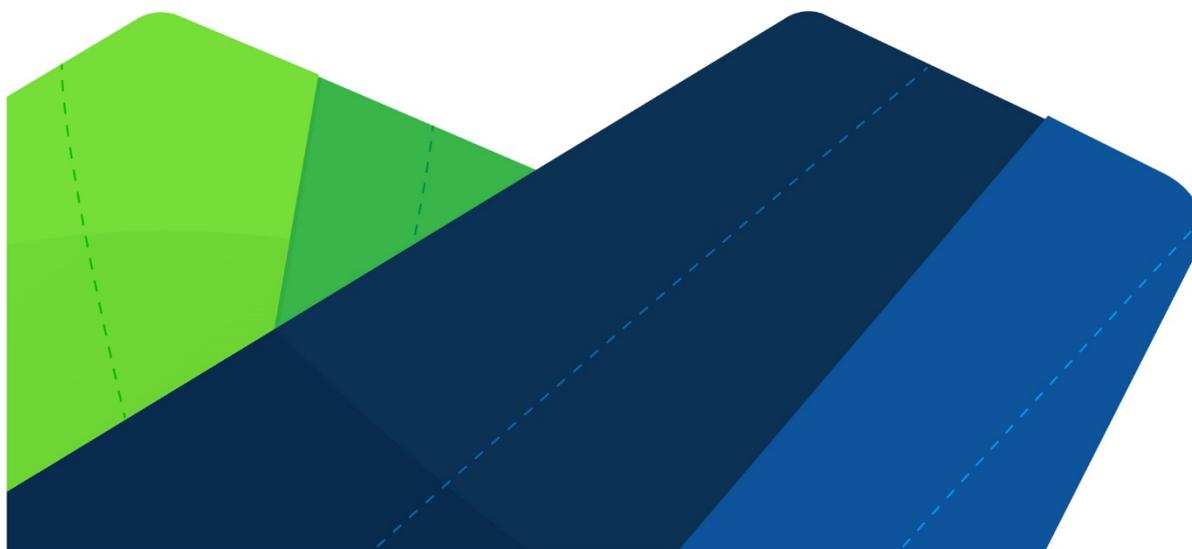


Referring for a community support activity in Mental Health Services

Toolkit: Companion orientation manual of community treatment and community support tools

A partnership with Neami National and Mind Australia



Referring for a Community Support Activity in Mental Health Services Toolkit: Companion orientation manual of community treatment support tools

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An electronic version of this document is available at

<https://clinicalexcellence.qld.gov.au/priority-areas/service-improvement/allied-health-mental-health-initiatives>

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Introduction

The Referring for a Community Support Activity in Mental Health model of care enhances referrals for community support activities between allied health professionals employed in Hospital and Health services and psychosocial support workers employed through community managed organisations. The model of care is supported by this 'toolkit' that has been co-designed to improve the referral of a person with a mental health problem to a community managed organisation, it consists of:

1. Referring for a community support activity in Mental Health Services Toolkit: Guidelines and implementation resources

- **The Guideline: Referring for a Community Support Activity in Mental Health**, defines responsibilities and accountabilities of Hospital and Health service mental health alcohol and other drug services staff associated with the referral and review of community support activities. The process emphasises collaborative working principles to provide communication and operational processes to facilitate the referral between organisations.
- **The implementation resources** support the operationalisation of the Guideline. While the processes in the Guideline are recommended, the implementation resources are optional and could be applied according to the nature of the partnership agreement, the type of service and the specifics of the referral. The implementation resources include the list of consumer support activities, the terms for the partnership agreement, the consumer skills development model, referral forms and case studies and orientation slides from two of the implementation sites.

2. Referring for a community support activity in Mental Health Services Toolkit: Companion orientation manual of community treatment and support tools

The intention of the collection of community support and community treatment tools is to orientate allied health and psychosocial support workers to the type of tools that they use when supporting consumer recovery. They are optional generic resources that can be adapted for use based on the consumer needs and assessment or used as a discussion point between allied health professionals and community managed organisation staff.

3. **Self-guided learning package** that orientates Hospital and Health Service mental health and alcohol and other drugs services and community managed organisation staff that plan to implement the model of care.

Although the Guideline includes referrals by allied health professionals to community managed organisations, it could be applied to all mental health and alcohol and other drugs services clinicians. Also, while they specifically pertain to requests to community managed organisations, the principles could apply to internal Hospital and Health Service mental health and alcohol and other drugs services for example the peer support workforce.

The services that implement the referring for a community support activity vary and may include sub-acute services, for example adult step up/step down units and in-reach hospital to home services; community services, for example case management, outreach services and transitional recovery programs; and long-term services, for example community care units and rehabilitation services. It may also have application when referring to the NDIS.

Community treatment and support tools

The intention of the collection of community treatment and support tools is to orientate allied health and psychosocial support workers to the type of tools that each of the professional groups use when supporting consumer recovery. These resources in this toolkit are optional and can be adapted for use based on the consumer needs and assessment or used as a discussion point between allied health professionals and community managed organisation staff.

While the processes in the Guideline: Referring for a Community Support Activity in Mental Health Services are recommended, the orientation resources within this toolkit could be applied according to the nature of the partnership agreement, the type of service and the specifics of the referral.

A summary of the resources is provided in the Table below. *The resources have also been provided in PDF and Word versions, and can be found at <https://clinicalexcellence.qld.gov.au/priority-areas/service-improvement/allied-health-mental-health-initiatives> so that they can be modified to meet the needs of individual services. They have been ordered according to the stage of referral process:*

- Organising community support activities
- Establishing expectations
- Organising community support activities
- Review process

Table 1: Summary of the orientation resources

Orientation resources	Purpose of the resources
Organising community support and establishing expectation	
Appendix 1A: Goal setting tool	The goal setting tool has been useful in subacute services and used to support consumer goals during their sub-acute support.
Appendix 1B: My better life plan	A template that helps consumers identify priorities, goals and future planning. It is completed by the consumer.
Appendix 1C: My better life plan support	A support document for the My better life plan that further defines consumer goals. It is completed by the consumer.
Appendix 1D: Fortnightly planner	The fortnightly planner was designed for a long-term support. To address the feedback loop The template informs a brief fortnightly review with the consumer, allied health professional and psychosocial support worker.
The remaining resources have been used in long-term services e.g. community care units	

	<p>provided or assessment undertaken by the allied health professional.</p> <p>At the time of organising the community support activity for the consumer the allied health professional should provide clear instructions about the expectations and the required level of support to be provided to the consumer e.g. activity performed with support, independently or with prompts. The support needs rating is a resource that could be used to articulate the required level of support to be provided to the consumer e.g. the activity performed with assistance, with prompts, or with supervision</p>
<p>Activity support guides</p> <ul style="list-style-type: none"> • Appendix 3A: Sleep screening template and sleep diary • Appendix 3B: Sleep preparation • Appendix 3C: Grocery shopping • Appendix 3D: Meal planner • Appendix 3E: Going shopping support activity • Appendix 3F: Meal preparation • Appendix 3G: Food safety and storage • Appendix 3H: Doing laundry • Appendix 3I: Doing cleaning • Appendix 3J: Catching public transport • Appendix 3K: Navigating appointments • Appendix 3L: Building independence in managing Centrelink Affairs • Appendix 3M: Budgeting support • Appendix 3N: Expense tracker • Appendix 3O: Recreation and leisure plan 	<p>The activity support guides are optional resources that can be used to support consumers in their recovery.</p>
<p>Organising community support activity</p>	
<ul style="list-style-type: none"> • Appendix 4A: Activity prompting sheet template • Appendix 4B: Example activity prompting sheet - Client A • Appendix 4C: Example activity prompting sheet - Client B 	<p>The activity prompting sheet may be used to define the level of support required by the consumer and has been found to be useful when used by occupational therapists and psychologists in long-term rehabilitation settings.</p> <p>These prompting sheets are completed and coordinated by the allied health professional following assessment in a collaborative process with the consumer and psychosocial support worker.</p> <p>Provided for use is an empty template (prompting sheet) and two client examples of how the sheets may be completed.</p>

Review process	
<ul style="list-style-type: none"> Appendix 5A: Journey planner template Appendix 5B: Road to success Appendix 5C: She'll be right 	A journey planner is a creative visual tool reflecting and celebrating the resident's achievements as they work towards their individual recovery goals. The journey planner is completed as part of the interdisciplinary review process and the documents should go hand in hand.
Appendix 5D: Occupational therapy functional progress map	The occupational therapy functional progress map is used to track the progress of the consumers goal achievement and is a tool for discharge planning. It is completed by the occupational therapist after reviewing the support needs ratings.
Appendix 5E: Functional goals template	The functional goals template is developed between the occupational therapist, consumer and psychosocial support worker. It is used for the initial setting of collaborative goals and to document completion of supported activities. It is used by the psychosocial support worker and brought to case reviews as a part of the review process.
Appendix 5F: Consumer activity rating scale	The consumer activity rating scale is a self-evaluation of skill development. The consumer completes the rating scale following a specific community support activity provision by the psychosocial support worker. It can be completed at any frequency that the support worker determines to evaluate the progress of the activity and is used as a part of the occupational therapy functional progress map evaluation
Appendix 5G: Recovery web	The recovery web is used for the subjective rating of functioning during Recovery. The numerical or emoji rating is scored by the consumer with the support of the psychosocial support worker. The psychosocial support worker plots the rating on the rating table and the recovery web. Once the rating is placed the consumer can prioritise their goals around the 10 key areas i.e. managing mental health, physical health, responsibilities, connections. The 1 st completion of the Recovery web is one week before the 6-week case review. The 2 nd to 4 th completion is one week before the 3-monthly case review.

Organising community support and establishing expectation

Appendix 1A: Goal setting tool

The goal setting tool has been useful in subacute services e.g. Adult Step Up/Step Down services and can be used to support consumer goals.

 Queensland Government			(Affix patient identification label here)
<h2>Goal and Support Plan</h2>			URN: Family Name: Given Names: Address: Date of Birth: Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I
Goal Type?	Date	Entry goals	Action Plan
Life area 1: _____ E.g. Medication, physical or spiritual etc.			
Life area 2: _____			
Life area 3: _____			
Life area 4: _____			
Life area 5: _____			
Other:			

Date:	Revised Goals:	Action Plan:
Date:	Transition to home Goals:	Action Plan:

Has this plan been discussed and developed with the consumer Yes No

If no, follow date/...../.....

Consumer Signature:

Copy of plan to be given to the consumer

Staff member print nameDesignation/RoleSignature:.....

My Better Life plan® areas

Date plan started	
Your name	
Name of Mind worker	
Other people involved in developing your plan	

Mind wants to provide a welcoming and safe service for people from all cultures, genders, sexualities, bodies, abilities, spiritualities, ages and backgrounds.

We're aware there are a lot of experiences that impact your mental health. We want to make sure we understand how these things should be considered when supporting you.

You're welcome to share anything you would like us to know about your background, identity or culture so we can support you better.



What's important to you that would make your life better?

My Better Life plan[®] areas



We're now going to look at the life areas to try to understand how satisfied you are with them. You might choose one, a couple or all the areas to talk about. It may be helpful to think about the last 2 weeks.

		Very dissatisfied 	Fairly dissatisfied	Neither satisfied or dissatisfied 	Satisfied	Very satisfied 
Identity self-awareness and self-esteem	How satisfied are you with yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing a sense of control over my life	How satisfied are you with the control you have over your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling safe and secure	How satisfied are you with feeling safe in your daily life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living where I like	How satisfied are you with the conditions of the place where you live?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skills for community living	How satisfied are you with your ability to engage in daily living activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solving practical problems	How satisfied are you with your ability to manage day-to-day problems in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Looking after my health and wellbeing	How satisfied are you with your mental health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Looking after my health and wellbeing	How satisfied are you with your physical health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rewarding relationships	How satisfied are you with your personal relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connecting, sharing and belonging	How satisfied are you with feeling part of your community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meaningful and enjoyable activities	How satisfied are you with your access to enjoyable activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completing my education	How satisfied are you with your ability to study?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making a contribution and getting a job	How satisfied are you with your ability to work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which area(s) did you choose to work on?

What can you tell us about these areas of your life 'now'?

Step B: My goal

The LIFE AREA I am working on is:		Date:	
-----------------------------------	--	-------	--

<p>This area is important to me because...</p>	<p>Some of the strengths and resources I already have in this part of my life are...</p>	<p>Some of the challenges I face in this part of my life are...</p>
--	--	---

Your **goal** is more **meaningful** if it's **clear**, **matters to you**, **feels possible** and is **something you really want to achieve**.

My GOAL is:	
-------------	--

To achieve this goal, the steps I will take are... (Try to include what you are going to do, when you will do it and where.)

<p>My Mind worker can support me with these steps and will...</p>	<p>Things that might get in the way of achieving this goal are...</p>
<p>Other people I can ask for support with this goal are:</p>	<p>If this happens, one thing I can do is...</p>

My name and signature:		Date:	
My Mind worker's name and signature:		Date:	

We will check in with you at your request and on _____ (date); and/or in 6 months _____ (date)

Step C: Review your goal and plan what's next

Review 1	My name:	Date:		
How much do you feel you have achieved this GOAL?				
Not at all	Slightly	Somewhat	To a great extent	Completely
How satisfied are you with your progress towards this GOAL?				
Very dissatisfied	Fairly dissatisfied	Neither satisfied or dissatisfied	Satisfied	Very satisfied
What helped you?				
Were there any challenges?				
How would you rate this LIFE AREA now?				
Very dissatisfied 	Fairly dissatisfied	Neither satisfied or dissatisfied 	Satisfied	Very satisfied 
My next steps are to:				
<input type="radio"/> Continue working on this goal. New review date: _____				
<input type="radio"/> Set new steps for this goal. Start a new <i>My goal</i> sheet.				
<input type="radio"/> Set a new goal. Start a new <i>My goal</i> sheet.				

Review 2		Date:		
How much do you feel you have achieved this GOAL?				
Not at all	Slightly	Somewhat	To a great extent	Completely
How satisfied are you with your progress towards this GOAL?				
Very dissatisfied 	Fairly dissatisfied	Neither satisfied or dissatisfied 	Satisfied	Very satisfied 
What helped you?				
Were there any challenges?				
How would you rate this LIFE AREA now?				
Very dissatisfied 	Fairly dissatisfied	Neither satisfied or dissatisfied 	Satisfied	Very satisfied 
My next steps are to:				
<input type="radio"/> Continue working on this goal. New review date: _____				
<input type="radio"/> Set new steps for this goal. Start a new <i>My goal</i> sheet.				
<input type="radio"/> Set a new goal. Start a new <i>My goal</i> sheet.				

Step B: My goal

The LIFE AREA I am working on is:	Date:
-----------------------------------	-------

<p>This area is important to me because...</p>	<p>Some of the strengths and resources I already have in this part of my life are...</p>	<p>Some of the challenges I face in this part of my life are...</p>
--	--	---

Your **goal** is more **meaningful** if it's **clear**, **matters to you**, **feels possible** and is **something you really want to achieve**.

My GOAL is:	
-------------	--

To achieve this goal, the steps I will take are... (Try to include what you are going to do, when you will do it and where.)

<p>My Mind worker can support me with these steps and will...</p> <p>Other people I can ask for support with this goal are:</p>	<p>Things that might get in the way of achieving this goal are...</p> <p>If this happens, one thing I can do is...</p>
--	---

My name and signature:	Date:	
My Mind worker's name and signature:	Date:	

We will check in with you at your request and on _____ (date); and/or in 6 months _____ (date)

Step C: Review your goal and plan what's next

Review 1	My name:	Date:		
How much do you feel you have achieved this GOAL?				
Not at all	Slightly	Somewhat	To a great extent	Completely
How satisfied are you with your progress towards this GOAL?				
Very dissatisfied	Fairly dissatisfied	Neither satisfied or dissatisfied	Satisfied	Very satisfied
What helped you?				
Were there any challenges?				
How would you rate this LIFE AREA now?				
Very dissatisfied 	Fairly dissatisfied	Neither satisfied or dissatisfied 	Satisfied	Very satisfied 
My next steps are to:				
<input type="radio"/> Continue working on this goal. New review date: _____				
<input type="radio"/> Set new steps for this goal. Start a new <i>My goal</i> sheet.				
<input type="radio"/> Set a new goal. Start a new <i>My goal</i> sheet.				

Review 2		Date:		
How much do you feel you have achieved this GOAL?				
Not at all	Slightly	Somewhat	To a great extent	Completely
How satisfied are you with your progress towards this GOAL?				
Very dissatisfied 	Fairly dissatisfied	Neither satisfied or dissatisfied 	Satisfied	Very satisfied 
What helped you?				
Were there any challenges?				
How would you rate this LIFE AREA now?				
Very dissatisfied 	Fairly dissatisfied	Neither satisfied or dissatisfied 	Satisfied	Very satisfied 
My next steps are to:				
<input type="radio"/> Continue working on this goal. New review date: _____				
<input type="radio"/> Set new steps for this goal. Start a new <i>My goal</i> sheet.				
<input type="radio"/> Set a new goal. Start a new <i>My goal</i> sheet.				

Appendix 1D: Fortnightly planner

Fortnightly Planning Meeting

Week starting: _____

Planner Review date: _____

Goals	What is working? Milestones to meet your goals.	What is getting in the way?	What can be done differently?	Plans for the next 2 weeks?	Keyworker accountabilities & timeframe	PSP/OSP accountabilities & timeframe
Other Supportive Recovery Goals						

Resources for long-term services e.g. community care units

Appendix 2: Support needs rating scale

The support needs rating scale is a classification tool that can be used at the referral to rate the required level of support for the consumer by the psychosocial support worker. It is completed by the allied health professional based on collateral information provided to, or assessment undertaken by the allied health professional.

At the time of organising the community support activity for the consumer the allied health professional should provide clear instructions about the expectations and the required level of support to be provided to the consumer e.g. activity performed with support, independently or with prompts. The support needs rating is a resource that could be used to articulate the required level of support to be provided to the consumer e.g. the activity performed with assistance, with prompts, or with supervision. It has been developed for long-term services e.g. community care units.

N	A	P	S	I
<p>Not observed.</p> <p>The person has not been observed there has been inadequate observation to make a rating.</p>	<p>Assistance.</p> <p>The person needs detailed or step by step instructions and/or physical assistance to complete the activity. Prompts are <u>not</u> sufficient.</p>	<p>Prompts.</p> <p>Requires prompts / reminders, then the person can complete the activity safely.</p>	<p>Supervision.</p> <p>Skill level near independence, but inconsistent performance to perform the activity.</p>	<p>Independent.</p> <p>The person is competent <u>and</u> safe to perform the activity.</p> <p>Supervision, prompts/reminders, instructions or physical assistance are <u>not needed</u>.</p>

Appendix 3: Establishing expectations – activity support guides

The activity support guides that follow are optional resources that can be used to support consumers in their recovery.

They can be adapted for use based on the consumer needs and assessment or used as a discussion point between the allied health professional and community managed organisation staff.

They are not intended to be used as a directive to the community managed organisation staff or a requirement of the Guideline.

The guides have most frequently been used in long-term services e.g. community care units. They use a skills development process.

ID label Here

Appendix 3A: Sleep screening template and sleep diary

The sleep screening template is completed by the consumer in collaboration with the allied health professional and discussed with the psychosocial support worker. The sleep diary is completed by the consumer, supported by the psychosocial support worker. The sleep screening and diary are important for maintaining good health. They can be used in conjunction with the sleep preparation resource.

Sleep screening		
Usual bedtime?		
Do you wake up during the night?	YES <input type="checkbox"/> NO <input type="checkbox"/> If 'Yes", number of times: _____ Frequency: _____ Reason: _____	
Usual time to get up?		
Do you feel rested in the morning?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you nap?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you feel rested after a nap?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you take sleeping pills at night?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Illnesses affecting your sleep?		
Physical & environmental factors?	<input type="checkbox"/> Lack of exercise <input type="checkbox"/> Size of meals <input type="checkbox"/> Bedding	<input type="checkbox"/> Timing of meals <input type="checkbox"/> Temperature
Which of these factors have you tried before and promotes your sleep?		
Auditory / Listening	<input type="checkbox"/> Enjoying the quiet <input type="checkbox"/> Sound of a water fountain <input type="checkbox"/> Sound of a forest <input type="checkbox"/> People talking <input type="checkbox"/> White noise <input type="checkbox"/> Soft classical music <input type="checkbox"/> Relaxation or meditation CDs <input type="checkbox"/> Listening to music What type of music? _____	<input type="checkbox"/> Ocean sounds <input type="checkbox"/> Wind chimes <input type="checkbox"/> Radio <input type="checkbox"/> Rain <input type="checkbox"/> Birds chirping <input type="checkbox"/> Ticking of a clock <input type="checkbox"/> A cat purring <input type="checkbox"/> Other: _____
Vision / Looking	<input type="checkbox"/> Photos <input type="checkbox"/> The sunset or sunrise <input type="checkbox"/> Snow falling <input type="checkbox"/> Rain showers <input type="checkbox"/> Fish in a tank <input type="checkbox"/> Autumn foliage	<input type="checkbox"/> Watching sports <input type="checkbox"/> Movies <input type="checkbox"/> Reading poetry <input type="checkbox"/> Reading positive affirmations <input type="checkbox"/> Reading autobiographies

	<input type="checkbox"/> Artwork <input type="checkbox"/> A bubble/lava lamp <input type="checkbox"/> A mobile <input type="checkbox"/> Waterfalls <input type="checkbox"/> Cloud formations <input type="checkbox"/> Stars in the sky <input type="checkbox"/> Ocean waves	<input type="checkbox"/> Reading fiction <input type="checkbox"/> Paging through a magazine <input type="checkbox"/> A flower <input type="checkbox"/> Looking through picture books
Olfactory / Smelling	<input type="checkbox"/> Scented candles <input type="checkbox"/> Cologne / perfume: _____ <input type="checkbox"/> Coffee <input type="checkbox"/> Flowers <input type="checkbox"/> Scented lotions <input type="checkbox"/> Incense <input type="checkbox"/> Herbal tea <input type="checkbox"/> Mint leaves <input type="checkbox"/> Other:	Essential oils; <input type="checkbox"/> Camomile <input type="checkbox"/> Citronelle <input type="checkbox"/> Citrus <input type="checkbox"/> Clove <input type="checkbox"/> Eucalyptus <input type="checkbox"/> Geranium <input type="checkbox"/> Lavender <input type="checkbox"/> Lemongrass <input type="checkbox"/> Peppermint <input type="checkbox"/> Rosemary <input type="checkbox"/> Tea tree
Gustatory / Tasting / Chewing	<input type="checkbox"/> Drinking herbal tea <input type="checkbox"/> Lemon balm tea <input type="checkbox"/> Green tea <input type="checkbox"/> Camomile tea <input type="checkbox"/> Lavender tea <input type="checkbox"/> Regular tea	<input type="checkbox"/> Drinking cocoa <input type="checkbox"/> Drinking coffee <input type="checkbox"/> Drinking warm milk <input type="checkbox"/> Drinking coconut water <input type="checkbox"/> Other: _____
Movement	<input type="checkbox"/> Running or jogging prior to bed time <input type="checkbox"/> Yoga or Tai Chi <input type="checkbox"/> Rocking <input type="checkbox"/> Bean bag tapping <input type="checkbox"/> Finger tapping <input type="checkbox"/> Doodling <input type="checkbox"/> Praying <input type="checkbox"/> Stretching <input type="checkbox"/> Clenching and relaxing fists (isometric exercises)	<input type="checkbox"/> Journaling <input type="checkbox"/> Colouring <input type="checkbox"/> Painting <input type="checkbox"/> Working with clay <input type="checkbox"/> Shaking your hands / feet <input type="checkbox"/> Taking a shower <input type="checkbox"/> Foot sliding <input type="checkbox"/> Deep Breathing <input type="checkbox"/> Other: _____
Different types of touch & temperature	<input type="checkbox"/> Blanket wrap <input type="checkbox"/> Weighted blanket <input type="checkbox"/> Getting a massage <input type="checkbox"/> Taking a hot shower <input type="checkbox"/> Warm / Cold cloth to head / face <input type="checkbox"/> Using a stress ball	<input type="checkbox"/> Fidgeting with something <input type="checkbox"/> Twirling your hair <input type="checkbox"/> Beanbag tapping / brushing <input type="checkbox"/> Feel of certain fabrics: _____ <input type="checkbox"/> Other: _____
Anything else that you feel reduces your ability to sleep?		

Sleep diary						
<i>Please complete in the Morning</i> NAME: _____						
Beginning date: ____ / ____ / ____	Went to bed last night at:	Fell asleep in:	Woke up during the night:	Woke up in the morning at:	When I woke up this morning I felt:	Slept a total of:
Day 1	_____ am / pm	_____ minutes	_____ times	_____ am / pm	Refreshed Partly refreshed Fatigued	_____ hours
Day 2	_____ am / pm	_____ minutes	_____ times	_____ am / pm	Refreshed Partly refreshed Fatigued	_____ hours
Day 3	_____ am / pm	_____ minutes	_____ times	_____ am / pm	Refreshed Partly refreshed Fatigued	_____ hours
Day 4	_____ am / pm	_____ minutes	_____ times	_____ am / pm	Refreshed Partly refreshed Fatigued	_____ hours
Day 5	_____ am / pm	_____ minutes	_____ times	_____ am / pm	Refreshed Partly refreshed Fatigued	_____ hours
Day 6	_____ am / pm	_____ minutes	_____ times	_____ am / pm	Refreshed Partly refreshed Fatigued	_____ hours
Day 7	_____ am / pm	_____ minutes	_____ times	_____ am / pm	Refreshed Partly refreshed Fatigued	_____ hours

Please complete in the Evening NAME: _____							
Beginning date: ____ / ____ / ____	Exercised		Had a nap	Had drinks after 5 pm e.g. cocoa, tea, soft drink	Within 3 hours of sleep I had:	Went to bed in the evening at:	About 1 hour before I went to bed, I:
Day 1	Morning Afternoon	Evening N/A	_____ minutes _____ am / pm	Yes / No _____ cups	Buyups Heavy meal Neither	_____ am / pm	
Day 2	Morning Afternoon	Evening N/A	_____ minutes _____ am / pm	Yes / No _____ cups	Buyups Heavy meal Neither	_____ am / pm	
Day 3	Morning Afternoon	Evening N/A	_____ minutes _____ am / pm	Yes / No _____ cups	Buyups Heavy meal Neither	_____ am / pm	
Day 4	Morning Afternoon	Evening N/A	_____ minutes _____ am / pm	Yes / No _____ cups	Buyups Heavy meal Neither	_____ am / pm	
Day 5	Morning Afternoon	Evening N/A	_____ minutes _____ am / pm	Yes / No _____ cups	Buyups Heavy meal Neither	_____ am / pm	
Day 6	Morning Afternoon	Evening N/A	_____ minutes _____ am / pm	Yes / No _____ cups	Buyups Heavy meal Neither	_____ am / pm	
Day 7	Morning Afternoon	Evening N/A	_____ minutes _____ am / pm	Yes / No _____ cups	Buyups Heavy meal Neither	_____ am / pm	

Appendix 3B: Sleep preparation

The psychosocial support worker can discuss sleep preparation with the consumer to support good sleep habits.

Information on sleep

The body needs the opportunity to recharge from the day's activities. Having trouble sleeping, however, is a common problem¹. Lack of sleep can lead to:

- Irritability
- Lack of energy
- Poor concentration
- Tiredness during the day
- Poor concentration
- Irritability
- Aches and pains in the muscles and bones
- An immune system that doesn't work well, leading to more frequent illness
- Longer periods of depression

Tips for improving your sleep:

- Get out of bed as soon as you wake. Don't go back to sleep or try to make up for 'lost sleep'.
- Try to get up at about the same time each morning, perhaps around 7am to 7.30am.
- Go outside into the fresh air whenever you can.
- Do some physical activity, for example, attend campus walk.

Before going to bed:

- Avoid going to bed too early. It isn't the right time for 'deep sleep'.
- Go to bed at around 10pm to 10.30pm.
- Don't go to bed hungry or with a full bladder.
- Regular exercise can improve your sleep but avoid vigorous exercise late in the evening.
- Allow yourself time to wind down before going to bed. Do something relaxing before bed time.
- Use your bed only for sleep so that you learn to associate your bed with sleep.

¹ Sleeping well. www.beyondblue.org.au or beyondblue info line 1300 22 46 36

Appendix 3C: Grocery shopping

Grocery Shopping – New Residents

Consumers coming into residential care may not have had the opportunity to learn and gain skills or have lost skills in the area of grocery shopping.

Grocery shopping includes:

- Preparation such as shopping list
- In-store shopping
- Money management

Building Skills in Grocery Shopping

Supporting consumers to develop or grow their skills in this area requires us to gain an understanding of their existing strengths/skill base so we can support them to grow in this area. Utilising the skill building cycle below will assist us to develop an individual support guide/skill development tailored for the individual.



Figure 1: Grocery Shopping Competencies

Skill Building Cycle

1. **Identify individual's strengths** – Though conversations identify the consumers' current experience and level of expertise in grocery shopping:
 - “When was the last time you went grocery shopping?”
 - “How was that experience for you?”

2. **Grocery Shopping Activity** – collaborate with the consumer to identify a day and time for grocery shopping. Support/prompt or assist the resident to develop a shopping list and budget.
3. **Support Practice** – psychosocial support workers are to provide unobtrusive observations for individuals such as:
 - a) preparation
 - b) in store shopping
 - c) money management
4. **Prompting/Demonstration** – Using the *Grocery Shopping Support Activity* when shopping.
5. **Provide Feedback and develop skill development strategies** – from the information gained with the *Grocery Shopping Support Activity* psychosocial the psychosocial support worker in collaboration with the consumer will determine if a clinical referral is required to provide specialist input.
6. **Review of strategies** – If a skill development/support plan is implemented it is to be reviewed 4 weekly utilising the support need rating scale.

Appendix 3D: Meal planner

The meal planner helps guide the shopping list for the week. Can be completed by the consumer with the support of the psychosocial support worker.

7-DAY MEAL PLANNER	
MEAL 1:	SHOPPING LIST
What I need:	Meat, chicken & fish:
MEAL 2:	
What I need:	Dairy, chilled & frozen:
MEAL 3:	
What I need:	Fruit & vegetables:
MEAL 4:	
What I need:	Pantry:
MEAL 5:	
What I need:	
MEAL 6:	Bakery:
What I need:	
MEAL 7:	
What I need:	Other:

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Appendix 3E: Grocery shopping support activity

Going Shopping

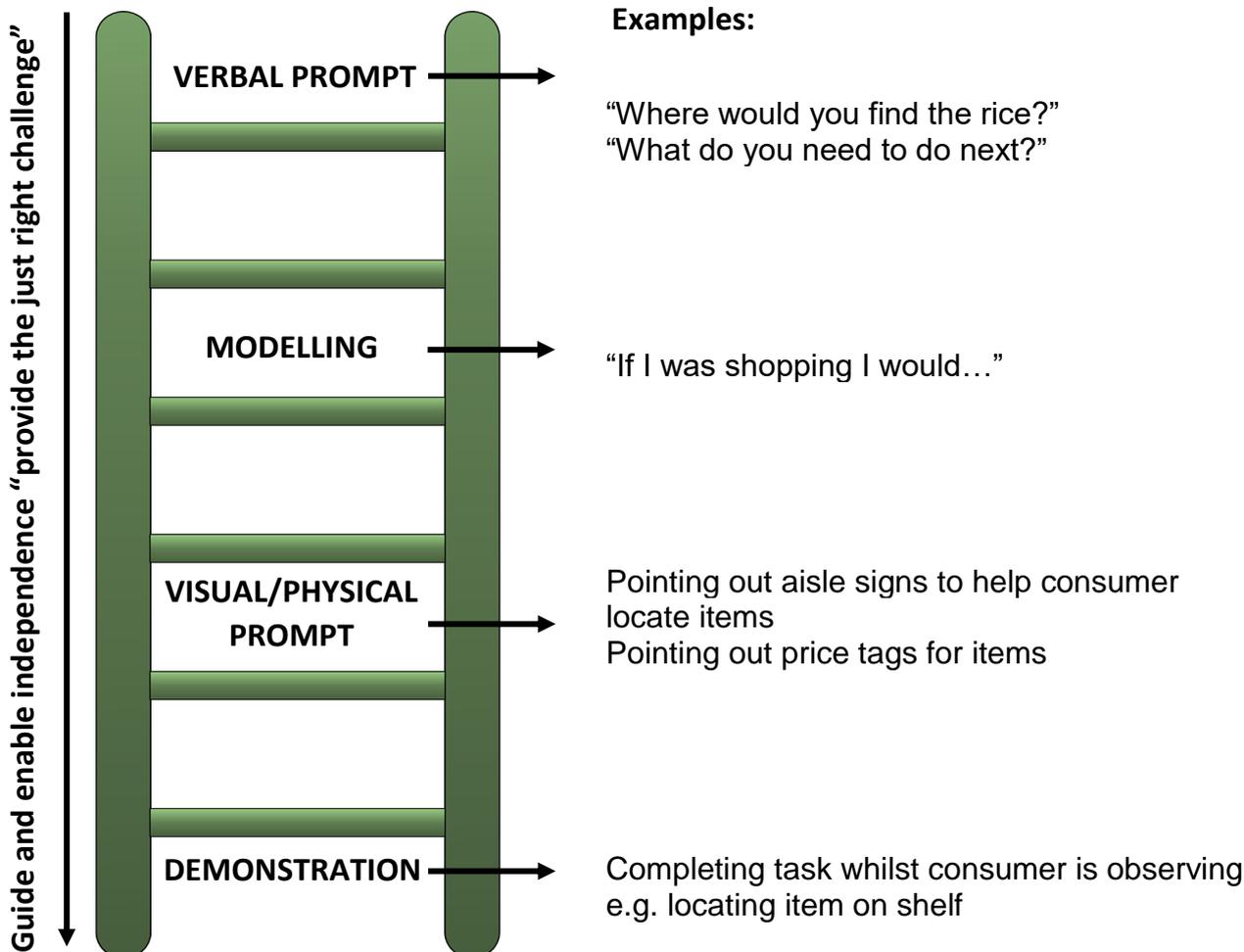


Support Activity

Steps to support consumer with shopping:

1. **Provide the 'just right' challenge** – Allow the consumer an opportunity to complete the activity however be available to provide support through prompting or demonstration as needed.
2. If you observe the consumer requiring assistance **talk through problem solving** in a simple, jargon free manner. Ask consumer to re-explain information provided to **check for understanding**.
 - a) For example, if the consumer wants to purchase an additional item not on the shopping list. Talk through the following:
 - I. Do you have enough money to buy the item?
 - II. How can we find out if you have enough money for the item? Then additional prompts as needed.
 - III. What is the priority of this item over others on your grocery list?

Hierarchy of support:



***Support needs rating (please circle)**

N A P S I

Please provide feedback and/or comments on the following:

***Support needs rating scale:** N: Not observed, A: Assistance, P: Prompts, S: Supervision, I: Independent

PREPARATION

- checks the fridge and pantry for existing items.
- prepares shopping list based on above check and meal planning for duration required (e.g. for weekly grocery shop).
- categorises shopping list into different sections or food groups to make grocery shopping easier.

N A P S I

GOING SHOPPING

- locates items on aisle shelves.
- collects all items on shopping list.
- sticks to shopping budget.
- pays for items independently (card or cash).
- checks that correct change is given (if paying in cash).
- purchases realistic amount of food for duration required i.e. purchases enough food for seven dinners if doing weekly shop.
- shops comparatively i.e. purchasing 'value for money' items

N A P S I

AFTER SHOPPING

- stores 'risky' food in a timely manner after shopping.
- stores food appropriately after shopping.

N A P S I

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Appendix 3F: Meal preparation

Meal Preparation

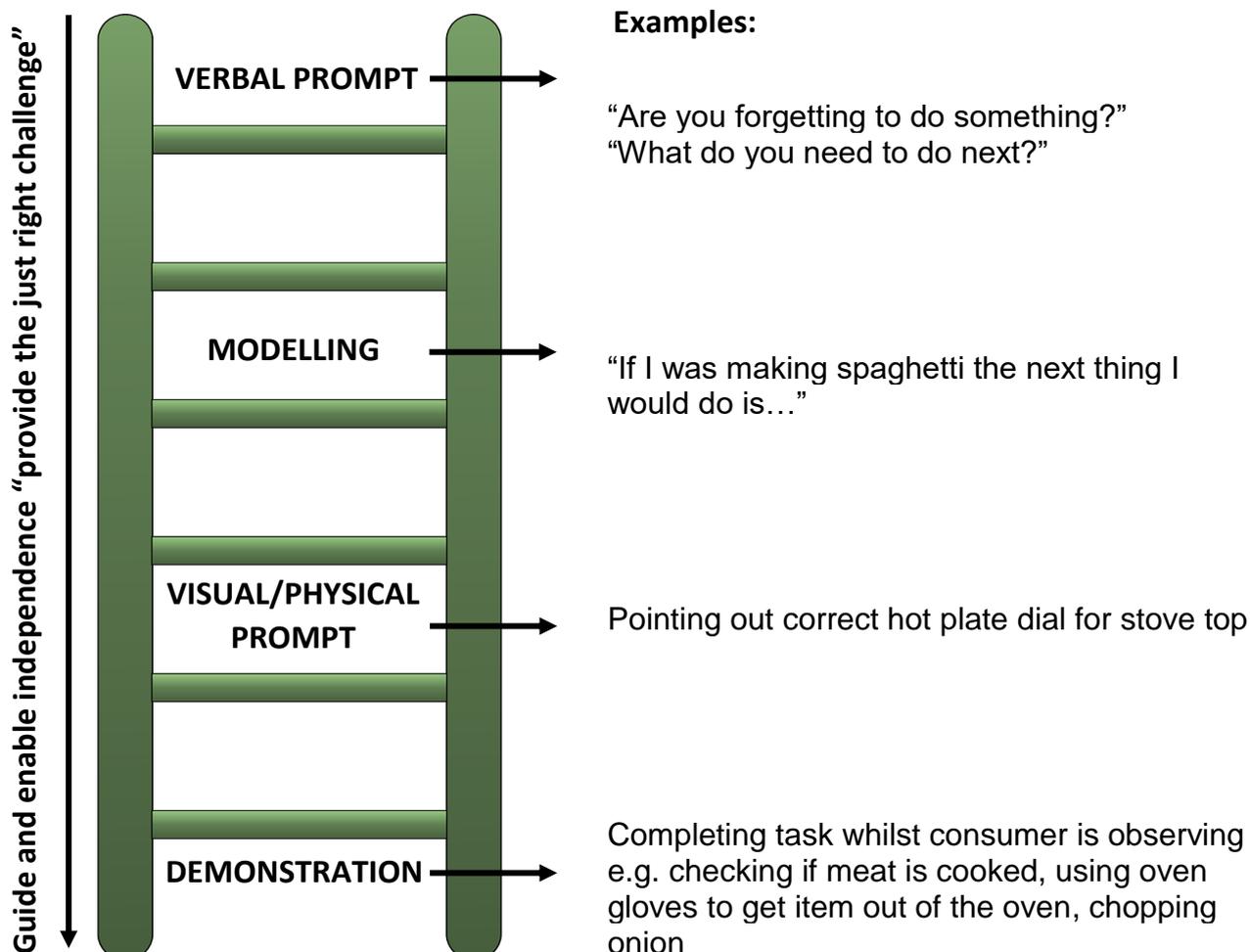


Support Activity

Steps to support consumer with meal preparation:

1. **Provide the 'just right' challenge** – Allow the consumer an opportunity to complete the activity however be available to provide support through prompting or demonstration as needed.
2. If you observe the consumer requiring assistance **talk through problem solving** in a simple, jargon free manner. Ask consumer to re-explain information provided to **check for understanding**.
 - a) For example, during observation staff are concerned about consumer's knife safety. Talk through the following:
 - I. Point out finger position on knife and ask consumer if they think they are doing it safely.
 - II. Ask consumer to move hands into safer position.
 - III. Demonstrate safe use of knife and ask consumer to copy.
 - IV. Ask consumer to stop doing task if prompting/demonstration does not result in completing activity safely.

Hierarchy of support:



***Support needs rating (please circle)**

N A P S I

Please provide feedback and/or comments on the following:

***Support needs rating scale:** N: Not observed, A: Assistance, P: Prompts, S: Supervision, I: Independent

SETUP

- gathers all utensils and ingredients to prepare meal.
- knows how to turn oven and stove top on and off and how to set temperature/timer.
- is aware of how to operate appliances and does so in a safe manner (can turn on microwave to appropriate setting, is aware not to put metal in microwave).
- demonstrates awareness of extra-preparatory steps for meal preparation (e.g. defrosts meat, turns on exhaust etc.)

N A P S I

- stores food appropriately after meal preparation (See Food Safety Task Instruction).

N A P S I

FOOD SAFETY

- practices safe food handling (washing hands, using separate chopping boards for meat and veg).
- cooks risky foods (meat, eggs, rice) thoroughly and can identify when food is cooked through.
- displays hygienic behaviour in the kitchen (washes hands, wipes down benches before use, disposes of food scraps etc.)
- uses sharp implements (knives) in safe manner (e.g. hand positioning on knife, fingers kept clear).
- demonstrates good judgement when cooking/baking (amount of spices/oil used, when food is cooked).

N A P S I

MEAL PREPARATION

- prepares meal in a logical sequence (e.g. browns mince before adding sauce).
- uses all utensils for intended purpose.
- maintains focus on meal preparation tasks and does not leave stove/oven unattended.
- reads and follows recipe in sequential order (if required).

N A P S I

CLEAN-UP

- remembers to turn off appliances promptly after use.
- cleans up after meal preparation (removes rubbish, wipes down benches etc.)

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Appendix 3G: Food safety and storage

Food Safety and Storage

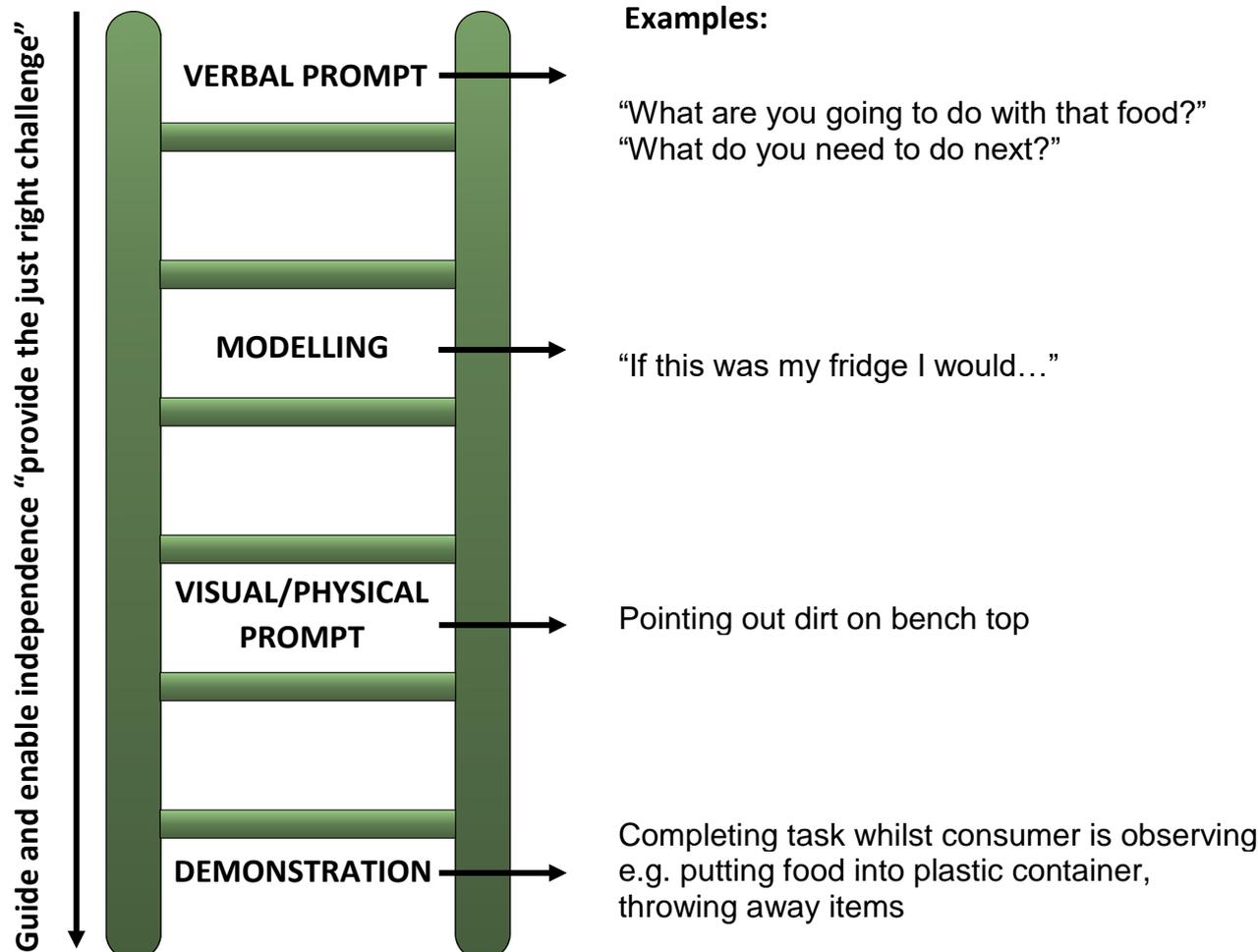
Support Activity



Steps to support consumer with food safety and storage:

1. **Provide the 'just right' challenge** – Allow the consumer an opportunity to complete the activity however be available to provide support through prompting or demonstration as needed.
2. If you observe the consumer requiring assistance **talk through problem solving** in a simple, jargon free manner. Ask consumer to re-explain information provided to **check for understanding**.
 - a) For example, if consumer is unsure whether a food item in their fridge is still ok to eat. Talk through the following:
 - I. How could we check whether food is still good to eat (smell, feel, use by date etc.)?
 - II. Can you remember how long food has been in fridge/defrosted? (If not, support consumer to think of ways to prevent this from happening again – i.e. labelling containers).
 - III. If you have doubts about whether food is good or not what should you do? (Remind of 'If in doubt, throw it out' saying).

Hierarchy of support:



***Support needs rating (please circle)**

N A P S I

Please provide feedback and/or comments on the following:

***Support needs rating scale:** N: Not observed, A: Assistance, P: Prompts, S: Supervision, I: Independent

FOOD SAFETY

- prepares food on a clean surface (chopping board, bench tops).
- cleans bench top down after meal prep and storage.

N A P S I

FOOD STORAGE

- waits for food to cool down before storing and placing in fridge.
- covers left over food or place food in sealable container after meal.
- stores food in a timely manner (e.g. does not leave cold food out of fridge for extended period of time).
- has adequate plastic containers or glad wrap/zip lock bags to store food.
- has a basic awareness of how long 'risky' foods should be kept in fridge.
- maintains an adequate level of cleanliness in the fridge (e.g. food not left rotting, food not past use by date).

N A P S I

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Appendix 3H: Doing laundry

Doing Laundry

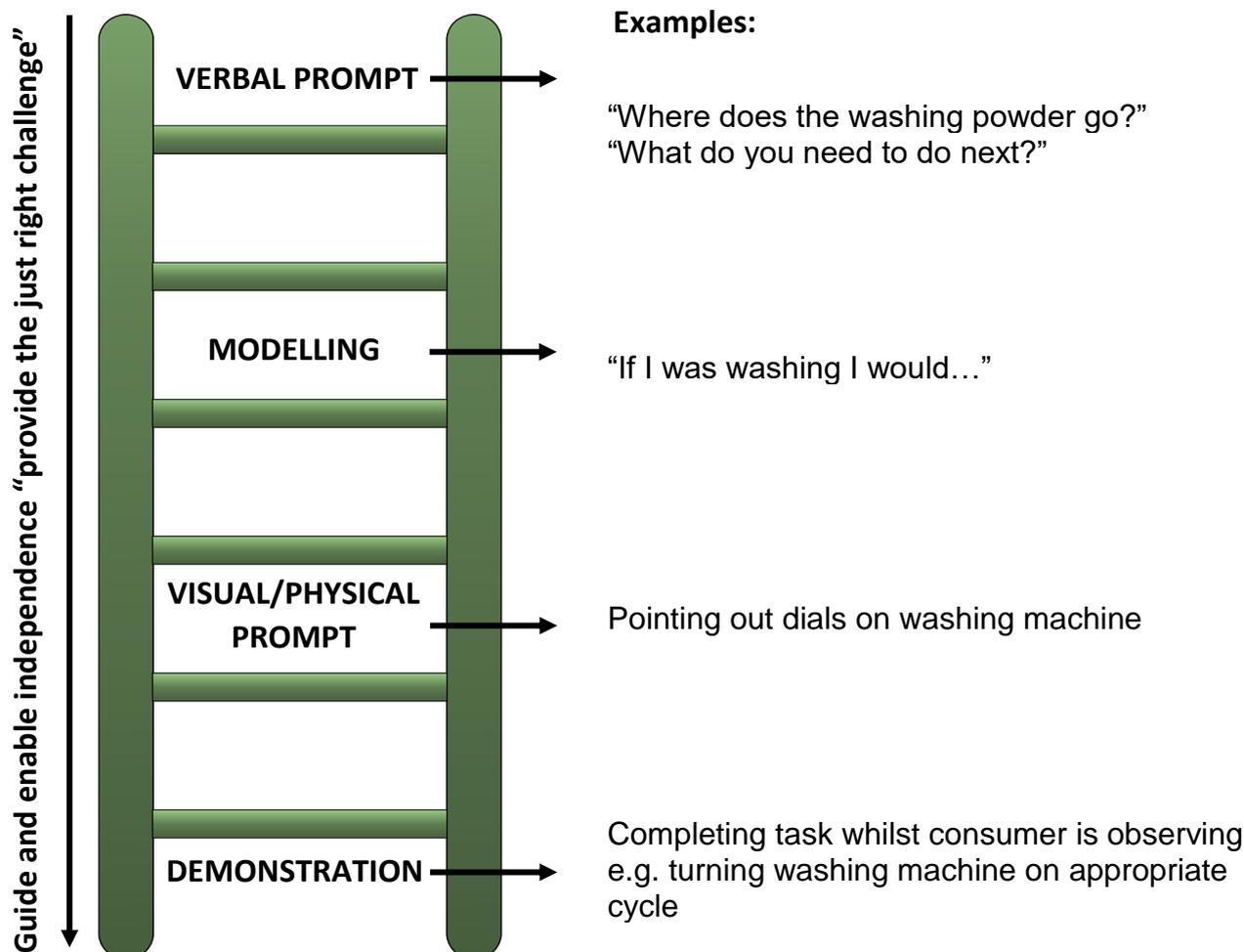


Support Activity

Steps to support consumer with laundry:

1. **Provide the 'just right' challenge** – Allow the consumer an opportunity to complete the activity however be available to provide support through prompting or demonstration as needed.
2. If you observe the consumer requiring assistance **talk through problem solving** in a simple, jargon free manner. Ask consumer to re-explain information provided to **check for understanding**.
 - a) For example, if you observe the consumer having difficulty putting washing machine on the appropriate cycle. Talk through the following:
 - I. Can we use manual to find directions for use?
 - II. What does each cycle mean? (Use manual for advice for consumer).

Hierarchy of support:



***Support needs rating (please circle)**

N A P S I

Please provide feedback and/or comments on the following:

***Support needs rating scale:** N: Not observed, A: Assistance, P: Prompts, S: Supervision, I: Independent

DOING LAUNDRY

- knows how to operate machine and set cycle.
- does not overload washing machine.
- sorts washing if required – whites and colours.
- uses powder/liquid in appropriate amount.
- maintains awareness of passage of time and when cycle will be completed.
- demonstrates awareness of secondary or invisible factors (water on floor, electricity needed).
- aware of steps to take if washing machine breaks down.

N A P S I

Appendix 3I: Doing cleaning

This template assists with weekly cleaning activities, it is to be completed by the consumer with the support of the psychosocial support worker.

Day – Date						
Monday: <ul style="list-style-type: none"> • Clean kitchen bench • Do dishes • Take rubbish out • Clean toilet and sink • Prepare dinner/heat up meal • Small load of laundry 						
Tuesday: <ul style="list-style-type: none"> • Clean kitchen bench • Do dishes • Take rubbish out • Prepare dinner/heat up meal • Clean our fridge • Do shopping list 						
Wednesday: <ul style="list-style-type: none"> • Clean kitchen bench • Do dishes • Take rubbish out • Prepare dinner/heat up meal • Mop and vacuum/sweep 						
Thursday: <ul style="list-style-type: none"> • Clean kitchen bench • Do dishes • Take rubbish out • Prepare dinner/heat up meal • Small load of laundry 						
Friday: <ul style="list-style-type: none"> • Clean kitchen bench • Do dishes • Take rubbish out • Prepare dinner/heat up meal • Change sheets 						

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Appendix 3J: Catching public transport

Catching Public Transport

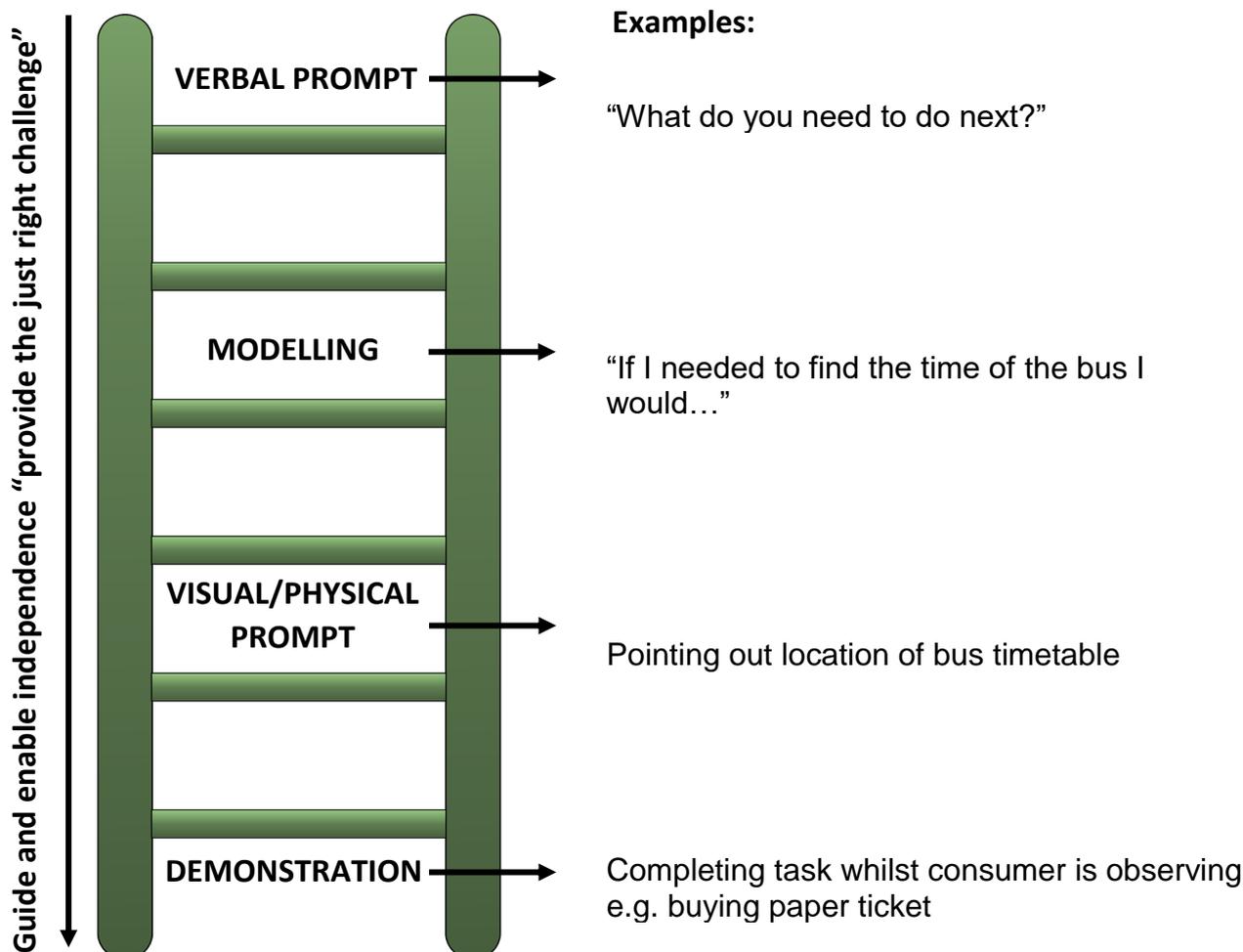


Support Activity

Steps to support consumer with catching public transport:

1. **Provide the 'just right' challenge** – Allow the consumer an opportunity to complete the activity however be available to provide support through prompting or demonstration as needed.
2. If you observe the consumer requiring assistance **talk through problem solving** in a simple, jargon free manner. Ask consumer to re-explain information provided to **check for understanding**.
 - a) For example, if consumer does not have cash (i.e. small change) for bus trip. Talk through the following:
 - I. Do you have enough money to buy a bus ticket?
 - II. How can we find out if you have enough money for the ticket?
Provide additional prompts as needed.
 - III. What would you do in an emergency i.e. No money for trip home?

Hierarchy of support:



*Support needs rating (please circle)

N A P S I

Please provide feedback and/or comments on the following:

*Support needs rating scale: N: Not observed, A: Assistance, P: Prompts, S: Supervision, I: Independent

PREPARATION

- consumer has small change for bus ticket.
- can estimate realistic time to travel to bus stop.

N A P S I

CATCHING PUBLIC TRANSPORT

- aware of how to read a bus timetable.
- purchases bus ticket for duration required for bus trip.
- presses buzzer at correct time to get to right bus stop.
- consumer is **road safe** – crosses road safely, maintains safe distance whilst bus/train approaches.
- demonstrates problem solving in unexpected situations arise i.e. keeps spare cash for ticket, has mobile phone to call for assistance.
- safely stores money after use.

N A P S I

ID label Here

Appendix 3K: Navigating appointments

Navigating Appointments



Support Activity

Steps to support consumer with navigating appointments:

1. The aim is for the consumer to manage their own appointment bookings/cancellations.
2. Allow the consumer an opportunity to book/reschedule/cancel appointments independently; unless this is not possible at this point in time.
3. Be available to provide support through prompting as needed.
4. If you observe the consumer requiring assistance **talk through problem solving** in a simple, jargon free manner. Ask consumer to re-explain information provided to **check for understanding**.
 - a) For example, if consumer would like to confirm/reschedule/cancel their appointment. Consider the following:
 - I. How could we check your appointment date and/or time?
 - II. Do you know who we need to contact and their phone number?
 - III. Do you know your preferred date and time to schedule the appointment?
 - IV. If re-scheduling the appointment, do they have an idea of alternative availabilities in their planner?

Hierarchy of support:**Examples:**

“What do you need to do next?”

“If I needed to reschedule an appointment I would...”

Pointing out contact numbers for person whom they need to contact to reschedule

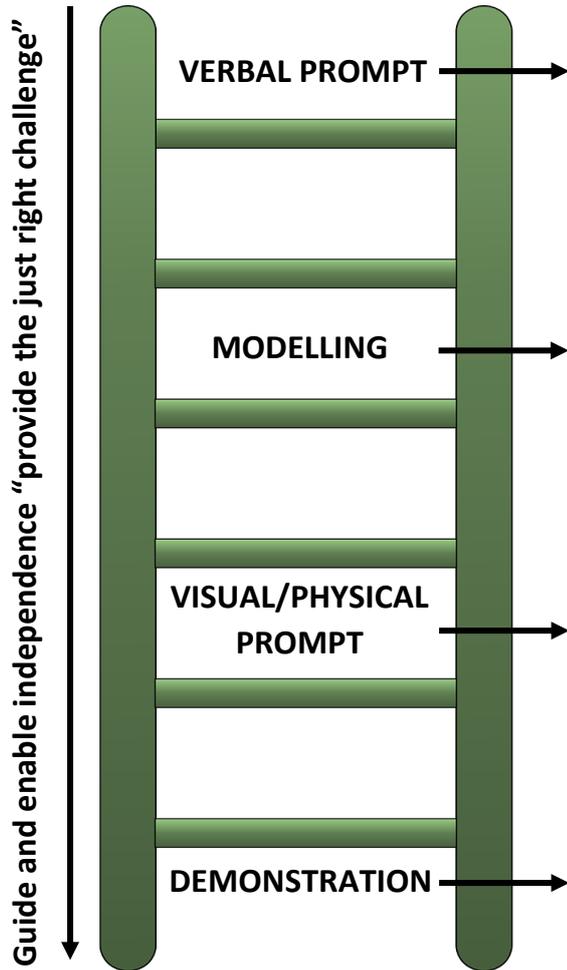
Completing task whilst consumer is observing e.g. checking planner or calendar for

***Support needs rating (please circle)**

N A P S I

Please provide feedback and/or comments on the following:

*Support needs rating scale: N: Not observed, A: Assistance, P: Prompts, S: Supervision, I: Independent
 available dates and/or times to schedule an appointment



- aware of reason for appointment (e.g.

PREPARATION

- consumer has a planner/diary/calendar
- aware of what to bring to appointment (i.e. healthcare card, credit card)
- aware of questions to ask when scheduling an appointment (i.e. date, time, length and location of appointment)
- clarifies and/or asks for further details when necessary (i.e. name of doctor, any additional preparation e.g. arriving earlier than scheduled appointment time)
- general review, follow-up, test results)
- raises appropriate questions and/or concerns
- responds appropriately to requests for information

	N	A	P	S	I
N	A	P	S	I	

DURING APPOINTMENT

ID label Here

Appendix 3L: Building independence in managing Centrelink Affairs

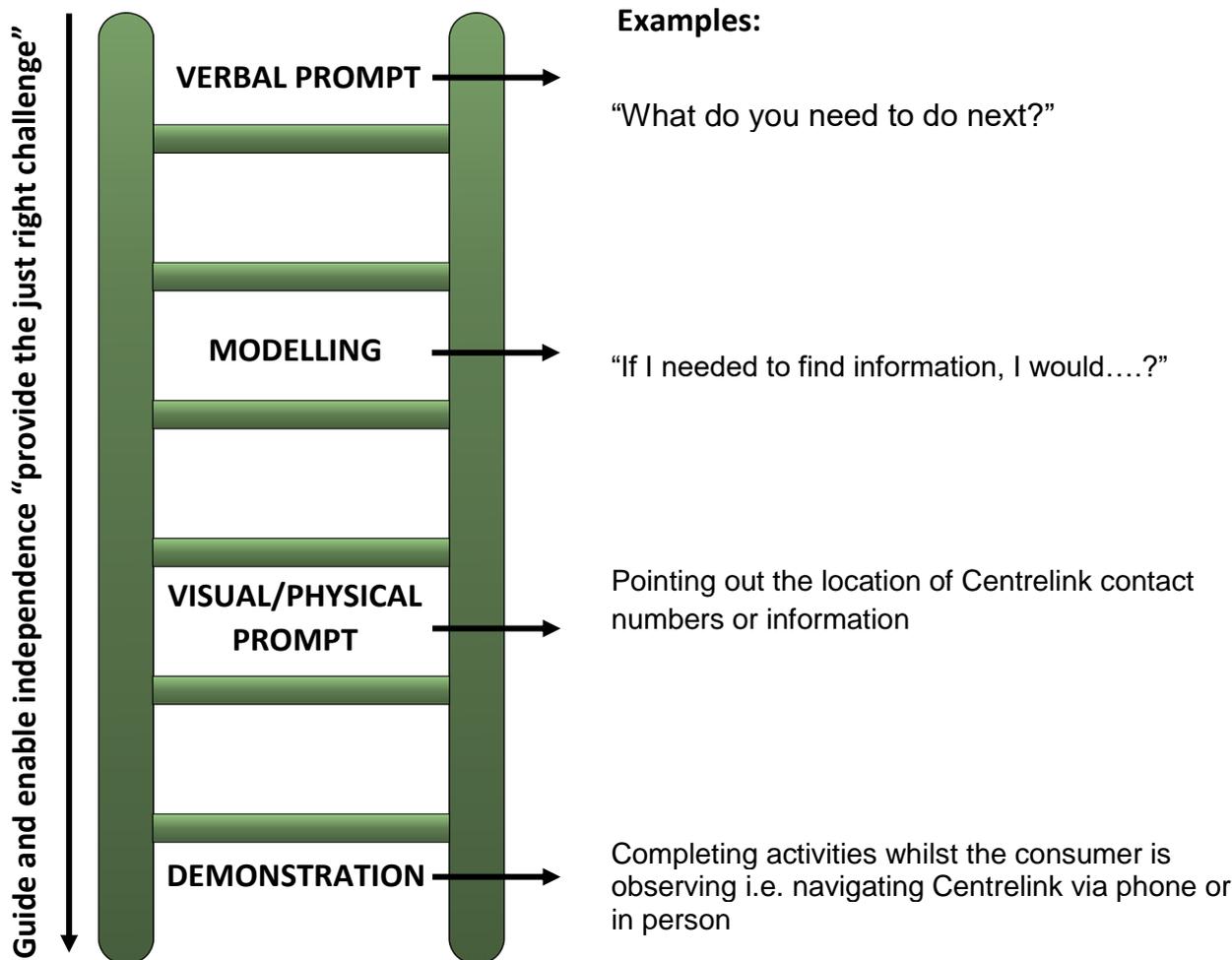
Building independence in managing Centrelink Affairs

Support Activity

Steps to support consumer with managing Centrelink affairs

1. **Provide the 'just right' challenge** – Allow the consumer an opportunity to complete the activity however be available to provide support through prompting or demonstration as needed.
2. If you observe the consumer requiring assistance **talk through problem solving** in a simple, jargon free manner. Ask consumer to re-explain information provided to **check for understanding**. For example, if you observe the consumer having difficulty managing their Centrelink Affairs. Talk through the following:
 - I. Do they know why?
 - II. How would they find out what's happening?
 - III. How would they prevent this from happening in future?
 - IV. Do they know who can assist them?
 - V. How does this impact their basic needs and do they have emergency support service contact details?

Hierarchy of support:



***Support needs rating (please circle)**

N A P S I

Please provide feedback and/or comments on the following:

***Support needs rating scale:** N: Not observed, A: Assistance, P: Prompts, S: Supervision, I: Independent

Managing Centre link affairs

- able to manage their own Centrelink affairs or has an authorised person to help
- knows their CRN number. Encourage them to note this number in their wallet/diary/ mobile phone for quick reference
- able to access Centrelink information via a mygov account or telephone
- demonstrates problem solving when unexpected situations arise

N A P S I

Awareness of Centrelink information

- are aware of Centrelink contact details:
 - o Employment Services – 132 850
 - o Disability, Sickness and Carers – 132 717
 - o Youth and Students – 132 490
 - o Reporting – 133 276
- aware of the Centrelink call back service (if they would like this service)
- knows how to look for Centrelink correspondence
- able to able to plan for and complete Centrelink reporting requirements. Ways to support:
 - Mark this in their planner/diary
 - Attend with them at least twiceIf they present to be managing well on their own, let them attend to this on their own. However, provide a debrief or a brief checking in after reporting

N A P S I

ID label Here

Appendix 3M: Budgeting support

Budgeting

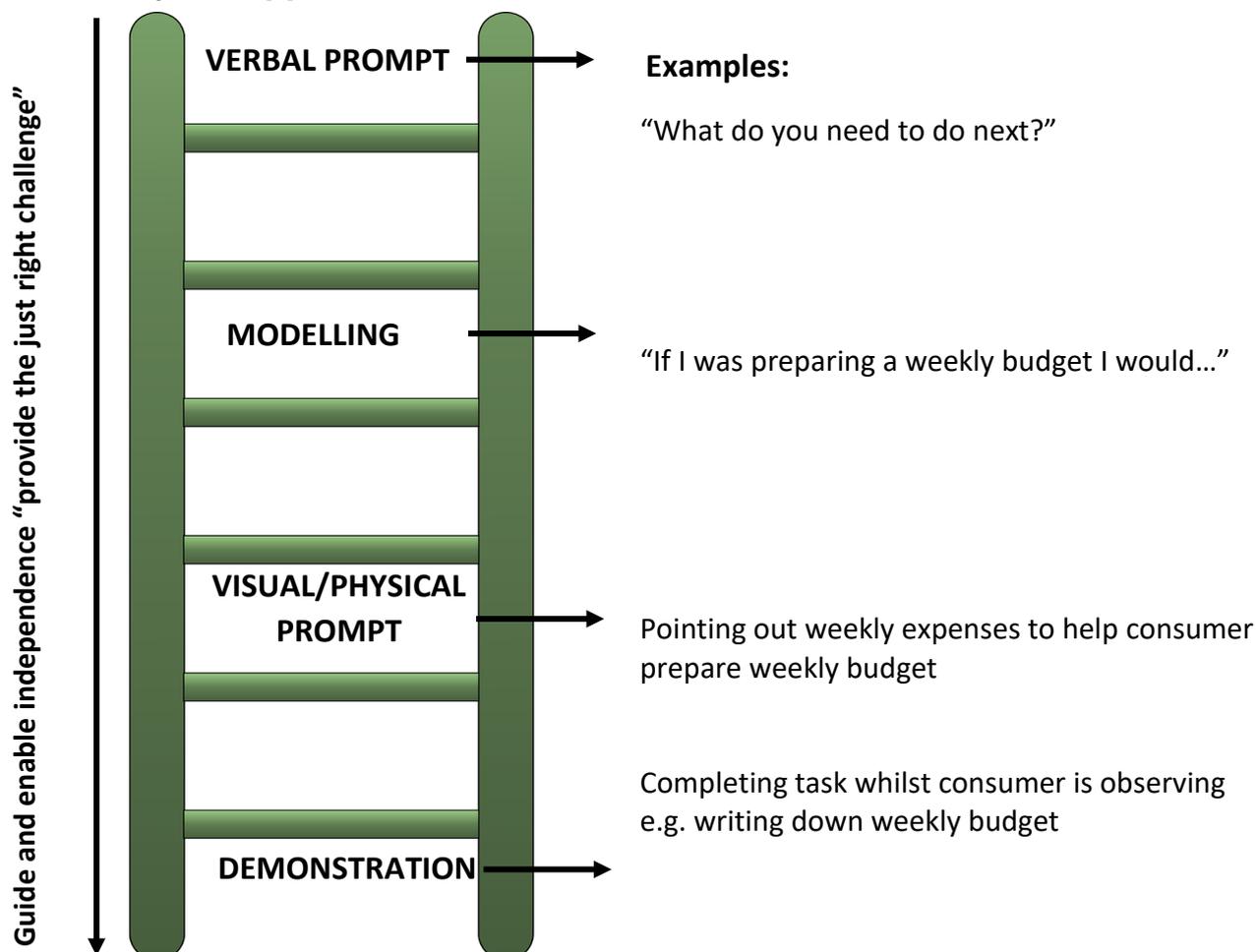
Support Activity



Steps to support consumer with budgeting:

1. **Provide the 'just right' challenge** – Allow the consumer an opportunity to complete the activity however be available to provide support through prompting or demonstration as needed.
2. If you observe the consumer requiring assistance **talk through problem solving** in a simple, jargon free manner. Ask consumer to re-explain information provided to **check for understanding**.
 - a) For example, if you observe the consumer having difficulty preparing a weekly budget. Talk through the following:
 - I. Can you tell me your weekly expenses (i.e. what you spend money on)?
 - II. Do you know how much you would spend on each of your expenses?
 - III. Can we use paper and pen to outline your weekly budget?

Hierarchy of support:



***Support needs rating (please circle)**

N A P S I

Please provide feedback and/or comments on the following:

***Support needs rating scale:** N: Not observed, A: Assistance, P: Prompts, S: Supervision, I: Independent

MONEY HANDLING

- able to recognise Australian notes and coins and relative values
- able to calculate correct amounts of cash to pay for items
- aware of how to pay bills (i.e. direct debit, BPay, cheque)
- able to attend to bank/ATM to withdraw money
- stores cash so it is safe and easily accessible

N A P S I

BUDGETING

- able to provide details of weekly/fortnightly budget
- able to identify regular expenses (e.g. rent, food, travel, outings, cigarettes, clothing, phone credit)
- able to acknowledge vulnerabilities (e.g. other's asking for money, overspending)
- awareness of outstanding and/or future debts

N A P S I

PRIORITISING

- recognises the need to prioritise items to be paid first (i.e. rent and food) before other items to be bought only if consumer has sufficient funds
- uses money responsibly (i.e. spends realistic and responsible amount of money)

N A P S I

BUDGET ___/___/___
DATE

Money In From:	This Month	Next Month
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total Cash Income	\$ <input type="text"/>	\$ <input type="text"/>

Total In
(add 1 to 10)

Money Out To:	This Month	Next Month
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		

Total Cash Expenses	\$ <input type="text"/>	\$ <input type="text"/>
----------------------------	-------------------------	-------------------------

Total Out
(add 11 to 39)

Money Left	\$ <input type="text"/>	\$ <input type="text"/>
-------------------	-------------------------	-------------------------

From Total In
Subtract Total Out

Budget planner

This calculator enables you to:

- * work out where your money is going
- * customise item names
- * save your results

Budget planner

Income	\$	Frequency
Your take-home pay		Fortnightly
Your partner's take-home pay		Weekly
Bonuses / overtime		Annually
Income from savings and investments		Monthly
Centrelink benefits		Fortnightly
Family benefit payments		Fortnightly
Child support received		Monthly
Other		Monthly
Home & utilities	\$	Frequency
Mortgage & rent		Monthly
Body corporate fees		Quarterly
Council rates		Quarterly
Furniture & appliances		Annually
Renovations & maintenance		Annually
Electricity		Quarterly
Gas		Quarterly
Water		Quarterly
Internet		Monthly
Pay TV		Monthly
Home phone		Monthly
Mobile		Monthly
Other		Fortnightly
Insurance & financial	\$	Frequency
Car insurance		Monthly
Home & contents insurance		Monthly
Personal & life insurance		Monthly
Health insurance		Monthly
Car loan		Monthly
Credit card interest		Monthly
Other loans		Monthly
Paying off debt		Monthly
Savings		Monthly
Investments & super contributions		Monthly

Rego & licence		Annually
Repairs & maintenance		Annually
Fines		Monthly
Airfares		Annually
Other		Monthly
Children	\$	Frequency
Baby products		Monthly
Toys		Monthly
Babysitting		Monthly
Childcare		Monthly
Sports & activities		Monthly
School fees		Monthly
Excursions		Monthly
School uniforms		Monthly
Other school needs		Monthly
Child support payment		Monthly
Other		Monthly
Summary		

Developed by Queensland Health, Townsville Hospital and Health Service



Queensland Government

Recreation & Leisure Plan

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Consumer's Key Worker:

Consumer's Recreational Officer:

What are the goals of admission to the rehabilitation unit as seen by the treating team? Consider overall goals and goals pertaining to consumer's recreation/ leisure needs. (Review admission documents/ case notes: liaise with key worker)

.....
.....
.....
.....
.....

What are the goals of admission to the rehabilitation unit as seen by the consumer?

.....
.....
.....
.....
.....

Are there any medical or physical conditions that may affect recreational activity?

.....
.....
.....
.....
.....
.....
.....

What would the consumer like to achieve, with assistance from the recreational officers, whilst at rehabilitation unit?

.....
.....
.....
.....
.....
.....
.....
.....

DO NOT WRITE IN THIS BINDING MARGIN

RECREATION & LEISURE PLAN



Recreation & Leisure Plan

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

LEISURE INTEREST CHECKLIST

Go through Leisure Interest Checklist and indicate previous involvement and interest levels in activities listed. *(Consumers to complete this section)*

Outdoor Recreation

Activity	Previous Involvement		Interest		
	Yes	No	Would like to try	Casual	Strong
Abseiling					
Bushwalking / Hiking					
Camping					
Cars					
Cycling					
Canoeing					
Fishing / crabbing					
Gardening					
Horse Riding					
Kite Flying					
Motorbike Riding					
Rock Climbing					
Picnics					
Sailing					
Scuba – Diving					
Snorkelling					
Travel / Holidays					
Wildlife Parks					
Waterskiing					
Windsurfing					
Other <i>(please specify)</i>					

DO NOT WRITE IN THIS BINDING MARGIN



Recreation & Leisure Plan

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Sports

Activity	Previous Involvement		Interest		
	Yes	No	Would like to try	Casual	Strong
Athletics					
Archery					
Aerobics					
Basketball					
Baseball / Softball					
Badminton					
Bowling - Lawn, Tenpin					
Beach Volleyball					
Cricket					
Darts					
Fitness					
Football - Aussie Rules, Rugby League, Rugby Union					
Go-Kart Racing					
Golf					
Gymnastics					
Horse Racing					
Hockey					
Jogging					
Karate / Tae Kwon Do					
Netball					
Rowing					
Squash					
Skipping					
Swimming					
Spectator Sports					
Skating - Roller, Ice					
Soccer					
Tennis					
Table Tennis					
Volleyball					
Weightlifting					
Other (please specify)					

DO NOT WRITE IN THIS BINDING MARGIN



Recreation & Leisure Plan

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Outings

Activity	Previous Involvement		Interest		
	Yes	No	Would like to try	Casual	Strong
Art Gallery					
BBQ's					
Church					
Cinema / Drive-In					
Clubs					
Concerts					
Craft Exhibitions					
Driving					
Going to Lunch					
Museum					
Parties					
Restaurants					
Rodeos					
Shopping					
Shows					
Theatre					
Visiting Friends					
Walks					
Other (<i>please specify</i>)					

Interests

Activity	Previous Involvement		Interest		
	Yes	No	Would like to try	Casual	Strong
Astronomy					
Astrology					
Collecting Items					
Pets					
Yoga / Tai Chi					
Other (<i>please specify</i>)					

DO NOT WRITE IN THIS BINDING MARGIN



URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Recreation & Leisure Plan

Indoor Recreation

Activity	Previous Involvement		Interest		
	Yes	No	Would like to try	Casual	Strong
Acting					
Bingo					
Cards					
Charades / Miming					
Computer Games					
Crossword Puzzles					
Cooking					
Dancing					
Debating					
Indoor Gardening					
Jigsaw Puzzles					
Listening to Music / Radio					
Model Kits					
Musical Instruments					
Playing Board Games					
Playing CD's					
Scrapbooking					
Singing					
Stamping					
Writing Letters					
Watching TV / DVD's					
Other (please specify)					

Arts

Activity	Previous Involvement		Interest		
	Other (please specify)	No	Would like to try	Casual	Strong
Cartooning					
Creative Writing					
Drawing					
Painting					
Photography					
Poetry					
Sculpture					
Other (please specify)					

DO NOT WRITE IN THIS BINDING MARGIN



URN:

Family name:

Given name(s):

Address:

Date of birth:

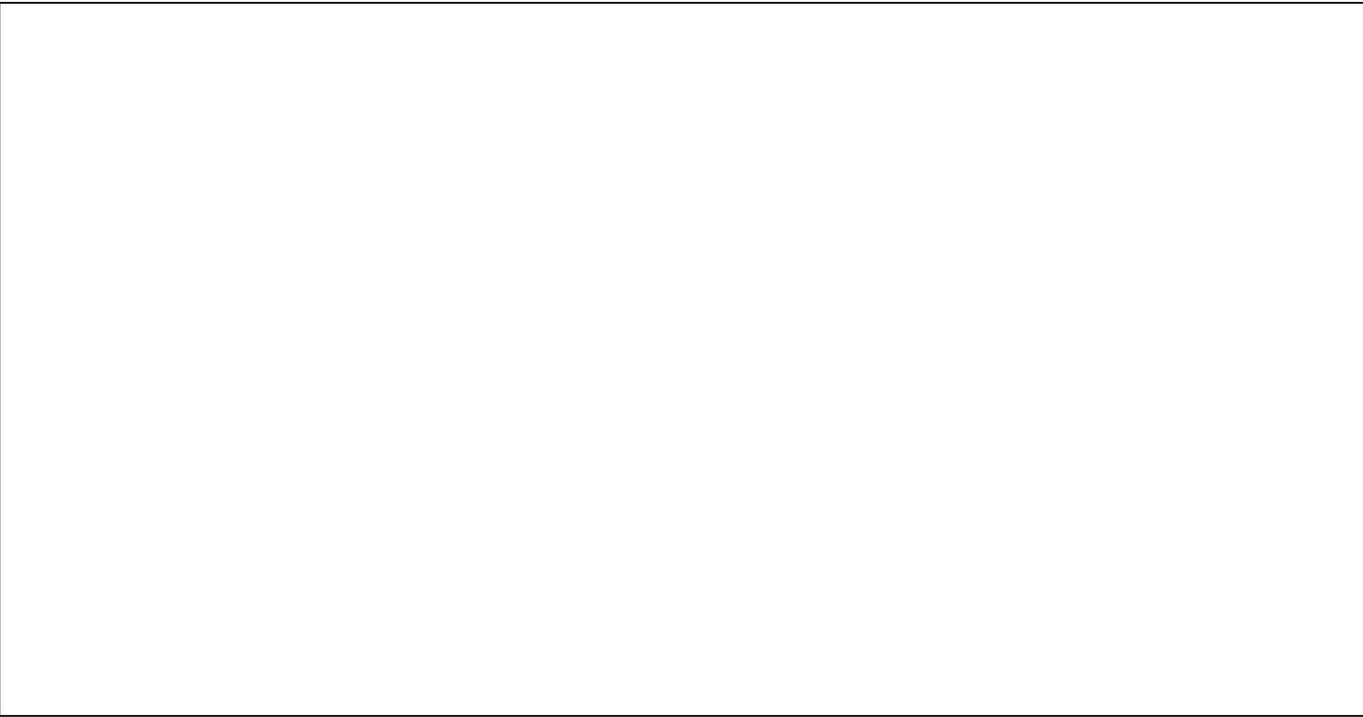
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Recreation & Leisure Plan

Craft and Handiwork

Activity	Previous Involvement		Interest		
	Yes	No	Would like to try	Casual	Strong
Candle Making					
Carpentry					
Copper Work					
Crocheting					
Embroidery					
Gift Making					
Home Decorating					
House Repairs					
Jewellery Making					
Kite Making					
Knitting					
Lacing					
Mechanics					
Patchwork					
Renovations					
Sewing - Hand, machine					
Stitching					
Tapestry					
Tie Dying					
Woodwork					
Other <i>(please specify)</i>					

DO NOT WRITE IN THIS BINDING MARGIN



Recreation & Leisure Plan

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

LEISURE INTEREST SURVEY

List Consumer's Top 3 – 5 Interest's:

-
-
-
-
-

List Consumer's Skill and Strengths:

-
-
-

Goals to be achieved to address recreation/ leisure needs (Goals should be SMART i.e Specific, Measurable, Achievable, Realistic and Timely):

-
-
-
-

Difficulties that may effect the achievement of the recreation/ leisure goals (Consider consumer/ treating team/ environmental factors):

-
-
-

List groups at the rehabilitation unit, within the community and discharge community that the consumer can be involved in, based on the expressed interests of client:

GROUP NAME	DAY & TIME OF GROUP MEETING	COST	CONTACT PERSON	CONTACT NUMBER

DO NOT WRITE IN THIS BINDING MARGIN

Appendix 4: Organising community support activity

Appendix 4A: Activity prompting sheet template

The activity prompting sheet can be used for each consumer and based on assessment data from the allied health professional (usually an occupational therapist or psychologist). It is completed and coordinated by the allied health professional following assessment and supports the collaborative process with the consumer and psychosocial support worker. The assessments such as the Model of Creative Ability (MCA) is an occupational therapy model, used across the professions and psychiatric recovery. The associated assessment is an occupational therapist assessment. See: https://vula.uct.ac.za/access/content/group/9c29ba04-b1ee-49b9-8c85-9a468b556ce2/Framework_2/pdf/The%20Model%20of%20Creative%20Ability.pdf The Allen Cognitive Levels (ACL) is an occupational therapist assessment used for determining Functional Cognition. See: <https://allencognitive.com/allen-scale/>

<u>Consumers name:</u>		<u>Unit:</u>	
ACL MCA/recovery level 2		MESA level	
Activity	Skill level	Support Prompting	When and who to compete the activity
Planning / organisational skills			
Planning / doing spare-time activities			
Self care			
Domestic Skills			
Communication			
Food preparation			
Medication Support			
Money management			
Coping style (behaviours/safety)			

Appendix 4B – Example activity prompting sheet Client A

Completed activity prompting sheet: Client A			
<p>This activity prompting sheet can be used for each consumer and based on assessment data from the Allied Health Professional. This form is completed and coordinated by the Allied Health Professional following assessment in a collaborative process with the consumer and psychosocial support worker.</p>			
Resident name:	Client A		Unit: 20
ACL MCA/recovery level 2	4.4 can fluctuate to 4.2 with deterioration in mental state. Phase 1 in Recovery level; Dependent Unaware <u>Self presentation level:</u> Able to cope with 1-2 step tasks.	MESA level	Currently mesa level one.
Activity/Task	Skill level	Support prompting	When and who to compete task
Planning/organisational skills	Client A has a short attention span. Unable to change with embedded routines. Fixation on the items and fail to appropriately make adjustments when necessary. Poor recall - Can follow prompting by caregiver by imitating movements/tasks, hence new techniques, with intense repetition over time, may be achieved.	May learn through repetition and copying of behaviour.	Intense support throughout the day with prompting and demonstration of desired behaviour
Planning/doing spare-time activities	Client A will have difficulty with initiating herself into spare time activities. Client A enjoys gardening and jobs that require hand on tasks.	Staff to encourage Client A to participate in activities of interest.	Client A to have allocated leisure time within her weekly timetable. Client A to engage with community care unit gardener and assist him with tasks when available.

Self care	Able to manage basic self care and grooming tasks. May not clean areas of body that are hidden eg under arms, hygiene to be monitored. Client A independently changes into clean clothing on a daily basis. She may at times require prompting to complete hand hygiene before prior to handing food and ensuring she brushes her teeth daily.	Have set time and routine for self care tasks	Support workers to prompt Client A to complete these tasks.
Domestic Skills	Client A will have difficulty with maintaining her home environment and will require a weekly schedule to assist with keeping her unit tidy and hygienic. Client A may require demonstrations to complete cleaning tasks.	Client A to have allocated cleaning times scheduled in her weekly timetable.	Support workers will assist Client A to initiate and complete domestic tasks.
Communication	Client A is able to verbally communicate and follow verbal directions. Verbal directions should be simple and not overloaded with information as she may misinterpret what is being said. For new activities or tasks visual aids and demonstrations used together with verbal communication would be most suitable.	Ask Client A to repeat what is required to ensure she has understood the verbal communication.	All staff members.
Food preparation	Is able to prepare and cook simple familiar meals and prepare cold snacks. She will tend to eat similar meals each week. Client A will require supervision with using kitchen equipment and appliances for safety. She will have difficulty learning new meals therefore, its recommended Client A learn only 2 new simple meals with minimal steps and have her repetitively make these meals with support. Could eat compulsively, especially sweets, and be at risk of over-eating some foods.	Use recipe for new meals. Verbal prompting and demonstration would be required for new tasks.	Support workers will assist Client A with meal preparation and cooking tasks.
Medication Support	Client A will require all medication to be administered and observed by nursing staff as per medication chart. At ACL level 4.4 it is not recommended people manage their medication due to unsafety practices.	MESA level one	Nurses to administer medication as per Client A's medication chart.
Money management	Client A is able to use money to purchase small routine items e.g. drink from corner shop. Client A is not able to understand prioritising essential items over luxury items and will impulsively buy items without understanding the consequence.	Client A is currently under public trustee for financial management.	Support with Banking and withdrawing money

Coping style (behaviours/safety)	Vulnerable in decision making and self-centred behaviour might lead to unsafe decision making in community. Unable to see secondary effects of actions. Used to smoking in room. At risk of falling back into old habits and patterns Ward behaviour: Might interrupt others and demand immediate assistance. Interrupts conversations of others to turn the focus on themselves. Unable to resolve the differences between outcome of activity and desired behaviour.	Client A will require clear guidelines, frequent to constant prompting and cueing on appropriate behaviour	Daily.
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Appendix 4C: Example activity prompting sheet - Client B

Completed activity prompting sheet: Client B					
This activity prompting sheet can be used for each consumer and based on assessment data from the allied health professional. This form is completed and coordinated by the Allied Health Professional following assessment in a collaborative process with the consumer and psychosocial support worker.					
Resident name:	Client B	Unit:	6		
MCA/recovery level 2	Phase 2 in Recovery level; Dependent Aware <u>Self-presentation level</u> : able to cope with 2-3 step tasks.	ACL level	4.4 - 4.6	MESA level	level 2
Activity/Task	Skill level	Support / Prompting		When and who to compete task	
Planning/ organisational skills	Has some basic planning skills yet limited awareness, for complex tasks such as organising weekly shopping list, meal planning, budgeting will require support to learn strategies to assist with organisation skills. Benefits from set weekly routine.	May learn through repetition and copying of behaviour. Use of white board sheet and calendar. Reminders on timetable		Every day support from KW	
Planning/doing spare-time activities	Is able to be goal directed with heavy reliance on visual cues and verbal directions. Client B will require demonstrations for new tasks or activities. Not able to manage complex problem solving independently. Likes to develop social activities.	Staff to remind Client B daily to use his visual daily timetable. New activities or tasks will require demonstration or completing the task with Client B.		Psychosocial support workers All staff throughout the day.	
Self care	Able to manage basic self care and grooming tasks. May not clean areas of body that are hidden e.g. under arms, hygiene to be monitored. Can independently dress self however have been observed to wear same clothing multiple days in a row. Client B may at times require prompting to complete hand hygiene before prior to handing food and ensuring he brushes his teeth daily.	Require prompting to complete hand hygiene before prior to handing food. Client B at times needs to be reminded to wear clean clothing daily.		EN	
Communication	Client B at times can become overwhelmed with too much verbal communication. He can misinterpret what is said, get frustrated and avoid. Can overshare information on diagnosis. Can take in basic new information by watching a demonstration, but not by reading it.	Reduce overloading Client B with verbal information. Provide information in small amounts/ steps.		All staff	

Community Access	Drives his own car to access community. Does not have interest in using public transport. Other residents ask Client B for lifts - at times not appropriate Forgets to sign in and out of community care unit facility.	Assist with decision making Remind to sign in/out	All staff
Food preparation	Unable to concentrate on cooking and answering questions at the same time, can only do one or the other. Has difficulty with portion size and tends to over eat. Client B will tend to purchase fast food or invite himself to other residents for meal times. Unaware when food is out of date or is spoiled.	Client B is currently on a diet plan as per dietician program. Client B currently attends Transformed for his dietician support and through the Healthy Bites program.	Staff to remind Client B of his diet plan and assisting with his food diary. Client B has cooking support with EN 2 times per week.
Medication Support	Might not understand purpose or need for medication. History of being forgetful of medication. Client B requires checks for his medication.	MESA level two.	Medication to be completed as per MESA level and medication chart.
Money management	Can manage routine purchases for immediate needs and accurately recount the amounts spent on routine or essential purchases. Will need support to complete and maintain a budget. Will have difficulties planning ahead for expenses/ bills and may at times impulse buy.	Needs set budget envelopes in locked safe in room	Support with Banking and completing budgeting plan on Fridays each fortnight with KW.
Coping style (behaviours/safety)	If driving motorized vehicles, electric scooters, wheelchairs, or any other form of powered vehicle, they are at risk of having accidents/collisions.	Client B to be assessed for medical fitness to drive	OT/Medical officer

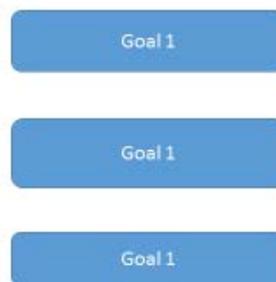
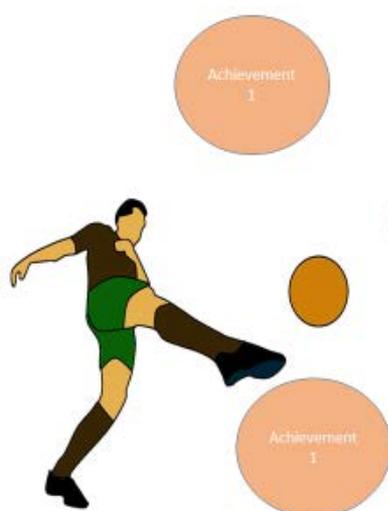
Appendix 5: Review process

Appendix 5A: Journey planner template

A journey planner is a creative visual tool reflecting and celebrating the consumers achievements as they work towards their individual recovery goals. The journey planner is completed as **part of the case review** and the documents should go hand in hand.

Journey planner template samples

There are many templates for staff to access to utilise or be inspired. The templates are in **power point format** as it allows graphics and text boxes to merge into one.





Goals

Goals

Goals

Roles	Tasks	Documentation and Resources
Keyworkers	<ul style="list-style-type: none"> - Collaborative with consumer and health keyworker to identify their achievements - Check in with consumer that their goals are still current - In collaboration with the resident – review/identify the next steps to achieving their goals 	<ul style="list-style-type: none"> - Journey Planner - Case Review
Contact Staff	<ol style="list-style-type: none"> 1. Celebrate the consumer achievements 	<ul style="list-style-type: none"> - Journey Planner

Name -

Goal 1

Goal 2

Goal 3

Actions

Actions

Achievement 3

Achievement 2

Achievement 1



Appendix 5C: She'll be right

Name



Achievement

Achievement

Achievement



Goals

Goals

Goals

Appendix 5D: Occupational therapy functional progress map

Stick ID label here

Rating scale key:
N= Not Observed
A= Assistance
P= Prompts
S= Supervision
I= Independent

The occupational therapy functional progress map is used to track the progress of the consumers goal achievement and is a tool for discharge planning. It is completed by the occupational therapist after reviewing the support needs ratings of activities.

Review Stages								
Occupation and sub tasks:	Initial	3 Months	6 Months	9 Months	12 Months	15 Months	18 Months	24 Months
Grocery Shop								
Preparation								
Going Shopping								
After Shopping								
Comments:								
Meal Prep								
Set-up								
Food Safety								
Meal Preparation								
Clean Up								
Comments:								
Food Hygiene								
Food safety								
Food storage								
Comments:								
Laundry								
Doing Laundry								
Comments:								

Public Transport								
Preparation								
Catching public transport								
Comments:								
Navigating Appointments								
Navigation								
During Appointment								
After Appointment								
Comments:								
Budgeting								
Money Handling								
Budgeting								
Prioritising								
Comments:								

Appendix 5E: Functional goals template

ID label Here

The functional goals template is developed between the occupational therapist, consumer and psychosocial support worker. It is used for the initial setting of collaborative goals and to document completion of supported activities. It is used by the psychosocial support worker and brought to case review as a part of the review process.

Skill Area	Monthly Completion											
	January	February	March	April	May	June	July	August	September	October	November	December

Appendix 5F: Consumer activity rating scale

The consumer rating scale is a self-evaluation of skill development. It has been found useful in long term services e.g. community care units. The consumer completes the rating scale following a specific community support activity provision by the psychosocial support worker. It can be completed at any frequency that the psychosocial support worker determines to evaluate the progress of the activity.

Name: _____

Date: _____

Activity: _____

How would you rate your **skills and ability** to do this activity?

1	2	3	4	5	6	7	8	9	10
Not able to do it very well					Able to do it very well				

How **confident** are you in your ability to do this activity?

1	2	3	4	5	6	7	8	9	10
Not confident					Very confident				

How **important** is it to you to be able to do this activity?

1	2	3	4	5	6	7	8	9	10
Not important					Very important				

How **satisfied** are you with the way you do this activity?

1	2	3	4	5	6	7	8	9	10
Not satisfied					Very satisfied				

What would you like to **improve** on or **help** with for this activity?

Appendix 5G: Recovery web

The Recovery web is used for the subjective rating of functioning during Recovery. It has been found useful in long term services e.g. community care units. The numerical or emoji rating is scored by the consumer with the support of the psychosocial support worker. The psychosocial support worker plots the rating on the rating table and the recovery web. Once the rating is placed the consumer can prioritise their goals around the 10 key areas i.e. managing mental health, physical health, responsibilities, connections. The 1st completion of the Recovery web is one week before the 6-week case review. The 2nd to 4th completion is one week before the 3-monthly case review.

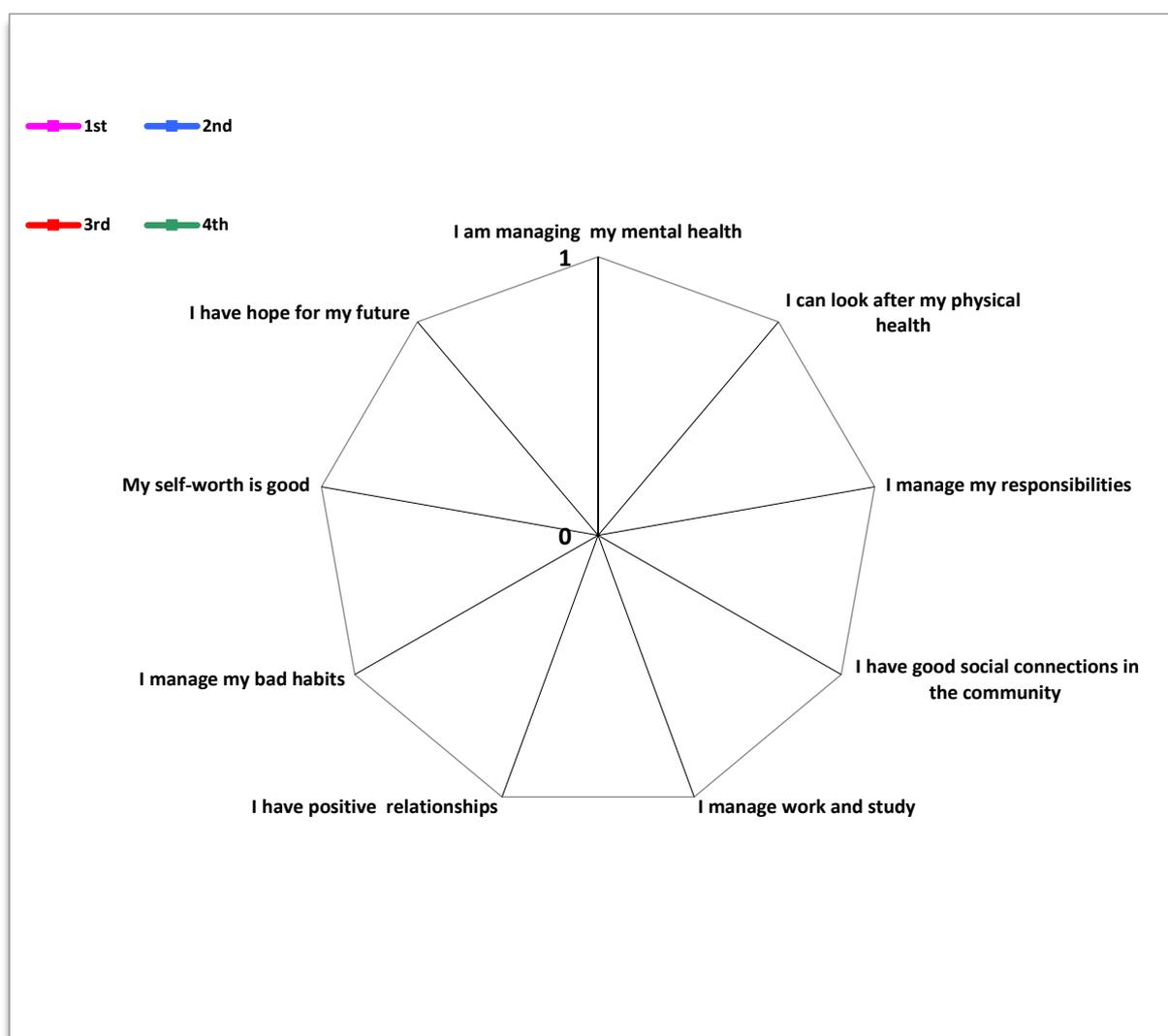
Rating scale

Consumer subjective rating of functioning	Numerical rating	Emoji rating
Independent – I can manage this without support I can manage this without support - most of the time I manage this without support	9-10	
Learning/Growing – with support I am learning and overcome setbacks I am learning how to do this – I can find some things work and others don't work	7-8	
Believing – I start doing things differently and put plans into actions to do new things I can make a difference. It is up to me as well, this is a starting point, a change in the way you view yourself.	6-5	
Accepting support – I accept support, I start to feel better I would like support for this – I want things to be different but don't know what I want	4-3	
Stuck – You start to think it doesn't have to be like this Leave me alone – the beginning of your journey and you don't want to talk about it	1-2	

Rating table

Date	Completion schedule	I am managing my mental health	I can look after my physical health	I manage my responsibilities	I have good social connections in the community	I manage work and study	I have positive relationships	I manage my bad habits	My self-worth is good	I have hope for my future
	1 st 6-week review									
	2 nd 3-month review									
	3 rd 6-month review									
	4 th 12-month review									

Recovery web



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