Functional Assessment of 2010 Post School Program Applicants

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Overview

◆ Scope - functional assessments only
◆ Background - the original research project “ATLAS consumers and their prospects”
◆ How the results of that study and subsequent work have been used to design the 2010 assessment profile that teachers are being asked to complete
◆ How to complete the assessment
History

◆ 2002 - “ATLAS consumers and their prospects”
◆ 2003 - First assessments using new tool
◆ 2006 - ATLAS becomes Post School Programs
  – Transition to Work (TTW) and Community Participation (CP)
◆ 2006 - Post School Programs Classification & Costing Study
  – 4 funding bands for CP introduced
◆ From 2007, assessment tool used to determine eligibility for PSP and, if CP, to allocate to CP funding bands
DADHC commissioned the Commonwealth Rehabilitation Service (CRS) in 2002 to assess post-school leavers who were already in, or applying to join, what was then the NSW ATLAS program.

Schools (Special Support Teachers) completed a 9 item Functional Screen on each 2002 school leaver so that the results achieved with a short functional screen and the results achieved with the full functional assessments undertaken by the CRS could be compared.
Four ATLAS cohorts in the original study

- 608 young people who were leaving school at the end of 2002
  - Screening data by school
  - Assessment data by CRS
- 486 who left school in 2001
- 215 who left school in 2000 and
- 264 who left school in 1999
The CRS assessment

- Age
- Sex
- Disabilities
- Goal
- Strengths (5)
- Barriers to economic and social participation (5)
- Current capacity to work
- Future capacity to work, self-care
- Recommended interventions (20)
- Recommended type of assistance
- Type of suitable work
- Self-care functioning
- Domestic functioning
- Behavioural functioning
Some research questions

- Which measures of the person and their needs
  - eg, age, sex, disability, strengths, barriers, self care functioning, domestic functioning, behavioural functioning

- Best predict?
  - the person’s current and future capacity for work (with and without the recommended interventions) and/or
  - the interventions and type of assistance that the person needs

- How do the results achieved with a short functional screen (undertaken by schools) compare with the results of a full functional assessment (by the CRS)?
And now a bit of a diversion...

Functional dependency
A measure of functional dependency is:

- an instrument that identifies areas in which a person requires assistance with daily living, and
- that quantifies the extent to which that person needs support from others to help them carry out normal activities in their home and community.
 Functional ability

◆ Whether a person is capable of performing a task.

◆ For example, in assessing a person’s ability to shop, a measure of functional ability assesses the extent to which the person is capable of shopping
  ▪ without taking into account any external factors (eg, whether or not they have access to shops)
  ▪ irrespective of whether they actually do their own shopping or whether someone does it for them
**Functional hierarchy of Activities of Daily Living (ADLs)**

- People acquire and lose abilities in a predictable order
  - People acquire functional abilities in the opposite order to which they lose them

- Self-care ADLs like dressing, toileting, feeding and bed mobility are gained 1st and lost last (late loss ADLs)

- Domestic ADLs like housework, handling money, managing medicines are gained last and lost first (early loss ADLs)

- It is reasonable to assume that, if a person can do early loss ADLs, they can also do late loss ADLs
Another important research question

- Do young people in the PSP (ATLAS program) acquire functional abilities in a fairly predictable order?
- If so, what is the hierarchy of functional acquisition for applicants to the PSP (ATLAS program)?
- Is the hierarchy of acquisition predictable enough to support screening?
  - Can you assume that, if a person can do ADLs acquired late, they can also do ADLs acquired early?
  - If so, this supports short and targeted assessments rather than a comprehensive assessment.
The screening data set completed by teachers

- A 9 item functional screen originally developed for use in the community care sector
- Designed to identify where the person sits on the functional hierarchy
- Does not attempt to capture all aspects of function or the most important. Rather, the 9 items in the screen are the best predictors of how well a person is functioning in other aspects of their life.
- Question was whether this could be used with ATLAS consumers
Functional Screen (Overview)

◆ 4 domains measured through 9 questions:

◆ Domestic functioning - 3 questions (housework, travelling to places and shopping) to screen for domestic function & 2 questions (handling money and taking medication) that also act as a screen for cognitive or behavioural problems

◆ Self-care functioning - 2 questions (walking, bathing)

◆ Challenging behaviour - 1 question

◆ Cognitive functioning - 1 question
Some results

From the original study
The functional hierarchy was stable over the 4 years in the original study.

An example - self care functioning – only small changes over the four cohorts.
Self care functioning - 2002 cohort

- Grooming
- Dressing
- Bathing
- Toilet
- Feeding
- Stairs
- Bladder
- Bowels
- Mobility
- Transfer

Can't do or needs help  Can do
Self care functioning - 2000 cohort

Grooming, Dressing, Bathing, Toilet, Feeding, Stairs, Bladder, Bowels, Mobility, Transfer

Can't do or needs help
Can do
Self care functioning - 1999 cohort

- Grooming
- Dressing
- Bathing
- Toilet
- Feeding
- Stairs
- Bladder
- Bowels
- Mobility
- Transfer

Legend:
- Red: Can't do or needs help
- Blue: Can do
The behavioural pattern remains consistent over the years

As expected, the four cohorts look much the same
Behaviour 2002

- Emotional
- Noisy
- Dangerous
- Intrusive
- Aggressive

- 2002 Problem
- 2002 No problem
Behaviour 2000

- Emotional
- Noisy
- Dangerous
- Intrusive
- Aggressive

2000 Problem: 50% Emotional, 40% Noisy, 30% Dangerous, 20% Intrusive, 10% Aggressive
2000 No problem: 50% Emotional, 40% Noisy, 30% Dangerous, 20% Intrusive, 10% Aggressive
Functioning and no. of disabilities shows a pattern going in the expected directions

◆ Those with 1 disability:
  - 7% had low self-care ability.
  - 22% had low domestic ability.
  - 14% had major behavioural problem

◆ Those with 2 disabilities:
  - 10% had low self-care ability.
  - 39% low domestic ability.
  - 21% had major behavioural problem.

◆ Those with 3 disabilities:
  - 30% had low self-care ability.
  - 63% had low domestic ability.
  - 31% had major behavioural problem.
Results of the functional overview conducted by teachers (2004-2009)

Some small movement between cohorts for memory and behaviour problems – while most screen items stay about the same
Functional overview results - 2004

- Money
- Shopping
- Medicine
- Places
- Housework
- Memory
- Behaviour
- Bath
- Walk

No Problem
Some problem
Major problem
Functional overview results - 2005

- money
- shopping
- medicine
- places
- household
- memory
- behaviour
- bath
- walk

Legend:
- Red: No Problem
- Blue: Some problem
- Purple: Major problem
Functional overview results - 2006

- money
- shopping
- medicine
- places
- household
- memory
- behaviour
- bath
- walk

Legend:
- Red: No Problem
- Blue: Some problem
- Dark blue: Major problem
Functional overview results - 2007

- Money
- Shopping
- Medicine
- Places
- Housework
- Memory
- Behaviour
- Bath
- Walk

Legend:
- Red: No Problem
- Blue: Some problem
- Lavender: Major problem
Functional overview results - 2008

Money: No problem

Shopping: Minor problem

Medicine: Major problem

Housework: No problem

Transport: Minor problem

Memory: No problem

Behave: Minor problem

Bath: Major problem

Walk: No problem

Legend:
- Red: No problem
- Blue: Minor problem
- Dark Blue: Major problem
2004 functional overview total scores

Total score

Percentage of applicants
2005 functional overview total scores

Percentage of applicants

Total score

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
2006 functional overview total scores
2007 functional overview total scores

Percentage of applicants

Total Score

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
2008 functional overview total scores
2009 functional overview total scores

Percentage of applicants

0% 1% 2% 3% 4% 5% 6% 7% 8% 9% 10% 11% 12% 13% 14% 15% 16% 17% 18%
What predicted future work capacity?

As assessed by the CRS
## Predicting future capacity to work

<table>
<thead>
<tr>
<th></th>
<th>Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic assessment total score</td>
<td>0.67</td>
</tr>
<tr>
<td>Domestic items in the screen (questions 1-5)</td>
<td>0.61</td>
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<tr>
<td>Total screen score</td>
<td>0.58</td>
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<tr>
<td>Self care items in the screen (questions 6-7)</td>
<td>0.42</td>
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<tr>
<td>Self care assessment total score</td>
<td>0.39</td>
</tr>
<tr>
<td>Behaviour assessment total score</td>
<td>0.37</td>
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<tr>
<td>Behaviour item in the screen</td>
<td>0.25</td>
</tr>
<tr>
<td>Disability type</td>
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<tr>
<td>Gender</td>
<td>0.06</td>
</tr>
<tr>
<td>Age</td>
<td>-0.14</td>
</tr>
<tr>
<td>Number of disabilities</td>
<td>-0.36</td>
</tr>
</tbody>
</table>
Summary and implications
The initial research questions

◆ Which measures of the person and their needs
  ◆ eg, age, sex, disability, strengths, barriers, self care functioning, domestic functioning, behavioural functioning

◆ Best predict:
  ◆ the person’s current and future capacity for work (with and without the recommended interventions) and/or
  ◆ the interventions and type of assistance that the person needs?

◆ How do the results achieved with a short functional screen (undertaken by schools) compare with the results of a full functional assessment (by the CRS)?
  Correlation = 0.83
The initial research questions

- Do young people in the program acquire functional abilities in a fairly predictable order?
  
  Yes, coefficient of reproducibility = 0.97

- If so, what is the hierarchy of functional acquisition for consumers in the program?

- Is the hierarchy of acquisition predictable enough to support screening? Yes
The hierarchy of functional acquisition

- Transfer (bed to chair)
- Mobility (screen item)
- Bowels
- Bladder
- Stairs
- Feeding
- Toilet
- Dressing
- Grooming
- Telephone
- Transport (screen item)
- Medication (screen item)
- Shopping (screen item)
- Laundry
- Food Prep
- Housework (screen item)
- Finances (screen item)

- Independent
- Needs help
Of all the measures captured, the best predictors of the type of assistance required were (in order) domestic functioning, self-care functioning and future capacity to work.

Both domestic and self care functioning were better predictors of the type and level of assistance required than any of the variables typically assumed to determine need for PSP services (disability type, capacity to work and so on).
Surprisingly, behavioural problems were not strongly correlated with the type or level of required assistance although behaviour is more useful than current work capacity, disability type or the number of disabilities.

- Seems to be related to Can Do: Do Do
  - Those with very low function can’t exhibit challenging behaviour as much

- But the 2006 classification and cost study helped improved our understanding of the relationship between behavioural functioning and the type or level of assistance required
What’s happened since

◆ ADHC progressively used the results of the original study to move towards an evidence-based assessment model

◆ Additional information added
  – 2003 - 9 item functional screen and behaviour
  – 2004 - domestic (instrumental) assessment
  – 2006 - self care assessment
  – 2007 - additional relevant information
  – 2009 - some wording revised after review with teachers

◆ The assessment is now used to allocate to CP funding bands as well as determine program eligibility
Instrumental profile 2005

Percentage of applicants vs. Total score.
Instrumental profile 2006

Percentage of applicants

Total score

0.0%  1.0%  2.0%  3.0%  4.0%  5.0%  6.0%  7.0%  8.0%  9.0%  10.0%

8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30
Instrumental profile 2008

Total score

Percentage of applicants

0.0% 1.0% 2.0% 3.0% 4.0% 5.0% 6.0% 7.0% 8.0% 9.0% 10.0%
Score profile 2007-2009

Average score


Legend:
- Community Participation
- Transition to Work
- Commonwealth programs
Outcomes of the assessment

- 2009 Applicants (n=1,175)
- 2008 Applicants (n=1,085)
- 2007 Applicants (n=1,020)
- 2006 Applicants (n=936)

- Community Participation
- Transition to Work
- Commonwealth programs
CP funding bands

1. Moderate (49%)
2. High (28%)
3. Very High (20%)
4. Exceptional (3%)

Based on:
- level of assistance with daily living tasks
- level of assistance with personal care
- level of behavioural support required
2009 Method

◆ CHSD used a statistical regression model:
  – combined screening and assessment scores on particular items to determine **eligibility** for PSPs
  – if eligible, combined screening and assessment scores on particular items to **allocate to either TTW or CP**
  – if CP, combined screening and assessment scores on particular items to **allocate to a funding band**

◆ All done by a complicated combination of the applicant's scores on items across both the functional overview and the various assessment instruments.
<table>
<thead>
<tr>
<th>Item</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOUSEWORK</td>
<td>-0.601</td>
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<tr>
<td>TRAVEL</td>
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<td>SHOP</td>
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<tr>
<td>MEDICINE</td>
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<tr>
<td>MONEY</td>
<td>-2.655</td>
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<tr>
<td>WALK</td>
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<tr>
<td>BATH</td>
<td>-0.090</td>
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<tr>
<td>MEMORY</td>
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<tr>
<td>#BEHAVE</td>
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<tr>
<td>#INTRUSIVE</td>
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<tr>
<td>#NOISY</td>
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<tr>
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<td>#DANGEROUS</td>
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<tr>
<td>TELEPHONE</td>
<td>0.593</td>
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<tr>
<td>SHOPPING</td>
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<tr>
<td>FOOD PREPARITION</td>
<td>0.310</td>
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<tr>
<td>HOUSEKEEPING</td>
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<tr>
<td>LAUNDRY</td>
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<td>TRANSPORT</td>
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<tr>
<td>MEDICATION</td>
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</tr>
<tr>
<td>FINANCES</td>
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</tr>
<tr>
<td>HOUSEWORK * MONEY</td>
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<tr>
<td>HOUSEWORK * BATH</td>
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<td>SHOP * BATH</td>
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<tr>
<td>MEDICINE * WALK</td>
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<td>MEDICINE * #DANGEROUS</td>
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<tr>
<td>MONEY * WALK</td>
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<td>#AGGRESSIVE * #EMOTIONAL</td>
<td>1.279</td>
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</table>

*take the square root of the item score before multiplying by the coefficient
What’s new in 2010

◆ Feedback from ADHC and an expert group
◆ Minor changes to wording on some questions
◆ Some changes to instructions on the forms to improve clarity and consistency . . . we hope.
◆ Extra Q & As in the training manual – sorted by the section and item in the assessment, plus general principles

How to complete the 2010 eligibility assessment

The same way you did in 2009!
Options

1. Face to face interview with the applicant and/or family OR
2. Complete based on your pre-existing knowledge of the applicant OR
3. A mix of face to face interview and pre-existing knowledge

Where practical, the applicant, carer or guardian can participate in the assessment.
Overview

◆ Section 1 - Background information
  – Consent, contact details about the applicant, school, parent/guardian, employment aims, disability type, stability

◆ Section 2 - Functional assessment items - 32 in total
  – Part 1 - Functional overview - 9 items
  – Part 2 - Domestic ADL assessment - 8 items
  – Part 3 - Self Care assessment - 10 items
  – Part 4 - Behavioural assessment - 5 items

◆ Section 3 - Additional information
  – About the applicant and how the assessment was undertaken
Section 1 - Background information

Is the effect of the applicant's disability or medical/health care needs on their capacity to manage activities of daily living:

1. Stable (more or less the same each day) OR
2. Episodic or changing significantly from day to day OR
3. Improving over time (the applicant is likely to need less help in the future) OR
4. Becoming worse over time (the applicant is expected to need more help in the future)?
Stability - 2008 and 2009

- Stable
- Becoming worse over time
- Episodic or changing daily
- Improving over time
Employment goal

Does the applicant and their family see him or herself moving to employment some time in the future?

- Yes
- No
- Uncertain
Can Do: Do Do

◆ **CAN DO**
  
  – rates what the person is **capable of doing** rather than what they do
  
  – Functional overview items 1-7, domestic and self care assessments are rated on *Can Do*

◆ **DO DO**
  
  – rates **what the person does** rather than what they are capable of doing
  
  – Functional overview items 8 & 9 (cognition and behaviour) and Part 4 (behaviour) are rated on *Do Do*
  
  – Because these depend on **observations** of the person
Part 1 Functional Overview
Functional Overview

◆ 4 domains measured through 9 questions:

- **Domestic functioning** - 3 questions (housework, travelling to places and shopping) to screen for domestic function & 2 questions (handling money and taking medication) that also act as a screen for cognitive or behavioural problems

- **Self-care functioning** - 2 questions (walking, bathing)

- **Challenging behaviour** - 1 question

- **Cognitive functioning** - 1 question
Questions 1 - 7 in the functional overview

◆ Can Do (not Do Do) – for example a person may be capable of taking medications even though they don’t have to, or may be able to shop even though someone else does it for them.

◆ Answers are limited to specific categories but the structure for the first 7 questions is the same:
  – Can do without help
  – Can do with some help
  – Cannot do
An example: Can take own medicine…

Without help (in the right doses at the right time)?

With some help (able to take medication if someone prepares it and/or reminds him/her to take it)?

Or completely unable to take own medicines?
How to complete items 1-7 (1)

- Take into account **all sources of information** available to you
- Rate what the student is **capable of doing rather than what they do**
- **Capability** - take account of physical function, cognition and behaviour (e.g., unpredictable challenging behaviour).
- Rate with current **aids and appliances in place**
- Take into account the **help required and the amount of prompting**.
  - School leavers able to complete a task with verbal prompting should not be rated as independent (and therefore should be rated as a 1).
How to complete items 1-7 (2)

◆ Where an item is not relevant (e.g., does not use medicine), rate what the applicant would be capable of doing if the item were relevant to their situation.

◆ Make sure ratings (e.g., cleanliness) are based on the applicant’s own social or cultural context, not your own.
Q: My student believes that he is not capable of getting to places out of walking distances, but I think he is. Do I record what he says or do I take account of my own knowledge of the student?

A: The overview is designed to be completed in collaboration with the school leaver and/or their parent/carer/guardian. But if you know the student well, rate based on what you know they are capable of doing.
Variable function – episodic problems

Q: My first student varies a lot in his functional ability. Some days he can do a task, but the next day he can't. My second student can do things, but it causes her such pain and fatigue that she's wrecked for days. How do I rate them?

A: In both cases, rate the student at their worst in the last month. If a student cannot do a task without it resulting in significant pain and fatigue, rate as a 0 (cannot do).
Question 1

- Can do housework...
  - Without help?
  - With some help?
  - Or is unable to do housework?

- Remember, for items 1-7
  - Rate Can Do (not Do Do)
Question 2

◆ Can get to places out of walking distance...

  – Without help (can travel alone on buses or taxis, or drive a car)?

  – With some help (needs someone to plan, help or go with the person when travelling)?

  – Unable to travel unless arrangements are planned for and made with a specialised vehicle?
Question 3

◆ Can go out for shopping for groceries or clothes (assuming transportation)...  
  – Without help (taking care of all shopping needs)?  
  – With some help (need someone to go with on all shopping trips)?  
  – Unable to do any shopping?
Question 4

◆ Can take own medicine...
  – Without help (in the right doses at the right time)?
  – With some help (able to take medication if someone prepares it and/or reminds him/her to take it)?
  – Unable to take own medicines?
Question 5

- Can manage their finances...
  - Without help?
  - With some help?
  - Or is unable to manage their finances?
Question 6

◆ Can walk (indoors)*…
  – Without help (except for a cane or similar)?
  – With some help from a person or with the use of a walker, or crutches etc
  – Or is unable to walk indoors #?

* Note: rate indoor mobility

# See the ‘more information’ pop up:
If in a wheelchair, rate as (1) if independent (including cornering) or (0) if not independent
Question 7

◆ Can take a bath or shower...
  – Without help?
  – With some help (e.g., needs supervision, prompting or physical help)?
  – Or is unable to bathe himself/herself?
Questions 8 - 9

◆ For cognition and behaviour, do not ask the student
◆ Complete based on all information available to you
◆ Rate Do Do
◆ Answers are limited to 2 categories:
  – No problem
  – Actual or potential problem
Question 8

◆ Does the person have any memory problems or get confused?
  – No
  – Yes

Rate based on all cognitive functioning
  – orientation, memory, attention, calculation, reasoning, sequencing
Question 9

◆ Does the person have behavioural problems?
  – No
  – Yes

◆ Rate based on all behavioural functioning
  – eg, intrusive behaviour, verbal disruption, physical aggression, problem wandering, agitation
Part 2 Domestic (instrumental) assessment

Same domain as in Functional Overview

With a bit more depth and detail
Q: Why the overlap between items in different sections?

A: PSP tool combines 4 separate standardised tools plus questions to describe context.

   Eg, the 2 finances questions are similar, but each part of a standardised tool

Each of the 4 tools is used in a different way in the calculations to determine questions of eligibility and the recommended class/funding band
The 8 questions in the Domestic ADL Assessment

- Telephone
- Shopping
- Food Preparation
- Housekeeping
- Laundry
- Transport (getting to places out of walking distance)
- Medicines
- Finances

- Scales used on the items vary:
  - 4 options for some items
  - 3 options for some items
  - Rating instructions are identical to the functional overview Qs 1-7:
    - Can do
### An example of the domestic scale - Mode of Transportation question

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can travel independently on public transportation or can drive own car.</td>
<td>Includes arranging own travel via taxi but not otherwise using public transport.</td>
</tr>
<tr>
<td>Can travel on public transportation when assisted or accompanied by another</td>
<td></td>
</tr>
<tr>
<td>Can travel limited to taxi or automobile with assistance of one other person</td>
<td></td>
</tr>
<tr>
<td>Requires manual assistance from more than 1 person or does not travel at all</td>
<td></td>
</tr>
</tbody>
</table>
Part 3 Self care assessment

Same domain as in Functional Overview

With more detail of activities. Scales used vary in the number of rating options, plus ‘pop-ups’ added
# Item 1: Bowels

<table>
<thead>
<tr>
<th>Score</th>
<th>Item</th>
<th>Scoring instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Continent</td>
<td>Rate based on the last week.</td>
</tr>
<tr>
<td></td>
<td>Occasional accident (once/week)</td>
<td>If the applicant needs enema, then incontinent.</td>
</tr>
<tr>
<td></td>
<td>Incontinent (or needs to be given enema)</td>
<td>Occasional = once a week.</td>
</tr>
</tbody>
</table>
Item 2: Bladder

<table>
<thead>
<tr>
<th>Score</th>
<th>Item</th>
<th>Scoring instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Continent (for over 7 days)</td>
<td>Rate based on the last week.</td>
</tr>
<tr>
<td></td>
<td>Occasional accident (max. once per 24 hours)</td>
<td>Occasional = less than once a day.</td>
</tr>
<tr>
<td></td>
<td>Incontinent, or catheterised and unable to manage</td>
<td>A person with a catheter who can completely manage the catheter alone is scored ‘continent’.</td>
</tr>
</tbody>
</table>
Item 3: Grooming

<table>
<thead>
<tr>
<th>Score</th>
<th>Item</th>
<th>Scoring instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Independent face/hair/teeth/shaving</td>
<td>Rate based on the last week.</td>
</tr>
<tr>
<td></td>
<td>Needs help with personal care</td>
<td>Refers to personal hygiene: doing teeth, doing hair, shaving, washing face, menstrual-related hygiene. Implements can be provided by helper</td>
</tr>
</tbody>
</table>

**Note** now includes menstrual related hygiene
# Item 4: Toilet use

<table>
<thead>
<tr>
<th>Score</th>
<th>Item</th>
<th>Scoring instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Independent (on and off, dressing, wiping). Should be able to reach toilet, undress sufficiently, clean self, dress and leave.</td>
<td>With some help = can wipe self and do some of the other listed activities.</td>
</tr>
<tr>
<td></td>
<td>Needs some help, but can do some things alone.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dependent</td>
<td></td>
</tr>
</tbody>
</table>
## Item 5: Eating

<table>
<thead>
<tr>
<th>Score</th>
<th>Item</th>
<th>Scoring instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Independent (food provided in reach). Able to eat any normal food (not only soft food). Food cooked and served by others. But not cut up.</td>
<td>Needs help = food cut up but applicant feeds self.</td>
</tr>
<tr>
<td></td>
<td>Needs help cutting, spreading butter etc</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unable to feed him or herself</td>
<td></td>
</tr>
</tbody>
</table>
# Item 6: Transfer
(from bed to chair and back)

<table>
<thead>
<tr>
<th>Score</th>
<th>Item</th>
<th>Scoring instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent</td>
<td>Needs minor help (verbal or physical)</td>
<td>Major help = one strong/skilled, or two normal people. Can sit up.</td>
</tr>
<tr>
<td></td>
<td>Needs major help (one or two people, physical), can sit.</td>
<td>Minor help = one person easily, OR needs any supervision for safety.</td>
</tr>
<tr>
<td></td>
<td>Dependent - no sitting balance</td>
<td>Dependent = no sitting balance (unable to sit); two people to lift.</td>
</tr>
</tbody>
</table>
## Item 7: Mobility

<table>
<thead>
<tr>
<th>Score</th>
<th>Item</th>
<th>Scoring instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Independent (but may use any aid, eg. stick)</td>
<td>Refers to mobility about the house or indoors. May use aid. If in wheelchair, must negotiate corners/doors unaided.</td>
</tr>
<tr>
<td></td>
<td>Walks with help of one person (verbal or physical)</td>
<td>Help = by one, untrained person, including supervision/moral support.</td>
</tr>
<tr>
<td></td>
<td>Wheelchair independent including corners etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Immobile</td>
<td></td>
</tr>
</tbody>
</table>
# Item 8: Dressing

<table>
<thead>
<tr>
<th>Score</th>
<th>Item</th>
<th>Scoring instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent</td>
<td>Independent (including buttons, zips, laces, etc.)</td>
<td>Should be able to select and put on all clothes, which may be adapted.</td>
</tr>
<tr>
<td>Needs help</td>
<td>Needs help, but can do about half unaided</td>
<td>Help with buttons, zips, etc, but can put on some garments alone.</td>
</tr>
<tr>
<td>Dependent</td>
<td>Dependent</td>
<td></td>
</tr>
</tbody>
</table>
## Item 9: Stairs

<table>
<thead>
<tr>
<th>Score</th>
<th>Item</th>
<th>Scoring instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Independent up and down</td>
<td>May carry any walking aid to be independent.</td>
</tr>
<tr>
<td></td>
<td>Needs help (verbal, physical, carrying aid)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unable to walk up and down stairs</td>
<td></td>
</tr>
<tr>
<td>Score</td>
<td>Item</td>
<td>Scoring instructions</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------</td>
<td>-----------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Independent (in shower)</td>
<td>Usually the most difficult activity.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Must be able to get in and out unsupervised, and wash self.</td>
</tr>
<tr>
<td></td>
<td>Dependent</td>
<td>Independent in shower = independent if unsupervised/unaiderd</td>
</tr>
</tbody>
</table>
Part 4 Behavioural Assessment

Covers additional areas of problem behaviour
Part 4 Behavioural Assessment

◆ Rate Do Do

◆ Follow the scoring instructions on the form for each item

◆ Complete the assessment based on all information available to you

◆ Rate based on the implications for carers and service providers, in terms of levels of monitoring and supervision

◆ In the unlikely event that you have insufficient information to make a rating, rate 4 'not applicable'
Language in the rating scale

◆ ‘Not applicable’
  – you know of no circumstances in which the school leaver has engaged in the behaviour in the past.

◆ Monitoring (requires watching)
  – you know that the school leaver has engaged in the behaviour in the past.
  – current and future service providers will need to observe the school leaver, be aware when similar circumstances occur and take appropriate intervention to prevent the recurrence of the behaviour.

◆ Supervision (requires a specific action plan)
  – current or future service providers will need to ensure that specific situations or triggers which are likely to give rise to the behaviour do not occur, or are managed in ways to minimise the likelihood of occurrence.
**Question 1 - PROBLEM WANDERING OR INTRUSIVE BEHAVIOUR**

- **Not applicable**
  - Does not require monitoring
  - (applicant has not engaged in the behaviour in the past)

- **Occasionally**
  - Requires monitoring but not regular supervision

- **Intermittently**
  - Requires monitoring for recurrence and then supervision on less than a daily basis

- **Extensively**
  - Requires monitoring for recurrence and supervision
<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable</td>
<td>Does not require monitoring (applicant has not engaged in the behaviour in the past)</td>
</tr>
<tr>
<td>Occasionally</td>
<td>Requires monitoring but not regular supervision</td>
</tr>
<tr>
<td>Intermittently</td>
<td>Requires monitoring for recurrence and then supervision on less than a daily basis</td>
</tr>
<tr>
<td>Extensively</td>
<td>Requires monitoring for recurrence and supervision</td>
</tr>
</tbody>
</table>
Question 2 includes

◆ Abusive language

◆ Verbalised threats directed at family, carers, neighbours or a member of staff.

◆ A school leaver whose behaviour causes sufficient noise to disturb other people.

◆ That noise may be either (or a combination of) vocal, or non-vocal noises such as rattling furniture or other objects.
Question 3 -
PHYSICAL AGGRESSION

◆ Not applicable
  – Does not require monitoring (applicant has not engaged in the behaviour in the past)

◆ Occasionally
  – Requires monitoring but not regular supervision

◆ Intermittently
  – Requires monitoring for recurrence and then supervision on less than a daily basis

◆ Extensively
  – Requires monitoring for recurrence and supervision
Question 3 includes

◆ Any physical conduct that is threatening and has the potential to harm a family member, a carer, a visitor or a member of staff.

◆ It includes, but is not limited to, hitting, pushing, kicking or biting.
Question 4 -
EMOTIONAL DEPENDENCE

- Not applicable
  - Does not require monitoring (applicant has not engaged in the behaviour in the past)

- Occasionally
  - Requires monitoring but not regular supervision

- Intermittently
  - Requires monitoring for recurrence and then supervision on less than a daily basis

- Extensively
  - Requires monitoring for recurrence and supervision
Question 4 is limited to

(a) active and passive resistance other than physical aggression
(b) attention seeking
(c) manipulative behaviour and/or
(d) withdrawal
**Question 5 - DANGER TO SELF OR OTHERS**

- **Not applicable**
  - Does not require monitoring (applicant has not engaged in the behaviour in the past)

- **Occasionally**
  - Requires monitoring but not regular supervision

- **Intermittently**
  - Requires monitoring for recurrence and then supervision on less than a daily basis

- **Extensively**
  - Requires monitoring for recurrence and supervision
Question 5

◆ Limited only to high-risk behaviour.
◆ It includes behaviour requiring supervision or intervention and strategies to minimise the danger.
  – Examples include walking without required aids, leaning out of windows, self-mutilation and suicidal tendencies.
◆ It does not apply to a range of behaviours which might in the longer term be considered as damaging or health reducing such as smoking generally or non-compliance with a specialised diet.
◆ It applies where there is an imminent risk of harm.
Q: What about sexually inappropriate behaviour? That can be a difficult issue to manage, so shouldn’t that have its own item?

◆ A: The behaviour scale covers domains where sexually intrusive behaviour can be rated – verbal, intrusive behaviour, physical aggression and danger to self or others.

◆ The sexual dimension reflects a reason for the behaviour. The items in the tool are measuring the effect of the behaviour on other people, not the source or the reason for the behaviour.

◆ Sexually inappropriate behaviour might be intrusive, used as a form of aggression or dangerous, but it is the effect on others that we are trying to capture here, not the underlying cause.
Behaviour support: Additional comments

- If the person has significant behaviour and/or mental health issues, please comment on the level and nature of the required support.

- This may include information about the range of variables attributed to the environment that influence the person's behaviour (for example new environments, travelling), and supports which may be required after leaving school.

- Final drop-down: Does the person have a behaviour support plan developed by ADHC?
Section 3 - additional info

◆ This is an open question for you to give us an understanding of the supports required to meaningfully participate in a Post School Program.

◆ Please provide us with any additional information that may help us understand the support needs of the applicant. This may include information from families or carers.
Need help?

◆ If unsure, 1st read the manual, including the Q&As
◆ If that fails, contact ADHC or
◆ Centre for Health Service Development
  – Phone 02 4221 4411
  – Email: chsd@uow.edu.au
  – Website: http://chsd.uow.edu.au