

Completed Family Worker Clients

Introduction

This form should be completed for each **family worker client who completed services in the eight weeks prior to Census week 1998**. 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 completing services in the eight week prior to Census Week.

Questions

1. Your Service No is

2. Client code
(For your use - not used in Census data)

3. 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

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

Adult female in client family years

Adult male in client family years

5. 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.

6. 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

7. 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.
8. 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
9. Does the client speak a language other than English?
- ± 1. Yes
 - ± 2. No
10. What language does the client family prefer to speak at home?
- ± 1. English
 - ± 2. Other
11. Is the client an Aboriginal or Torres Strait Islander?
- ± 1. Yes
 - ± 2. No
12. What is the main source of income for the client family unit?
- ± 1. Wages or Salary
 - ± 2. Pension or benefit
 - ± 3. Other
13. What is the Postcode of the client family's address? postcode
14. Is the client family living in:
- ± 1. Private house or flat
 - ± 2. Public Housing
 - ± 3. Other (eg, caravan, refuge...)
15. Is the client family renting their accommodation?
- ± 1. Yes
 - ± 2. No

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

	<i>Adult female</i>	<i>Adult male</i>
Less than HSC	±	±
HSC	±	±
Tertiary	±	±
Don't Know	±	±

17. 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

18. Is (has) a child in this family (been) a State ward?

- ± Yes ± No ± Don't Know

19. Is (has) a child in this family (been) under a care/supervision order?

- ± Yes ± No ± Don't Know

20. Is (has) a parent in this family (been) a State ward?

- ± Yes ± No ± Don't Know

21. How often was 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

22. How many hours of direct family worker service did the client **typically** receive in each visit

..... hours minutes

23. In addition, how much travel time was **typically** used for each visit

..... hours minutes

24. Did a member of this client family also attend groups while receiving family worker services?

- ± 1. Yes
- ± 2. No

25. Who was seen typically seen each week? (tick as many as necessary).

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

26. How long did this client family receive services? yearsmonths

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/has a parent in this family (been) an incest survivor? ± Yes
± No
± Unsure
30. Is drug and/or alcohol a problematic issue in this family? ± Yes
± No
± Unsure

GOALS

Please used the following codes in *questions over the page*:

a) *What was the goal - please use the following codes:*

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 **social contacts**/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 family **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**

In relation to the three most important goals that were agreed with this client:

31. The code for the **most important** goal is: (see previous page for codes)

*1 = No, not at all.....10 = Yes,
completely*

32. How well was the goal achieved? 1 2 3 4 5 6 7 8 9 10

- 33. Was this goal ± identified primarily by the client
- ± identified primarily by the worker
- ± included due to child protection concerns

34. The code for the **second most important** goal is: (see previous page for codes)

*1 = No, not at all.....10 = Yes,
completely*

35. How well was the goal been achieved? 1 2 3 4 5 6 7 8 9 10

- 36. Was this goal ± identified primarily by the client
- ± identified primarily by the worker
- ± included due to child protection concerns

37. The code for the **third most important** goal was:..... (see previous page for codes)

*1 = No, not at all.....10 = Yes,
completely*

38. How well was the goal achieved? 1 2 3 4 5 6 7 8 9 10

- 39. Was this goal ± identified primarily by the client
- ± identified primarily by the worker
- ± included due to child protection concerns

40. DO ANY OF THE GOALS IN THE AREAS FOR CHANGE NOTED ABOVE RELATE SIGNIFICANTLY TO:

- ± 1. low income
- ± 2. budgeting issues
- ± 3. difficulties engaging client family due to low self-esteem issues
- ± 4. multiple problems and crises
- ± 5. lack of direct family worker hours
- ± 6. exploitation by social network
- ± 7. lack of interagency cooperation
- ± 8. unemployment
- ± 9. inadequate housing
- ± 10. lack of child care
- ± 11. geographic isolation
- ± 12 physical disability - parent
- ± 13 physical disability - child of family
- ± 14. intellectual disability - parent
- ± 15. intellectual disability - child of family
- ± 16. physical abuse/neglect-child of family
- ± 17. emotional abuse - child of family
- ± 18. sexual abuse - child of family
- ± 19. past child sexual abuse of adult family member
- ± 20. physical illness
- ± 21. Non English speaking background
- ± 22. Aboriginality

COMPLETION DECISION

41. How was the decision to complete services made?

- ± 1. Mutual agreement of the client and the Service
- ± 2. Client decision - not mutual agreement
- ± 3. Service decision - not mutual agreement
- ± 4. Client unable to be contacted - no completion
- ± 5. Other

CHANGE SINCE THE INITIAL INTAKE INTERVIEW:

42. Overall how would you rate the degree of change in the client family since the initial referral/intake interview?

- ± 1. Very significantly improved
- ± 2. Significantly improved
- ± 3. No change or not much change
- ± 4. Significantly worse
- ± 5. Very significantly worse
- ± 6. Don't know

CONTRIBUTION OF THE AGENCY TO THE CHANGE:

43. Overall how important would you consider the contribution of the agency to the level of change noted above?

- ± 1. Very important
- ± 2. Important
- ± 3. Not very important
- ± 4. Irrelevant
- ± 5. Don't know

44. WHAT WERE THE TOTAL FAMILY WORKER DIRECT SERVICE HOURS PROVIDED (from the initial referral to completion)? Please make an accurate estimate if this information is not available from your records.

.....Hrs

Is this information ± based on records of actual service provided
 ± an accurate estimate

45. WHAT WERE THE TOTAL FAMILY WORKER TRAVEL HOURS (from the initial referral to completion)?

Please make an accurate estimate if this information is not available from your records.

.....Hrs

Is this information ± based on records of actual travel
 ± an accurate estimate

46. WHAT WERE THE OTHER SERVICES PROVIDED (from the initial referral to completion)?: *Estimates are OK!*

± Groups **Number of group sessions**

(e.g. a parenting group of 10 sessions would count as 10)
(e.g. five sessions of a Wednesday morning group would count as 5)

± Child care while attending groups or other services

Number of sessions

Your needs for more effective work

47. What would you as a worker require to work more effectively **with this client**? Please rank the following in order of priority. (Put a 1 next to the most important, a 2 next to the next most important and so on. Only rank those you consider have some importance.)

- a) More practical skills in working with people like this
- b) More time, ie, more direct service hours available so I will have adequate time to work with this client (or more funds to do this).
- c) Access to practical services provision by other agencies, (eg, meal preparation, shopping, cleaning, etc).
- d) Access to or better individual case supervision/case consultation (ie, where you can receive individual supervision about your work with the client)
- e) Training in the area of individual service planning and case management skills.
- f) Better Interagency collaboration
- g) Other, please specify.....
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