rather than personal characteristics.</p> <p>For example, avoid asking 'Do you think I am good at helping you to prepare meals?' This puts the person in a compromising position as they might reply positively simply to not upset you. It also does not leave much room to explain beyond a Yes/No response.</p> <p>Instead, ask about the actions or behaviours the person would like to see during the specific support service. For example, 'How can I better support you during meal preparation?'</p>
<b>Be open</b>	<p>Communication is based on sending, receiving and interpreting messages. Many of us have been in situations where something we have said was interpreted in a completely different way from what we intended.</p> <p>When receiving feedback, allow the person to finish what they are saying before responding. If the person does not have a chance to talk about or clarify feedback, they may become resentful and feel they have been put in a compromising position.</p>



## Bullying and harassment in community services organisations

Unfortunately, the human services and community services sectors have some of the highest rates of bullying and harassment in Australia.

Bullying and harassment can cause negative psychological impacts to workers and create toxic work environments. This in turn creates high turnover of staff and high rates of burnout. Employees and employers both have rights and responsibilities around bullying and harassment in the workplace.

### Video: Your rights as a worker

This video will help you to understand your rights and responsibilities as a community services worker: [aspirelr.link/yt-worker-rights](https://aspirelr.link/yt-worker-rights)

It will also help you to understand your employer's rights and responsibilities.



## Example Feedback form

The following is an example of a feedback form.

Feedback form	
Name:	Date:
My feedback is a:	
<input type="checkbox"/> Compliment <input type="checkbox"/> Complaint <input type="checkbox"/> Comment/suggestion	
Name of service:	
What would you like to tell us about the service?	
What would you like to see happen?	
How should we contact you?	
<input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Letter	
Signed:	



## Practice Task 19

### Question 1

Identify three examples of information that should be sought from networks to contribute to quality improvement of assessment processes.

### Question 2

Identify what you can do to ensure that you accept feedback in a non-defensive way.

### Question 3

Suggest what you can do when you receive feedback that you do not understand.

# 5B

## Monitor processes and their outcomes

**Continuous improvement in an organisation's service delivery also involves ongoing monitoring and evaluation of processes and their outcomes.**

These processes and outcomes are measured against service standards and key performance indicators (KPIs) to identify the need for improvements to service delivery.

You can use routinely collected data to obtain general information about your organisation's processes and outcomes and how well they meet the needs of people receiving support.

Here are a number of strategies that can be used to collect feedback on and monitor service delivery.

### Strategies for monitoring organisational processes

- Internal audits conducted by supervisors and managers
- Satisfaction surveys or questionnaires for people receiving support, staff and other stakeholders
- Monitoring of organisational KPIs
- Review of risk management plans
- Collation of information, such as feedback forms and incident and hazard reports
- Review of policies and procedures in relation to current practices

Organisational guidelines provide information on the quality improvement process. These guidelines are based on industry standards and should outline the procedures for obtaining feedback and monitoring processes. The way the organisation seeks, collects and responds to feedback should be clearly outlined in the guidelines.

### Questions to ask when monitoring quality improvement processes

- Are the feedback, complaints and appeals processes fair, accessible and accountable?
- Have the feedback, complaints and appeals processes been effectively communicated to relevant people?
- Have the relevant people been informed of support for feedback, complaints or appeals?
- Have the relevant people been informed of how to access this support?



Questions to ask when monitoring quality improvement processes
Have the feedback, complaints and appeals processes led to improvements in the service?
Have outcomes been communicated to relevant stakeholders?
Has adequate opportunity been provided to stakeholders to provide feedback?

## Identify areas for improvement

Feedback can help identify areas for improvement – these may relate to staff, management, relationships or processes.

Everyone in an organisation will have some awareness of at least one or two areas requiring improvement. Here are some examples.

Areas that may require improvement
Employees' understanding of their own job roles and responsibilities
Staff knowledge and skill levels
Two-way communication between workers and management, or between workers and people receiving support
Barriers to effective communication
Level of morale and motivation among staff
Workload distribution (e.g. some people may have too many tasks, while others do not have enough)

Receiving feedback and acting on it can help establish a service's success in meeting people's needs.

Organisations use continuous improvement to ensure they are providing quality programs and services. Continuous improvement refers to the ongoing cycle of identification, planning, implementation and review of service delivery, and the various aspects involved in meeting needs.

Organisations rely on the ongoing monitoring of quality improvement processes in order to continue identifying potential improvements.

Workers can contribute to identifying improvements to work practices by:

- asking people for feedback about the services being provided and sharing this feedback with appropriate staff members; for example, their supervisor or team leader
- encouraging people to provide feedback to the organisation via formal channels; for example, feedback forms
- encouraging co-workers to share potential improvements in work practices they have identified, or that the people they support have raised



- participating in activities designed to identify and resolve problems; for example, brainstorming sessions and evaluation activities.

## Example

### Continuous improvement guidelines

The following is an example of an organisation's continuous improvement guidelines.

Continuous improvement principles
<ul style="list-style-type: none"> <li>• All management and staff have a role to play in the management and development of the continuous improvement process.</li> </ul>
<ul style="list-style-type: none"> <li>• Ongoing feedback and consultation should be sought from people receiving support, management, staff, volunteers, the community, suppliers and other relevant stakeholders.</li> </ul>
<ul style="list-style-type: none"> <li>• Complaints, compliments and other feedback should be recorded, reviewed, investigated, evaluated and acted on.</li> </ul>
<ul style="list-style-type: none"> <li>• Mechanisms for feedback must be explained to stakeholders, be accessible, user-friendly and free from influence or bias.</li> </ul>
<ul style="list-style-type: none"> <li>• The person providing feedback should be informed of the actions taken.</li> </ul>
<ul style="list-style-type: none"> <li>• The outcome of the feedback must be evaluated.</li> </ul>
<ul style="list-style-type: none"> <li>• Improvement plans and records of improvements should be maintained to demonstrate what has been achieved over time.</li> </ul>
<ul style="list-style-type: none"> <li>• Feedback should be provided to inform people receiving support, management, staff, volunteers and other stakeholders about implemented improvements.</li> </ul>
<ul style="list-style-type: none"> <li>• Management and staff must have knowledge of the organisation's continuous improvement process and their role in the process.</li> </ul>
<ul style="list-style-type: none"> <li>• Policies and procedures should be documented to guide practices and processes.</li> </ul>



## Practice Task 20

### Question 1

List five strategies that can be used to monitor processes.

### Question 2

Identify at least three things to consider to ensure that feedback processes meets the person's needs.

# 5C

## Routinely seek feedback

**It is important to seek feedback from the person about their level of satisfaction with the service provided and whether the service is meeting their needs.**

Meeting with those you provide support services to gives you an opportunity to gauge this information. As well as asking direct questions, you can observe nonverbal and other behavioural cues about the person's experience.

Consult your supervisor and organisational policies and procedures to determine which processes to use to collect feedback about the adequacy of service delivery. This feedback can be collected formally or informally. You may also need to engage advocacy services and/or an interpreter to enable effective review of the services.

Feedback forms or surveys can be used to obtain feedback from people about the services they are receiving. Follow organisational procedures for how often feedback should be obtained and which forms to use.

Feedback forms and surveys can be used to assess:

- what the person is and is not happy with
- whether the person would like to make a complaint
- whether the person has any suggestions to improve the service.

### Seek formal and informal feedback

When identifying the extent to which the person is satisfied with the services provided, always probe to find out the reasons they are satisfied or dissatisfied.

If the person has made or wants to make a formal complaint about the service, or refuse delivery of a service, provide them with information on how to do this. Follow organisational procedures for recording their feedback. This may involve writing a report, adjusting service delivery plans or making notations of changes in the person's file.

Here is some more information about gaining feedback formally and informally.

#### Ask questions

- Was the cost appropriate?
- Were staff easy to get along with?
- Was it easy enough to get to the service?
- Did you receive an appropriate level of support?
- Did you see the relevance of the services and support offered?



### Observe nonverbal cues

As well as asking direct questions about the person's experience, you can observe nonverbal and other behavioural cues. These cues may include:

- not turning up for appointments
- consistently being late to appointments
- evading questions about the service
- using defensive body language when discussing the service, such as turning away or avoiding eye contact.

### Determine reasons for dissatisfaction

If you maintain open communication and a trusting relationship with the person, they will be more likely to express when they are dissatisfied with a service. However, a person may provide contradictory information. For example, they may tell you everything is fine, but their nonverbal cues suggest otherwise. Use probing questions to get to the bottom of the issue, such as, 'You tell me you are happy with the service, yet you do not attend the majority of meetings. Can you help me understand why this might be?'

For more information and advice on seeking feedback from people with co-existing needs, go to: [aspirelr.link/sfc-learning-and-development](https://aspirelr.link/sfc-learning-and-development)

## Example

### Seek feedback

Celeste is a case manager for an early intervention program. She is working with a father to discuss the support plan for his son who has autism.

From a previous meeting, Celeste knows that both parents struggle with communicating or reading English. As a result, she has organised for all the documents to be translated into the family's preferred language of Tagalog. She also contacts a Tagalog interpreter to be present at the meeting. She instructs the interpreter to arrive after she and the father do, to avoid any suggestion that they are working together.

At the meeting, Celeste greets the father with a smile and invites him to take a seat at the table. She gives him her undivided attention and encourages him to be open and forthright when discussing which support strategies are working well for his son, and the family, and which are not.



Celeste listens attentively to what the father says and acknowledges the feedback by nodding and confirming she has understood. Together, they then plan the support services that are needed for the next 12 months and discuss how the plan will be implemented. Celeste records the feedback received about how the son's needs have changed due to his growth and the development of new skills and interests.

Overall, the father's feedback is positive. This is valuable to Celeste as she can see that the support provided to date has been effective and the only changes needed reflect the child's growing skills and confidence.

## Practice Task 21

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

### Case study

Azmin has started a new job at a home and community care service. Her role is to conduct assessments of people with complex issues and facilitate service delivery. She has previously only worked in aged care and is nervous about her ability to work with people who have disabilities and mental health concerns.

Azmin consults the organisation's policies and procedures, and speaks to colleagues and supervisors, before conducting her first assessment and arranging service delivery.

The first person she works with is Ross, who has an intellectual disability and AOD issues. Azmin collects relevant information during the assessment and uses a range of assessment procedures, including interviewing, observing and compiling medical records. She presents a range of services to Ross that are intended to meet his needs. Internal services include housing, skill development and a day program. External services include drug and alcohol rehabilitation and counselling.

With Azmin's assistance, Ross selects and accesses appropriate services. After a month, Azmin's supervisor, Belinda, asks her how Ross is progressing and whether the services match his needs. Azmin says that she is not sure.



Belinda queries Azmin's review strategies. She suggests that Azmin become more involved with service delivery to ensure the services meet Ross's needs. Azmin listens carefully to this feedback. Belinda suggests Azmin work closely with another colleague in a similar role, and that she ask for help and feedback as she goes. Azmin is thankful for the feedback, although she feels embarrassed that she has not followed organisational procedures adequately.

**Question 1**

Identify two opportunities for obtaining feedback that Azmin did not recognise and use.

**Question 2**

Briefly outline how Azmin responded to the feedback she received and suggest how she could be more proactive.

# 5D

## Use feedback to improve processes

**Feedback is a critical component of the quality improvement process. The information obtained from feedback provides valuable insight into performance, systems and processes.**

Evaluate the lessons learned from feedback to identify what is working well and what needs to improve or change to achieve optimal service delivery. Various strategies can be used to identify areas where improvements are required.

Here are some strategies that can be used to review services, changes in circumstances, environmental factors and urgency of support needs.

Meetings	Meetings are a good way for stakeholders to share insights about what is and is not working, and to develop better ways of working together. These meetings may be formal or informal. Follow up after meetings to check whether any agreed changes have made the services and supports more effective.
Case notes	Case notes can help identify whether the service being delivered remains effective. They can reveal day-to-day issues, such as growing dissatisfaction with service providers. Absences or missed appointments can also point to the person's dissatisfaction.
Discussion with the person	In most cases, people will tell you if they have any issues or concerns if you give them the opportunity. Allow the person time to speak. Ask open questions, such as 'What can be improved?', rather than closed questions, such as 'Are you happy with the services you're receiving?'
Discussion with the person's family	Family members may be frustrated with the services provided or the person's progress. Because they are outside the system, they are not always aware of who to speak with. They will generally be pleased to discuss any issues or concerns if you give them the opportunity.
Discussion with other workers	Providing you have informed, written consent from the person, ask other workers and healthcare professionals about whether the person is engaging with the services or supports, and whether they believe additional or different supports and services are needed.
Nonverbal cues	Be observant. Do the person's, family member's or worker's spoken language and body language match? If they are telling you they are happy but their body language suggests otherwise, ask appropriate probing questions.
Observation	Take time to get to know the person within the scope of your practice and job role boundaries. Do their issues seem to be getting better, are they getting worse or are they staying the same?



<b>Formal assessments</b>	Use formal assessments from healthcare professionals or specialist service providers to assess whether the support measures are helping the person to achieve their goals and meet their identified needs.
<b>Progress reports</b>	Individual progress reports may be prepared by the service provider to give details of the person's progress towards target actions and goals. Recommendations may also be made about changes to the service/program to better meet the person's needs.
<b>Surveys</b>	A review form or survey is a set of written questions used to invite feedback about all aspects of service provision. Survey results can be used both to help individuals and to make changes across the board for the benefit of all.
<b>Complaints</b>	Complaints can give supervisors, managers and organisations valuable information about what is and is not working in their service. Complaints can be collected via written hard-copy surveys or from complaints forms on websites. They can also be collected by workers and supervisors speaking directly with a person. Complaints can be made anonymously or there can be mechanisms to include the person's name if they consent to do so.

## Document revisions to service delivery

A person's feedback regarding service delivery should be documented.

If the person is dissatisfied with the service, or their needs have changed or not been met, you may need to terminate the service, organise variations to the service, refer to a new service or help the person make a formal complaint.

Here are some guidelines to consider when making revisions to service delivery.

New service inclusion
When a new service is used: <ul style="list-style-type: none"><li>• provide the service with the person's contact details and relevant information</li><li>• provide the person with the service's contact details and relevant information</li><li>• obtain the person's consent before sharing information</li><li>• change the service details in the service delivery plan and complete the referral forms.</li></ul>
Service revisions
When a service is terminated or adjusted: <ul style="list-style-type: none"><li>• update the person's service delivery plan</li><li>• make notations on the person's records/file</li><li>• contact relevant parties to inform them of the change</li><li>• update any other relevant organisational documentation.</li></ul>



## Use self-evaluation to improve processes

Self-evaluation is an effective way of improving processes.

By reflecting on your own practice, and identifying strengths and areas for improvement in your work, you can contribute to improving processes. For example, you may identify a need to gain further knowledge and skills in a certain area of your work. This may lead to professional development, and an ability to undertake a process more efficiently or to make changes to processes that are outdated or not working well.

Self-evaluation should be ongoing, and the focus of your evaluation should be clearly identified. You can use feedback received from co-workers and people accessing support, as well as feedback from performance reviews with your supervisor, to help you evaluate your professional performance.

This process of critical reflection means you are thinking critically about your work practice and performance. It involves using analytical skills to consider:

- your thoughts and feelings about work events
- whether your thoughts and feelings about work events are appropriate and, if they are not, how you can manage those thoughts and feelings
- your behaviours and responses to work events
- whether your behaviours and responses to work events are appropriate
- whether your behaviours and responses to work events are legal, ethical and moral.

The benefits of critical reflection include:

- greater insight into your thoughts, feelings and behaviours
- greater insight into your values and beliefs about different aspects of both your personal and professional life
- growth in self-awareness and emotional intelligence
- further development of emotional regulation skills
- better alignment of your work with legal and ethical frameworks
- an ability to work within the scope of your role and to escalate appropriate issues to your supervisor.

There are two methods you can use to evaluate and critically reflect on your practice:

- The Quality Framework Cycle
- David Kolb's (1984) Experiential Learning Cycle



## The Quality Framework Cycle

The Quality Framework Cycle can be used to conduct your own evaluation to improve processes.

The cycle involves four stages – plan-do-check-act (PDCA) – that revolve around a central point, which may be an organisational system or policy. It is simple and easy to use.

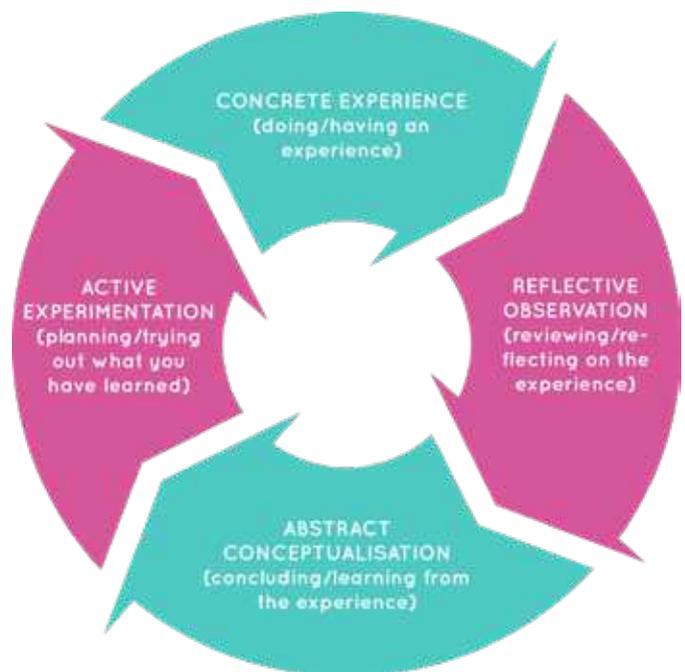
Here is some more information about the four stages in the Quality Framework Cycle.

<b>Plan</b>	The first step in the cycle is to plan. This involves looking at data on the present system and working out what needs to be changed and why. Consider what you expect to happen if the change is made and whether it will improve the system.
<b>Do</b>	After you have a plan, you then implement it. You may decide to test or pilot the plan first.
<b>Check</b>	The next step is to check the new system. Is it working as you expected? Did it have a good or a bad effect? If it is not working, you may need to go back to the plan stage and start again until you get it right.
<b>Act</b>	If all is working well, you act; that is, you fully implement the changed system.

## David Kolb's (1984) Experiential Learning Cycle

This experiential learning cycle combines many years of research into how people learn and analyse their experiences.

Experiential learning refers to the learning we receive from experiences at work, education, study and even personal life events. This cycle is still used in many university-level courses to critically analyse work practices.





The experiential learning cycle has four phases:

1. Concrete experience – the context of what occurred in the experience/event.
2. Reflective observation – looking back and considering your feelings and thoughts before, during and after the experience/event.
3. Abstract conceptualisation – the process of concluding what you have learned from the experience/event. For example, a person you support has become angry at you. Afterward, you reflect and realise that you did not have the correct file in front of you. You realise that this contributed to the anger the person displayed toward you.
4. Active experimentation – how you have changed your practice and tried out the new things you have learned.

Here is an example to further illustrate the four phases of the experiential learning cycle.

Concrete experience	A new person I support told me I was talking too fast for her to understand.
Reflective observation	I realised that I was feeling nervous before and during our time together, because I had not had experience supporting a person with her particular issues before.
Abstract conceptualisation	She said she liked working with me and that I was doing everything else right – I just needed to slow down my speech.
Active experimentation	The next time I saw her I was mindful of slowing my speech down. I double-checked with her that I was not speaking too fast for her to understand.

## Example

### Use feedback to improve processes

Claud provides in-home support for Roger, an elderly gentleman with mobility issues and a hearing impairment. Claud helps Roger to shower, complete housekeeping tasks and prepare meals. Sometimes, when Claud is pressed for time, he will complete all the housework by himself and encourage Roger to sit and listen to his favourite records.

Although Roger is fond of Claud, he does not like it when Claud takes over and excludes him from completing the required housework. This makes Roger feel useless, inadequate and emasculated.



When Claud leaves, Roger decides to write an email to his case manager, Tru, explaining the situation. Tru receives the email and contacts Claud to communicate the issue. Claud listens to the feedback carefully and reflects on his performance at Roger's house. He can see how his actions have hurt Roger and he identifies how he can rectify this on his next visit. He thanks Tru for the feedback and assures her that he will improve in this area.

## Practice Task 22

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

### Case study

Barry has mental health issues and an intellectual disability. He is currently receiving services offered by a disability agency. Services include housing and a day program with socialising, physical activities and skill-building. He also accesses weekly appointments with a psychologist and monthly appointments with a speech pathologist.

Barry is not happy with the skill-building program. He does not like the facilitator, John, because he is not open to listening to his questions. Barry decides to complete a feedback form to submit to Wendy, his case manager. Upon Barry's request, a support worker is asked to assist Barry to complete the form.

Wendy receives the feedback form and calls John to discuss the issue.



**Question 1**

If you were John, what revisions would you make to your service delivery?

**Question 2**

List three methods that organisations can use to collect feedback.



## Summary

- Actively seek opportunities to obtain feedback on your performance from colleagues and the people you support. Use this feedback to improve and further develop your skills in conducting complex assessments and referrals.
- Organisational guidelines provide information on the quality improvement process. These guidelines are based on industry standards and should outline the procedures for obtaining feedback and monitoring processes.
- Routinely seek feedback from service providers and the person using the service to obtain review information.
- Seek feedback from the person about their level of satisfaction with the service provided and whether the service is meeting their needs.
- Evaluate the lessons learned from feedback to identify what is working well and what needs to improve or change to achieve optimal service delivery.



# Learning Checkpoint 5

## Evaluate assessment and referral processes

### Part A

1. List and explain three methods that can be used to seek feedback when reviewing service delivery.

2. List five strategies that can be used to monitor processes and their outcomes.



**3. List five principles of continuous improvement.**

**4. Use examples from your own work experience or from case studies in this unit to briefly explain why it is important to collect feedback from the person about their experiences with the service.**

**5. Briefly outline how feedback from your supervisor, colleagues or people receiving support can be beneficial to your practice. Use examples from your own work experience to demonstrate the benefits of receiving feedback.**



## Part B

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

### Case study

Sarah Brown is 16 years old and has cerebral palsy and epilepsy. She has been referred to an occupational therapist for weekly speech therapy and fine and gross motor skill training. She has had eight sessions with the therapist, who provides a report about Sarah's progress to the disability organisation where Shaun works. In the report, the occupational therapist states the following:

- Sarah experiences severe articulation problems, which make it difficult for her to speak clearly. There has been no improvement in speech articulation over the eight-week period.
- Sarah requires a walking frame for assistance. She cannot walk without the frame. Sarah is making progress, however, by standing confidently for up to a minute without the frame.
- Sarah cannot hold a pen to write, or hold cutlery. She cannot grip objects tightly. There has been no recognisable change during treatment.
- Sarah has had three aggressive outbursts during occupational therapy sessions, which has made it difficult to continue with treatment. One session ended early due to Sarah's behaviour.

Shaun has an appointment with Sarah and her mother, Rebecca. He needs to discuss the current service plan and find out whether adjustments should be made. During the meeting, Shaun asks for Sarah and Rebecca's feedback about the current service. Rebecca tells him she is unhappy with the therapist, as she feels she bosses her daughter around and expects too much from her. She also believes the funding can be better used elsewhere. Her suggestion is that Sarah be allocated one-on-one support when in school to support her with all school activities, rather than seeing an occupational therapist weekly, which appears to have no results.

Shaun asks Sarah to complete a feedback form about the existing service with her mother's assistance.



At the end of the meeting, Rebecca tells Shaun she is frustrated by how slowly everything is moving, and how there has been no noticeable improvement in Sarah's functioning. She says that the services have failed to meet Sarah's emotional, social and psychological needs. For instance, Sarah has been given no support to improve her ability to form friendships at school. Greater attention should be given to all Sarah's needs, rather than just her physical needs.

Rebecca tells Shaun that unless quality of service and speed of progress improve, she will move Sarah to another organisation, which can provide faster and more effective service delivery.

1. Create and complete a feedback form from the perspective of Sarah and her mother.



- 2.** Provide examples of how Shaun can respond to Sarah and her mother when they share how they feel about the existing service.

- 3.** Provide at least three suggested changes on ways Shaun can adjust the service delivery plan to incorporate the feedback.



4. Explain how Shaun should respond to the feedback given about his performance during the meeting.



# Glossary

## **Ambivalence**

Both good and bad feelings and thoughts about the situation and the perpetrator.

## **Assessment reliability**

The extent to which measurements are consistent.

## **Assessment validity**

The usefulness or accuracy of an assessment in measuring what it is intended to measure.

## **Behaviour of concern**

An action that can cause harm, either to the person who presents with the behaviour or to others.

## **Competency-based assessment**

Assesses a person's competencies in multiple areas to gain holistic insight.

## **Development**

The psychological and social changes that a person experiences throughout their lifespan.

## **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.

## **Disempowerment**

Acting in ways that demoralise the person with support needs, infringing on their human rights, agency and self-determination.

## **Domain-based assessment**

Assesses a person against a predetermined criterion or standard.

## **Duty of care**

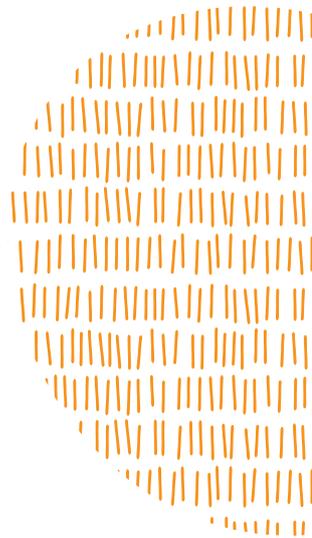
A moral or legal obligation to ensure the safety and wellbeing of other persons.

## **Empowerment**

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

## **Formal network**

Two or more organisations that share funding streams for specific groups of people.





**Growth**

The physical changes that occur in the body throughout the lifespan, such as weight and height.

**Neglect**

Failing to properly care for a person.

**Norm-based assessment**

Assesses an individual in comparison with a predefined population.

**Person-centred approach**

Providing tailored support for each person and taking time to learn about their individual preferences, needs and goals.

**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.