

# SAAP Client Risk Assessment Tool

Guidelines for Client Risk  
Assessment & Client Risk  
Management in SAAP  
Services

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April 2006

# Introduction

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## Background to the SAAP Client Risk Assessment Project

In 2004, the NSW Ombudsman's Report, *Assisting Homeless People – the Need to Improve the Access to Accommodation and Support Services* identified issues which the Office believed were hindering access by homeless people to services funded under the Supported Accommodation Assistance Program (SAAP). The report concluded that some client exclusion policies and practices may contravene anti-discrimination legislation. It was recognised that some exclusions may be influenced by inadequate risk assessment processes.

The community services field is moving towards better practice in occupational health and safety without compromising the quality of service and support to clients. Part of this practice is focussed on more effective screening of clients to better determine the level of occupational health and safety risk a client presents to the SAAP agency.

In response, the Department of Community Services provided funds to HomelessnessNSW.ACT on behalf of the three SAAP peaks to develop and trial a client risk assessment process and tool that could be adapted to the broad range of SAAP service settings.

During 2005, the successful tenderers for the project, Age Communications and Tribe Research developed and successfully trialed the risk assessment tool and process with a representative sample of 26 SAAP services and almost 700 clients across NSW. The SAAP agencies and 83 workers participating in the trial reported increases in awareness and skills in client risk assessment through external and internal training and use of the tool and process with all clients seeking entry to the SAAP service. All were able to integrate or adapt the process into their existing intake, assessment and case management systems.

This version of the guidelines has been adapted for implementation and use by agencies that did not participate in the SAAP Client Risk Assessment Project. It is complemented by:

- the SAAP Client Risk Assessment Tool which is available in two versions – a standard process that can be used as a guide to the overall client risk assessment process and a tick box version that can be attached to an individual client file
- a set of PowerPoint slides that can be used for internal training and refreshers.

# About Risk Assessment

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## What is Risk Assessment and Management?

A risk is a workplace hazard to which people are or may be exposed. A risk must be foreseen before controls can be put in place. Responding appropriately to workplace risk involves two basic processes; identifying and assessing the level of foreseeable risks and developing strategies to manage the risk effectively.

Basically the risk assessment part of the process answers the following questions:

- What can go wrong?
- What is the probability it could go wrong?
- What could be the consequences if the risk becomes a reality?

In the risk management part of the process the controls to minimise or manage a risk are:

- identified
- developed
- implemented
- monitored
- reviewed.

## About Risk Assessment in SAAP

### Risk Assessment and the SAAP Standards

Risk assessment and risk management should be at the core of a SAAP services' occupational health and safety system. Section 9 of the NSW *SAAP Standards* (1998) outlines many indicators of good practice around the safety, security and the physical environment including:

- the provision of well-maintained, comfortable and home-like residential accommodation
- the provision of appropriate and well maintained equipment
- the provision of a safe work environment for staff with written occupational health and safety policies and procedures
- ensuring that clients are as safe and secure as possible
- the promotion of good hygiene within the service.

SAAP has many risks in common with other Australian workplaces. Due to the nature of its business, part of SAAP's response to its occupational health and safety challenges must be about the potential risks posed by clients entering and using SAAP services. These risks may be to the client themselves, staff or other clients and visitors to the service.

## Client Risk Assessment and SAAP

All clients entering and using SAAP services will present or be exposed to some level of risk. Risk assessment and management is, therefore, an ongoing and ever present task for workers in SAAP services. The essence of client risk assessment in SAAP is to first realistically identify foreseeable risks and then analyse the extent of these identified risks and their likely impact. The next part of the process is to decide what needs to be done.

There are three options when a risk and its severity have been identified by the SAAP worker providing intake, assessment or case management services. The risk can be:

- *controlled* by existing occupational health and safety practice.
- *mitigated* or lessened by implementing specific risk management strategies
- *not accepted* by referring the client to another agency.

SAAP workers do accept certain levels of risk whenever they admit clients into the service. Even the most thorough intake and assessment procedures are unable with total certainty to ensure that information provided by the client and referral agents is honest, accurate and complete. Generally, an agency's occupational health and safety, home visiting and managing aggression policies and procedures are enough to protect staff and clients from harm and there is no need to adapt or adjust them to individual circumstances. These policies and procedures should be in line with the risk assessment and management principles outlined in the next section.

Many areas of client risk can be mitigated, or minimised, by developing a special response to management of that risk. It is important to remember here that what works in one situation for one client may not necessarily work for another client. The response to risk, therefore, is tailored to the specific needs of the individual client. This is the ideal outcome in situations in SAAP where client risk is identified. It is totally in line with and can be incorporated into the SAAP case management process, an individualised and planned response to resolving clients' issues associated with homelessness.

SAAP services have varying opportunities to refer a client presenting with an unacceptably high level of risk to another agency. So much depends on the availability of needed services, their capacity to accept the client and their ability to manage the risk. While making a referral to another agency is often the outcome, this should only be done after the SAAP service has carefully and fully considered its risk management options. Maybe the client can help manage the risk. Maybe the SAAP service, through a negotiated case management plan can assist. Sometimes, external agencies can help provide the needed support. SAAP workers do need to consider whether by rejecting the client or referring them to another agency due to perceived risks, they are actually increasing the risk of harm to the client or others.

Risk assessment and management starts at the first point of contact with the client and continues through the eligibility, intake and assessment stages of entry into the service. It does not stop there. Risk assessment and management is an integral part of case management as identified areas of risk are monitored and reviewed as part of the process.

# SAAP Risk Assessment and Management Policy Principles

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The processes and tools of SAAP Client Risk Assessment are based on the following set of principles.

1. Client risk assessment and risk management is an essential part of a SAAP service's commitment to occupational health and safety in the workplace.
2. Client risk assessment is an ongoing process that starts at the point of first contact with the client, continues through the assessment process, is incorporated into case management practice and is evaluated when the client exits the service.
3. Client risk assessment practice is in line:
  - with the SAAP service's duty of care responsibilities
  - occupational health and safety legislation
  - anti-discrimination legislation.
4. All SAAP staff who have contact with individual clients have a role in managing client risk. All staff manage client risk according to their responsibilities and accountabilities
5. Safety for all in SAAP services depends on effective staff induction and training in recognising areas of client risk and minimising the likelihood and impact of incidents arising from risk areas.
6. A large proportion of risks arise from client needs and behaviours and, therefore, require a risk management response tailored to the individual and their situation.
7. Incorporation of risk management strategies into case planning, monitoring and evaluating are the preferred ways of responding to client risk.
8. The SAAP client risk assessment process is focussed on the identification and assessment of the level of client risk and the development of workable risk management strategies to minimise that risk, wherever appropriate.
9. Eligible clients are only excluded on the basis of risk when a vacancy exists if:
  - the area of identified risk has been thoroughly assessed
  - there are no realistic options for risk management within the resources available to the client, the SAAP service and other support providers
  - the SAAP agency has carefully and consciously decided that it cannot accept the client without unduly risking the well being of the client, other clients and/or the staff
  - the SAAP agency is satisfied that it is not discriminating against the person by not accepting them as a client.
10. SAAP staff follow good occupational health and safety practice whenever responding to client risk situations.

# SAAP Risk Assessment and Management Procedures

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## Overview of the Process

The SAAP Risk Assessment process is based on five steps that start when the SAAP service considers accepting a new client to fill a supported accommodation vacancy or a program conducted by the SAAP service.

The five steps which are outlined in detail below are:

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|-------------|--|
| Step One:   | Asking open ended trigger questions in identified areas of client risk at point of contact or intake.  |
| Step Two:   | Asking follow-up questions to gain further information to learn more about the person's experience with the issue, if needed.  |
| Step Three: | If an issue of client risk is identified, considering how severe the risk is and its potential for harm.   |
| Step Four:  | Considering management strategy options that could lessen the risk.  |
| Step Five:  | Balancing severity of risk with the potential to manage the risk in the decision whether to accept the client. Then, if accepting the client, developing a risk management strategy as part of the case plan or, if not accepting the client, working with the client to make an effective referral. |

## Step One – Ask Trigger Questions

### Rationale

The trigger questions are designed to seek information about areas of client risk common to SAAP services. The risk may be to the client themselves, staff or other people including other clients. They basically fall into three sub-groups:

- potential risks to self in the areas of general health, mental health, alcohol and other drugs, suicide and self harm
- potential risks posed by the client to others in the areas of violence and aggression towards other people and property, sharing accommodation with others and criminal activity
- potential risks posed by other people to the person such aggression from others and risks to accompanying children entering SAAP services.

The questions have been designed as open questions which should encourage conversation rather than closed, 'yes/no' answer questions. They have been put in a logical order moving from the general to the more specific to encourage the building of

trust and rapport. They move from talking about the impact of these life challenges on the person to talking about the person's impact on others and then to discuss the effects other people might have on the situation.

SAAP workers ask these questions at or near the point of first contact with the client. Workers doing intake will need to have the communication skills to know, either through observation or the client's answers, whether further information is needed about a potential area of risk. If concern is triggered by one or more of the client's answers then Step Two is taken.

## The Trigger Questions

The worker should have already determined if the client fits into the agency target group and is eligible to enter the service.

### **Risk to Self**

1. *Can you tell us about any health condition for which you are, or should be, taking medication or treatment?*

Prompt, if needed, by mentioning mental health conditions, physical health problems, recent visits to the doctor, etc

2. *This is a drug and alcohol free environment. What difficulties or challenges could this mean for you?*

Prompt, if needed, by saying things like "You cannot drink while here. You can't come back stoned or drunk. You can't have alcohol or drugs on the premises."

3. *What do you do if you are down and depressed and feel that it's hard to go on?*

This can be a very sensitive question, particularly to people with strong cultural taboos about suicide or discussing deeply personal issues with strangers.

Please read the later section on policy and procedural issues for more detailed information. Questions like "Do you ever feel (have you ever felt) so sad / bad about your life that it seems too hard (you don't want) to go on? Do you have a name for this feeling? What do you do when you feel like this?" may be more culturally appropriate

### **Risk to Others**

4. *What do you do when you get frustrated or angry?*

Prompt if needed, by suggesting common strategies like shouting at others, hitting someone, punching walls, going quiet, meditating, throwing things, getting wasted, going for a walk.

5. *What's been your experience in living in shared accommodation with people you don't know?*

Prompt, if needed, by mentioning things like following centre/house rules, doing rostered chores, sharing rooms, respecting others and their property.

6. *What's been your experience with the Police and legal system?*  
Prompt, if needed, by mentioning verbals, warrants, charges, scheduled court appearances, AVOs, bonds, probation conditions.
  
7. *Is there anyone wanting to cause you harm who may know where you are?*  
This could include current or ex-partners, their family members and others who have been, or are likely to be aggressive or violent towards them. The later section on 'Other Policy and Procedures Consideration' has more information on asking culturally appropriate questions in this area of risk assessment.
  
8. *In what situations can your kids get difficult to manage?*  
Prompt by asking about past involvement with DoCS, past difficulties with looking after their children or the challenging behaviours of the children. Note that you may need to explain the role of DoCS. The later section on 'Other Policy and Procedures Consideration' has more information on asking culturally appropriate questions in this area of risk assessment.

## Important Considerations

- Select the question according to the situation. Not every SAAP agency will need to ask every trigger question on every occasion.
- Do not overwhelm the client at this contact point. Be as friendly as possible and build what rapport you can.
- Assure the client that these questions are asked of every new client and that their answers will help you to work out what type and level of support the client may need from your agency.
- Be aware of your own prejudices and how they could affect your assumptions and judgment about risk.
- Do talk about aspects of the service that may challenge the client.
- Recognise that the client is seeking some kind of support from your agency and may give answers they think you want to hear. Learn different ways to ask the same question. You might get different answers when you do.
- Recognise that it is harder to get an accurate picture of the client at first sight. It is even harder when the first contact is by phone. Remember that all you are doing at this stage is identifying any potential area of risk that needs further investigation.
- Remember that this process is designed primarily to assess risk and develop a planned response to mitigate it. The primary focus is finding a suitable way to support the client not to find a reason for excluding them.

## Step Two – Ask Follow-up Questions where Required

### Rationale

Follow-up questions are asked when concern about potential client risk is identified either through the answers to the trigger questions or through the SAAP workers observations of the client. If concerns about risk are not raised, there is generally no need to ask follow-up questions.

Follow-up questions aim to uncover more information about the issue raising risk concerns. What needs to be asked will vary from situation to situation and, in some cases, will be similar to questions asked in assessment processes. The areas for further questioning on the Risk Assessment Tool and the more specific questions later in this section of the guidelines are suggestions only.

The critical issue here is to build trust so that the client feels as comfortable as possible in talking freely about the issue. Closed questions requiring yes/no or short answers will restrict the conversation. Open questions starting with words like “Can you tell me about...”, “What happens to you when...” and “How do you feel about...?” are much better in helping a client to talk.

This stage of the risk assessment and management process is still an information gathering and exchange exercise. This stage is not about making a decision about whether you have the resources available to adequately support the client.

### Follow-up Questions

Some follow-up questions seek general information about the issue and its effect on the client’s situation. Others can seek quite specific information.

The following questions are examples only of the type of information that may be relevant to the risk assessment and management process.

#### **General and Mental Health**

- What medications do you take and for what conditions or health problems?
- Do you take them on your own or do you need to be reminded?
- What medical or health support services do you receive?
- Have you ever been admitted to a psychiatric unit? Can you tell me more about what was happening to you at the time?
- Have you ever been placed on a Community Treatment Order?
- How do you manage your children when you are ill?

#### **Alcohol and Other Drugs**

- Do you currently use drugs or alcohol on a regular basis?
- At what times or in what situations do you get drunk or stoned?

- What do you take and how often?
- What have been some of the consequences of your drinking or drug taking in the past?
- Have you ever received or sought assistance, treatment or rehab for your drug or alcohol use?
- Do you need support from a drug and alcohol worker?
- How have you managed without alcohol or drugs in the past?
- Have you ever had withdrawal symptoms when you stopped drinking or taking drugs?
- When using drugs or alcohol, have you ever had an overdose, a seizure, blackouts, been aggressive, harmed yourself or someone else?
- Do you understand the consequences of drinking or drug taking while you are a client at this service?

### **Suicide and Self Harm**

- In your culture, what does it mean for someone to be feeling like this?
- How do people in your culture who feel like this generally cope with their feelings?
- Is there anyone they would talk to?
- Can you tell me a little about how those rough times affected you?
- Is this happening or are you feeling this way now? If yes, Is there anything you are doing to support yourself through this? If no, when was the last time you felt this way and what was happening for you at the time?
- What help have you had to deal with these feelings? How did it help?
- When you are feeling this way, what sort of things do you find yourself doing?
- Ask yourself,
  - Is the person talking or hinting about wanting to die?
  - Is the person indicating that they have no reason for living?
  - Is the person acting recklessly or giving away valued possessions?
  - Are there noticeable changes in daily activities like eating, sleeping, socialising?
  - Is there a plan?
  - How serious is it?
  - Is a method available?

### **Aggression and Violence**

- How do you respond if you are in a situation and you are not getting your own way (eg. you are told you are not allowed to do something)
- Have you ever been involved in a fight?
- If you get really angry with someone, what do you usually do?
- Have you had problems managing your anger?
- What happened the last time you lost your temper?
- Have you ever been violent and assaulted someone? What happened?
- What tends to make you angry and/or violent?
- Have you had any anger problems at other services?
- If a past violent incident, did it occur:

- in response to provocation
- under the influence of alcohol or drugs
- when you were ill or in crisis
- immediately or a day or more after a stressful incident
- impulsively or was it planned
- towards a person or object
- towards men, women or children
- towards someone bigger or smaller.

### **Living in Shared Households**

- Have you ever lived in shared accommodation before with people from different cultural and other backgrounds? What was your experience in the situation?
- What worked well for you in the past in shared households?
- What didn't?
- What do you think is important for people to keep in mind when living in shared households?
- What things are you good at around the house (eg. cooking, cleaning, household chores)?
- What do you have trouble doing around the house?
- How do you manage conflict with housemates?
- What level of supervision do you need to live in shared accommodation?
- Are you willing to attend house meetings?

### **Legal and Criminal Matters**

- Do you have any criminal convictions?
- Have you had any recent contact with the Police?
- Do you have a Juvenile Justice or Probation Officer?
- If on a bond or probation, what conditions have been set?
- What help or support do you need to help with any outstanding or upcoming legal matters?

### **Violence from Others**

- How dangerous do you think this person is?
- Does this person have access to weapons?
- Do you know what an AVO is?
- Do you have an active AVO?
- Do you need to take out an AVO?

### **Accompanying Children**

- Tell me about your children (eg. school, likes, dislikes, hobbies)?
- How have your children been coping with what's been happening at home?

- Have you noticed any changes or differences with their behaviour (bed wetting, clinging, challenging behaviour)?
- (After explaining that they will be sharing living space with other families) How do you think your kids will cope with this type of environment?
- Are there custody and access arrangements in place for the children?
- What types of things do you do if your children are being difficult?
- What kind of support will help you to manage your children if they are being difficult?

## A Note on Seeking Advice from Other Agencies

Strictly speaking, background checks need only to be done when the SAAP service has identified an area of risk and is uncertain about whether a workable risk management strategy can be designed and implemented.

When this is the case, the SAAP service should first get the consent of the client to contact the other agency for the exchange of relevant information. Exchanging information without the client's consent will breach privacy legislation and your own privacy policy.

Information exchange without client consent can only occur in situations where duty of care considerations have overridden confidentiality. This means that, in the situation:

- there are serious concerns about the client's safety (eg. the person may be suicidal)
- other people may be in danger if key client information is not exchanged.

Even in these situations, it is best practice to still seek consent from the client and, if consent is not given, to advise them that confidentiality cannot be maintained in this situation.

Information exchange needs to be confined to relevant information about the identified area of client risk.

In some situations, the SAAP service may not feel it has the expertise to assess the area of risk. When this occurs, the SAAP service can request a specialised assessment from an agency with this expertise. Again this is done with the consent of the client. Relevant information from this specialised assessment can then be built into the risk assessment information already gathered.

## Considerations

- It can be helpful to immediately follow a specific closed question like "Have you ever been admitted to a psychiatric institution?" with an open question like "Can you tell me a little about what was happening for you at the time?"
- Be aware of your natural tendency to increase the number of closed questions to get information out of people who aren't giving you much information. These make it even more difficult. You should be asking open questions.
- If doing the initial trigger questions over the phone, follow-up questions can wait until you are with the person face-to-face and able to do a more thorough assessment. When this is the case, it can be good practice to tell the client that you

may be able to provide accommodation and/or support based on further assessment.

- Consider using a staff meeting to generate a number of follow-up questions appropriate to your agency. These can be added to suggested intake and assessment procedures.

## Stage Three – Determine the Issue’s Severity

### Rationale

The third step in the risk assessment and management process is to assess how severe the risk really is. This step should prevent SAAP workers from jumping to hasty conclusions and excluding the person because they have simply disclosed a problem in one of the identified potential risk areas. The tasks in this step are to assess:

- the frequency in which the risk situation occurs
- the likelihood that the risk situation is going to occur
- the potential consequences should the risk occur.

This information builds on information collected in the first and second steps of the process. It gives the SAAP worker an objective and realistic picture of the risk situation and its potential impact on the client and the agency. This gives the worker enough information to take the next step, options for the effective management and mitigation of the risk situation.

### Key Questions

#### Frequency of Exposure

The first assessment task is to determine the frequency of exposure to the risk situation. The key question here is “How often does the risk situation occur?”

Does the risk situation occur:

- *infrequently*, less than monthly (low)
- *occasionally*, monthly (medium)
- *frequently* in a month but less than weekly (high)
- at least *weekly* (extreme)
- *ongoing* or more than once a week (chronic)?

#### Likelihood of Exposure

The next assessment task is to determine the likelihood of the risk situation occurring while the person is a client of your service.

Is the risk situation:

- *Very likely* to occur. This means that the risk situation occurs routinely and can be expected to occur given the client’s circumstances while they are with your service

- *Likely* to occur. This means that the risk situation occurs often and that there is a good chance it will occur while a client of your service
- *Unlikely* to occur. This means that the risk situation could possibly occur at some time based on the client's past or current circumstances
- *Very unlikely* to occur. This means that the risk situation could possibly occur but it would be an exceptional circumstance if it did occur while the client is with your service.

### **Consequence**

The third assessment task in this step is to consider the potential consequence or harm that could result if the risk situation occurred while the client was being supported by your service. Possible consequences are:

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|----------------------|--|
| <i>Insignificant</i> | <ul style="list-style-type: none"> <li>• No likely injury to self or others</li> <li>• No likely damage to property</li> <li>• No financial loss</li> <li>• No effect on the public reputation of the service</li> <li>• No disruption to the service</li> </ul>   |
| <i>Minor</i>         | <ul style="list-style-type: none"> <li>• First aid treatment only is likely to be needed for the person</li> <li>• Minor damage to property</li> <li>• Incident likely to affect those directly involved</li> <li>• Minor financial loss</li> <li>• Minor impact on the public reputation of the service</li> <li>• Minor disruption to the service</li> </ul>   |
| <i>Moderate</i>      | <ul style="list-style-type: none"> <li>• Medical treatment may be needed for the person or injured others</li> <li>• Significant damage to property likely</li> <li>• Some intervention by an outside agency needed</li> <li>• High financial loss</li> <li>• Serious loss of public reputation</li> <li>• Moderate disruption to the service</li> </ul>   |
| <i>Major</i>         | <ul style="list-style-type: none"> <li>• Extensive physical injuries, permanent impairment or death likely to the person or affected others</li> <li>• Major damage to property</li> <li>• Significant intervention needed from an outside agency</li> <li>• Major financial loss</li> <li>• Serious loss of public reputation over a period of time</li> <li>• Major disruption to or ceasing of service</li> </ul> |

### **Overall Severity of Risk**

The SAAP worker then combines the risk assessment information gathered in this step to determine the overall severity the risk poses. The overall severity of the risk can be categorised as low, medium or high. The following table is a guide.

	<i>Insignificant or Minor Consequence</i>	<i>Moderate Consequence</i>	<i>Major Consequence</i>
<i>Very Unlikely to Occur</i>	LOW	LOW	MEDIUM
<i>Unlikely to Occur</i>	LOW	LOW	MEDIUM
<i>Likely to Occur</i>	LOW	MEDIUM	HIGH
<i>Very Likely to Occur</i>	MEDIUM	MEDIUM	HIGH

Generally:

- a low rating of the severity of the risk implies that the risk management strategies commonly used by the service are likely to be sufficient to manage the risk
- a medium rating implies that some specific risk management strategies will need to be included in the case plan. The service may need to adapt usual risk management strategies to the situation
- a high rating implies that considerable attention will need to developing new risk management options to manage the unique needs of the risk situation.

## Considerations

- It is important here that the SAAP worker does not jump from this step to the decision about accepting the client. The issue at hand is to judge the issue's severity. That is all.
- This step will involve asking the client about their previous experiences with these risk situations and what happened as a result on those occasions.
- Remember that what happened in the past may not necessarily happen again. Things may be different if you use a case management approach with risk management strategies included in the case plan. Risk could be mitigated if your agency and other support agencies provide the right type and level of support.

## Step Four – Consider Risk Management Strategies

### Rationale

The process now moves from a risk assessment focus to a risk management focus. The emphasis is now on identifying realistic options for the effective management of the risk situation.

This task is done with the client using a strength-based, empowerment approach. For this reason, the first consideration should be on the client. What does or can the client

do to manage the risk themselves? In some situations the client may be able to take total control of the situation with support, encouragement and monitoring from the service.

Often, the client and the service work in partnership to implement and monitor risk management strategies. In these situations, the service may initially provide higher levels of support and monitoring, gradually reducing active involvement as the client learns to take control of the situation. The idea is that the client learns risk management strategies that they will be able to use after exiting the service.

The second consideration is what can the service do to manage the situation. All SAAP services have the flexibility to respond appropriately to the needs of individual clients. This is an extension of that flexibility. At this time, the service needs to ask itself how its resources could be used or adapted to assist with the management of the risk. This may mean changing the way some things are done to meet the needs of the situation. It may be a temporary measure until the immediate situation eases or may be needed until the client exits the service.

Finally, the SAAP worker needs to consider what extra resources could be drawn in to assist with the management of the risk situation. The SAAP service and the client do not exist in a support vacuum and, in most situations, it is not reasonable for the SAAP service to be the only real support for the client. Building a range of risk management supports will probably help the client to manage the situation in the longer term.

As with the SAAP service, other supports may include the type and level of specialist support usually provided by the other agency or may require some adaptation of support services to meet the unique needs of the situation. Risk management support provided by another agency can easily be built into case plan and monitored by the case manager or jointly with the other agency.

## Tasks and Considerations

### **Client Contribution to Risk Management**

The SAAP worker does this task with the client. The idea is to identify what the client can contribute to the risk management strategy. The aim is for the client to take some responsibility in the risk management plan. This could include, for example:

- agreeing to work with a case plan and meeting with the case worker
- managing their own medications
- attending counselling or seeking support from a specialised service like a mental health team, drug and alcohol counsellor or family support worker
- arranging support services
- attending courses or support groups like anger management, AA or NA meetings
- taking out an AVO
- doing rostered chores.

### **SAAP Service Contribution to Risk Management**

Consider what your service and staff could contribute to the overall risk management strategy. Your aim here is to think beyond what is provided under current resources to what could be provided under current resources to manage this unique situation.

Options could include:

- developing & monitoring a case plan which includes risk management strategies
- putting a special support agreement or contract in place
- providing training and information to staff on specific skills and strategies to manage the situation
- providing extra staff support through revising rosters. This could include rostering additional staff on at key times
- implementing internal risk management programs with the client and providing information and risk management strategies for other affected clients
- arranging specialist support services
- arranging a case conference with the client and the full range of support agencies and personnel involved in managing the risk situation
- negotiating joint case management with clearly defined responsibilities with other services.

### **Other Agencies' Contribution to Risk Management**

Consider what other agencies can contribute to the risk management strategy. This is not decided in isolation as it depends on the current resources available to the other service. This part of the risk management strategy needs to be developed in negotiation and collaboration with the other agency.

Options could include:

- providing direct access for the client to support programs and specialised services
- providing or upgrading support
- providing financial or staffing resources to enable extra on-site support, if needed
- providing joint case management services with the SAAP service
- participating in case conferences
- providing back-up information, training and support to SAAP staff working directly with the client.

## **Step Five – Make the Decision**

### **Preliminary Considerations**

By this point, your SAAP service should have:

- as complete a picture as possible about the area of client risk and its severity
- a realistic idea of potential risk management strategies that could minimise or mitigate the risk to the client, staff and others.

Before making the decision on whether your service is able to accept the client, there may be a need to get an internal second opinion. On occasion, the SAAP worker who has done the risk assessment may choose, due to the complexity of the situation, to seek the advice of a co-worker, the team or a more senior staff member. In some SAAP services this is the procedure used for all clients

You should now have enough information to make the decision on acceptance of the client.

## Procedure

1. When making a decision about accepting a client, consider and balance:
  - all risk assessment information provided by the client
  - all risk assessment information provided by other services
  - the service's assessment of the severity of risk
  - the risk management options presented by the client, your service and other specialised support agencies.
  
2. Decide whether:
  - the level of risk is acceptable and can be managed by existing occupational health and safety procedures and your services' policies
  - the level of risk is acceptable and will require adjustments to resources and the negotiation of a risk management strategy to be incorporated into the case plan
  - the level of risk is too high and cannot be mitigated through risk management strategies or rearrangement of available resources.
  
3. If accepting the client follow your service's entry procedures and put in place:
  - an individual case plan
  - risk management strategy, if needed
  - a monitoring and review system.
  
4. If not able to accept the client:
  - explain the reasons to the client in a supportive environment and manner
  - outline your service's appeals procedure and how to access it
  - identify referral options in collaboration with the client
  - with client consent, refer appropriately.
  - document the reasons

### **A Note on Appeals**

The person rejected on the grounds of client risk does have the right to appeal the decision. When this happens, advise the person:

- of the service's complaints and appeals procedure
- of their right to access the appeals procedure and how to do it
- of their right to an advocate or support person to assist with the appeal.

The person should also be advised of their right to complain to the NSW Ombudsman and be given the Tollfree Number 1800 451 524.

# Other Policy and Procedure Considerations

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## Exclusions Based on Pregnancy or Disability

### When the Client is Pregnant

The 2004 Ombudsman's Report, *Assisting homeless people – the need to improve their access to accommodation and support services*, identified that 'refusal to accommodate a pregnant woman in a service that she would otherwise be eligible for is unreasonable and may be unlawful, unless it is based on an individual assessment of the actual risk to the pregnant woman, unborn child or any other residents.'<sup>1</sup> As most pregnant women either do not have significant health problems or could still be accommodated with support from a specialist health service, they should pose a negligible risk to the client. The issue has not been included as a risk assessment trigger for this reason.

If your service is asking the question 'Are you or could you be pregnant?' with the intention of excluding the woman if she is, seriously consider if you are being discriminatory and are breaching the Anti-discrimination Act. It would be okay, however, to ask the question as part of the assessment process if you are simply seeking to establish the client's health status.

### When the Client has a Physical Disability

The Ombudsman's report also discussed concerns about the exclusion of clients with a physical disability. The report suggests that SAAP agencies should review policies and procedures in relation to this issue. The report states that 'exclusions should not be based on assumptions of dependence or inability to negotiate physical access.'<sup>2</sup> It points out that, although services may not be wheelchair accessible, other people with physical or sensory disabilities may still be able to move safely around the premises.

If included as a risk assessment question, it may raise issues of discrimination if rejecting a client on the basis of a disability. If challenged, a SAAP service would need to demonstrate that it would cause unreasonable hardship to the service to make the building accessible or make other necessary arrangements to accommodate the person.

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<sup>1</sup> NSW Ombudsman, *Assisting homeless people – the need to improve their access to accommodation and support*, pg 58.

<sup>2</sup> Ombudsman's Report, pg 44.

# Culturally Appropriate Questioning on Sensitive Issues

## Assessing mental health and/or suicidality

The expression of mental illness or suicidal behaviour can be affected by culture, religion and gender. When these all intersect, assessing risk can be especially challenging. For example, when a person's religion forbids suicide, disclosing suicidal thoughts or feelings can be almost impossible, so signs like acting recklessly, giving away valued possessions or making a plan may not be present.

Because of cultural taboos in talking about mental illness and suicidal behaviour, in particular, it can be very difficult to assess these in people from some cultural backgrounds. Sometimes, even finding mutually understood words to describe feelings is hard. For example, depression and anxiety are often viewed as physical symptoms with no obvious organic cause and suicidal thoughts may not be spoken about.

For these reasons, the Multicultural Mental Health Association (MMHA) suggests asking questions that enable people to talk about their belief systems in relation to these issues. Understanding these beliefs may help the worker to better understand a client's behaviour and attitudes.

Some possible ways into asking about suicide are:

### **Step 1 Trigger Questions**

- Do you ever feel (have you ever felt) so sad / bad about your life that it seems too hard (you don't want) to go on?
- Do you have a name for this feeling?
- What do you do when you feel like this?
- Have you ever deliberately hurt yourself, or thought about this?

### **Step 2: Follow-up Questions**

- In your culture, what does it mean for someone to be feeling like this?
- How do people in your culture who feel like this generally cope with their feelings?
- Is there anyone they would talk to?

## Assessing Risk from Others

Sometimes domestic/family violence situations can involve members of extended families. For example, a woman living with her in-laws may sometimes be abused not only by her husband but also by other members of his family. If she is on a spouse visa, she may also have been threatened with deportation if she tries to leave. Possible additions to questions already in the tool are:

### **Step 1: Alternative Trigger Questions**

- Has your ex/husband or anyone else in his family (or connected to him) been aggressive, violent or threatening towards you?
- What have they said or done?

### **Step 2: Follow-up Questions**

What is your immigration status?

What would it mean for you to take legal action?

## **Risk to or from Accompanying Children**

In relation to child protection, some migrants and refugees come from countries where there is no government child protection system and so the role of DoCS may need to be carefully explained. Risk assessment questions need to reflect these possibilities.

### **Step 2 – Alternative Follow-up Questions**

- Is there a government agency responsible for child protection in your country?

## **Duty of Care, Privacy and Confidentiality**

### **Privacy and Related Pieces of Legislation and Related Pieces**

The privacy and confidentiality policies of SAAP services and thus the practice in risk assessment and management needs to meet the requirements of four major pieces of legislation. These are the:

- A. (Commonwealth) Privacy Act 1988
- B. (Commonwealth) Privacy Amendment (Private Sector) Act 2000
- C. (NSW) Privacy and Personal Protection Information Act 1998 (NSW)
- D. (NSW) Health Records and Information Privacy Act commencing 1 September 2004

Other pieces of legislation are also relevant risk assessment and management, particularly in situations when legal requirements override privacy requirements. This includes:

- Occupational Health and Safety Act 2000 (NSW)
- Children and Young Persons (Care and Protection) Act 1998 (NSW)
- Crimes Act (Commonwealth) 1914, (NSW) 1900
- Freedom of Information Act (Commonwealth) 1982, (NSW) 1989
- Mental Health Act (NSW) 1990
- Commonwealth Disability Services Act 1986
- Disability Services Act 1993 (NSW)

SAAP Agencies should ensure that their workers are familiar with information exchange provisions under these pieces of legislation.

## Privacy Principles

These pieces of legislation each have a set of privacy principles. Following is a list of those principles and their legislative sources.

1. The agency will only collect personal information that is relevant to the function of the agency and the provision of the agency's services (Legislative Source A, B, C).
2. Clients of the agency are informed about why personal information is collected and to whom or what agency it is usually disclosed (A, B, C).
3. The agency takes all steps to ensure that client information is accurate, up-to-date and complete (A, B, C).
4. The agency has security safeguards that protect client records from loss, unauthorised access, misuse, modification and disclosure and procedures that ensure appropriate disposal of client information (A, B, C)
5. Clients of the agency are told how they can get access to their records containing personal information (A, B, C)
6. The agency has a policy covering:
  - the nature and purpose of client record keeping
  - how long client records are kept
  - who has access to client records
  - how clients can get access to their own records (A)
7. Clients of the agency are entitled to have access to their records (A, B, C)
8. Clients of the agency are able to correct any information held by the agency that is incorrect, incomplete or misleading (A, B, C).
9. Client information is not used by the agency for any other purpose except with client consent unless necessary to prevent harm to life or health (A, B, C).
10. Client information is not disclosed by the agency to another person or agency without consent unless necessary to prevent harm to life or health (A, B, C).
11. The agency does not use the same client identifying numbers or codes that are used by other agencies (A).
12. The agency only uses client identifying numbers or codes if necessary for the efficient functioning of the agency (C).
13. Clients of the agency have the option of not identifying themselves (A,C)
14. Sensitive information, such as health information, is collected by the agency with client consent unless necessary to prevent harm to life or health (A).
15. The agency takes reasonable steps to de-identify health information before it is disclosed for data collection or research purposes (A).
16. Information is collected directly from the client by the agency unless the client is a minor, under guardianship or has given consent for someone else to provide the information (A, B, C).
17. Health information collected by the agency can only be included in a system to link health records with consent (C).

As a rule, therefore, client information is only exchanged with other agencies with the client's full knowledge and informed consent. It is good practice to ask the client to sign a consent form showing that the client has given written or verbal consent for the exchange of information between nominated agencies.

## Informed Consent

Consent or the withholding of consent is central to privacy. Consent is considered genuine if the person from whom consent is sought has the capacity to give or withhold consent. This means that they have the ability to understand the nature and effect of their decision and can communicate their consent. Consent is considered valid when it is voluntary, informed, specific and current.

Consent may be written or verbal. Written consent is preferable wherever possible. It is important when discussing consent that the client understands that they are agreeing to the sharing of their information with nominated agencies.

There are four possible pathways regarding consent.

1. The client, the advocate appointed by the client or their legally appointed guardian, in your opinion, understands and agrees to the exchange of information. This means the agency believes that *informed consent has been given*.
2. In the opinion of the worker collecting the information, the *client does not have the capacity to give informed consent*. This can apply when the client has dementia, a brain injury, a mental illness or an intellectual disability. When this happens, there are two main decision making options
  - substitute decision making where the decision is made by a representative of the client
  - procedural decision making where the agency uses clear and consistent criteria to assess whether the exchange of client information is in the best interests of the client
3. The client refuses to give consent to certain or all agencies. This means that the *client is unwilling to give consent*. This also needs to be balanced by duty of care considerations.
4. There is no need to exchange client information with other agencies and, therefore, *consent is not needed*.

Further information about consent and how it is applied to handling personal information of people with decision making disabilities is available in Privacy NSW's Best Practice Guide. This document can be downloaded from Privacy NSW's website at [www.lawlink.nsw.gov.au/lawlink/privacynsw](http://www.lawlink.nsw.gov.au/lawlink/privacynsw)

## Duty of Care

'Duty of care' is a legal term used to describe the duty or responsibility agencies and their workers have to consider the effects of their actions on other people's welfare. In community services this includes clients, unknown members of the community, paid and unpaid staff members and other service providers.

Agencies and their workers have a legal duty to take reasonable care to prevent another person being harmed. This duty of care refers not only to the actions of a worker but also their inaction or advice which they may give or fail to give. This means that agencies should pass on information about significant areas of client risk of harm posed to self and others in referrals and background checks even if the client has not given consent to the exchange of this specific information.

As described above, in certain situations, duty of care may override confidentiality provisions when:

- disclosure is required in the client's interest, such as when a client is suicidal or could suffer harm
- there may be danger to a third party, such as a carer or another service provider.

# Sources and Resources

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