

Clinical Task Instruction

Skill Shared Task

S-SP03: Provide information on financial assistance, community transport or accommodation as a basic/bridging intervention

VERSION CONTROL

Version: 1.0

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The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to AHPOQ at: allied_health_advisory@health.qld.gov.au.

This CTI must be used under a skill sharing framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac/html/calderdale-framework.asp>

Please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

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Scope and objectives of clinical task

This CTI will enable the health professional to:

- determine if the client requires information on financial assistance, community transport or accommodation options as part of meeting their healthcare needs.
- provide locally relevant information on financial assistance, community transport or accommodation.
- monitor and support the client to engage with available options.

Requisite training, knowledge, skills and experience

Training

- Mandatory training requirements relevant to Queensland Health/Hospital and Health Service (HHS) clinical roles are assumed knowledge for this CTI.

Clinical knowledge

- To deliver this clinical task a health professional is required to possess the following theoretical knowledge:
 - the common factors that predispose or perpetuate financial, transport and accommodation issues for health service clients.
 - the rationale, purpose, benefits and risks in providing short-term support options.
 - the eligibility criteria and process for accessing each service.
- The knowledge requirements will be met by the following activities:
 - review of the Learning Resource.
 - receive instruction from the lead health professional in the training phase.
 - read and discuss the following references/resources with the lead health professional at the commencement of the training phase:
 - local processes, protocols and referral pathways for domestic and family violence, child safety or elder abuse management.
 - the local resources used for client education on finance, transport and accommodation including web addresses, handouts and posters.

Skills or experience

- The following skills or experience are not specifically identified in the task procedure but support the safe and effective performance of the task or the efficiency of the training process and are:
 - **required** by a health professional in order to deliver this task:
 - nil.
 - **relevant but not mandatory** for a health professional to possess in order to deliver this task:
 - nil.

Indications and limitations for use of a skill shared task

The skill share-trained health professional shall use their independent clinical judgement to determine the situations in which they will deliver this clinical task. The following recommended indications and limitations are provided as a guide to the use of the CTI, but the health professional is responsible for applying clinical reasoning and understanding of the potential risks and benefits of providing the task in each clinical situation.

Indications

- An inability to access health services or participate in own healthcare due to finance, transport and/or accommodation issues. This may be identified in the subjective history, or through discussion in the course of arranging or providing care.

Limitations

- If the client is suspected of, or reports domestic and family violence, elder abuse or child abuse, implement local processes for health service response.
- The client has a known service provider, for example Integrated Mental Health Service or NDIS. With client consent, liaise with the service provider/s as part of care planning.
- The client has an agent that manages their financial, personal and/or health matters e.g. appointed power of attorney or Public Trustee.
- Accommodation in this CTI refers to short term options to support the client to return/maintain living in the community. If the client requires:
 - information and/or support to access patient travel subsidy scheme (PTSS), implement local processes e.g. patient travel hub.
 - advocacy or liaison with Department of Housing or Residential Tenancy Authority regarding housing matters, encourage the client to self-advocate and, if required, implement local processes to access suitable support e.g. social work service.
 - a residential aged care application, liaise with the healthcare team e.g. general practitioner or ward nursing staff.
 - NDIS funded supports that include housing and accommodation, liaise with the service provider or provide information to assist the client to find a service provider.
- The client is known to the service as a repeat presenter for crisis or temporary support services and/or is currently engaged with social work services. Refer to the healthcare team management plan.
- The client is not eligible for the available supports that the skill share-trained health professional has been trained and assessed as competent to deliver. This may include refugees, migrants (students, expired visa) or uninsured travellers. Implement local referral pathways for access to appropriate services. If pathways are unclear, liaise with a health professional with expertise in social support assessment.

Safety and quality

Client

- The skill share-trained health professional shall identify and monitor the following risks and precautions that are specifically relevant to this clinical task:
 - clients may report being dissatisfied with the available support options. When commencing the task, develop clear expectations with the client. This includes providing information on available solutions, acknowledging that available solutions may not be ideal and applying eligibility criteria for onward referral. In some circumstances the health professional may acknowledge that the services are not available due to shortages e.g. shortage of affordable and social housing.

Equipment, aids and appliances

- Client information resources should be accurate and current including correct contact detail.
- If client education resources require the use of a laptop or iPad that will be logged into the Queensland Health network, exercise cyber security precautions including not leaving the device unattended.

Environment

- Nil

Performance of clinical task

1. Preparation

- Collect local client education resources e.g. list of providers with contact details.

2. Introduce task and seek consent

- The health professional checks three forms of client identification: full name, date of birth, **plus one** of the following: hospital unit record (UR) number, Medicare number, or address.
- The health professional introduces the task and seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017).

3. Positioning

- The client's position during the task should be:
 - sitting comfortably.
- The health professional's position during the task should be:
 - sitting opposite or beside the client in a position that supports communication.

4. Task procedure

- The task comprises the following steps:
 1. Determine the client's suitability for the task. See Indications and Limitations section.
 2. Clarify the finance, transport or accommodation problem that prevents participation in healthcare. See the Guide to undertaking a basic finance, transport and/or accommodation history in the Learning resource.
 3. Using the information collected, with the client develop a plan to address their financial, transport and/or accommodation needs. The plan may also include referral for a comprehensive social supports assessment particularly for complicated issues or long-term solutions.
 4. Provide information on available options that the client is eligible to access.
 5. Develop a process and method for review of intervention strategies.

5. Monitoring performance and tolerance during the task

- Common errors and compensation strategies to be monitored and corrected during task include:
 - clients should be supported to explore available options and problem solve suitable solutions. If the client reports feeling overwhelmed and helpless, pause the task. Provide encouragement to consider options including support from family and friends.
 - information provided to the client should be of a general nature. Answers to specific questions should reference the information resource and clients should be encouraged to seek further clarification directly with the service e.g. Centrelink, superannuation fund, accommodation provider.
 - the provision of resources and information should consider client factors such as literacy level, first language and preferences (phone numbers, web addresses, brochures). Confirm that the client is able to access the required information as part of care planning.
 - if during problem solving the client does not want to engage with any of the available options for support, cease the task. Determine if there are any additional barriers. If a plan cannot be developed with the client to support their access to healthcare, liaise with the multidisciplinary team.
 - if during the task, complex/complicated psychosocial issues are identified, discuss the value of referral for a comprehensive psychosocial assessment as part of developing a management plan.
 - some clients may request use of a hospital phone or laptop computer to access information. Refer to local workplace instructions.
- Monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above.

6. Progression

- Task progression strategies include:
 - the client reports having difficulty engaging with or maintaining available financial, transport and/or accommodation options. This may be due to new or worsening psychosocial problems and may develop acutely or over an extended period of time, for example, when the client's health changes. A repeat assessment to identify appropriate finance, transport and/or

accommodation solutions and/or referral for a comprehensive psychosocial assessment may be required.

7. Document

- Document the outcomes of the task as part of the skill share-trained health professional's entry in the relevant clinical record, consistent with relevant documentation standards and local procedures.
- The skill shared task should be identified in the documentation as 'delivered by skill share-trained (*insert profession*) implementing S-SP03: Provide information on financial assistance, community transport or accommodation as a basic/bridging intervention' or similar wording.

References and supporting documents

- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition). Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf

Assessment: performance criteria checklist

S-SP03: Provide information on financial assistance, community transport or accommodation as a basic/bridging intervention

Name:

Position:

Work Unit:

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>
Demonstrates knowledge of fundamental concepts required to undertake the task through observed performance and the clinical reasoning record.			
Identifies indications and safety considerations for the task and makes appropriate decisions to implement the task, including any risk mitigation strategies, in accordance with the clinical reasoning record.			
Completes preparation for the task including collecting local client education resources e.g. list of providers with contact details, eligibility criteria.			
Describes the task and seeks informed consent.			
Prepares the environment and positions self and client appropriately to ensure safety and effectiveness of the task, including reflecting on risks and improvements in the clinical reasoning record where relevant.			
Delivers the task effectively and safely as per the CTI procedure in accordance with the Learning Resource. <ul style="list-style-type: none"> a) Clearly explains and demonstrates the task, checking the client's understanding. b) Determines the client's suitability for the task. See Indications and Limitations section. c) Clarifies the finance, transport or accommodation problem that prevents engagement with healthcare. d) Uses the information collected, and with the client, develops a plan to address their financial, transport and/or accommodation needs. e) Provides information on available options that the client is eligible to access. f) Develops a process and method for review of intervention strategies. g) During the task, maintains a safe clinical environment and manages risks appropriately. 			
Monitors for performance errors and provides appropriate correction, feedback and/or adapts the task to improve			

effectiveness, in accordance with the clinical reasoning record.			
Documents in the clinical notes including a reference to the task being delivered by the skill share-trained health professional and the CTI used.			
If relevant, incorporates outcomes from the task into an intervention plan e.g. plan for task progression, interprets findings in relation to care planning, in accordance with the clinical reasoning record.			
Demonstrates appropriate clinical reasoning throughout the task, in accordance with the Learning Resource.			

Comments on the scope of competence for the health professional

The health professional has been trained and assessed as competent to deliver the following information:

- Finance _____
- Transport _____
- Accommodation _____

Comments:

Record of assessment competence:

Assessor name:	Assessor position:	Competence achieved: / /
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Scheduled review:

Review date: / /	
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Clinical reasoning record

- The clinical reasoning record can be used:
 - as a training resource, to be completed after each application of the skill shared task (or potential use of the task) in the training period and discussed in the supervision meeting.
 - after training is completed for the purposes of periodic audit of competence.
 - after training is completed in the event of an adverse or sub-optimal outcome from the delivery of the clinical task, to aid reflection and performance review by the lead practitioner.
- The clinical reasoning record should be retained with the clinician's records of training and not be included in the client's clinical documentation.

Date skill shared task delivered: _____

1. Setting and context

- insert concise point/s outlining the setting and situation in which the task was performed, and their impact on the task

2. Client

Presenting condition and history relevant to task

- insert concise point/s on the client's presentation in relation to the task e.g. presenting condition, relevant past history, relevant assessment findings

General care plan

- insert concise point/s on the client's general and profession-specific/allied health care plan e.g. acute inpatient, discharge planned in 2/7

Functional considerations

- insert concise point/s of relevance to the task e.g. current functional status, functional needs in home environment or functional goals. If not relevant to task - omit.

Environmental considerations

- insert concise point/s of relevance to the task e.g. environment set-up/preparation for task, equipment available at home and home environment. If not relevant to task - omit.

Social considerations

- insert concise point/s of relevance to the task e.g. carer considerations, other supports, client's role within family, transport or financial issues impacting care plan. If not relevant to task - omit.

Other considerations

- insert concise point/s of relevance to the task not previously covered. If none - omit.

3. Task indications and precautions considered

Indications and precautions considered

- insert concise point/s on the indications present for the task, and any risks or precautions, and the decision taken to implement/not implement the task including risk management strategies.

4. Outcomes of task

- insert concise point/s on the outcomes of the task including difficulties encountered, unanticipated responses

5. Plan

- insert concise point/s on the plan for further use of the task with this client including progression plan (if relevant)

6. Overall reflection

- insert concise point/s on learnings from the use of the task including indications for further learning or discussion with the lead practitioner

Skill share-trained health professional

Name:

Position:

Date this case was discussed in supervision:

Outcome of supervision discussion:

Lead health professional (trainer)

Name:

Position:

/ /

e.g. further training, progress to final competency assessment

Provide information on financial assistance, community transport or accommodation as a basic/bridging intervention: Learning resource

Required reading

Key determinants of health

- Australia's key determinants of health include socio-economic position, early life, social exclusion, social capital, employment and work, housing and residential environment.
Australian Institute of Health & Welfare. Available at: <https://www.aihw.gov.au/getmedia/11ada76c-0572-4d01-93f4-d96ac6008a95/ah16-4-1-social-determinants-health.pdf.aspx>

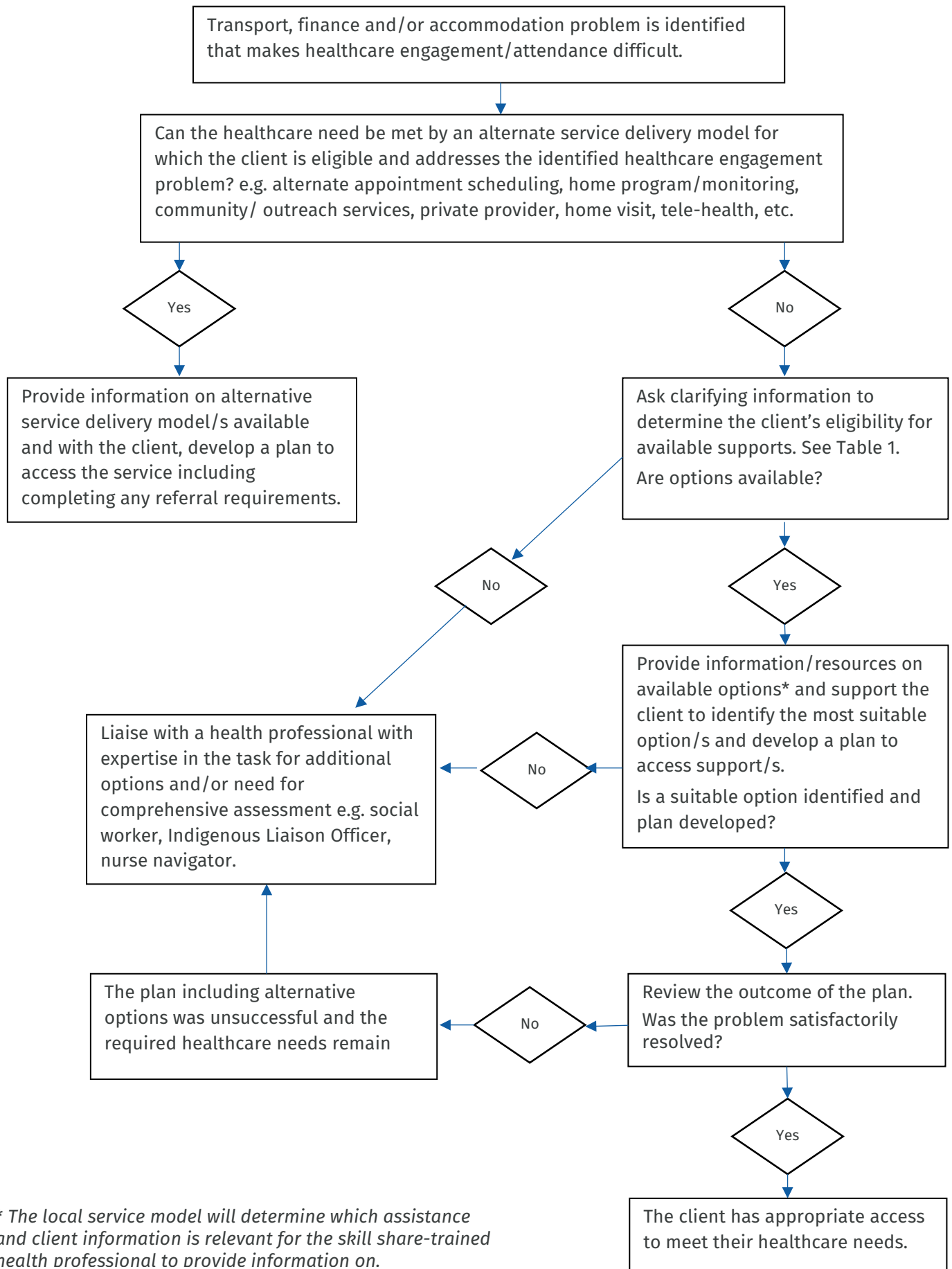
Biopsychosocial model

- Wade D.T, Halligan P.W (2017). The biopsychosocial model of illness: a model whose time has come. *Clinical Rehabilitation* 31(8) 995-1004. Available at: <https://journals.sagepub.com/doi/pdf/10.1177/0269215517709890>

Guide to undertaking a basic finance, transport and/or accommodation history

- The outcome of this task is to support the client to problem solve potential options for support to continue engagement with their healthcare. See Indications.
- The skill share-trained health professional shall include in their subjective assessment questions on social support and factors effecting access and engagement in healthcare. For example, physiotherapists, dietitians or occupational therapists routinely collect information on social factors that impact physical and functional capacity and health behaviours.
- If the client has mentioned a potential issue relevant to this task, a probing question can be used such as "You have indicated that you have had problems with _____ e.g. getting to your appointment/purchasing the equipment. It would be helpful if we could explore what may be making that difficult and see if we can work to find a solution. Is that OK?".
 - if the client declines, offer the client the opportunity to discuss their concerns and possible solutions with another member of the healthcare team and support the client to identify a health professional to speak with e.g. general practitioner, community nurse, specialist or other members of the multi-disciplinary team.
 - if the client agrees, determine if the healthcare need can be met by an alternative service delivery model. For example this may include changing the appointment schedule to suit public transport routes or work schedules, introducing tele-health to reduce the number of face to face reviews or to support care closer to home with another care provider. See Figure 1: An example local flowchart to support a client with transport, finance and/or accommodation problems.

Figure 1: An example local flowchart to support a client with transport, finance and/or accommodation problems



* The local service model will determine which assistance and client information is relevant for the skill share-trained health professional to provide information on.

Table 1: Guide to undertaking a brief history of finance, transport or accommodation problems for the purpose of providing a brief/basic intervention

Finance		
<p>The client may report concerns about healthcare costs, direct or indirect. Direct costs include transport to/from appointments, medications, medical aids or equipment needs. Indirect costs include the payment of upcoming bills including rent, electricity, phone, mortgage, groceries, school supplies etc. Clients accessing healthcare may be experiencing financial stress due to the effects of illness on their/their carer's ability to work, costs of treatment or time away from their home location. Financial stress will impact the health and wellbeing of the client and their family.</p>		
Clarifying questions	Action	Common problems and solutions
<p>Clarify the client's concern with finances and determine if it is short term or long term e.g. pay is due early next week versus illness/unemployment and mortgage stress.</p>	<p>Encourage the client to test their eligibility for income support and/or entitlements. This includes government departments (e.g. Centrelink), their employer (e.g. sickness, annual, and long service leave, workers compensation), superannuation fund and/or insurer (e.g. income protection).</p> <p>Clients should be encouraged to make enquiries regarding their eligibility, rather than making assumptions about their status. For example, the:</p> <ul style="list-style-type: none"> • Australian Government: Australian Taxation Office - Early access to your super.¹ • Australian Government: Services Australia <ul style="list-style-type: none"> – Payments for people living with an illness, injury or disability². – Disability support pension information³. • Australian Government: Department of Health- The Pharmaceutical Benefits Scheme⁴. 	<p>If the client is not eligible to receive an income or has complicating factors, such as being a refugee, migrant (student or expired visa) or uninsured traveller, liaise with a health professional with expertise in psychosocial assessment.</p>

¹ Australian Government: Australian Taxation Office. Early access to your super. Available at:

<https://www.ato.gov.au/individuals/super/withdrawing-and-using-your-super/early-access-to-your-super/>

² Australian Government: Services Australia. Payments for people living with an illness, injury or disability. Available at: <https://www.humanservices.gov.au/individuals/subjects/payments-people-living-illness-injury-or-disability>

³ Australian Government: Services Australia. Disability support pension information. Available at: <https://www.servicesaustralia.gov.au/individuals/services/centrelink/disability-support-pension>

⁴ Australian Government: Department of Health. The Pharmaceutical Benefits Scheme. Available at: <http://www.pbs.gov.au/info/about-the-pbs>

<p>Determine if the client meets eligibility criteria for financial assistance from other sources?</p>	<p>Financial assistance is potentially available from a number of other sources, but clients may be unaware of the assistance available or be uncertain how to find out more information on their entitlements.</p> <p>The skill share-trained health professional should be provided information and training as to the relevant sources, including applying decision making criteria for the local service and this should be listed in the Performance Criteria Checklist.</p> <p>Assistance may be available for equipment provision, travel support, electricity bill payment or grocery/fuel vouchers etc.</p> <p>Services may be national, statewide, regional or local.</p> <p>Examples include the Department of Veterans' Affairs, National Disability Insurance Scheme, Medical Aids Subsidy Scheme, Rotary Australia, Red Cross, Cancer Council, MS Queensland, spinal cord injury PBF Australia, community soup kitchens, church organisations, etc.</p> <p>The local service will support identification of suitable providers based on the client cohort, referral pathways etc.</p>	<p>Information should be provided of known options that the client may meet eligibility criteria for. The client should be encouraged to explore and seek other options for specific needs.</p>
<p>Does the client report any problems with accessing this support?</p>	<p>Consider environmental, physical, cognitive or mental barriers. Problems may include computer literacy level, anxiety, physical limitations, etc.</p> <p>Consider the support of family or friends to complete applications.</p>	<p>If the client is concerned regarding privacy or has limited supports available, liaise with a social worker.</p>

Transport

The client reports problems or an inability to access community or healthcare services including attending appointments, activities or programs. This may be due to their ability to drive, associated costs (fuel, parking, taxi fares), availability of suitable parking (distance from the parking area due to physical constraints).

Clarifying questions	Action	Common problems and solutions
<p>Determine if this is a short term or long-term problem. Duration may be related to the transport problem or the healthcare attendance requirements.</p> <p>Confirm the client's usual mode of transport to the community e.g. to attend appointments, buy groceries or visit friends.</p> <p>Enquire as to what changes have occurred? e.g. car broken down, client/ carer no longer able/available to drive, difficulty mobilising from the parking area, or cost of fuel and parking.</p>	<p>Support the client to problem solve within their own resources and to seek information on:</p> <ul style="list-style-type: none"> • Public transport options e.g. Translink https://translink.com.au/ • Queensland Government: Department of Transport and Main Roads. Taxi subsidy scheme and Disability parking permit application. https://www.tmr.qld.gov.au/ • Patient Travel Subsidy Scheme (PTSS) Guide for Patients and Carers. https://www.qld.gov.au/health/services/travel/subsidies • Home and Community Care (HACC). • Queensland Community Support Scheme • Ride share options. • Other relevant local transport options and associated resources for the local healthcare setting e.g. community care program, local council options, parking subsidy, Cancer Council Queensland. <p>Note: this information is provided as examples for Queensland and access will differ according to location. In all instances, the local resources will need to be located and provided to support training.</p>	<p>The scope of this CTI is the provision of information to clients on transport options they may be eligible to access. Clients are encouraged to read the material. Where relevant, clients should be encouraged to seek support with completing application processes e.g. liaise with their GP to complete disabled parking permit and taxi voucher applications, contact community transport booking officer.</p> <p>It is not in the scope of the CTI to complete transport support application forms on behalf of the client. If the client expresses a need for support beyond information on transport options, discussions should include available supports to assist e.g. family member.</p>
<p>Are there any other considerations for accessing this support?</p>	<p>Consider environmental, physical, social, cognitive or mental health barriers. Problems may include organisational skills, anxiety, physical limitations, timing of transport options with appointment scheduling, childcare commitments etc.</p> <p>Consider the support of family or friends.</p>	<p>If the client has multiple requirements making identification of suitable options</p>

		<p>difficult, liaise with the social worker.</p> <p>NB: the client has the right to decline all available suitable options, this is not an indication for referral.</p>
Accommodation		
<p>The client may report problems or concerns with their current or planned accommodation options including being homeless. There are many reasons a client may experience a lack of housing. These may include limited housing meeting client specific requirements (physical needs, access to services); impacts of domestic and family violence, mental health conditions or abuse (child, elder, substance); or having a poor rental history, low income or inability to provide suitable references.</p>		
Clarifying questions	Action	Common problems and solutions
<p>Determine when the client's current accommodation will not be available e.g. eviction, end of lease, couch surfing.</p> <p>Confirm the clients usual living arrangements? e.g. renting with partner, caravan park, car.</p> <p>Enquire as to what changes have occurred? e.g. relationship status, eviction, concerns around finances, etc. See Limitations.</p>	<p>Short term housing options include:</p> <ul style="list-style-type: none"> • staying with family or friends • respite • share accommodation • private rental • crisis accommodation – shelters, hostels, pubs, caravan parks, camping areas. <p>The local client information materials will include options, eligibility criteria and application processes.</p>	<p>If the client is unable to be housed appropriately and there is an immediate need, liaise with a social worker.</p> <p>If longer term housing options are required, implement local referral pathways e.g. local supported accommodation providers.</p>
<p>Are there any other considerations for accessing available options?</p>	<p>Consider environmental, physical, cognitive or mental health barriers. Problems may include environmental requirements (bariatric, home oxygen), social needs (family supports) etc.</p> <p>Consider the support of family or friends to support housing options.</p>	<p>If permanent housing options cannot be problem solved, refer for comprehensive psychosocial assessment using local referral pathways.</p>