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Competency-based assessment

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

Here is further information about competency-based assessment.

Competency-based tools

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

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

Assessment emphasis

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

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

Functional assessment

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

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

Assessment questions

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

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

Norm-based assessment

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

Assessment tools – reliability and validity

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

Consulting with others

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

Person individuality

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

Analyse existing issues

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

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

Specialist association

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

Support groups

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

Work with specialists

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

Building a good working relationship involves:

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

Determine the range of issues

Each person has their own unique set of circumstances and issues that impact on their individual needs. To determine the range of issues and their impact on a person’s needs, you should adopt a holistic approach when conducting assessment. A holistic assessment takes into account a number of domains of health and functioning such as mental health, physical abilities, social needs or alcohol and other drugs (AOD) use.
1E Provide information about the assessment process and obtain consent

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

Explain privacy principles

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

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

Privacy, confidentiality and disclosure

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

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

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

- www.lawhandbook.org.au/search/privacy%2C+confidentiality+and+disclosure

Privacy regulations

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

1. Refer to organisational policies and procedures when identifying and preparing assessment tools and processes.

2. Gauge the need for assessment prior to assessment taking place.

3. There are four types of assessment approaches: strengths-based; domain-based; norm-based; and competency-based.

4. Existing information about an individual can be gathered from a variety of sources. Ways of collecting information include:
   - interviews with the person
   - questionnaires
   - specific screening tools
   - speaking with the person’s family members, guardian, carers and friends
   - speaking to other care workers and service providers
   - observing the individual.

5. Follow your organisational guidelines to request additional information from specialists or other sources to determine the range of issues that may be affecting the person.

6. Assessment approaches may be used in conjunction, and should be suitable for the purposes of the assessment.

7. Use a problem-solving approach when analysing information about existing issues.

8. The location of the assessment can affect the results. Prior to the assessment, arrange an appropriate environment and a time that suits all relevant parties.

9. Explain assessment process prior to obtaining consent and consult with the person when organising assessment.

10. Make the person aware of their right to privacy and any relevant organisational policies prior to assessment.

11. The person must grant informed consent before assessment is conducted or any personal information is shared.
Scope of practice

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

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

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

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

Deal with behaviours of concern within your own scope of practice

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

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

Seek assistance

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

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

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

Wellness approach

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

Reablement approach

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

Restorative care approach

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

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

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

Here is more information about potential indicators of child abuse.

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**Lack of support**

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

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

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**Stress**

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

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**Limited parenting skills**

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

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**AOD dependence**

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

| Focus on the person’s current situation; for example, determine the individual’s current income, expenses and employment possibilities. |
| Focus on the person’s resources; for example, identify the training and financial management skills they currently have. |
| Empower the person; for example, help the individual identify resources, focus on strengths and participation in decision-making. |
| Empathise with the individual’s unique reality; poverty is a different experience for every person, so it is important to empathise with the individual. |

### Definition of health

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

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

#### Physical health affecting wellbeing

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

#### Issues affecting physical health

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

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

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

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**Economic**

The economic impact of unemployment may include:

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

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**Psychological**

The psychological impact of unemployment may include:

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

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**Physical**

The physical impact of unemployment may include:

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

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**Social**

The social impact of unemployment may include:

- isolation
- homelessness
- relationship breakdown
- family violence
- poverty.
Prioritise delivery of services

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

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

Unemployment

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

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

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

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

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.

![Maslow's Hierarchy of Needs](image)

- **Physiological**: Breathing, food, water, sex, sleep, homeostasis, excretion
- **Safety**: Security of: body, employment, resources, morality, the family, health, property
- **Love/belonging**: Friendship, family, sexual intimacy
- **Esteem**: Self-esteem, confidence, achievement, respect of others, respect by others
- **Self actualisation**: Morality, creativity, spontaneity, problem-solving, lack of prejudice, acceptance of fact
Medical risk
- Review person’s medical history and care plan.
- Ensure person has access to medication, if required.
- Ensure access to a first-aid kit and use required PPE.
- Maintain currency of first-aid certificate.
- Ensure access to a telephone in case of emergency.

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

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

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

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

<table>
<thead>
<tr>
<th>LIKELIHOOD</th>
<th>VERY LIKELY</th>
<th>Acceptable risk Medium</th>
<th>Unacceptable risk High</th>
<th>Unacceptable risk Extreme</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIKELY</td>
<td>Acceptable risk Low</td>
<td>Acceptable risk Medium</td>
<td>Unacceptable risk High</td>
<td></td>
</tr>
<tr>
<td>UNLIKELY</td>
<td>Acceptable risk Low</td>
<td>Acceptable risk Low</td>
<td>Acceptable risk Medium</td>
<td></td>
</tr>
<tr>
<td>MINOR</td>
<td>MODERATE</td>
<td>MAJOR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IMPACT
Service delivery standards

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

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

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

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

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


Referral options

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

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

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**The person**

Factors include the following:

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

---

**Issues being addressed**

Factors include the following:

- The type of issue
- Impact of issue on other aspects of a person’s wellbeing
- Complexity of the issues
- Coexisting issues
- Urgency of the issue
Standard 3. Consumer and care 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 issues 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.

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 in 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.

A service that meets a person's interests
Tazmin is considering attending a disability day service. She has an active mind and enjoys meditation, socialising and learning.

Her support worker has identified the criteria for eligibility, the type of services, cost, location and referral procedure of a service that might meet Tamzin’s needs. The two of them consider that these are needs for community engagement, friendship, achievement, creativity, confidence and respect. Through collaboration and consultation, Tamzin decides on a service that offers meditation, yoga, cooking classes and social activities, and meets her needs.
Topic 4

In this topic you will learn how to:

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

Complete reporting

Community service providers must adhere to organisational policy and procedures, which are based on Commonwealth and state legislation. It is essential that community service workers document, maintain and store a person’s information by following the organisational policies and procedures. When providing personal information to a third party, community service providers are also required to gain informed consent from the individual and follow organisational procedures with regard to sharing information.
<table>
<thead>
<tr>
<th>State</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Queensland</td>
<td>Department of Communities, Child Safety and Disability Services:</td>
</tr>
<tr>
<td>South Australia</td>
<td>Department for Education and Child Development: Visit</td>
</tr>
<tr>
<td>Tasmania</td>
<td>Department of Health and Human Services:</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.dhhs.tas.gov.au/child_protection_services">www.dhhs.tas.gov.au/child_protection_services</a></td>
</tr>
<tr>
<td>Victoria</td>
<td>Department of Human Services:</td>
</tr>
<tr>
<td>Western Australia</td>
<td>Department for Child Protection and Family Support:</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.dcp.wa.gov.au/Organisation/contactUs/Pages/ContactUs.aspx">www.dcp.wa.gov.au/Organisation/contactUs/Pages/ContactUs.aspx</a></td>
</tr>
</tbody>
</table>

**Follow organisational policies and procedures for referring to protective services**

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

Procedures generally include the following.

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### Reporting requirements

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

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

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

### Reporting details

If known, provide:

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

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

To read more about Commonwealth, state and territory privacy, health records and information regulations go to the following website: www.alrc.gov.au/publications/report-108. From the side menu, select the option ‘60. Regulatory Framework for Health Information’, then select ‘National consistency’.

Store information

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

Here is some more information about storing information.

**Physical safeguards**

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

**Technical safeguards**

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

<table>
<thead>
<tr>
<th>Plan</th>
<th>Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>The first step in the cycle is to plan. This involves looking at data on the present system and working out what needs changing and why. You need to look at what you expect to happen, if it is changed and whether it will improve the system.</td>
<td>After you have a plan, you then implement it. You may decide to test the plan or pilot the plan first.</td>
</tr>
<tr>
<td>Check</td>
<td>Act</td>
</tr>
<tr>
<td>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.</td>
<td>If all is working well, you act; that is, fully implement the changed system.</td>
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**Practice task 22**

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

**Case study**

Barry is a man with mental health issues and an intellectual disability. He is currently receiving services offered by a disability agency. Services include a day program that includes socialising and physical activities, skill-building and housing.

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.

1. Create and complete a feedback form for Barry. You will need to include hypothetical information.