

**DARWIN HOMELESSNESS RESPONSE GROUP (HRG)
ASSESSMENT TOOL
FOR HRG USE ONLY - THIS IS NOT A GENERAL REFERRAL FORM**

HRG REFERRAL INFORMATION

This HRG assessment tool is for use only by designated staff from HRG inducted members organisations from 1 January to 30 June 2019. NT Shelter does not endorse use of this tool outside HRG principles and processes.

This assessment tool and two eligibility criteria were developed to meet the purpose of the HRG.

The purpose of the HRG is:

1. To encourage Government and NGOs to work collaboratively and with client consent, to provide wrap around case coordination to people in the Darwin region, with complex needs who are homeless or are at risk of homelessness.
2. To gather systemic issues experienced in providing support to clients, and advance them to decision makers and advocacy groups for consideration and action.

The **THREE** HRG eligibility criteria that must be met are:

1. The client must be homeless or at risk of homelessness; **AND**,
2. The client must have you been supported by the organisation in Darwin for at least 3 weeks; **AND**,
3. The client must identify and consent to receive support in two or more areas of their life

This assessment tool contains instructions to aid in its completion. It is not designed for clients to complete on their own. It may be filled out over a number of sessions with prior knowledge or case notes. Responses in the tool must be approved by the client

A summary of needs identified by the client and staff in this assessment tool will be included in the HRG agenda for this client.

HRG meetings are held on the 2nd and 4th Fridays of the month to 30 June 2019. The deadline for assessment forms is **one day before the HRG meeting**. Assessment forms will only be accepted by email to the HRG Coordinator hrg@ntshelter.org.au

The HRG is required by its funder, the NT Government, to record data in the secure SHIP platform. HRG clients have the right to refuse to consent to this process.

The SHIP privacy information card is at the **back of this form** and can be used by case workers to ensure HRG clients can make informed decisions about consenting to data collection.

Discuss the case with the HRG Coordinator or other NT Shelter staff member if you have any questions.

HRG HOMELESSNESS ELIGIBILITY CRITERIA

A client must be homeless or at risk of homelessness to be eligible for support from the HRG.

If the client currently lives in a refuge or crisis accommodation, they are considered homeless.

The HRG uses the Australian Bureau of Statistics' [statistical definition of homelessness](#)¹ below

ABS STATISTICAL DEFINITION OF HOMELESSNESS

A person is homeless if:

- their current living arrangement *is in a dwelling that is inadequate*; or
- their current living arrangement *has no tenure, or if their initial tenure is short and not extendable* (in this case, *tenure* means the financial arrangements under which someone has the right to live in a house or flat. For example, the person pays rent for the right to live in a house or flat); or
- their current living arrangement *does not allow them to have control of, and access to space for social relations*; or
- they lack a *sense* of security, stability, privacy, safety, or the ability to control living space.

HRG ELIGIBILITY CHECKLIST

INSTRUCTION:

1. Read the **ABS STATISTICAL DEFINITION OF HOMELESSNESS** above
2. Familiarise yourself with the client's goals, the purpose of the HRG and this Assessment Tool.
3. With the client, answer the HRG eligibility criteria questions **A – C** in the box below.
4. If the client answers **YES** to questions **A – C**, this client **IS** eligible for the HRG, proceed to consent section
5. If the client answers **NO** to questions **A – C**, this client **IS NOT** eligible for the HRG, refer appropriately

A. Are you currently homeless or at risk of homelessness (see ABS definition above)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Have you been supported by the organisation in Darwin for at least 3 weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Are there 3 or more areas of life would like help with, including homelessness?	Yes <input type="checkbox"/> No <input type="checkbox"/>
STAFF: Is the client eligible?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INSTRUCTION: If the client is eligible for the HRG, proceed to the **HRG CONSENT FORM** below.

¹ ABS Statistical Definition of Homelessness 4922.0 - Information Paper - A Statistical Definition of Homelessness, 2012
<http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4922.0Main%20Features22012?opendocument&tabn> (accessed 03/01/17)

HRG CONSENT FORM

INSTRUCTION: The HRG will not accept the referral if this section is incomplete.

By ticking these boxes, initialling and signing this form, I agree for this HRG member organisation to share information about me at HRG meetings. I understand that I am only giving consent for the organisation named on this form and only from 1 January to 30 June 2018 unless I withdraw consent by telling my case worker.

DATA COLLECTION

NT Shelter will store and collect data in line with the NT Information Act². The HRG will not talk to anyone about you without your consent. The HRG only stores your information in a password protected electronic server.

Your information will not be shared unless authorized by you or subpoenaed by a court or police. If your file is subpoenaed you will be informed.

The HRG is required by its funder, the NT Government, to record data in the secure SHIP platform. You can refuse to consent to this process. For your information, the SHIP privacy information card is on the last page of this form.

- ☐ I understand how my information will be collected, stored and shared.
- ☐ Information requested by other agencies will not be given without my consent.
- ☐ **I DO** consent for the HRG to enter my information into the SHIP database
- ☐ **I DO NOT** consent for the HRG to enter my information into the SHIP database

Client initial.....

MANDATORY REPORTING

It is important for you to be aware that if any staff member suspects you or your children are at risk of harm/abuse we are obliged to notify the relevant authorities.

- ☐ I understand that workers or any adult member of the public in the NT are required by law to report domestic and family violence to the relevant authorities.
- ☐ I understand that workers or any adult member of the public in the NT are required by law to report neglect, abuse, maltreatment, sexual offence or exploitation of children to the relevant authorities.
- ☐ I understand the parent/guardian of children reported will be informed unless there is a possibility of increased risk.

Client initial.....

HRG ASSESSMENT TOOL

- ☐ I agree with all the information my case worker has included in this assessment form

Client initial.....

Client signature and date:

Date of consent renewal with this referring HRG organisation (in 6 months):

INSTRUCTION: If the client names organisations below, investigate and confirm their response again at the end of the form

I DO NOT wish HRG to contact or speak to these organisations about me

² Office of the NT Information Commissioner, Privacy Overview <https://infocomm.nt.gov.au/privacy/overview> (accessed 03/01/17)

CLIENT'S INFORMATION

INSTRUCTIONS: Please complete fields below. The HRG agenda will include a summary of this section **EXCEPT** the client's name.

NAME	
GENDER	
AGE / DOB	
CULTURAL BACKGROUND	
LANGUAGE	
INTERPRETER REQUIRED? ³	
CARING RELATIONSHIPS ⁴	
PETS ⁵	

What do you need to be safe and well?

WRAP AROUND SERVICES

INSTRUCTION: Please answer the questions below with the client. To be eligible for the HRG a client must identify and consent to receive support in **3 or more** areas of their life **including homelessness**.

INSTRUCTION: The far right hand column is for case workers to identify areas where they need support

WRAP AROUND SERVICES	Client– do you need support with this?	Staff – do you need information to support the client with this?
1. Are you or your children / dependents at risk of, or experiencing violence or harm that you want support to get away from?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details		
2. Do you want help to look after your children or other family members?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details		

³ Use the table on **page 7** of this assessment tool to assess a client's communication skills in English and the need for an interpreter

⁴ Caring relationships include children (including kids in care of Territory Families), and other family members

⁵ Pets include those of the person named in the assessment tool, and the pets of people with whom the client is in a caring relationship

3. Are you having any problems or pressure from family, friends, partner that you want help with?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details		
4. Do you want help to look after yourself, get around, talking to people? (e.g. vision, hearing, speech impairment, wheelchair, amputation, hard to use stairs, brain injury, problems concentrating/ remembering/ learning things)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details		
5. Do you want help with cooking, cleaning, budgeting, shopping?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details		
6. Do you have Centrelink, financial problems or debt you want help with?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details		
7. Do you need help with paperwork or identification documents like a driver's license, 18+ card, birth certificate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details		
8. Do you have legal problems you want help with? (including visas)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details		
9. Do you want help with any health issues (other than mental health)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details		
10. Do you want support with alcohol, other drugs, or gambling?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details		

INSTRUCTION: Questions 10 – 13 are to assess the client's mental health for the information of case workers

11. Have you threatened or tried to harm yourself/others in the last 6 months?

Yes ☐ No ☐

Yes ☐ No ☐

12. Have you felt suicidal in the last 6 months?

Yes ☐ No ☐

Yes ☐ No ☐

13. Do you have a diagnosed mental illness?

Yes ☐ No ☐

Yes ☐ No ☐

14. Do you have a mental health plan?

Yes ☐ No ☐

Yes ☐ No ☐

Details

INSTRUCTION: Question 14 is to assess the if the client wants support with their mental health

15. Do you want help with your mental illness, to stop feeling traumatised, get to sleep, anxious, depressed, worried, stressed, hearing or seeing things that other people don't hear or see?

Yes ☐ No ☐

Yes ☐ No ☐

Details

16. Do you want to talk to anyone about problems, hurt, violence, trauma, troubles or feelings? It can be about things happening now or in the past.

Yes ☐ No ☐

Yes ☐ No ☐

Details

17. Do you want help to be a volunteer, or to get work, education or training?

Yes ☐ No ☐

Yes ☐ No ☐

Details

18. Any other way we can support you?

Yes ☐ No ☐

Yes ☐ No ☐

Details

ANY MORE INFORMATION YOU CAN TELL US ABOUT YOURSELF?

What do you want for your future?

Is there anything you want to tell us about you or your family that will help us to help you?

Is there anything you want to let us about your language, culture, identity, pets, family, gender, storage of possessions?

Details

OTHER SERVICES

Please list any other services that you get support from.

Details

SYSTEMIC ISSUES

Describe any systemic issues you and or your organisation experience in supporting the client.

Details

HRG REFERRAL CRITERIA

INSTRUCTION: To be eligible for the HRG a client must identify and consent to receive support in **3 or more** areas of their life **including homelessness**. Please tick boxes **A – O** where the client consents to get support.

WRAP AROUND SERVICE REQUESTS	CLIENT CONSENT FOR SUPPORT?	STAFF REQUEST FOR SUPPORT?
A. Homelessness	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
B. Violence and risk	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Children or dependents	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Relationships	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Look after self	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
F. Independent living skills	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

G. Finances	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
H. Paperwork, administration, ID	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
I. Legal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
J. Health	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
K. AOD and gambling	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
L. Mental health	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
M. Talking to someone	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
N. Work, education, training	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
O. Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
P. Does the client consent for support with 3 or more areas of wrap around support from A - O above?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

INSTRUCTION:

1. If YES to question **P** above, the client **IS** eligible for the HRG, please submit the referral to the HRG Coordinator
2. If NO to question **P** above, the client **IS NOT** eligible for the HRG, please refer accordingly

CASE LEAD REPORT: FIRST HRG MEETING

INSTRUCTION: The case lead is to provide a report detailing the below information at the client's first HRG meeting

What services are your organisation currently providing the client and for how long?

Summarise the responses in sections B to N of the HRG assessment form

What are the systemic issues is this client is experiencing?

REFERRING ORGANISATION TO COMPLETE

Consent given for HRG referral (yes / no)	
Consent given for SHIP data collection (yes / no)	
Interviewer name / position /organisation / date	

ASSESSING COMMUNICATION: WHEN TO USE AN ABORIGINAL INTERPRETER⁶

Use the table below to assess a person's communication skills in English.

If **two or more** of the points in the 'likely to need an interpreter' column apply to the person, you should organise an interpreter.

RESPONSE	LIKELY TO NEED AN INTERPRETER	LESS LIKELY TO NEED AN INTERPRETER
Articulating back	The person has difficulty articulating back what you said to them.	The person is able to articulate meaningfully most of what you said to them, using their own words.
Short or long answers	The person only speaks in short sentences of four to five words. Or they mainly give one-word answers.	The person speaks in full sentences of six or seven words or more, and elaborate answers to questions.
Agrees or disagrees	The person consistently agrees with your questions or propositions you put to them.	The person is easily able to disagree and articulate a different point of view.
Inappropriate responses	The person frequently responds inappropriately to your comments or question, for example, responding with "yes" to what or where questions.	The person consistently responds meaningfully and appropriately to questions and comments.
Unsure of meaning	You are sometimes mystified as to what exactly your client is telling you even when the words and grammar they are using are clear to you.	You can process the person's speech clearly and understand what it is they are telling you.
Contradictions	The person appears to contradict themselves, and is unaware of the apparent contradictions.	The person does not contradict themselves, or if they do, they are aware of and can address the contradiction.
Uses new vocabulary	The person does not add significant amounts of new vocabulary to the conversation. They rely on using the words or phrases that you have previously said to them.	The person frequently adds new vocabulary to the conversation.
Good grammar	The person does not use English grammatically, for example, mixes up pronouns ("he" instead of "she"); uses the past tense incorrectly ("He look at me").	The person uses English grammatically.
Repeating and simplifying	You find yourself frequently needing to restate and simplify your utterances.	You can talk easily in a normal manner.

⁶ NT Aboriginal Interpreter Service: When to use an Aboriginal interpreter <https://nt.gov.au/community/interpreting-and-translating-services/aboriginal-interpreter-service/when-to-use-an-aboriginal-interpreter/assess-their-communication> (accessed 11/10/17)

INFORMATION ABOUT HRG DATA COLLECTION FOR CLIENTS

PRIVACY INFORMATION CARD: Specialist Homelessness Services collection

Specialist Homelessness Services collection WE NEED YOUR HELP

We need information to help people who experience homelessness or who are at risk of homelessness. Your story is important and the information you provide can help develop programs to prevent homelessness, improve services for homeless people, and help people find the way out of homelessness.

WHAT IS THE SPECIALIST HOMELESSNESS SERVICES (SHS) COLLECTION?

The SHS collection provides data to the Australian Institute of Health and Welfare (AIHW) from agencies such as this one that are funded to assist homeless people and/or help maintain their accommodation. It collects information about your circumstances, and the type of help you asked for and the services provided to you by this agency.

WILL I BE IDENTIFIED?

No. The SHS collection does not contain any information that identifies you. Although you provide your name to this agency, it is not passed to the AIHW.

WILL MY INFORMATION BE GIVEN TO CENTRELINK OR THE POLICE?

No. By law, the AIHW cannot pass on any information in the SHS collection that can be used to identify you to the police, Centrelink or any other government department, organisation or individual.

DO I NEED TO AGREE?

While you cannot be identified, you may consider that some information is sensitive and that you do not want this information to be passed on to the AIHW. You can choose at any time during your support period to not have the following information provided to the AIHW:

- Indigenous status
 - country of birth
 - living arrangement of children on care or protection orders
 - type of institution recently left
 - formally diagnosed mental health condition
 - source of information on a mental health condition
 - when mental health services were received.
- If you choose not to provide the above information to the AIHW, you will still be able to use this agency's services.



Australian Government
Australian Institute of
Health and Welfare



KEEPING YOUR INFORMATION SECURE Specialist Homelessness Services collection

Many steps have been taken to ensure that the information you provide to the SHS collection remains confidential.

KEEPING YOUR INFORMATION CONFIDENTIAL

Your name is not part of the SHS collection and will not be provided to the AIHW. The following alpha code is used to distinguish between individuals for statistical purposes but not to identify an individual. Only the 2nd and 3rd letters of your first name and 2nd, 3rd and 5th letters of your family name are provided to the AIHW.

Letters of given name	1 st	2 nd	3 rd
Letters of family name	1 st	2 nd	3 rd
Sex	Male <input type="radio"/> 1 Female <input type="radio"/> 2		

HOW IS THE ALPHA CODE USED?

The alpha code is combined with your sex and date of birth to create a statistical linkage key (SLK) — almost every person will have a unique SLK. This provides a method to avoid double counting individuals in the statistics that are reported.

WHAT HAPPENS TO MY INFORMATION?

All information is kept strictly confidential. The AIHW has strict policies and practices to protect data and its building is protected by an electronic security system. Any information kept electronically is stored on secure servers.

WHERE CAN I GET MORE INFORMATION?

If you would like more information, please ask.