Current Family Worker Clients

Introduction

This form should be completed for each **family worker client actually seen in Census week** . Family worker clients are usually seen on a one to one basis over a period of time. They can also be attending groups. People who **only** attend groups are **not** counted as family worker clients for the purposes of this Census form. Please photocopy this form so that you have one for each client actually receiving services in Census Week.

The Family Support Services Association has been having discussions with the Department of Community Services about the whole of Government approach to funding services. In these discussions a central question is: Which government departments have responsibility for funding what services?

The collated responses to these questionnaires will provide the data for the Family Support Services Association to present a case to Government re funding services.

The questions on the last couple of pages are more complex questions than previous family worker client questionnaires. However the information in these questions is essential for building the case that needs to be put to government.

Thanks for your support in completing the questionnaire.

Questions

1. Your Service No is ....   2. Client code ....
                                                                    (For your use - not used in Census data)

3. Who referred the client to the Service

   - ± 1. Self
   - ± 2. Family Member/Friend

   - ± 3. Department of Community Services
   - ± 4. Health
   - ± 5. Mental Health
   - ± 6. Department of Housing
   - ± 7. Aging and Disability Department
   - ± 8. Juvenile Justice

   - ± 9. School, Child Care Centre, Family Day Care
   - ± 10. Non-government Community Service
   - ± 11. Other

4. How long has this client family been receiving services?   .... years   ....months

5. How often is this client typically seen
   - ±   1.More than once per week
   - ±   2.Weekly
   - ±   3.Fortnightly
   - ±   4.Three weekly
   - ±   5.Once a month
   - ±   6.Less than once a month

6. How long it is likely that this client family will continue to receive family worker services?

   - ± Less than 6 weeks
   - ± 6 weeks up to 3 months
   - ± 3 up to 6 months
   - ± 6 up to 12 months
   - ± 1 to 2 years
   - ± More than 2 years (but not indefinitely)
   - ± Indefinitely

7. How many hours of direct family worker service
does the client **typically** receive in each visit   .... hours   .... minutes

8. In addition, how much travel time is **typically** used
for each visit   .... hours   .... minutes

9. Who does the client live with?
   - ± 1. alone
   - ± 2. just partner
   - ± 3. just children
   - ± 4. partner and children
   - ± 5. extended or blended family
   - ± 6. friends
   - ± 7. other

10.   Where applicable, what is the age in years (approx) of:

   Adult female in client family   .... years

   Adult male in client family   .... years

11. How many children are in the client family in each of the following age ranges (including those in care elsewhere)?

0-5 years old	.... children
6-12 years old	.... children
13-18 years old	.... children
TOTAL	.... children

12. Do either of the **parents** have a special learning need, if so, what sort:

     ± 1. An identified developmental disability (ie, a significant deficit in
          intellectual functioning and also a deficit in social skills - both of which have become
          apparent before the age of 18.)
     ± 2. Limited schooling and social disadvantage
     ± 3. An acquired brain injury
          (eg, caused through an accident, drug/ and alcohol misuse)
     ± 4. Chronic mental illness

     ± 5. **Not applicable** - neither parent has a special learning need.

13. Do any of the **children** have a special learning need, if so, what sort:

     ± 1. An identified developmental disability (ie, a significant deficit in
          intellectual functioning and also a deficit in social skills - both of which have become
          apparent before the age of 18.)
     ± 2. Limited schooling and social disadvantage
     ± 3. An acquired brain injury
          (eg, caused through an accident, drug/ and alcohol misuse)
     ± 4. Chronic mental illness
     ± 5. Significant delay due to neglect or under-stimulation

     ± 6. **Not applicable** - no child in the family has a special learning need.

14. Does this family have a helpful informal support network (ie extended family, friends)?

     ± 1. Yes, very helpful
     ± 2. Yes, moderately helpful
     ± 3. Yes, a little helpful
     ± 4. No

15.Does the client speak a language other than English?

     ± 1. Yes
     ± 2. No

16. What language does the client family
prefer to speak at home?   ± 1. English
      ± 2. Other

17. Is the client an Aboriginal or   ± 1. Yes
Torres Strait Islander?   ± 2. No

18. What is the main source of   ± 1. Wages or Salary
income for the client family unit?   ± 2. Pension or benefit
      ± 3. Other

19. What is the Postcode of the client family's address?   .... postcode

20. Is the client family living in:

    ± 1. Private house or flat
    ± 2. Public housing
    ± 3. Other housing (eg, caravan, refuge)
    ± 4. Homeless

21. Is the client family renting their accommodation?

    ± 1. Yes
    ± 2. No

22. Has the Service assisted this client with rehousing?

    ± 1. Yes
    ± 2. No

23. What is the **highest** level of educational attainment achieved by each of the adult male and the adult female?

	Adult female	*Adult male*
Less than HSC	±	±
HSC	±	±
Tertiary	±	±
Don't Know	±	±

24. Have children in this family been **notified** to the Department as being at risk?

    ± 1. Yes, certainly
    ± 2. Yes, I am reasonably sure
    ± 3. Unsure
    ± 4. No, I am reasonably sure there has been no involvement
    ± 5. No, I am certain there has been no involvement

25. Did a member of this client family also attend groups while receiving family worker services?
    ± 1. Yes
    ± 2. No

26. Who is now typically seen each week? (tick as many as necessary).

    ± 1. Adult female
    ± 2. Adult male
    ± 3. Child/ren
    ± 4. Other

27. Is gambling a problematic issue in this family?   ± Yes
    ± No
    ± Unsure

28. Is domestic violence an issue for this family?   ± Yes
    ± No
    ± Unsure

29. Is drug and/or alcohol a problematic issue in this family?   ± Yes
    ± No
    ± Unsure

a) If yes, is the **principal** concern:
- ± alcohol
- ± tobacco
- ± prescription drugs, eg, valium, anti-depressants
- ± illicit drugs, eg, marijuana, heroin, cocaine

b) Who is the user? (Tick more than one if necessary)
- ± adult female
- ± adult male
- ± adult child
- ± adolescent
- ± under 12 year old

30. Is a member of this family on a methadone program?
- ± Yes
- ± No
- ± Unsure

31. Has this client participated in the Service (Tick more than one if necessary)

± 1. By being on the Management Committee

± 2. On a Consumer Advisory Committee

± 3. Having a say in group program planning

± 4. Mentoring new clients coming to the service

± 5. Volunteering their time to help the service with administration or service delivery

± 6. Being involved in a community development activity

± 7. Other (please specify)…………………..

32. Overall, how would you rate the success of the work with this client out of 10? (circle the most appropriate number)

Totally unsuccessful			*Poor*		*Fair*		*Good*		*Excellent*
1	2	3	4	5	6	7	8	9	10

33. What are the goals you have been working on with this client?

In this question we are wanting you to categorise the goals you have been working on into four groups:

The **most important** goals in your work with this client
Secondary goals for your work with this client
Goals that are **only partially relevant** for your work with this client
Goals that are **not relevant** for your work with this client

To complete the question tick the appropriate circle for each of the goals in the list. The easiest way to complete the question is probably to:

Firstly - in **Column A** run down the list and tick the **most important goals** you have been working on.
Secondly - in **Column B** run down the list and tick the **secondary goals** you have been working on
Thirdly- in **Column C** tick goals that are **only partially relevant** to this client
In column B
Finally - in **Column D** tick the goals that are **not relevant** for your work with this client

Please check that you have ticked a relevant column for **every goal in the list**. This is very important otherwise when we collate the questionnaire we will not know whether you thought the goal was not relevant or accidentally skipped the goal.

A	B	C	D	
Most Important	**Secondary**	**Partial**	**Irrelevant**	
±	±	±	±	1. To improve **self esteem/**confidence
±	±	±	±	2. To improve relationship with **partner**
±	±	±	±	3. To improve relationship with **children**
±	±	±	±	4. To improve relationships with **extended family members**
±	±	±	±	5. To reduce/deal with **domestic violence**
±	±	±	±	6. To **separate from/divorce** partner
±	±	±	±	7. To improve **parenting skills**
±	±	±	±	8. To reduce my social isolation/ improve **socialcontacts**/networks
±	±	±	±	9. To improve **home management** skills
±	±	±	±	10. To obtain **child care**
±	±	±	±	11. To obtain **respite care**
±	±	±	±	12. To arrange **substitute care**
±	±	±	±	13. To learn budgeting and **financial skills**
±	±	±	±	14. To get further **education**/training (non-literacy)
±	±	±	±	15. To improve my English**/literacy** skills
±	±	±	±	16. to find **work**
±	±	±	±	17. To get better **housing(not public** housing)
±	±	±	±	18. To get **public housing**
±	±	±	±	19. To get **legal advice/ action re custody** of children
±	±	±	±	20. To get **other legal advice**/ action/ support (non custody/issues
±	±	±	±	21. To maintain/ improve famil**y health**
±	±	±	±	22. To work on **drug and alcohol** issues
±	±	±	±	23. To deal with **Dept Social Security**
±	±	±	±	24. To obtain **transportation**
±	±	±	±	25. To obtain **material assistance**
±	±	±	±	26. **Other**

Government responsibilities

Government departments each have statutory responsibilities. Many family support services are provided through funding from the Department of Community Services because the department has a statutory responsibility for child protection. Which government departments have statutory responsibility for the services you are providing?

For example, if you are providing services to a client where the primary reasons for the service are mental health issues then the Health Department has a responsibility for providing the service. If you are providing a service where the primary issue is rehousing the client then the Housing Department has a responsibility.

Some clients will be provided with a service that comes within the responsibilities of several government departments. For example if a client family has child protection issues and these are contributed to because of mental health issues and lack of appropriate housing then this client would probably come within the responsibilities of the Departments of Community Services, Health and Housing.

In the following question we are asking you where the responsibilities for providing services to this client really lie. We are asking you to **make a judgement** - **your best estimate.**

34. When you reflect on this issues this client is experiencing which departments do you think have responsibility for paying for the family support services this client is receiving. *Estimate* **the percentage of costs which should be met by each government department.**

..........%   1. Department of Community Services (because it a **child protection** issue)

..........%   2. Department of Community Services (because it a **child care or community development issue**)

..........%   3. Health Department (because it is a **health** issue)

..........%   4. Ageing and Disability Department (because it is a **aging or disability** issue)

..........%   5. Department of Housing (because it is a **housing** issue)

..........%   6. Department of Transport (because it is a **transport** issue)

..........%   7. Department of Education and Training (because it is an **education** issue)

..........%   8. Attorney General's Department (because it is a **legal aid** issue)

..........%   9. **Other government** department

..........%   10. **Not a statutory responsibility of a Government Department**

100%   Total

Sometimes the inability of clients to access services they should be able to access makes a significant contribution to their situation and prevents them from progressing. For example clients who remain in situations of domestic violence because they are not able to be re-housed; clients who are unable to get affordable child care and so cannot get back into the work force.

35. What **lack of services**, if any, is making a **major contribution to preventing this client from progressing**? (Tick more than one if necessary)

± 1. lack of child care
± 1. lack of affordable child care
± 2. lack of accessible public transport
± 3. lack of affordable public transport
± 4. lack of public housing
± 5. lack of health services
± 6. lack of access to education and training
± 7. lack of adequate income support
± 8. lack of adequate legal aid
± 9. lack of other services
± 10. None