

Senate Community Affairs Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
FAMILIES, HOUSING, COMMUNITY SERVICES AND
INDIGENOUS AFFAIRS PORTFOLIO
2010-11 Supplementary Estimates Hearings

Outcome: 5

Question No: 185

Topic: PHaMs Screening Tool

Hansard Page: 21/10/10 – CA32

Senator Siewert asked:

Could you provide a copy of the screening tool?

Answer:

A hard copy of the Eligibility Screening Tool is attached.

STRICTLY CONFIDENTIAL**Personal Helpers and Mentors Program**
ELIGIBILITY SCREENING TOOL (EST)**Section 1 – Client Information**

1 Agency ID

Automatically generated by system

2 External Person ID

Automatically generated by system

3 Date of application

4 Has the PHaMs Program Consent to collection, use and disclosure of information form been signed?

Yes

No

5 Does the applicant's functional limitation prevent them from being able to make an informed decision to participate in the program?

Yes

No

6 Statistical Linkage Key Determination – Please provide the following information
(The information does not appear anywhere in FaHCSIA's records).6a What is the applicant's date of birth? *dd/mm/yyyy*

6b Is the applicant's date of birth an estimate?

Yes

No

6c What is the first name and surname of the applicant?

Please note this information is not stored

6d What is the sex of the applicant?

Male

Female

Section 2 – Demographic information

7 What is the applicant's residential setting?

Private residence

Residential age care facility

Domestic-scale supported living facility

Supported accommodation facility

Residential mental health service

Boarding house/private hotel

Psychiatric or acute care hospital

Public place/temporary shelter/homeless/couch surfing

Specialised alcohol or other drug treatment residence

Caravan

Prison, remand centre or corrective institution

Other, please specify

Section 2 – Demographic information cont'd

8 Is the applicant of Aboriginal or Torres Strait Islander origin?

- | | |
|--|--|
| <input type="checkbox"/> Aboriginal but not Torres Strait Islander origin | <input type="checkbox"/> Neither Aboriginal origin nor Torres Strait Islander origin |
| <input type="checkbox"/> Both Aboriginal and Torres Strait Islander origin | <input type="checkbox"/> Does not wish to identify |
| <input type="checkbox"/> Torres Strait Islander but not Aboriginal origin | |

If Q8 is YES for indigenous origin then ask 8a & 8b

8a Is the applicant a member of the Stolen Generation? YES NO

8b Is the applicant a Stolen Generation family member? YES NO

9 Postcode

9a Where does the applicant usually live?

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Within site boundaries | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Outside of site boundaries | |

9b If 'Within site boundaries' or 'Outside of site boundaries', then what is the applicant's postcode?

10 Does the applicant usually live alone or with others?

'Usually' means 4 or more days per week on average.

- | | |
|---|---|
| <input type="checkbox"/> Lives alone | <input type="checkbox"/> Lives alone with children |
| <input type="checkbox"/> Lives with parent(s) | <input type="checkbox"/> Lives with other related person(s) |
| <input type="checkbox"/> Lives with partner/spouse and/or children | <input type="checkbox"/> Lives with unrelated person(s) |
| <input type="checkbox"/> Other, please specify <input type="text"/> | |

Section 2 – Demographic information cont'd

11a In which country was the applicant born?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Australia | <input type="checkbox"/> Greece |
| <input type="checkbox"/> England | <input type="checkbox"/> Germany |
| <input type="checkbox"/> New Zealand | <input type="checkbox"/> Philippines |
| <input type="checkbox"/> Italy | <input type="checkbox"/> India |
| <input type="checkbox"/> Vietnam | <input type="checkbox"/> Netherlands |
| <input type="checkbox"/> Scotland | <input type="checkbox"/> Other, please specify |

11b Did the applicant arrive in Australia under Australia's Humanitarian Program?

-
- YES
-
- NO

12 What cultural or language barriers need to be considered in delivering services to the applicant?

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Verbal communication or spoken language |
| <input type="checkbox"/> Cultural values, beliefs or assumptions | <input type="checkbox"/> Written communication |
| <input type="checkbox"/> Cultural behaviours | |

13a Does the applicant speak a language other than English at home?

- Yes No

13b If yes, please select a language

Indicate the language spoken most often if there is more than one

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Italian | <input type="checkbox"/> German |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Tagalog (Filipino) |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Other Please specify |
| <input type="checkbox"/> Arabic | <input type="text"/> |
| <input type="checkbox"/> Vietnamese | |

Section 3 – Carer information

14 Does the applicant have a carer who provides care and assistance on a regular and sustained basis?

Yes

No

15 Caring for Children

15a Does the applicant have primary (or shared equal) carer responsibilities for children?

Yes

No

15b How many children does the applicant have primary (or shared equal) caring responsibility in each of the following age groups?

Up to 2 years or less

Between 8 and up to 12 years

Between 2 and up to 4 years

Between 12 and up to 14 years

Between 4 and up to 8 years

Older dependent children

16 Does the applicant have primary carer responsibilities for another person?

More than one response category can be selected.

Parents (including parents-in-law)

Partner/spouse with acute or long-term health problem

Relatives (other than parents and children)

Other, please specify

None

Section 4 – Institutional Details

17 Has the applicant been institutionalised for 3 or more months in the last 2 years, including as a resident in a residential mental health service, an admitted patient in a psychiatric or acute care hospital, prison, remand centre or corrective institution?

If no, go to Question 19.

Yes No

18 What was the applicant's previous institutional setting?

More than one response category can be selected

- | | |
|--|---|
| <input type="checkbox"/> Residential mental health service | <input type="checkbox"/> Psychiatric or acute care hospital Institution |
| <input type="checkbox"/> Prison, remand centre or corrective | <input type="checkbox"/> Other, Please specify |

19a Has the applicant ever been institutionalised or in long term care as a child?

If no, go to question 20

Yes No

If yes, please select the appropriate institution

- Foster Care
- Orphanage
- Boys/Girls Home
- Corrective facility
- Other

19b Does the applicant identify as a Forgotten Australian?

Yes No

Section 4 – Institutional Details cont'd

20 Has the applicant recently been released from a prison, remand centre or corrective institution?

Yes No

20a Is the person currently restricted in their ability to fully participate in the community (i.e. detained in some way, on home detention or have movement restrictions that would impede active and full participation in the program)?

Yes No

20b As a condition of the persons release, are they required to participate in a state/territory funded service or program that provides them with community support similar to PHaMS (as opposed to clinical or forensic support)?

Yes No

Section 5 – Alcohol/Drugs

21 Does the applicant misuse alcohol or other drugs?

More than one response category can be selected. If no, go to Question 23.

- Yes – alcohol
- Yes - illicit drugs
- Yes - other drugs
- No

22 Is the applicant willing to address issues related to their alcohol or other drugs misuse?

Yes

No

Section 6 – Mental Illness

23 What was the source of referral for the applicant?

- Alcohol and drug treatment services
- Centrelink
- Community Health Centre
- Disability support services
- Employment services
- Family member, friend, carer
- General Practitioner
- Hospital
- Housing/Homelessness support services
- Personal Support program
- Police, courts or correctional services
- Psychiatrist in private practice
- Psychologist in private practice
- Self
- Specialist mental health care services
- Other, please specify

24 Does the applicant have a diagnosed mental illness? *If no, go to Question 29*

Yes

No

Section 6 – Mental Illness cont'd

25 What diagnosed mental illness(es) does the applicant have?

Where there are multiple diagnoses, select all that apply.

- Schizophrenia and psychotic or delusional disorders. E.g. Drug Induced Psychosis
- Mood disorders. E.g. Depression, Bipolar disorder, Post Traumatic Stress Disorder
- Anxiety disorders. E.g. Generalised Anxiety Disorder, Obsessive Compulsive Disorder, Agoraphobia, Panic Disorder
- Personality and behavioural disorders. E.g. Antisocial, Borderline Disorder, Schizoid, Schizotypal Personality Disorder
- Eating disorders. E.g. Bulimia, Anorexia
- Other , Please specify

26 What is the date on which the most recent diagnosis was made? *dd/mm/yyyy*

Is this most recent date of diagnosis for the participant an estimate?

Yes

No

27 Is the applicant currently receiving treatment for one or more of the diagnosed mental illnesses?

If no, go to Question 32

Yes

No

28 Who was the applicant treated by?

More than one response category can be selected.

- Psychiatrist
- Specialised mental health service (either public or private)
- General practitioner
- Clinical psychologist
- Other, Please specify

29 Is there other supporting evidence of a mental illness, as verified by, for example, a referral letter or direct communication (e.g., telephone or face-to-face) from a health care provider?

- Psychiatrist
- Specialised mental health service (either public or private)
- General practitioner
- Clinical psychologist
- None

Section 6 – Mental Illness cont'd

30 Is there evidence that the applicant is receiving a Disability Support Pension for psychiatric impairment?

If yes, go to Question 32

Yes

No

31 Is there any of the following types of evidence to indicate that the applicant has a mental illness?

Select only one box

A referral from, or direct communication with, a non-government agency offering disability support programs, or a local community support program, whose target population includes those with a mental illness.

Referral from family, carers, friends or others who know the applicant well, and who are concerned that the applicant may have a mental illness.

The applicant reports that they have a mental illness but does not have contact with specialised mental health services or other relevant service providers at this point in time.

None of the above

Section 7 – Functional Information

32 How often does the applicant need personal help or supervision with activities or participation in the following life areas?

Select just one of the following response categories of level of support needs for each life area:

Personal Capacity Activities:

32a Interpersonal relationships—i.e. forming and maintaining social and interpersonal relationships with family, friends, and other people, and interacting with other people in social situations

Unable to do or always needs help or supervision in this life area

Needs help or supervision most of the time in this life area

Needs help or supervision some of the time in this life area

Does not need help or supervision in this life area

32b Learning, applying knowledge and general demands—solving problems, making decisions, paying attention, organising daily routines and handling stress

Unable to do or always needs help or supervision in this life area

Needs help or supervision most of the time in this life area

Needs help or supervision some of the time in this life area

Does not need help or supervision in this life area

Section 7 – Functional Information cont'd

32c Communication—for example, participating in conversations and discussions, and expressing ideas clearly

- Unable to do or always needs help or supervision in this life area
- Needs help or supervision most of the time in this life area
- Needs help or supervision some of the time in this life area
- Does not need help or supervision in this life area

Community Participation Activities:

32d Working and Employment—undertaking activities to obtain and retain paid employment or self-employment

- Unable to do or always needs help or supervision in this life area
- Needs help or supervision most of the time in this life area
- Needs help or supervision some of the time in this life area
- Does not need help or supervision in this life area

32e Education—i.e. participating in school, college or any educational activities

- Unable to do or always needs help or supervision in this life area
- Needs help or supervision most of the time in this life area
- Needs help or supervision some of the time in this life area
- Does not need help or supervision in this life area

32f Social and Community activities—i.e. participating in social and recreational activities, and engaging in religious, political and other community life

- Unable to do or always needs help or supervision in this life area
- Needs help or supervision most of the time in this life area
- Needs help or supervision some of the time in this life area
- Does not need help or supervision in this life area

Independent Living Activities:

32g Domestic activities—undertaking activities such as caring for children and for other family or household members, shopping, preparing meals, housekeeping and maintaining a home

- Unable to do or always needs help or supervision in this life area
- Needs help or supervision most of the time in this life area
- Needs help or supervision some of the time in this life area
- Does not need help or supervision in this life area

Section 7 – Functional Information cont'd

32h Transportation and mobility—activities in getting around, such as moving around or leaving your home, accessing public transport; driving your car

- Unable to do or always needs help or supervision in this life area
- Needs help or supervision most of the time in this life area
- Needs help or supervision some of the time in this life area
- Does not need help or supervision in this life area

32i Self care—activities in taking care of yourself, such as maintaining reasonable levels of hygiene, standard of dressing, nutrition, managing diet and fitness, administering medication and managing general health

- Unable to do or always needs help or supervision in this life area
- Needs help or supervision most of the time in this life area
- Needs help or supervision some of the time in this life area
- Does not need help or supervision in this life area

33 Functional Limitation Score. *(automatically generated by the Eligibility Screening Tool)*

34 Is the applicant's need for support with activities or participation in the life areas because of mental illness?

Yes

No

35 Does the applicant have any other significant disabilities?

More than one response category can be selected.

- Intellectual (including Down syndrome)
- Specific learning/Attention Deficit Disorder (other than Intellectual)
- Autism (including Asperger's syndrome and Pervasive Developmental Delay)
- Physical
- Acquired Brain Injury
- Neurological (including epilepsy and Alzheimer's disease)
- None

Section 8 – Assessment

36 Is the applicant eligible for the PHaMs Program?

Yes

No

37 Was the applicant accepted into the PHaMs Program?

Yes

No

37a If No, please select the reason. *Select only one box.*

Staff shortages

Program full

Ineligible

Not willing to address drug and/or alcohol issues

Client unable to be contacted again

Does not reside in postcode allocation region for site

The applicant did not wish to be part of the program

No suitable staff member available to work with the applicant

Other - Provide Details

38 Date at which the assessment was finalised