

# Measuring outcomes in family support: Practitioners' Guide

## Family workers: Tools 1 to 4



Family Support Services  
Association of NSW  
[www.fssansw.asn.au](http://www.fssansw.asn.au)



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  - This is data gathered about the client (eg age, gender, type of family) and services provided (eg amount and frequency of service).

These tools are part of the *Measuring outcome in family support: Practitioners' Guide*. See the web site for further details [www.mapl.com.au/support/FSSA/](http://www.mapl.com.au/support/FSSA/) .

# Introduction

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Measuring outcomes in family support involves families, workers, services, peak organisations, universities and government.

The following tools may be useful to family support services. There are many other tools required for other players.

Family support services are diverse. There is no one set of tools that all family support services can use and adopt.

These tools have been developed on the basis that they will be used and modified by individual family support services to meet their needs.

## The tools

There are four tools that can be **used in family support services in the service delivery process** and modified as required:

*Tool 1 Snapshot of Life - Client's picture*

This can be used early in service delivery, later in service delivery and on completion.

*Tool 2 Snapshot of life - Worker's picture*

This can be used early in service delivery, later in service delivery and on completion.

*Tool 3 Goals - joint client and worker picture*

This can be used jointly by the client and the worker during service delivery

*Tool 4 Service facts and figures*

This is data gathered about the client (eg age, gender, type of family) and services provided (eg amount and frequency of service).

These four tools are included in this document.

These tools help paint a picture of the client's situation, the services provided and the changes taking place in the client and their situation over time.

They can be used with individual clients. The results can also be collated and analysed to review groups of clients, eg, all the clients in a family support service.

There are two tools that are longer versions of the material in Tools 1 to 4. They are more likely to be **used in research projects or in services that have a research focus:**

*Tool 5 Snapshot of life (Long Version)*

*Tool 6 Service facts and figures (Long Version)*

Tools 5 and 6 are available in a separate document *Family Worker Research: Tools 5 and 6*.

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Tool 7 includes topic tools which can be **used to explore specific topics in service delivery or research:**

*Tool 7:*

- Topic 1 - Social capital
- Topic 2 - Life's practicalities
- Topic 3 - Life experiences and outlook
- Topic 4 - Feelings about parenting
- Topic 5 - Relationship with spouse
- Topic 6 - Storybook reading
- Topic 7 - Children
- Topic 8 - Practical parenting
- Topic 9 - Building strengths
- Topic 10 - Significant life events
- Topic 11 - Stress
- Topic 12 - Participation in community organisations
- Topic 13 - Information
- Topic 14 - Beliefs about others
- Topic 15 - Young person's experience (12 year old or older)
- Topic 16 - Groups
- Topic 17 - Family worker services

Topics within Tool 7 can be used in a service that wishes to explore a particular topic with a group of clients.

Tool 7 is available in a separate document *Family Workers Exploring Topics: Tool 7*.

### **Goals for the tools**

The tools are intended to be useful to:

- Family support workers working with families
- Services (to gain an overview of outcomes from their services)
- The Family Support Services Association of NSW and its members in describing what they achieve (including reporting to funding bodies)
- The Family Support Services Association of NSW and its members in researching practice issues
- Other human service organisations.

The tools have been developed with the following principles in mind:

- The tools will be holistic tools, ie tools which focus on changes in the 'whole of life' rather than specific outcomes related to each intervention.
- The tool will be designed to monitor changes in individual clients and their circumstances - the point of comparison will be the client not a population standard.
- The data from using the tool will also be able to show changes in groups of clients, eg clients participating in a new service model.
- The clients should be involved in using the tools and reflecting in the information gathered.

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### **Development of the tools**

The tools are in the process of development. The tools in this document are Version 1. They have been through a research and piloting process.

Further research will be undertaken.

The Tools are for use with clients who are receiving services for periods longer than 8 weeks. Once these tools have been further developed other tools may be developed for short term interventions.

### **Using the tools**

The tools will require modification to suit local services. Local services may find parts or all of the tools useful.

To use the tools appropriately requires an understanding of family support, an understanding of evaluation and an understanding of all the practical paradoxes and dilemmas associated with measuring outcomes. See the *Measuring outcomes in family support: Practitioners' Guide* for details [www.mapl.com.au/support/FSSA/](http://www.mapl.com.au/support/FSSA/).

The tools in this document may be freely used by non-profit human service organisations for use in improving the quality of their services.

Commercial use is not permitted without written permission from both Paul Bullen and the NSW Family Support Services Association. Contact Paul Bullen for further details (paul.bullen@mapl.com.au).

### **Data collation, analysis and reporting**

The tools can be used in relation to individual clients or groups of clients.

For individual clients comparisons can be made between a clients and workers answers early in the service process and on completion.

For groups of clients data will need to be collated and analysed and a report prepared.

Ideally the data from each of the tools needs to be linked together so that is possible for example to analyse the Snapshot of life data in Tools 1 and 2 in relation to the goals in Tool 3 and service usage data in Tool 4. To do this each tool will require the name of the client of a unique client number.

Examples of data analysis and reporting will be included in the June 2004 update to the site.

### **Limitations**

These tools are in English, using them requires sufficient literacy skills. Many clients don't speak English as their first language. Many clients have minimal literacy skills.

The tools should only be used in appropriate circumstances, eg, where people have good English skills and sufficient literacy skills.

### **Developing the Practitioner's guide**

This guide and the tools were developed by Paul Bullen in collaboration with and for the Family Support Services Association of NSW and its members. The project received a small

## Introduction

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financial contribution from the NSW Department of Community Services which met some of the development costs.

### **Contact details and suggestions and comments for further development**

We wish to update the tools in June 2004 based on the experiences of clients, family workers and services using the tools.

If you use the Tools please send the *Contact details and feedback form* (over page) to Paul Bullen.

To further develop the tools we need to know who is using them so we can contact users and talk through practice issues.

# Contact details and feedback form

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We wish to update the tools in June 2004 based on the experiences of clients, family workers and services using the tools. There may be minor revisions prior to that date.

To do this we need to know what services are using the tools so we can contact them and learn from their experiences.

If you use the tools please complete your contact details and the feedback form and send it to Paul Bullen:

Mail: Paul Bullen, PO BOX 181, Coogee, NSW 2034, Australia  
Fax: Australia: 02 9315 7542  
International + 61 2 9315 7542  
Email: [paul.bullen@mapl.com.au](mailto:paul.bullen@mapl.com.au)

## Contact details

1. What are your contact details:

Name of organisation.....  
Contact person .....

Mailing address .....

.....

Fax: .....

Telephone: .....

Email: .....

This information will be used only for the purpose of contacting users in the further development of the outcome tools. It will not be provided to any third party.

## Use of background information on the web site

2. Did you use the background information on the web site?

- Yes I used it
- Yes, I used it a little
- No, not at all

The background information included topics such as: What is evaluation? How can we evaluate family support services? Where does measuring outcomes fit? What are some of the paradoxes and dilemmas in practice? How do we respond?

3. Overall was the background information on the web site useful?

- Yes very useful
- Yes, useful
- Yes, a little useful
- No, not useful

(.....continued over page)

## Contact details and feedback form

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### Tools you are using/intend to use

4. What tools have you used/ do you intend to use?

- Tool 1 Snapshot of Life - Client's picture
- Tool 2 Snapshot of life - Worker's picture
- Tool 3 Goals - joint client and worker picture
- Tool 4 Service facts and figures
- Tool 5 Snapshot of life (Long Version)
- Tool 6 Service facts and figures (Long Version)
- Tool 7 includes topic tools which can be used to explore specific topics in service delivery or research

If you have used/intend to use topics from Tool 7 which topics?

- |  |   |
|--|---|
| <input type="radio"/> Topic 1 - Social capital               | <input type="radio"/> Topic 10 - Significant life events                          |
| <input type="radio"/> Topic 2 - Life's practicalities        | <input type="radio"/> Topic 11 - Stress   |
| <input type="radio"/> Topic 3 - Life experiences and outlook | <input type="radio"/> Topic 12 - Participation in community organisations         |
| <input type="radio"/> Topic 4 - Feelings about parenting     | <input type="radio"/> Topic 13 - Information                                      |
| <input type="radio"/> Topic 5 - Relationship with spouse     | <input type="radio"/> Topic 14 - Beliefs about others                             |
| <input type="radio"/> Topic 6 - Storybook reading            | <input type="radio"/> Topic 15 - Young person's experience (12 year old or older) |
| <input type="radio"/> Topic 7 - Children                     | <input type="radio"/> Topic 16 - Groups   |
| <input type="radio"/> Topic 8 - Practical parenting          | <input type="radio"/> Topic 17 - Family worker services                           |
| <input type="radio"/> Topic 9 - Building strengths           |   |

5. Have you/do you intend to make modifications to the tools?

- Yes, significant modifications
- Yes, some modifications
- Yes, minor modifications
- No, no or almost no modifications

6. When these materials are updated what updates would you like to see included?

.....

.....

.....

7. What other future developments of these tools would you find useful?

.....

.....

.....

*If you use or intend to use the tools please send the two pages above to Paul Bullen.*



# Overview of Tools 1 to 4

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## **Tool 1 - Snapshot of life - client's picture**

This tool provides an overview of:

- Strengths
- Children and children's issues
- General issues
- Services used and needed

This tool will be completed by the client

- after 4 to 6 weeks of service
- during service at a review date(s)
- on completion.

Some clients will complete Tool 1 two times, some clients will complete Tool 1 three or more times if they were long term clients.

When Tool 1 is being completed a second or third time a useful strategy may be to provide the client with a photocopy of the previous time(s) they completed the form so they can see their previous responses and identify areas of change. The advantage of this approach is that it is easier to identify changes. The disadvantage is that the form being filled out will be seen through the lens of the previously completed form.

Where the family worker is working closely with two adults in the family it may be appropriate for each adult to complete one form and compare their answers.

## **Tool 2 - Snapshot of life - worker's picture**

This tool includes the workers views of:

- Strengths
- Children and children's issues
- General issues
- Services used and needed
- Client relationship with worker
- Length of service

The Worker will complete Tool 2 in the same week the client completes Tool 1.

When completing Tool 2 a second or third time the worker may also wish to use a photocopy of the previous form. The advantages and disadvantages will be similar to those noted above with Tool 1.

## **Tool 3 goals - Joint client and worker picture**

Tool 3 includes:

- Goals and priorities
- Coding goals and priorities into the four areas of:
  - Strengths
  - Children's issues
  - General issues
  - Getting services

## Overview of Tools 1 to 4

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- Estimating the extent of goal achievement

The coding is useful for collating goals and monitoring more easily what kinds of goals are being worked on.

The client and worker will completed Tool 3 two times, some clients will complete Tool 3 three or more times if they were long term clients.

- after 4 to 6 weeks of service
- during service at a review date
- on completion.

Tool 3 could be complete the same week that Tools 1 and 2 are completed. Tool 3 is designed to record the goals and the extent the goals are achieved.

Where there are significant differences between the worker and the client about the extent of goals achieved two separate forms could be completed.

### **Tool 4 - Service facts and figures**

The data from Tools 1 to 3 can usefully be analysed in relationship to:

- The client families situation, eg, number of children, housing, education, etc
- The amount of services provided
- The other services being provided / not provided

The worker will complete Tool 4 on completion. Parts of Tool 4 can be completed during the service process.

A longer version of this form is in Tool 6.

### **Analysing the responses**

The data from the forms can be analysed at several levels:

#### **The individual client**

The client and the worker can compare their respective views over time and with each other. This can be done directly by the client and the worker. The worker and client could also compare their views.

#### **Groups of clients within a service**

This will require the data for the group of clients to be entered into a database and analysis undertaken. This can be done within a local service .

#### **Statewide services**

This will require data collection by a peak organisation such as the Family Support Services Association of NSW in collaboration with local service providers.

# Tool 1 - Snapshot of life - Client's picture

Client: .....

Date: ...../...../.....

## A. Strengths

To what extent do you think the following are **strengths** for you, your family and household?

*Please circle the most appropriate number.*

0 = Definitely not a strength      5 = Going OK      10 = Definitely a big strength

Extended family, friends, neighbourhood and community networks											
	<i>Not a strength</i>			<i>OK</i>			<i>Big strength</i>				
1. Relationships with <b>extended family members</b>	0	1	2	3	4	5	6	7	8	9	10
2. Relationships with <b>friends &amp; or neighbours</b>	0	1	2	3	4	5	6	7	8	9	10
3. Relationships and <b>connections with the wider community</b> (eg, play group, school, clubs)	0	1	2	3	4	5	6	7	8	9	10
Resources											
4. My education	0	1	2	3	4	5	6	7	8	9	10
5. Housing	0	1	2	3	4	5	6	7	8	9	10
6. My work/employment	0	1	2	3	4	5	6	7	8	9	10
7. Transportation	0	1	2	3	4	5	6	7	8	9	10
8. Enough money	0	1	2	3	4	5	6	7	8	9	10
9. Material resources, eg, furniture	0	1	2	3	4	5	6	7	8	9	10
Self											
10. Self esteem /self confidence	0	1	2	3	4	5	6	7	8	9	10
11. Positive outlook on life	0	1	2	3	4	5	6	7	8	9	10
12. Relaxed/ Not stressed out	0	1	2	3	4	5	6	7	8	9	10
13. Health	0	1	2	3	4	5	6	7	8	9	10
14. Being a parent	0	1	2	3	4	5	6	7	8	9	10
15. Personal safety	0	1	2	3	4	5	6	7	8	9	10
Skills											
16. Parenting skills	0	1	2	3	4	5	6	7	8	9	10
17. Keeping organised/ home management skills	0	1	2	3	4	5	6	7	8	9	10
18. Budgeting and financial skills	0	1	2	3	4	5	6	7	8	9	10
19. English/literacy skills	0	1	2	3	4	5	6	7	8	9	10

Relationship with partner	<i>Not a strength</i>	<i>OK</i>	<i>Big strength</i>
20. Relationship with partner	0	1 2 3 4 5 6 7 8 9	10
Relationship with children			
21. Relationship with children	0	1 2 3 4 5 6 7 8 9	10
Children			
22. Children's material needs are met (eg food and clothing)	0	1 2 3 4 5 6 7 8 9	10
23. Children's intellectual stimulation needs are met (eg things to play with, people to interact and talk with)	0	1 2 3 4 5 6 7 8 9	10
24. Children's needs for discipline and guidance are met (eg. limits are set)	0	1 2 3 4 5 6 7 8 9	10
25. Children are safe	0	1 2 3 4 5 6 7 8 9	10
26. Children are attending school	0	1 2 3 4 5 6 7 8 9	10

## B. Children and children's Issues

Child	Child 1	Child 2	Child 3	Child 4
1. Year of birth	.....	.....	.....	.....
2. Gender	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
3. Relationship to child Natural parent Foster parent Step parent Other	<input type="radio"/> Natural <input type="radio"/> Foster <input type="radio"/> Step <input type="radio"/> Other	<input type="radio"/> Natural <input type="radio"/> Foster <input type="radio"/> Step <input type="radio"/> Other	<input type="radio"/> Natural <input type="radio"/> Foster <input type="radio"/> Step <input type="radio"/> Other	<input type="radio"/> Natural <input type="radio"/> Foster <input type="radio"/> Step <input type="radio"/> Other
4. Has the child a disability No Yes, an intellectual disability Yes, a physical disability	<input type="radio"/> No <input type="radio"/> Yes, int <input type="radio"/> Yes, phy	<input type="radio"/> No <input type="radio"/> Yes, int <input type="radio"/> Yes, phy	<input type="radio"/> No <input type="radio"/> Yes, int <input type="radio"/> Yes, phy	<input type="radio"/> No <input type="radio"/> Yes, int <input type="radio"/> Yes, phy
5. Are any of the following significant issues for the child:	Yes A little No	Yes A little No	Yes A little No	Yes A little No
1 Health	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
2 School attendance	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
3 School performance	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
4 Relationships with adults in household	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
5 Relationships with children in household	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
6 Lack of friends	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
7 Behaviour at home	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
8 Behaviour at school	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
9 Behaviour elsewhere	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>

## C. General issues

To what extent are any of the following issues for you, your family and household?

*Please circle the most appropriate number.*

0 = Definitely not an issue      5 = Moderate issues      10 = Big issue

	<i>Not an issue</i>	<i>Moderate</i>	<i>Big issue</i>
1. Drug and/or alcohol abuse	0	1 2 3 4 5 6 7 8 9	10
2. Domestic violence	0	1 2 3 4 5 6 7 8 9	10
3. Physical and/or emotional abuse of child(ren)	0	1 2 3 4 5 6 7 8 9	10
4. Sexual abuse of child(ren)	0	1 2 3 4 5 6 7 8 9	10
5. Mental health of parent(s)	0	1 2 3 4 5 6 7 8 9	10
6. Mental health of child(ren)	0	1 2 3 4 5 6 7 8 9	10
7. Gambling	0	1 2 3 4 5 6 7 8 9	10
8. Relationship with partner	0	1 2 3 4 5 6 7 8 9	10
9. Relationship with child(ren)	0	1 2 3 4 5 6 7 8 9	10
10. Substitute care of child(ren)	0	1 2 3 4 5 6 7 8 9	10
11. Other Specify .....	0	1 2 3 4 5 6 7 8 9	10
12. Other Specify .....	0	1 2 3 4 5 6 7 8 9	10

## D. Services

For the following services please indicate:

The services you use now

The services that are not needed

The services you need or need some more of

1. Child care	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
2. Respite care	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
3. Public housing	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
4. Mental health services	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
5. Drug and alcohol services	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
6. Specialist counselling services	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
7. Other health	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
8. Education and training	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
9. Legal aid	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
10. Disability support service for the children	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
11. Disability support service for the adults	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
12. DoCS Caseworker	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
13. Home Care Service of NSW	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
14. Respite services for child(ren)	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
15. Supported employment	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
16. Public Guardian	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
17. Office of the Protective Commissioner	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
18. Other.....	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
19. Other.....	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of

## Tool 2 - Snapshot of life - Worker's picture

Client code:..... Date.....

### A. Strengths

To what extent do you think the following are **strengths** for the parent, family and household?

*Please circle the most appropriate number.*

0 = Definitely not a strength    5 = Going OK    10 = Definitely a big strength

References to **Parent** refer to the parent you work most with.

A. Extended family, friends, neighbourhood and community networks										
		<i>Not a strength</i>				<i>OK</i>				<i>Big strength</i>
1.	Relationships with <b>extended family members</b>	0	1	2	3	4	5	6	7	8 9 10
2.	Relationships with <b>friends &amp; or neighbours</b>	0	1	2	3	4	5	6	7	8 9 10
3.	Relationships and <b>connections with the wider community</b> (eg, play group, school, clubs)	0	1	2	3	4	5	6	7	8 9 10
B. Resources										
4.	Parent's education	0	1	2	3	4	5	6	7	8 9 10
5.	Housing	0	1	2	3	4	5	6	7	8 9 10
6.	Parent's work/employment	0	1	2	3	4	5	6	7	8 9 10
7.	Transportation	0	1	2	3	4	5	6	7	8 9 10
8.	Enough Money	0	1	2	3	4	5	6	7	8 9 10
9.	Material resources, eg, furniture	0	1	2	3	4	5	6	7	8 9 10
C. Parent										
10.	Self esteem /self confidence	0	1	2	3	4	5	6	7	8 9 10
11.	Positive outlook on life	0	1	2	3	4	5	6	7	8 9 10
12.	Relaxed/ Not stressed out	0	1	2	3	4	5	6	7	8 9 10
13.	Health	0	1	2	3	4	5	6	7	8 9 10
14.	Being a parent	0	1	2	3	4	5	6	7	8 9 10
15.	Personal safety	0	1	2	3	4	5	6	7	8 9 10
D. Parent's Skills										
16.	Parenting skills	0	1	2	3	4	5	6	7	8 9 10
17.	Keeping organised/ home management skills	0	1	2	3	4	5	6	7	8 9 10
18.	Budgeting and financial skills	0	1	2	3	4	5	6	7	8 9 10
19.	English/literacy skills	0	1	2	3	4	5	6	7	8 9 10

E. Relationship with partner	<i>Not a strength</i>	<i>OK</i>	<i>Big strength</i>
20. Relationship with partner	0	1	2 3 4 5 6 7 8 9 10
F. Relationship with children			
21. Relationship with children	0	1	2 3 4 5 6 7 8 9 10
G. Children			
22. Children's material needs are met (eg food and clothing)	0	1	2 3 4 5 6 7 8 9 10
23. Children's intellectual stimulation needs are met (eg things to play with, people to interact and talk with)	0	1	2 3 4 5 6 7 8 9 10
24. Children's needs for discipline and guidance are met (eg. limits are set)	0	1	2 3 4 5 6 7 8 9 10
25. Children are safe	0	1	2 3 4 5 6 7 8 9 10
26. Children are attending school	0	1	2 3 4 5 6 7 8 9 10

## B. Children and children's Issues

Child	Child 1	Child 2	Child 3	Child 4
1. Year of birth	.....	.....	.....	.....
2. Gender	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
3. Relationship to child Natural parent Foster parent Step parent Other	<input type="radio"/> Natural <input type="radio"/> Foster <input type="radio"/> Step <input type="radio"/> Other	<input type="radio"/> Natural <input type="radio"/> Foster <input type="radio"/> Step <input type="radio"/> Other	<input type="radio"/> Natural <input type="radio"/> Foster <input type="radio"/> Step <input type="radio"/> Other	<input type="radio"/> Natural <input type="radio"/> Foster <input type="radio"/> Step <input type="radio"/> Other
4. Has the child a disability No Yes, an intellectual disability Yes, a physical disability	<input type="radio"/> No <input type="radio"/> Yes, int <input type="radio"/> Yes, phy	<input type="radio"/> No <input type="radio"/> Yes, int <input type="radio"/> Yes, phy	<input type="radio"/> No <input type="radio"/> Yes, int <input type="radio"/> Yes, phy	<input type="radio"/> No <input type="radio"/> Yes, int <input type="radio"/> Yes, phy
5. Are any of the following significant issues for the child: 1 Health 2 School attendance 3 School performance	Yes A little No <input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes A little No <input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes A little No <input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes A little No <input type="radio"/> <input type="radio"/> <input type="radio"/>
4 Relationships with adults in household	Yes A little No <input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes A little No <input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes A little No <input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes A little No <input type="radio"/> <input type="radio"/> <input type="radio"/>
5 Relationships with children in household	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
6 Lack of friends	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
7 Behaviour at home 8 Behaviour at school 9 Behaviour elsewhere	Yes A little No <input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes A little No <input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes A little No <input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes A little No <input type="radio"/> <input type="radio"/> <input type="radio"/>



## C. General issues

To what extent are any of the following issues the client, their family and household?

*Please circle the most appropriate number.*

0 = Definitely not an issue      5 = Moderate issues      10 = Big issue

	<i>Not an issue</i>	<i>Big issue</i>
1. Drug and/or alcohol abuse	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
2. Domestic violence	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
3. Physical and emotional abuse of children	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
4. Sexual abuse of children	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
5. Mental health of parents	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
6. Mental health of children	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
7. Gambling	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
8. Relationship with partner	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
9. Relationship with children	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
10. Substitute care of children	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
11. Other, specify.....	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
12. Other, specify.....	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10

## D. Services

For the following services please indicate:

The services you use now

The services that are not needed

The services you need or need some more of

1. Child care	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
2. Respite care	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
3. Public housing	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
4. Mental health services	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
5. Drug and alcohol services	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
6. Specialist counselling services	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
7. Other health	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
8. Education and training	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
9. Legal aid	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
10. Disability support service for the children	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
11. Disability support service for the adults	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
12. DoCS Caseworker	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
13. Home Care Service of NSW	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
14. Respite services for child(ren)	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
15. Supported employment	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
16. Public Guardian	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
17. Office of the Protective Commissioner	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
18. Other.....	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of
19. Other.....	<input type="radio"/> used now	<input type="radio"/> not needed	<input type="radio"/> need /need more of

## E. Client-Worker Relationship

Please circle the most appropriate number.

0 = No definitely not      5 = Going OK      10 = Yes, absolutely

	<i>No</i>	<i>Going OK</i>	<i>Yes, absolutely</i>
1. The client is ready and willing to work	0	1 2 3 4 5 6 7 8 9	10
2. The client has a sense of their own ability to do things in their lives	0	1 2 3 4 5 6 7 8 9	10
3. The client is proactive in taking action and control	0	1 2 3 4 5 6 7 8 9	10
4. The client is independent of the worker	0	1 2 3 4 5 6 7 8 9	10
5. The client has trust in what other agencies can offer them	0	1 2 3 4 5 6 7 8 9	10
6. The client is engaged with the worker	0	1 2 3 4 5 6 7 8 9	10
7. The client has an adequate working relationship with the Department of Community Services [ ] Not applicable, no involvement with DoCS	0	1 2 3 4 5 6 7 8 9	10

## F. Length of service

1. How long it is likely that this client family will continue to receive family worker services? <input type="radio"/> Less than 3 months <input type="radio"/> 3 up to 6 months <input type="radio"/> 6 up to 12 months <input type="radio"/> 1 to 2 years <input type="radio"/> 3 to 5 years <input type="radio"/> More than 5 years (but not indefinitely) <input type="radio"/> Indefinitely
--

# Tool 3. Goals

Client.....

## Overall Priorities

### What are the priorities to work on?

Please complete this page in your own words.

The first column is for the priorities at the beginning of service.

The second column is for the priorities at a review point during service.

The third column is for what were, in retrospect, the major priorities for the whole of the service.

	Beginning	During	Completion
Worker: Date:	...../...../.....	...../...../.....	...../...../.....
1. What is the <b>first</b> priority?	..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... .....
2. What is the <b>second</b> priority?	..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... .....
3. What is the <b>third</b> priority?	..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... .....
4. What is the <b>fourth</b> priority?	..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... .....

The table over the page is for:

Firstly, **coding the priorities** on the previous page into the four areas of:

- Building strengths
- Work on children's issues
- Work on general issues
- Getting services

Use the codes on the following two pages.

Secondly, **indicating the extent of achievement of the goals.**

The first column is for the priorities at the beginning of service (complete at beginning of service) and the extent these priorities were achieved (complete at the first review).

For example if, at the beginning of service the priorities for the goals for the service were:

- For the client to make key decisions about her relationship with her partner
- For the client to develop strategies for dealing with domestic violence (eg take out AVO)
- For the client to improve her self esteem
- For the children to attend school
- For the family to get access to child care

Then the codes completed at the beginning of service would be:

Building Strengths	A20, A10
Work on Children's Issues	B2
Work on General Issues	C2
Getting Services	D1

At the review point the extent of the achievement of these goals would be rated using the following scale:

*0 = not completed at all*      *5 = moderate completion*      *10 = fully completed*

For example, if:

- The client had made all the key decisions about her relationship with her partner , it would be rated 10
- Some child care but not enough had been provided, it would be rated 3
- The children are attending school much more often but not all the time it could be rated 5 or 6.

These ratings would be put in the first column next to the priorities identified at the beginning of service.

The second column is for the priorities at a review point during service (complete at the review) and the extent these priorities were achieved (complete on completion).

The third column is for what were, in retrospect, **the major priorities for the whole of the service** and **the extent to which these priorities were achieved** (complete both items on completion of service).

It is recognised that priorities change over time and so this record may not be a full record of all priorities but only those at the beginning of service, at a review point and overall for the whole service.

Achievement: 0 = not completed at all 5 = moderate completion 10 = fully completed

	Begin Priorities at beginning of service; achievement at review	During Priorities at review point; achievement at completion	Completion Overall priorities for the whole service; overall achievement on completion
A. Building Strengths	<p><b>What are the priorities for building strengths?</b> (use codes in over page A. 1 to 22)</p> <p>Priority 1 ..... Achievement .....</p> <p>Priority 2 ..... Achievement .....</p> <p>Priority 3 ..... Achievement .....</p>	<p><b>What are the priorities for building strengths?</b> (use codes in over page A. 1 to 22)</p> <p>Priority 1 ..... Achievement .....</p> <p>Priority 2 ..... Achievement .....</p> <p>Priority 3 ..... Achievement .....</p>	<p><b>What are the priorities for building strengths?</b> (use codes in over page A. 1 to 22)</p> <p>Priority 1 ..... Achievement .....</p> <p>Priority 2 ..... Achievement .....</p> <p>Priority 3 ..... Achievement .....</p>
B. Work on Children's Issues	<p><b>What are the priorities for working on issues?</b>(Use codes over page B. 1 to 14)</p> <p>Priority 1 ..... Achievement .....</p> <p>Priority 2 ..... Achievement .....</p> <p>Priority 3 ..... Achievement .....</p>	<p><b>What are the priorities for working on issues?</b>(Use codes over page B. 1 to 14)</p> <p>Priority 1 ..... Achievement .....</p> <p>Priority 2 ..... Achievement .....</p> <p>Priority 3 ..... Achievement .....</p>	<p><b>What are the priorities for working on issues?</b>(Use codes over page B. 1 to 14)</p> <p>Priority 1 ..... Achievement .....</p> <p>Priority 2 ..... Achievement .....</p> <p>Priority 3 ..... Achievement .....</p>
C. Work on General issues	<p><b>What are the priorities for working on issues?</b>(Use codes over page C. 1 to 9)</p> <p>Priority 1 ..... Achievement .....</p> <p>Priority 2 ..... Achievement .....</p> <p>Priority 3 ..... Achievement .....</p>	<p><b>What are the priorities for working on issues?</b>(Use codes over page C. 1 to 9)</p> <p>Priority 1 ..... Achievement .....</p> <p>Priority 2 ..... Achievement .....</p> <p>Priority 3 ..... Achievement .....</p>	<p><b>What are the priorities for working on issues?</b>(Use codes over page C. 1 to 9)</p> <p>Priority 1 ..... Achievement .....</p> <p>Priority 2 ..... Achievement .....</p> <p>Priority 3 ..... Achievement .....</p>
D. Getting services	<p><b>What are the priorities for getting services?</b> (Use codes over page D . 1 to 18)</p> <p>Priority 1 ..... Achievement .....</p> <p>Priority 2 ..... Achievement .....</p> <p>Priority 3 ..... Achievement .....</p>	<p><b>What are the priorities for getting services?</b> (Use codes over page D . 1 to 18)</p> <p>Priority 1 ..... Achievement .....</p> <p>Priority 2 ..... Achievement .....</p> <p>Priority 3 ..... Achievement .....</p>	<p><b>What are the priorities for getting services?</b> (Use codes over page D . 1 to 18)</p> <p>Priority 1 ..... Achievement .....</p> <p>Priority 2 ..... Achievement .....</p> <p>Priority 3 ..... Achievement .....</p>

## A. Building strengths codes

### **Extended family, friends, neighbourhood and community networks**

1. Relationships with extended family members
2. Relationships with friends & or neighbours
3. Relationships and connections with the wider community (eg, play group, school, clubs)

### **Resources**

4. Parent's education
5. Housing
6. Parent's work/employment
7. Transportation
8. Enough Money
9. Material resources, eg, furniture

### **Parent**

10. Self esteem /self confidence
11. Outlook on life
12. Relaxed/ Not stressed out
13. Health
14. Being a parent
15. Personal safety

### **Parent's Skills**

16. Parenting skills
17. Keeping organised/ home management skills
18. Budgeting and financial skills
19. English/literacy skills

### **Relationship with partner**

20. Relationship with partner

### **Relationship with children**

21. Relationship with children

### **Other**

22. Other

## B. Children's issues codes

### **Health**

1. Health

### **School**

2. School attendance
3. School performance

### **Relationships**

4. Relationships with adults in household
5. Relationships with children in household
6. Lack of friends

### **Behaviour**

7. Behaviour at home
8. Behaviour at school
9. Behaviour elsewhere

### **Children**

10. Children's material needs are met (eg food and clothing)
11. Children's intellectual stimulation needs are met (eg things to play with, people to interact and talk with)
12. Children's needs for discipline and guidance are met (eg. limits are set)

### **Safety**

13. Children are safe

### **Other**

14. Other

## C. General issues codes

1. Drug and/or alcohol abuse
2. Domestic violence
3. Physical and emotional abuse of children
4. Sexual abuse of children
5. Mental health of parents
6. Mental health of children
7. Gambling
8. Substitute care of children
9. Other



## D. Services codes

1. Child care
2. Respite care
3. Public housing
4. Mental health services
5. Drug and alcohol services
6. Specialist counselling services
7. Other health
8. Education and training
9. Legal aid
10. Disability support service for the children
11. Disability support service for the adults
12. DoCS Caseworker
13. Home Care Service of NSW
14. Respite services for child(ren)
15. Supported employment
16. Public Guardian
17. Office of the Protective Commissioner
18. Other

# Tool 4 - Facts and figures

Client:.....

<i>Referral</i>
<p>1. Who referred the client to the Service</p> <p><input type="radio"/> 1. Self</p> <p><input type="radio"/> 2. Family Member/Friend</p> <p><input type="radio"/> 3. Department of Community Services</p> <p><input type="radio"/> 4. Health</p> <p><input type="radio"/> 5. Mental Health</p> <p><input type="radio"/> 6. Department of Housing</p> <p><input type="radio"/> 7. Aging and Disability Department</p> <p><input type="radio"/> 8. Juvenile Justice</p> <p><input type="radio"/> 9. School, Child Care Centre, Family Day Care</p> <p><input type="radio"/> 10. Non-government Community Service</p> <p><input type="radio"/> 11. Other.....</p>
<b>Services provided by your agency</b>
<p>2. How long has this client family been receiving services in your agency?</p> <p>..... years .....months</p>
<p>3. How often has this client typically been <b>seen</b> in recent months</p> <p><input type="radio"/> 1. More than once per week</p> <p><input type="radio"/> 2. Weekly</p> <p><input type="radio"/> 3. Fortnightly</p> <p><input type="radio"/> 4. Three weekly</p> <p><input type="radio"/> 5. Once a month</p> <p><input type="radio"/> 6. Less than once a month</p> <p><input type="radio"/> 7. Less than once every 3 months</p> <p><input type="radio"/> 8. On an irregular basis</p>
<p>4. How many hours of direct family worker service has the client <b>typically</b> received in <b>each visit</b> in recent months</p> <p>..... hours ..... minutes</p>
<p>5. What is the total number of hours of direct family worker service the client received during the entire course of service</p> <p>..... TOTAL hours</p> <p>A good estimate will be adequate.</p>

<p>6. Did a member of this client family also attend groups while receiving family worker services?</p> <p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> 2. No</p>
<p>7. How many group sessions did an <b>adult</b> from this client family attend?</p> <p>..... group sessions</p>
<p>8. How many group sessions did a <b>child</b> from this client family attend?</p> <p>..... group sessions</p>
<p>9. Who is now typically seen each week? (tick as many as necessary).</p> <p><input type="radio"/> 1. Adult female</p> <p><input type="radio"/> 2. Adult male</p> <p><input type="radio"/> 3. Child/ren</p> <p><input type="radio"/> 4. Other</p>
<p>10. How was the decision to complete services made?</p> <p><input type="radio"/> 1. Mutual agreement of the client and the Service</p> <p><input type="radio"/> 2. Client decision - not mutual agreement</p> <p><input type="radio"/> 3. Service decision - not mutual agreement</p> <p><input type="radio"/> 4. Client unable to be contacted - no completion</p> <p><input type="radio"/> 5. Other</p>
<b>Family situation</b>
<p>11. Who does the client live with?</p> <p><input type="radio"/> 1. alone</p> <p><input type="radio"/> 2. just partner</p> <p><input type="radio"/> 3. just children</p> <p><input type="radio"/> 4. partner and children</p> <p><input type="radio"/> 5. extended or blended family</p> <p><input type="radio"/> 6. friends</p> <p><input type="radio"/> 7. other</p>
<p>12. Where applicable, what is the age in years (approx) of:</p> <p>Adult female in client family ..... years</p> <p>Adult male in client family ..... years</p>



24. Have children in this family been **reported** to the Department of Community Services as being at risk?

1. Yes, certainly

2. Yes, I am reasonably sure

3. Unsure

4. No, I am reasonably sure there there have been no reports

5. No, I am certain there have been no reports

---

25. Has your agency reported children in this family to DoCS?

1. Yes

2. No

If yes, how many times? .....reports

---

26. Are any of the following present?

**Geographic isolation**

1. geographic isolation

**Disability**

2. physical disability - parent

3. physical disability - child of family

4. intellectual disability - parent

5. intellectual disability - child of family

**Abuse/neglect**

6. physical abuse/neglect-child of family

7. emotional abuse - child of family

8. sexual abuse - child of family

9. past child sexual abuse of adult family member

**Health**

10. ongoing physical illness

11. psychiatric illness

**Service lacks**

*Sometimes the inability of clients to access services prevents them from progressing. For example clients who remain in situations of domestic violence because they are not able to be re-housed..*

27. 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

2. lack of respite care

3. lack of affordable child care

4. lack of accessible public transport

5. lack of affordable public transport

6. lack of public housing

7. lack of mental health services

8. lack of drug and alcohol services

9. lack of specialist counselling services

10. lack of other health service

11. lack of disability services

12. lack of access to education and training

13. lack of adequate income support

14. lack of adequate legal aid

15. lack of home care

16. lack of other services

---

**The nature of the work**

28. Which of the following best describes the work with this client?

1. Our service is **filling gaps** left by other services - we would not be providing services to this client if other more appropriate services were available.

2. We are the **most appropriate service** - we are not filling gaps left by others

3. We are **appropriate and we are also filling gaps** left by others

29. Which of the following best describes the work with this client?
- 1. We are dealing with a series of **intermittent crises**
  - 2. The work is **steady ongoing maintenance/prevention** - we don't see a lot of gains but nor do we see backwards movement
  - 3. The work is **developmental** - we see gains and we hope to see more gains

**Required for more effective work**

30. What is required 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. One rank those you consider have some importance.)
- ..... a) **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).
  - ..... b) Access to **practical services provision by other agencies**, (eg, meal preparation, shopping, cleaning, etc).
  - ..... c) Access to or better individual **case supervision/case consultation** (ie, where you can receive individual supervision about your work with the client)
  - ..... d) **Training** in the area of **individual service planning and case management skills**.
  - ..... e) **Other training**, please specify  
.....
  - ..... f) **Better Interagency collaboration**
  - ..... g) **Clearer agency policy** in relation to long term clients
  - ..... h) **Other**, please specify  
.....  
.....