The NSW Post School Programs Eligibility Assessment: a guide to functional assessments in 2014

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Preface

This manual was developed by the Australian Health Services Research Institute at the University of Wollongong and funded by Ageing, Disability and Home Care (ADHC) in the NSW Department of Family and Community Services. It is based on advice from the annual reviews of previous editions and is designed to assist teachers and teacher aids to undertake the functional assessments that form part of the 2014 NSW Post School Programs Eligibility Assessment.

ADHC recognises that implementing these tools in a consistent way is an important step towards improving equity in how Post School Programs are provided and in ensuring appropriate levels of support can be planned for school leavers. By "improving equity", we mean that people with similar levels of need should be able to receive similar levels of responses to their needs. This does not mean that service or care responses should all be the same (not one size fits all), but rather the level of support should fit the level of need. Rather, equity will be improved by focussing on *how* that support through a program or service or package of help is actually provided. That is, the level of support should be tailored to an individual at a point in time, and based on consistent and more standardised ways of estimating need.

The purpose of the 2014 assessment is simply to establish eligibility for a NSW Post School Program and, in some cases, to determine the level of funding that an applicant will be allocated. Those young people entering Post School Programs in 2014 will be subject to further and more detailed assessment once they are in the program. These more detailed assessments will then be used as the basis of service plans for each person, based on their unique needs.

How to use this manual

Welcome to the hows and whys of functional assessment in Post School Programs.

If, before you start, you want to get some background information on function and on why it's important for the program, go to: ☞ Page 1

If you want to complete a Functional Overview (Section 2, Part 1 on the form), go to: ☞ Page 4

If you want to complete a Domestic (Instrumental) Functioning Assessment (Section 2, Part 2 on the form), go to: ☞ Page 7

If you want to complete a Self Care Assessment (Section 2, Part 3 on the form), go to: ☞ Page 8

If you want to complete a Behavioural Assessment (Section 2, Part 4 on the form), go to: ☞ Page 9

If you want the answers to some commonly asked questions go to: ☞ Page 11

If you want some useful references, go to: ☞ Page 19

Special for 2014

In 2013, we added two questions to the end of the Domestic Functioning section of the assessment tool. They were included as possible substitutes for Question 5 on laundry.

If either of these questions is to be used regularly, it is important to check that it is scored consistently from year to year. For this reason, both trial questions have been included again this year. We will check if the scores on these items are similar this year to last year. They won't be used this year in the decision about the level of support for the young person.

Additional information about these two questions has been added to this manual as a Q&A on Page 14, at the end of the section on Domestic Functioning.

Changes to the manual that have been made in previous years have been carried forward.

Background information on function and on why it's important for Post School Programs

In 2001, the National Home and Community Care (HACC) program adopted standard screening and assessment tools for measuring the functional needs of people with disabilities. Since then, a number of States and a number of other programs have adopted the tools for use with their service systems to cover a wider variety of clients, and the nine-item functional screen (called here the Functional Overview) is now routinely collected as part of the monitoring for a number of national and state-level programs.

The assessment tools were initially tested in 2002[1] with the population of NSW school leavers identified as having disabilities who were about to make the transition from school to a subsequent educational, vocational or community participation placement (Post School Programs). In that analysis, the needs of school leavers were captured from several perspectives. The measures of need included age, sex, disability, barriers to economic and social participation, current capacity to work, future capacity to work, self-care functioning, domestic functioning and behavioural functioning.

Of these many different domains and data items, the best predictors of the type of Post School Program assistance required proved to be (in order of importance) domestic functioning, self-care functioning and future capacity to work. Both domestic and self care functioning were shown to be better predictors of the type and level of assistance required than any of the variables typically assumed to determine need for Post School Programs (disability type, capacity to work and so on). In fact, the short 9-item overview described in this manual was found to be a better predictor of school leaver needs than either the type or number of disabilities, or behavioural functioning.

This work represents an important step towards more useful tools for the disability sector and its implications are that widespread familiarity with the assessment tools and how to use them will be of benefit to the system as a whole.

By improving consistency in the way needs are measured, the information collected can be more reliably shared and also used for different purposes. Achieving greater consistency across the sectors of disability, community and primary care as well as education settings means that the different sectors can communicate about the needs of young people in a common language.

This manual is for people using the Functional Overview and the Functional Assessments (covering domestic functioning, self care and behavioural domains) and how they are used to assist decision-making in Post School Programs. It is written for teachers and others who will be completing the assessment information with the group of 2014 school leavers.

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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 has to rely on someone else 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

[1] Eagar K, Gordon R and Green J (2003) *NSW ATLAS Consumers and their Prospects.* Centre for Health Service Development, University of Wollongong
http://chsd.uow.edu.au/Publications/2003_pubs/ATLAS_HACC%20Function_2nd%20analysis_final.pdf
Eagar K, Green G, Gordon R, Owen A, Masso M and Williams K (2006) *Functional Assessment to Predict Capacity for Work in a Population of School Leavers with Disabilities.* International Journal of Disability, Development and Education Vol. 53, No. 3, September 2006, pp. 331–349
http://www.informaworld.com/smpp/content~content=a755224559~db=all~order=page

What is functional dependency?

A measure of functional dependency identifies key areas in which a person requires assistance with daily living activities and quantifies, in a standard way, the extent to which the person has to rely on someone else to help them. The focus is on normal activities of living in the person's own home and in the community. The term "adaptive functioning" is sometimes used in the intellectual disability sector to describe the same idea. In some cases, functional measures may also be related to factors in the external environment such as accessibility to transport and the layout of the home.

This manual is not about a holistic assessment of all the domains of need, risk and capability that could be used to build up a profile for an individual person. It is solely about **functional** screening and domestic, self care and behavioural assessment. Therefore, we are talking about:

- Whether the person is capable of performing a task (their functional ability) AND
- The degree of functional burden (what a parent or support worker might have to do) that arises because of the person's functional limitations and circumstances.

This means we are concerned with whether a person <u>can do</u> a particular task or perform a designated function, regardless of whether they <u>in fact</u> do it. For example, an ability to climb stairs is rated independently of the layout of a person's house. Likewise, we ask the assessor to rate a person's ability to manage money or medications independently of whether they need to do it in their current circumstances.

Why function is important

Early research work in the late 1960s (Katz et al. 1963) gave rise to one of the scales that has been consistently used and adapted since then to measure domestic function. In a later book chapter on the development and use of various scales, Lawton (1972) made a number of important points about human competence:

- The focus is on what people do, including **what they can and can't do**.
- The best indicators of competence are those of **function**.
- The key time frame is **the present** – evaluate what occurs in contemporary time, and remember that competence is not an enduring dimension, it **varies over time**.
- A full definition takes into account the opportunities and constraints of the **environment**.
- The domains of competence are **hierarchically arranged** from simple (breathing, moving, grooming etc) to more complex (financial management, recreation etc).

This is a very useful set of ideas to inform the design of screening and assessment tools and the ideas can apply to younger people with disabilities as well as older people. The functional tools described in this manual aim to capture the hierarchical relationship between domestic and self-care tasks, with domestic tasks generally being more complex and gained later in life than self-care tasks.

This idea of a functional hierarchy is both important and practically useful. While there are some exceptions, young people acquire functional abilities in a fairly predictable order. We call this order the **hierarchy of functional acquisition**. At the other end of the life spectrum, older people lose functional abilities in the opposite order to which they acquired them. At this end of the life spectrum, it is a **hierarchy of functional loss.**

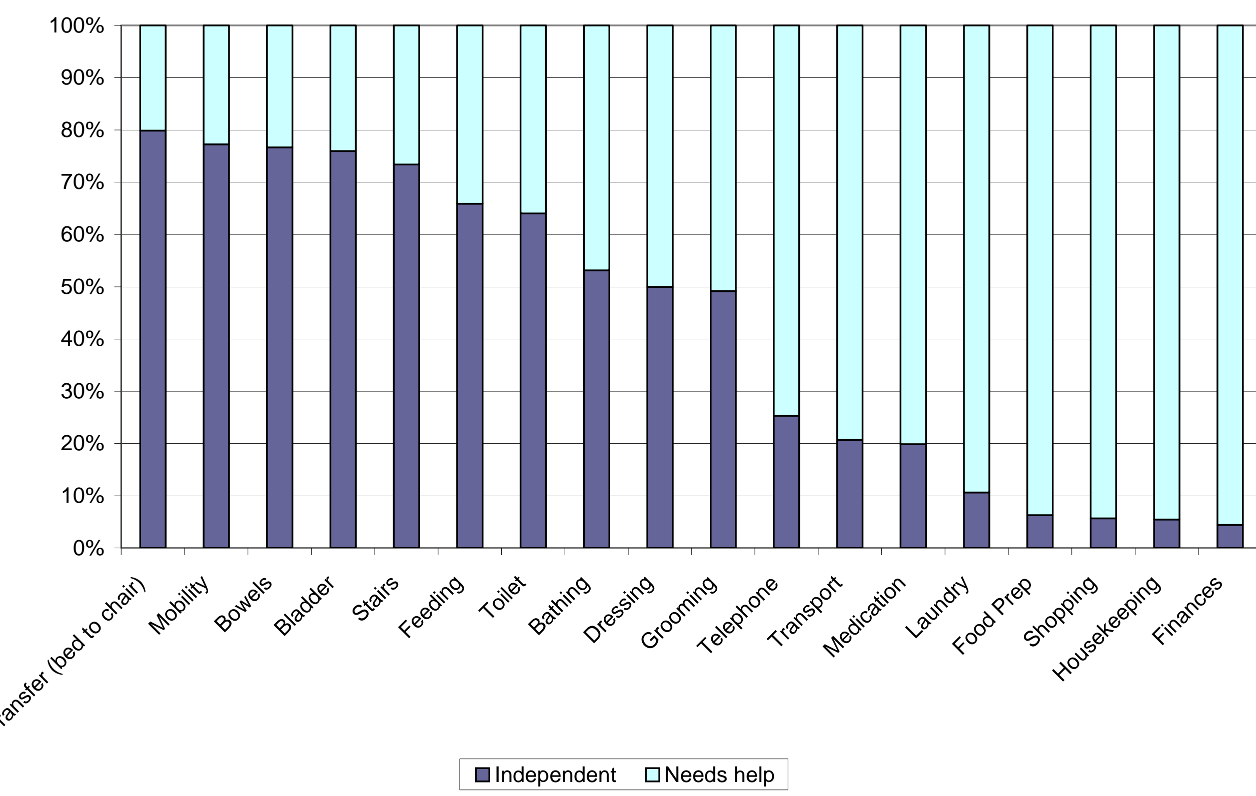
Figure 1 profiles the functional abilities of people attending Post School Programs using 18 different items. This figure demonstrates the idea of the hierarchy of functional acquisition. There are significant differences between the items, from 20% requiring some level of assistance with transferring (eg, from a bed to a chair and back) through to 96% requiring some level of assistance with managing money.

An important finding of the work completed in 2002 was that some functional items are very good predictors of how well those attending Post School Programs are functioning in other aspects of their lives. Since 2002, a series of further studies have been undertaken, resulting in some refinement of the assessment tools and as a result there have been some changes to how the results are used.

The original items that proved to be the best predictors of the overall level of need in the original study were described in the Eagar et al (2003) report and a presentation on the results. Seven items of the 18 in total can be used to cover both the domestic and self-care domains, along with the reported observations on cognition and behaviour. These form the nine-item Functional Overview that the schools will again be using in 2014 for students applying to move to the Post School Programs.

For those wanting to investigate the background in more detail, see the full reports accessible through our website (http://chsd.uow.edu.au) and the pages that illustrate how the tools have been used in a series of related projects (http://chsd.uow.edu.au/screening.html).

Figure 1 Percentage of those attending Post School Programs rated as requiring help with self-care and domestic activities of daily living



So, to summarise, the young person's functional abilities are of direct relevance to teachers and the providers of Post School Programs because:

- The focus is on what a person can and can't do now, irrespective of the reason why.
- Function is the best predictor of the type of assistance required from Post School Programs (Eagar K, Gordon R and Green J, 2003, Eagar K, et al 2006).
- Function is the best predictor of the need for community care (in general) and the cost of that care. It is equivalent to the way that diagnosis works in health care. Both the level of functioning and the diagnosis are good explanations of why a person needs a particular set of services. In

community care, function is actually a better predictor than diagnosis (Eagar K, Green J and Adamson L, 2001).

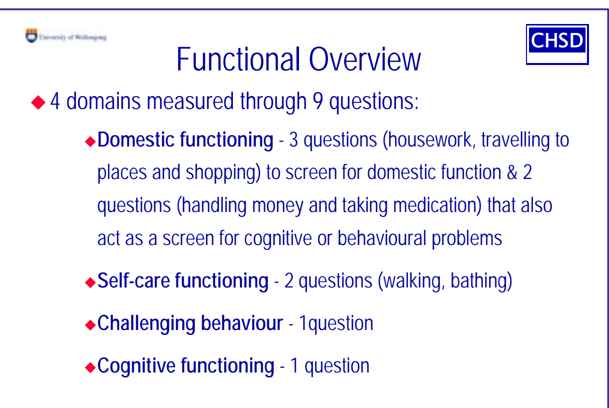
- Function is also a good predictor of client outcomes (Eagar K, Green J and Adamson L, 2001) and the Functional Overview has useful characteristics as an outcome measure when used at periodic intervals and as a useful factor in priority rating (Stevermuer T, Owen A and Eagar K, 2004)
- Function is important to the applicants and talking about function makes sense to them (e.g. “I’m not doing very well, I can’t even dress myself.” Or, “I’m going better now, I can make my own lunch”).

The purpose of this assessment is to determine whether an applicant is eligible for an ADHC Post School Program (Transition to Work – TTW or Community Participation - CP). The assessment also helps to determine the funding level that will be allocated to a service provider where an applicant is assessed as eligible for Community Participation.

How to undertake a Functional Overview (Section 2, Part 1)

What it is

The Functional Overview is a short screening questionnaire. It consists of 9 carefully selected questions, which indicate domestic, self-care, behavioural and cognitive functioning. In the context of Post School Programs it will be completed by teachers, who have a detailed knowledge of the Post School Programs applicant, with reference to the student and/or their carer. Accordingly, it may also rely on other sources and will not always be administered as an interview, although that was the way it was designed and that is how it is worded.



The design of the Functional Overview is based on research evidence. The research literature demonstrates a hierarchical relationship between domestic and self-care tasks, with domestic tasks generally being gained after self-care tasks (Eagar et al, 2006).

The overview does not attempt to capture all aspects of function, let alone all the things a person can do. Rather, the 9 items in the overview have been selected because they are **good predictors** of how well a person is functioning in other aspects of their life. That way we don’t have to go into a great deal of detail in order to get useful information. We just try to capture the most useful bits in the overview.

Housework, travelling and shopping are *domestic tasks* that are generally gained later in life or, in the case of some young people with disabilities, they may not be initially learned. Mobility and bathing are *self-care tasks* that are generally gained earlier than domestic abilities.

In Figure 1 on page 3 showing the percentage of the Post School Program population who were independent on the various tasks we can see about half the population can’t do all three related self-care tasks of dressing, bathing and grooming. They all indicate a similar level of functioning, so for the Functional Overview we can safely just ask about bathing and don’t need to ask about dressing and grooming because we assume the tasks are similar in the type and level of skills they require (planning and sequencing activities and manual dexterity).

The Overview includes 2 items (managing your own medicine and managing your money) that also capture very useful information. They not only capture aspects of domestic functioning; they are also reasonable predictors of cognitive and/or behavioural problems where it is clearly not a matter of being unable to physically handle money or medicines (because of limitations of mobility, strength or manual dexterity).

These domains of cognition and behaviour are very difficult domains to summarise but they are important indicators of the level of a person's needs. The last two items in the overview are for these domains, but are not asked directly of the applicant and are asking for an assessor judgement (Yes/No) based on carer or professional reports, or by directly noting observable indicators of challenging behaviour and cognitive functioning.

Undertaking a Functional Overview

The overview was originally designed for telephone administration or for administration as a face-to-face interview. It is completed taking into account all sources of information available to you, including your own knowledge of the school leaver.

The first seven questions of the overview can be asked of the school leaver, or their parent, carer or guardian. Where a parent, carer or guardian is being questioned, the questions refer to the practical functional abilities of the school leaver, not what they are expected to do or hope to do. The first set of questions are about activities of daily living, things we all need to do as part of our daily lives. They refer to how the person is managing at the moment.

If the assessment is being completed with the applicant present, begin this section with the following statement:

I would like to ask you about some of the activities of daily living, things that we all need to do as part of our daily lives. I would like to know if you can do these activities independently, that is without any help at all, or if you need some help to do them, or if you can't do them at all. The questions refer to what you can do now.

After the introduction to the general ideas, you should carefully and clearly read each item (one item at a time), along with the options, to the respondent. The questions should be asked exactly as they are written. The questions ask "Can you…? " - rather than "Do you…? " - since some persons may not, for example, do the housework because a parent does it for them, yet they may be quite capable of undertaking it themselves.

We call this difference **"Can Do: Do Do"**. The task in the first seven questions is to rate what a person "can do" rather than what they "do do".

To summarise, there are four main points to emphasise about how to complete the overview:

1. Rate what the person is capable of doing rather than what they do. Take into account the help that is required and the amount of prompting – if someone can do something but has chosen to have someone else do it (like dressing), rate as independent. If help or prompting is involved, select the middle option. If unable to do the task, rate as the third option.

2. Where an item is not relevant (eg, person does not use medicine), rate what the person would be capable of doing if the item were relevant to their situation.

3. Rate with current aids and appliances in place.

4. Make sure the ratings, especially of items regarding standards of cleanliness, are based on the person's own social or cultural context, not your own.

Answers are limited to specific categories but the structure for the 7 questions in part 1 is the same:

Option 1 Can do without help
Option 2 Can do with some help
Option 3 Cannot do

The final two questions of the overview are not suitable for you to ask the person. You complete them based on all information available to you. You are using your judgement based on interviewing or observing the student, the responses to the questions and the way the responses are given, personal notes, or information provided by a proxy respondent, such as a parent, guardian or friend.

The items on the overview form

Questions to ask the applicant (or the person who represents the applicant)

Items 1 to 7:
These are self-explanatory. Select one rating only from the options provided.

Ratings (Items 1 to 7)
Option 1 = without help
Option 2 = with some help
Option 3 = unable to do

Notes on ratings in Items 1 to 7
- The expectation is that teachers and teachers' aides will know the applicant well enough to be able to rate every item. Any blank item will be interpreted as meaning that the person has no problem (ie, option number 1).
- A person with an intellectual disability who is able to do tasks with verbal prompting should be rated "with some help", ie, option 2.

Questions for you to complete

Items 8 and 9:
These are self-explanatory. Select one rating only from the options provided.

Ratings (Items 8 and 9)
Option 1 = no (no evidence of any cognitive or behavioural problem)
Option 2 = yes (presence of reported cognitive or behavioural problem)

Notes on ratings in Items 8 and 9
- The purpose is simply to rate yes or no, rather than "why" or "how much". Answers to questions about "why?" and "how much?" need to be determined through a more thorough assessment. The behavioural functioning assessment in Part 4 goes into more detail by asking about specific types of behaviours and rating them on a scale of how frequently they occur.

How to undertake a Domestic Functioning Assessment (Section 2, Part 2)

What it is

This is sometimes called Instrumental Activities of Daily Living (IADL) – how a person gets around and what they can do in their domestic environment. The original Lawton's IADL Scale has eight areas of function covering telephone, shopping, food, housekeeping, laundry, transport, medications and finances. These have been modified for use in the disability and community care sector. The modifications take more account of current technical aids and transportation options, and some cultural factors.

The structure of all questions is the same. Like the other assessments, the options go from more to less independent. An example is shown in the box.

> CHSD
>
> An example of the domestic scale - Mode of Transportation question
>
> *Option 1* - Can travel independently on public transportation or can drive own car. Includes arranging own travel via taxi but not otherwise using public transport.
>
> *Option 2* - Can travel on public transportation when assisted or accompanied by another
>
> *Option 3* - Can travel limited to taxi or automobile with assistance of one other person
>
> *Option 4* - Requires manual assistance from more than 1 person or does not travel at all

How to undertake a domestic function assessment

There are eight items, each with three or four options ranging from best or most independent to worst or incapable of doing the task.

Remember the social and cultural context of the person is the point of reference throughout, but especially for items on food and housekeeping.

The shopping and transportation items can tend to get compounded, so shopping should be rated on what the person would be capable of doing if they could get to the shops. Transport is about what type of transport the person needs and how independent they are in getting around.

The rating instructions contain three main points that are consistent with the other scales, and they are restated here because they can't be emphasised enough:

1. Rate what the person is capable of doing rather than what they do. Take into account the help that is required and the amount of prompting – if someone can do something but has chosen to have someone else do it (like shopping), rate as independent. If help or prompting is involved, select a middle option. If unable to do the task, rate as the final option.

2. Where an item is not relevant – no phone, no shops, no transport – rate what the person would be capable of doing if the item were relevant to their situation.

3. Make sure the ratings, especially of items regarding food and standards of cleanliness, are based on the person's own social or cultural context, not your own.

How to undertake a Self Care Assessment (Section 2, Part 3)

What it is

Self-care is sometimes called motor function and this section of the eligibility assessment captures a person's personal care and mobility capabilities.

The structure of all questions is the same. Like the other functional assessments, the options go from more to less independent. An example is shown in the box.

A profile of the self-care functioning of existing Post School Program participants is shown in the box.

CHSD

An example of the self-care assessment – indoor mobility

Option 1 – Independent (but may use any aid, eg. stick)

Option 2 – Walks with help of one person (verbal or physical)

Option 3 – Wheelchair independent including corners etc.

Option 4 – Immobile

CHSD

Self care functional profile

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Grooming
Dressing
Bathing
Toilet
Feeding
Stairs
Bladder
Bowels
Mobility
Transfer
Can't do or needs help
Can do

How to undertake a self-care assessment

This set of items is the 20 point Modified Barthel Index (Collins scoring). The scoring instructions are on the form for each item.

Complete the assessment based on all information available to you. This will include:

- your judgement based on interviewing or observing the applicant,
- school notes and/or
- information provided by a proxy respondent, such as a parent or friend.

Mobility here (item 7) means mobility about the house or indoors. Outdoor mobility is covered in the domestic function assessment (item 6 on transportation). A person is rated as independent if they can use an aid or rail etc. This independent rating is applied in item 9 on stairs if they themselves can use an aid without help.

There are three main points to emphasise about how to complete the assessment:

1. Rate what the person is capable of doing rather than what they do. Take into account the help that is required and the amount of prompting – if someone can do something but has chosen to have someone else do it (like dressing), rate as independent. If help or prompting is involved, select a middle option. If unable to do the task, rate as the least independent option.

2. Where an item is not relevant (eg, no stairs), rate what the person would be capable of doing if the item were relevant to their situation.

3. Make sure the ratings, especially of items regarding food and standards of cleanliness, are based on the person's own social or cultural context, not your own.

How to undertake a Behavioural Assessment (Section 2, Part 4)

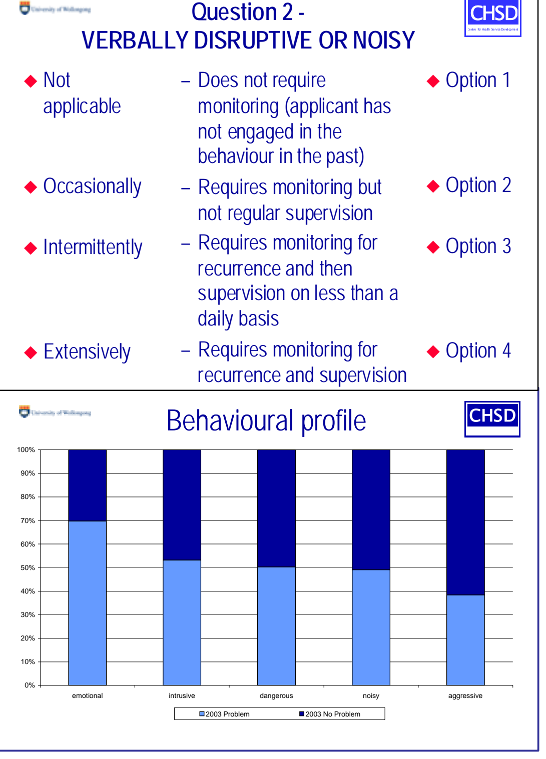
What it is

In the disability sector as elsewhere, a person's behaviour (especially any challenging behaviour) is important in determining levels of service provision and has important occupational health and safety implications.

The tool covers wandering/intrusiveness, verbally disruptive or noisy, physically aggressive, emotional dependence and danger to self or others. The scale asks for scores covering how often the behaviour has occurred: extensively, intermittently or occasionally.

The structure of all questions is the same. Like the other assessments, the options go from more to less independent. An example is shown in the box.

A behavioural profile of existing Post School Program participants is shown in the box.



How to undertake a behavioural assessment

The rating instructions ask the scorer to take into account all sources of information, not just the assessment interview with the school leaver or the person who represents them.

There are 5 items and they are rated as occasionally, intermittently, and extensively, with the first option used where there is no evidence of a problem. The implications of the person's behaviour for carers and service providers, in terms of levels of monitoring and supervision, are what the tool is trying to capture. The general rating instructions and definitions are on the forms.

They are:

1. Take into account all sources of information (discussion with the applicant and family, staff etc as well as what you observe).
2. If you have insufficient information to make a rating, rate as "not applicable".
3. **Not applicable** means that you have learned of no circumstances in which the applicant has engaged in the behaviour in the past.
4. **Monitoring (requires watching)** means that you have learned of circumstances in which the applicant has engaged in the behaviour in the past. Current and future service providers will need to observe the applicant and be aware when similar circumstances occur and take appropriate intervention to prevent the recurrence of the behaviour.
5. **Supervision (requires a specific action plan)** means that 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. Applicants who require an ongoing behaviour management plan in order to maintain acceptable behaviour should be rated as requiring supervision.
6. **Daily** means during a twenty four hour period.

7. **Question 1** includes the applicant wandering from home or school. Interfering with other people or their belongings while wandering is rated here.
8. **Question 2** includes abusive language and verbalised threats directed at family, carers, neighbours or a member of staff. It also includes an applicant 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.
9. **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.
10. **Question 4** is limited to the following behaviours: (a) active and passive resistance other than physical aggression (b) attention seeking (c) manipulative behaviour and/or (d) withdrawal.
11. **Question 5** refers only to high-risk behaviour. It includes behaviour requiring supervision or intervention and strategies to minimise the danger. Examples of such behaviour include unsafe smoking habits, walking without required aids, leaning out of windows, self-mutilation and suicidal tendencies. This question is about behaviour and does not apply where an applicant has a medical condition that might lead to injury, for example, through fitting or loss of consciousness. 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.

The behaviour scale covers domains where sexually intrusive behaviour could be expressed – verbally, with intrusive behaviour, by physical aggression and causing a danger to self or others. The sexual dimension reflects a reason for the behaviour – it could be like an undiscovered injury or source of pain. The items in the tool are measuring the *effect* of the behaviour on other people, not the *source or the reason* for the behaviour.

Behaviour support: Additional comments

Use the box following the behavioural assessment to note any significant issues and comment on the implications for the level of support that may be required. This might be any special requirements for transport or behaviour management programs, or the sorts of cues and triggers in the environment that may influence the person's behaviour.

Additional Information (Section 3)

Remember that the assessment is mainly about functional abilities and is not expected to be comprehensive in the sense of creating a full profile. The abilities of each person and the supports required to achieve their potential are individual, complex and cannot be captured in a single assessment.

Use the box in Section 3 to record any relevant additional information about the young person.

This Section provides a space to give relevant information about the person's particular strengths and opportunities for development, as well as their disabilities and conditions, which are related to the support required to participate in Post School Programs. This may include information from families or carers.

Frequently Asked Questions

The questions and answers have been grouped under the sections in the tools, starting with the Functional Overview and ending with the more general issues about the screening and assessment processes and overall interpretations as well as specific points of clarification on the administrative and demographic information sections.

Functional Overview

Q: About the housework question (Q1) – what is the issue the question is getting at here? Is it about physical ability, or handling the complexity of the task?

A: At the overview level, the short answer is *both* because we are interested in *what* the person can and can't do, and not *why* they can't do it. The Functional Overview has Item 1 on housekeeping and that is similar to item 4 on the Domestic Assessment. The Overview and the Assessment questions are used differently for the overall scoring, so that is why the housekeeping question is in there twice.

A young person may be capable of tidying their room, but choose not to. If the judgement is that they are in fact capable, even without prompting, then they should be rated as more independent (i.e. use the first or second option). If they consistently need prompting and don't do a very good job, then they may be rated as less independent. Save the lowest rating (the bottom option) for those young people who are not able to do the activity at any acceptable standard.

Persistent refusal might also come up in Part 4 under the behavioural functioning assessment and be noted in the comment box on *behaviour support: additional comments*.

Q: What about getting to places out of walking distance (Q2) – they might be physically capable, but likely to get lost?

A: If they can't plan their trip, then they should be rated as needing help. There is different question in indoor mobility (Q6).

Q: Shopping (Q3) versus finances (Q5) – the issues are similar because if you can't count or manage money, then you are not likely to be a capable shopper.

A: We want to know about both in the Overview because we want to know both how capable someone is in the social participation side as well as their abilities to understand and manage money. The finances question when combined with medicines (Q4) and Q8 (Do they have memory problems or get confused?) helps in understanding their cognitive abilities.

Q: Why are there questions about getting to places out of walking distance (Q2) and also Q6 (walk indoors) – aren't they very similar?

A: Question 6 stresses the indoors aspect while Q2 has a dimension of social participation. The issue in Q6 is about walking or being wheelchair independent, rather than just getting around. A person can be relatively independent and use a wheelchair, for instance if they can get a wheelchair around a corner.

Q: My student believes that he is not capable of getting to places out of walking distance, 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 your own knowledge of the school leaver.

Q: ***The applicant can mobilise independently in a familiar environment, but has trouble outside. They help their mother a bit with housework, but not much, and the parents said the back steps need a rail. How does this get rated?***

A: Use Q6 on the Functional Overview to rate mobility inside the house, and rate with current aids in place. If the person has trouble outside, this will be reflected in their ratings on other domestic items, such as getting to places out of walking distance and shopping. While the functional overview form does not capture most of the important environmental information, more detailed information is captured by the domestic assessment items (Part 2).

For Post School Program applicants, an assessment of self-care (generally inside) and domestic (a mixture of inside/outside and getting around) functional abilities are combined with the behaviour scale to summarise the level of need.

Q: ***Getting around and out and about - transport, shopping and mobility - are all pretty much getting at the one thing, so why measure them all?***

A: These items were selected because people tend to acquire abilities to do them at different times (and in a consistent order). Indoor mobility is generally gained first, followed by transport and then the ability to shop. Knowing where a person sits on this continuum is important. Remember the domestic function items on the overview are more for out and about and ask for a rating on shopping independently of transportation, which is covered under Q6. The domestic assessment is a standardised tool covering the same domain in more depth. Meanwhile, the two self-care items on the Functional Overview are more about getting around in a familiar environment.

The Functional Overview is designed to give reliable indicators for both mobility and basic self-care tasks and some pointers to cognition. Remember that the last two items in the overview aren't used directly with the person. They specifically ask an informant about the person's thinking and behaviour, and the behaviour domain is covered in more depth in the behavioural functioning assessment in Part 4.

Q: ***Some people have a disability with only partial incapacity - what about someone who is partially blind with practical aids in place, like computer access devices or is non-verbal with a communication device?***

A: They should be rated high for example on Q4 & Q5 on the Functional Overview = without help, because they have the functional capability, and the overview tool would treat them in the same way as someone with a lesser level of disability who uses glasses and large digit phones and clocks, or has a hearing aid.

Q: ***Medicines (Q4) - which option should be selected if the young person was capable of taking their medication but refused to do so?***

A: The focus is on the actual behaviour – what people do including what they can and can't do. If they consistently need prompting, then even if there is not a lot of medication to manage, they may be rated as less independent (i.e. the middle rating). Save the lowest rating for those young people who are not able to do the activity at any acceptable standard.

Persistent refusal might also come up in Part 4 under the behavioural functioning assessment and be noted in the comment box on *behaviour support: additional comments.*

Q: ***Memory problems (Q8) is a bit general – what are we looking for here in particular?***

A: This item is intended to be general. It is a Yes/No judgement and includes all cognitive issues.

Q: ***Why don't we add up the answers to the questions, so for example we could get a total Functional Overview score and then work out what that score means for the young person?***

A: The eligibility assessment system does not rely on total scores, or arriving at just one number for each of the scales we use. Each item in each scale is carefully selected so that it tells you something useful, and the consistent direction used in choosing the options goes from more independent at the top to less independent at the bottom.

The "total score" on the Functional Overview for example isn't particularly meaningful because it is influenced by the number of items used to capture each domain (e.g., there are five domestic items but only two self-care items). So, a person who scores "lower" is not necessarily more functionally dependent than a person who scores "higher", because the overall judgement depends on the mix of activities that each person can and can't do.

The options in each question do not have the same intervals between them, and so the sum of all the answers is not what we would find most useful.

Likewise there is little point in adding up the different parts of the assessment (the Overview plus Domestic plus Self Care plus Behaviour). The responses are designed to be entered into a database and then the item "scores" are combined to show the spread of abilities for all individuals.

Each question is framed so as to be able to work out whether a person is clearly more functionally dependent than another person. We have simplified the way the tools are used to present a choice of options using radio buttons, rather than numerical scores. Then options chosen are combined in the software and used with the comments about the young person's circumstances to arrive at the individual recommendation.

Domestic Functioning* - *Section 2, Part 2

Q: ***One of my students can do some of the tasks (e.g. housekeeping and food preparation), but not really to an acceptable standard. How do I rate her? I know I have to use her social and cultural context, but, really, no-one would think this standard was acceptable.***

A: If they consistently need prompting and don't do a very good job, then they may be rated as less independent (i.e. usually the second option). In the domestic functioning assessment (IADL scale) it has Item 3 on food preparation, and recording the third option implies it is mostly done for them. Save the lowest rating for those young people who are not able to do any preparation at all, or if the person can't be trusted with knives, etc because of erratic and challenging behaviour.

Q: ***My student needs a lot of prompting and supervision to keep on track, but can get things done. Question 4 about Domestic Everyday Tasks (Housekeeping) is where I think I should rate him as the third option, but that is more about the standards of the final result.***

A: Option 3 would be right if supervision is required because it matches the first part of the option; i.e. "can perform some simple daily tasks".

Q: ***With Question 5 (Laundry), the issue here is whether I am recording if there is a physical limitation, or whether the number of items should be taken into account, or***

whether doing simple hand-washing counts. Or is it about being capable of using a machine?

A: You rate with the aids in place, so think about/ask about any physical limitations. Find out mainly about personal laundry and doing washing by hand indicates option 3 – "can launder small items". Save the lowest rating (fourth option) for those young people who are not able to use a machine, or if the person can't do small items of personal clothing because of physical or cognitive limitations.

Q: Question 6 (Mode of transportation) is where the order of the responses doesn't make sense for someone with Asperger's Syndrome who can drive a car, but wouldn't be able to catch public transport in case someone touched them (i.e. for reasons of their social skills).

A: This comment is quite realistic about the order of the options when considering people with autism and related syndromes. They may be relatively high functioning but find some tasks are difficult. The Asperger's example shows that not everyone conforms to the standard functional hierarchy, and social considerations may prevent them from doing tasks which, physically, they could manage.

The person should get a high rating here and the issue might also be addressed in Part 4 under the behavioural functioning assessment and be noted in the comment box on *behaviour support: additional comments.*

Q: There are ten questions this year on domestic functioning and a footnote about Questions 9 and 10 being trialled as potential replacements for Question 5 on laundry. What's that about?

A: In previous years, some teachers have commented that they find it difficult to answer the question about doing laundry (Question 5). We have some sympathy with this view, as for many people, the wording doesn't really reflect the way that they do their laundry these days.

However, the domestic functioning questions are part of a validated assessment. If we change an item, we have to be very sure that we're measuring the same thing and capturing the same information. Question 5 isn't really about doing the laundry – it's about the skills required to do the associated tasks and the degree of functional independence of the young person that enables him or her to manage this sort of activity.

This year and last year, there have been two extra questions in the assessment tool. We think that they might capture the same sort of information as Question 5 but we have to be sure that this is the case. One way to do this is to ask you to collect them for a couple of years as extra questions. They won't be used this year to help decide on the level of support for the young person. Instead, we will analyse the way they have been answered to see if one of them could become the new Question 5.

Behaviour Issues

Q: One of my students can do some of these tasks in the domestic and self care domains, but it is very difficult to get him to do them because of his behaviour. How should I rate him?

A: Don't try to rate everything at once. Remember that the end result comes about by combining the applicant's options on items across both the functional overview and the various assessment instruments. We capture these types of interactions by the complicated combining of the separate responses. So remember to rate the student at their worst in the

last month and use the comment boxes where more needs to be said. It may be that the teachers have behaviour management in place and it is really going to be more of a problem after school (for the service providers), so make some notes about that in the spaces for additional comments.

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 could be expressed – verbally, with intrusive behaviour, by physical aggression and causing a danger to self or others. The sexual dimension reflects a reason for the behaviour – it could be like an undiscovered injury or source of pain. 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.

Q: My example is a young person who is on an effective behaviour management plan, and is not exhibiting any bad behaviour, although he/she has done so in the past. How should I score him/her on the behaviour assessment?

A: The answer is not "NA" because that is reserved for someone where the behaviour is not present in any way, currently or in the past. Instead they should be rated as "occasionally" and a comment included in the "Behaviour - additional comments" text box to indicate the relevance of the management plan in maintaining the person's good behaviour.

Q: I have a similar example of a young person who is not exhibiting any bad behaviour in their current environment – although he/she is not so stable in an unfamiliar environment. How should I rate him/her on the behaviour assessment?

A: The answer is *not* "NA" because that is reserved for someone where the behaviour is not present in any context, or social/living situation. Instead they should be rated as "occasionally" and a comment included in the "Behaviour - additional comments" text box to indicate the relevance of the environmental factors in maintaining the person's good behaviour.

Issues for All Instruments

Q: The question is whether in all instruments, it is the person's responses that are recorded, or whether the worker's knowledge of the young person is taken into account in rating them? We understand it to be the latter but would like clarification of how you combine the responses to the questions with what you already know from experience.

A: The Post School Programs Functional Overview and assessment tools are designed to be completed in collaboration with the school leaver and/or their parent/carer/guardian. It is not necessary for the young person to be assessed on their own, but in some ways that is preferable because it avoids them being prompted or assisted too much in giving their answers.

So you should also take account of your own knowledge of the school leaver. If you know the applicant well, you should rate the applicant based on what you know. If you do not know the applicant well, a formal assessment interview with the applicant and their family would be appropriate.

Q: There is a lot of overlap between items in different sections. Managing finances in the Functional Overview (Sect 2 Part 1) Q5 and Domestic Everyday Tasks (Sect 2 Part 2) Q8 are pretty much the same. Why is that?

A: The PSP tool is actually a combination of 4 separate standardised tools plus some other questions to describe the context. The two questions on finances are similar, but each is part of a separate standardised tool and is used in a different way in the calculations to determine questions of eligibility and the recommended class/ funding band. We need consistent questions and options on each of the underlying scales (Functional Overview and Domestic Everyday Tasks) so as to be able to combine them in a less complicated and more meaningful way. These separate standardised tools are used in other processes within other programs in other areas of ADHC and it is best to be consistent for that reason as well.

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 applicant at their worst in the last month. If a person cannot do a task without it resulting in significant pain and fatigue such as you describe, rate as the final option (cannot do).

Q: ***I have a student whose medical condition is deteriorating. I would expect that in, say, six months' time, she would get different scores on a number of items as her functional abilities are declining. How should I rate her?***

A: Don't try to predict what will happen. Rate the student at her worst in the last month. Use the box in Section 3 to put in relevant details about medical conditions and episodic problems and in particular provide any information that may help in understanding her support needs.

Q: For some of my students, the scores they get are very dependent on their environment. At school, we are able to give them a lot of individual prompting and support and in this environment, they function moderately well. However, if they were expected to just do group activities, or if they are going to be taken into unfamiliar places, their scores would be lower on a number of items. How should I rate these students?

A: Once again, don't try to predict what will happen. Rate the student according to how they go in the environment they are currently in, using all the information available to you. Use the box at the end of Part 4 of Section 2 for additional comments on behaviour support and put any other relevant information in the box in Section 3 to note any additional supports or cues and prompts or environmental triggers that may help in understanding their support needs.

There are two related factors in that question - the effect of the physical location, plus the intensity of support. It is touching on the relationship between behaviour and functional abilities and how that can vary in different environments. In some environments there may be the need for extra helpers, say on day trips, or if the young person is big and/or strong and also has behavioural problems. Those factors are captured in the assessment in Part 4 and relevant comments should be put in the box in that Section.

Q: You talk a lot about "can do" and "do do". What about "won't do"?

A: Remember the focus is on actual behaviour – what people do including what they can and can't do. The key time frame is the present – you evaluate what occurs in contemporary time, and remember that competence is not always an enduring dimension; it can vary over time and be influenced by the opportunities and constraints of the environment.

The domestic function assessment (IADL scale) has Item 4 on housekeeping (similar to item 1 on the Functional Overview). A young person (any young person, not just those with disabilities), may be capable of tidying their room, but choose not to. If the judgement is that they are in fact capable, even without prompting, then they should be rated as more independent. If they consistently need prompting and don't do a very good job, then they may be rated as less independent. Save the lowest rating for those young people who are not able to do the activity at any acceptable standard.

Persistent refusal might also come up in Part 4 under the behavioural functioning assessment and be noted in the comment box on *behaviour support: additional comments*.

Q: ***Some students are not able to do any of these things independently and need maximum assistance to complete all tasks. Are these questions then relevant for those students? It seems to be quite insensitive to invite their parents or guardians to help with the assessment for these students, only to be confronted with a lot of negative responses.***

A: That is where standardised assessment has to meet up with individual mature judgement about how best to make the assessment process work and arrive at valid scores. Remember that the assessment process is designed to work in a range of situations: with the school leaver present, with the parents or guardians to help, or based on your experience as an assessor if you know the applicant well.

Where the parents or guardians want to participate and there is a likelihood that going through a standardised rote procedure will be upsetting to either them or the young person or both, then it is sensible to adopt a more conversational style. This might be done while explaining that there is some value in going through an exploration of the different domains of functional abilities in a structured way.

In cases where there is a low level of functioning and/or difficult behaviour, you might even conduct a semi-structured interview and then fill in the ratings later. The risk in that approach is that you may not have asked the necessary questions or gone into the areas you need to cover to be able to assign a valid rating. That sort of risk diminishes with your familiarity with using the tools.

Often a straightforward preamble is helpful. This might be an explanation that covers how the assessment process is standardised to make sure everyone gets a fair go and the questions are not covering everything that a young person can and can't do. The purpose is to get a picture of the most important factors that can predict how they will go and make sure they get into the right setting for them.

With overall low levels of functioning and/or particularly difficult behaviour, you will want to use the comment boxes to add more of a context to the ratings. You can use an interview style that helps you to formulate those useful comments, as well as assign reliable and valid scores using the assessment tools.

Q: ***Do I have to tell the student or their parents what rating I have given? One student thinks she is able to help with housework and tries very hard, but the standard she manages to achieve is very low, so I couldn't rate her as independent. I don't want to hurt her feelings or upset her parents by saying how "badly" she has scored.***

A: The overall ratings, or even the individual item ratings in themselves, don't mean very much in isolation, so try not to be too focussed on those aspects. The important point about the assessment is that it is trying to ensure that people with similar abilities get rated the same way, and can get a consistent response to their needs at whatever level they are rated.

Point out the overall aim of giving every applicant a consistent test of their abilities. We are not setting out to encourage the young person to get the highest “score” or to increase their capabilities, as that is the purpose of getting into the right program for them.

At this stage of assessing them for their eligibility we just want to know what they can and can’t do, in as objective a way as possible. That way they can get the level of support that will best be able to respond to their level of ability. Getting into a program that is either too challenging, or not challenging enough, may not be the best way to improve their capabilities. Improving their abilities is the job of the support services at the next stage beyond the assessment process.

Administrative and demographic information

Section 1: Applicant's Disability Type

Q: What about multiple disabilities? Only one “primary” disability and one “secondary” disability can be recorded.

A: We want to capture a picture of the main problems. Comments can be added into the final text box (in Section 3) if more needs to be said about the applicant’s disability or their combination of disabilities and medical conditions.

Q: What about medical conditions that are only sometimes disabling or episodic in nature or recurring in acute phases?

A: Medical disabilities should be included under the “physical” disability type. There are a range of medical conditions that young people might have, for example cystic fibrosis, chronic and difficult to control asthma, renal failure, cardio-myopathy, or multiple sclerosis that may not be related in any way to intellectual disabilities. Comments can be added into the final text box (in Section 3) if more needs to be said about the applicant’s medical conditions.

Q: In the disability type it says “psychiatric” – wouldn’t it be better to say “mental health”?

A: We use “psychiatric” where we mean a diagnosed psychiatric condition, which is intended to be specific to young people who may have been seen within a psychiatric consultation rather than a counselling context, which may be a different, less medical approach. Comments can be added into the final text box (in Section 3) if more needs to be said about an applicant’s psychiatric or mental health conditions.

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