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Functional Screening and Assessment in
the NSW ATLAS Reform Project: a
guide for 2004 ATLAS applications

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Preface

This manual was developed by the Centre for Health Service Development at the University of Wollongong and funded by the NSW Department of Ageing Disability and Home Care (DADHC). It is designed to assist teachers and teacher aids to undertake a Functional Screen and the Behavioural and Domestic Functional Assessments.








DADHC recognises that different programs have different screening and assessment systems in place and varying capacity to adopt the new tools at this stage. Implementing these tools in a consistent way is an important step towards improving equity in the ATLAS system and support for school leavers. By 'equity', we mean that people with similar levels of need should be able to receive similar levels of responses to their needs. This does not mean that service or care responses should be the same, but rather support responses to need (a program or service or package of help) should be tailored to an individual but based on consistent and more standardised ways of estimating need.

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How to use this manual

Welcome to the hows and whys of functional screening and assessment in the ATLAS program.

If, before you start, you want to get some background information on function and on why it's important for ATLAS, go to:		Page 1
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Background information on function and on why it's important for the ATLAS Program

In 2001, the National Home and Community Care (HACC) program adopted standard screening and assessment tools for measuring the functional needs of frail elderly consumers and people with disabilities. Since then, a number of States and a number of other programs have adopted the tools for use with their service systems to cover a wider variety of clients.

The screening and assessment tools were successfully tested with the ATLAS population during 2002¹. In that analysis, the needs of school leavers were captured from several perspectives. The measures of need included age, sex, disability, barriers to economic and social participation, current capacity to work, future capacity to work, self-care functioning, domestic functioning and behavioural functioning.

Of these many different domains and data items, the best predictors of the type of ATLAS assistance required proved to be (in order of importance) domestic functioning, self-care functioning and future capacity to work. Both domestic and self care functioning were shown to be better predictors of the type and level of assistance required than any of the variables typically assumed to determine need for ATLAS services (disability type, capacity to work and so on). In fact, the short 9-item screen described in this manual was found to be a better predictor of school leaver needs than either the type or number of disabilities or behavioural functioning.

This work represents an important development and its implications are that widespread familiarity with the screening tools and how to use them will be of benefit to the system as a whole because the information collected can be shared and used for different purposes. Achieving consistency across the sectors of community and primary care as well as education settings means that different sectors can communicate about needs in a common language.

This manual is on Functional Screening and Assessment (in this case domestic functioning and behaviour) and what it means for the ATLAS Program. It is written for teachers and others who will be completing information on 2004 school leavers.

What functional dependency is

A measure of functional dependency identifies key areas in which a person requires assistance with daily living and quantifies the extent to which the person has to rely on someone else to help them. The focus is on normal activities of living in the person's own home and in the community. In some cases, functional measures may also capture factors in the external environment such as accessibility to transport and the layout of the home.

This manual is solely about **functional** screening and domestic and behavioural assessment. Therefore, we are talking about:

- Whether the person is capable of performing a task (functional ability) AND

Dependency

A measure of dependency is:

- an instrument that identifies areas in which a person requires assistance with daily living, and
- that quantifies the extent to which that person has to rely on someone else to help them carry out normal activities in their home and community.

Functional ability

- Whether the person is capable of performing the task.
- For example, in assessing a person's need for shopping assistance, a measure of functional ability assesses the extent to which the person is capable of shopping **without taking into account any external factors.**

¹ Eagar K, Gordon R and Green J (2003) *NSW ATLAS Consumers and their Prospects*. Centre for Health Service Development, University of Wollongong

- The degree of functional burden that arises because of the person's functional limitations and circumstances.

This means we are concerned with whether a person can do a particular function, regardless of whether they in fact do it. For example, an ability to climb stairs is rated independently of the layout of a person's house.

Why function is important

Early work in the late 1960s gave rise to one of the scales that has been consistently used and adapted since then to measure domestic function. In a later book chapter on the development and use of various scales, Lawton (1972) made a number of important points:

- The focus is on behaviour – what people do including **what they can and can't do**.
- The best indicators of competence are those **of function**.
- The key time frame is **the present** – evaluate what occurs in contemporary time, and remember that competence is not an enduring dimension, it **varies over time**.
- A full definition takes into account the opportunities and constraints of the **environment**.
- The domains of competence are **hierarchically arranged** from simple (breathing, moving, grooming etc) to more complex (financial management, recreation etc).

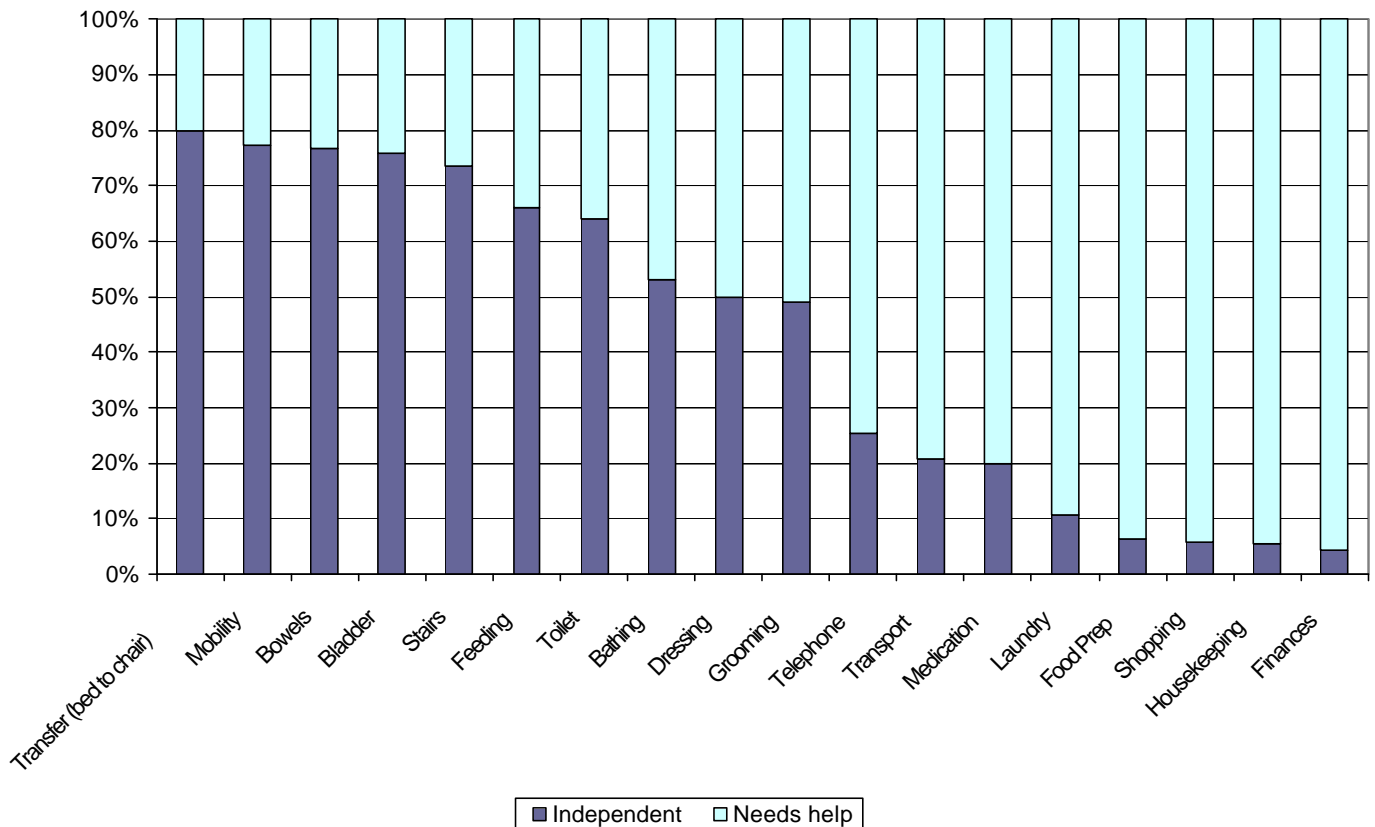
This is a very useful set of ideas to inform the design of screening and assessment tools and the ideas apply not only to older people but also to younger people with disabilities. The functional tools aim to capture the hierarchical relationship between domestic and self-care tasks, with domestic tasks generally being gained later than self-care tasks.

This idea of a functional hierarchy is important. While there are some exceptions, young people acquire functional abilities in a fairly predictable order. We call this order the **hierarchy of functional acquisition**. At the other end of the life spectrum, older people lose functional abilities in the opposite order to which they acquired them. At this end of the spectrum, it is a **hierarchy of functional loss**.

Figure 1 profiles the functional ability of ATLAS consumers using 18 different items. This figure demonstrates the idea of the hierarchy of functional acquisition. There are significant differences between the items, from 20% requiring some level of assistance with transferring (eg, from a bed to a chair and back) through to 96% requiring some level of assistance with managing money.

An important finding of the work completed in 2002 is that some functional items are very good predictors of how well ATLAS consumers are functioning in other aspects of their life. Those items that are the best predictors (7 items of the 18 in total to cover both domestic and self-care) form the functional screen that schools will again be using in 2004 for students applying to move to the ATLAS program. For those wanting to investigate the background in more detail, see the full reports accessible through the website described at the end of this manual, which also contains an electronic version of the tools.

Figure 1 Percentage of ATLAS consumers rated as requiring help with self-care and domestic activities of daily living



So, to summarise, function is of direct relevance to teachers and ATLAS service providers because:

- The focus is on what a person can and can't do now, irrespective of the reason.
- Function is the best predictor of the type of assistance required from the ATLAS program (Eagar K, Gordon R and Green J, 2003).
- Function is the best predictor of the need for community care (in general) and the cost of that care. It is equivalent to the way that diagnosis works in health care. Both explain why a person needs a particular set of services. In community care, function is actually a better predictor than diagnosis (Eagar K, Green J and Adamson L, 2001).
- Function is a good predictor of consumer outcomes (Eagar K, Green J and Adamson L, 2001).
- Function is important to consumers and uses a language that makes sense to consumers (eg, 'I'm managing better now, I can make my own lunch'. 'I'm not managing very well, I can't even dress myself').

How to undertake a Functional Screen (Part 1 and 2)

What it is

The functional screen is a short questionnaire. It consists of 9 carefully selected questions, which indicate domestic, self-care, behaviour and cognitive functioning. In the context of the ATLAS program it will be completed by teachers, who have a detailed knowledge of the ATLAS applicant, in consultation with the student and/or their carer. Accordingly, it will not always be administered as an interview, although that was the way it was designed and that is how it is worded.

The screen design is based on evidence. The research literature demonstrates a hierarchical relationship between domestic and self-care tasks, with domestic tasks generally being gained after self-care tasks (Eagar et al, 2003).

The screen does not attempt to capture all aspects of function. Rather, the 9 items in the screen have been selected because they are **good predictors** of how well a person is functioning in other aspects of their life.

Housework, travelling and shopping are *domestic tasks* that are generally gained late or, in the case of some young people with disabilities, not initially learned. A person who is independent in these tasks does not usually require a more detailed assessment of domestic or self-care tasks.

Mobility and bathing are *self-care tasks* that are generally gained earlier than domestic abilities (see Figure 1 on page 3 for the percentage of the ATLAS population who were independent on the various tasks). A person who is independent in mobility and bathing does not generally require more detailed assessment of self-care tasks.

The screen includes 2 items (managing your own medicine and managing your money) that not everyone is comfortable in asking or answering. However, their usefulness justifies their inclusion. Their power as screening questions is that they not only capture aspects of domestic functioning. They are also reasonable predictors of cognitive and/or behavioural problems. These are very difficult domains to screen for (you can hardly ask the person at a face to face contact if they have difficult or challenging behaviour or get confused!) but they are important indicators of a person's needs. For this reason, screening for behavioural or cognitive problems often has to be more indirect (and therefore isn't quite as accurate).

But, unless there are other indicators (for example, information supplied by a carer), a person who is independent in medication and money management usually does not require more detailed assessment of cognition/behaviour. Other indicators of challenging behaviour and cognitive functioning comprise the last two items in the screen.

Undertaking a functional screen

The screen was originally designed for telephone administration or for administration as a face-to-face interview. It should be completed in collaboration with the school leaver and/or their guardian. However, it is completed taking into account all sources of information available to you, including your own knowledge of the school leaver.

Functional Screen

- 4 domains measured through 9 questions:
 - ◆ Domestic functioning - 3 questions (housework, travelling to places and shopping) to screen for domestic function & 2 questions (handling money and taking medication) that also act as a screen for cognitive or behavioural problems
 - ◆ Self-care functioning - 2 questions (walking, bathing)
 - ◆ Challenging behaviour - 1 question
 - ◆ Cognitive functioning - 1 question

Part One of the screen can be asked of the school leaver, or their parent, carer or guardian. Where a parent, carer or guardian is being questioned, the questions refer to the functional abilities of the school leaver. If so, the interviewer should inform the respondent that a brief screen is to be undertaken.

After reading the introduction, the interviewer should carefully and clearly read each item (one item at a time), along with the options, to the respondent. The questions should be asked exactly as they are written. The questions ask 'Can you...?' rather than 'Do you...?' since some persons may not, for example, do the housework because their parent or carer does it for them, yet be quite capable of undertaking it themselves.

We call this difference '**Can Do: Do Do**'. The task is to rate what a person 'can do' rather than what they 'do do'.

There are four main points to emphasise about how to complete the screen:

1. Rate what the person is capable of doing rather than what they do. Take into account the help that is required and the amount of prompting – if someone can do something but has chosen to have someone else do it (like dressing), rate as independent. If help or prompting is involved, rate as 1. If unable to do the task, rate as a 0.
2. Where an item is not relevant (eg, person does not use medicine), rate what the person would be capable of doing if the item were relevant to their situation.
3. Rate with current aids and appliances in place.
4. Make sure the ratings, especially of items regarding standards of cleanliness, are based on the person's own social or cultural context, not your own.

Answers are limited to specific categories but the structure for the 7 questions in part 1 is the same:

Cannot do	Score 0
Can do with some help	Score 1
Can do without help	Score 2

The higher the score the more independent.

Part Two of the screen is not suitable for you to ask the person. You complete it based on all information available to you – your judgement based on interviewing or observing the person, information contained in a referral letter, person notes or information provided by a proxy respondent, such as a friend, relative, carer or referring agency.

An example:
Can you get to places out of walking distance...

Without help (can drive your own car, or travel alone on buses or taxis)?	2	None
With some help (need someone to help you or go with you when travelling)?	1	Domestic function
Or are you completely unable to travel unless emergency arrangements are made for a specialised vehicle like an ambulance?	0	Domestic function

The items on the screening form

Part One: Questions to ask the school leaver (or the person who represents the school leaver).

Items 1 to 7:

These are self-explanatory. Select one rating only from the options provided.

Ratings (Items 1 to 7)

0 = completely unable to do

1 = with some help

2 = without help

Notes on ratings in Part One

- While the screen allows for a score of 'X' to be used if you cannot ascertain what the school leaver is capable of doing, the expectation is that teachers and teachers' aids will know the school leaver well enough that they will not record a rating of 'X'. An item scored as 'X' will be interpreted as meaning that the person has no problem (ie, a score of 2).
- A cognitively impaired person or a person with an intellectually disability who is able to do tasks with verbal prompting should be rated as scoring a 1.

Part Two: Questions for you to complete

Items 8 and 9:

These are self-explanatory. Select one rating only from the options provided.

Ratings (Items 8 and 9)

2 = no (no evidence of any cognitive or behavioural problem)

0 = yes (presence of reported cognitive or behavioural problem)

Notes on ratings in Part Two

- The purpose is simply to rate yes or no, rather than 'why' or 'how much'. 'Why?' and 'How much?' needs to be determined through a more thorough assessment.

How to undertake a Behavioural Assessment (Part 3)

In the disability sector as well as in aged care and respite care, the person's behaviour (especially any challenging behaviour) is important in determining levels of service provision and has important occupational health and safety implications.

The tool covers wandering/intrusiveness, verbally disruptive or noisy, physically aggressive, emotional dependence and danger to self or others. The scale asks for scores covering how often the behaviour has occurred: extensively, intermittently or occasionally.

The structure of all questions is the same. Like the screen for domestic and self-care ability, the higher the score, the more independent the person is. An example is shown in the box.

An example of the behaviour scale - Verbally Disruptive or Noisy question

Extensively	1	Requires monitoring for recurrence and supervision
Intermittently	2	Requires monitoring for recurrence and then supervision on less than a daily basis
Occasionally	3	Requires monitoring but not regular supervision
Not applicable	4	Does not require monitoring (consumer has not engaged in the behaviour in the past)

The rating instructions ask the scorer to take into account all sources of information, not just the assessment interview with the school leaver or the person who represents them.

There are 5 items and they are scored from 1 to 3 (extensively, intermittently, and occasionally), with 4 used where there is no evidence or information to make a rating. The implications of the person's behaviour for carers and service providers, in terms of levels of monitoring and supervision, are what the tool is trying to capture. The general rating instructions and definitions are on the forms.

They are:

1. Take into account all sources of information (discussion with the school leaver and carers, staff etc as well as what you observe).
2. If you have insufficient information to make a rating, rate 4 'not applicable'.
3. **Not applicable** means that you learn of no circumstances in which the school leaver has engaged in the behaviour in the past.
4. **Monitoring** means that you learn of circumstances in which the school leaver has engaged in the behaviour in the past. Current and future service providers will need to observe the school leaver, be aware when similar circumstances occur and take appropriate intervention to prevent the recurrence of the behaviour.
5. **Supervision** means that current or future service providers will need to ensure that specific situations or triggers which are likely to give rise to the behaviour do not occur, or are managed in ways to minimise the likelihood of occurrence.
6. **Daily** means during a twenty-four hour period.
7. **Question 1** includes night wandering and also to the school leaver wandering from home or, while wandering, interfering with other people or their belongings.
8. **Question 2** includes abusive language and verbalised threats directed at family, carers, neighbours or a member of staff. It also includes a school leaver whose behaviour causes sufficient noise to disturb other people. That noise may be either (or a combination of) vocal, or non-vocal noises such as rattling furniture or other objects.
9. **Question 3** includes any physical conduct that is threatening and has the potential to harm a family member, a carer, a visitor or a member of staff. It includes, but is not limited to, hitting, pushing, kicking or biting.
10. **Question 4** is limited to the following behaviours: (a) active and passive resistance other than physical aggression (b) attention seeking (c) manipulative behaviour and/or (4) withdrawal.
11. **Question 5** refers only to high-risk behaviour. It includes behaviour requiring supervision or intervention and strategies to minimise the danger. Examples of such behaviour include unsafe smoking habits, walking without required aids, leaning out of windows, self-mutilation and suicidal tendencies. This question is about behaviour and does not apply where a consumer has a medical condition that might lead to injury, for example, through fitting or loss of consciousness. It does not apply to a range of behaviours which might in the longer term be considered as damaging or health reducing such as smoking generally or non-compliance with a specialised diet. It applies where there is an imminent risk of harm.

How to undertake a Domestic Functioning Assessment (Part 4)

This is sometimes called Instrumental Activities of Daily Living (IADL) – how a person gets around and what they can do in their domestic environment. The original Lawton's IADL Scale has eight areas of function covering telephone, shopping, food, housekeeping, laundry, transport, medications and finances. These have been modified for use in the community sector. The modifications take more account of technical aids and transportation options, and some cultural factors.

The structure of all questions is the same. Like the functional screen and the other functional assessments, the higher the score, the more independent the person is. An example is shown in the box.

An example of the type of information on independence that the assessment tool can generate for the older population is shown in the box. This shows a profile of the domestic functioning of clients in the national field trial sample that tested the way the items worked.

How to undertake a domestic function assessment

There are eight items that score in the direction of worst or incapable (1) to best or most independent (4 or 3).

Remember the social and cultural context of the person is the point of reference throughout, but especially for items on food and housekeeping.

The shopping and transportation items can tend to get compounded, so shopping should be rated on what the person would be capable of doing if they could get to the shops. Transport is about what type of transport the person needs and how independent they are in getting around.

The rating instructions contain three main points that are consistent with the other scales, and they can't be emphasised enough:

1. Rate what the person is capable of doing rather than what they do. Take into account the help that is required and the amount of prompting – if someone can do something but has chosen to have someone else do it (like shopping), rate as 4; if help or prompting is involved, rate as 2 or 3.
2. Where an item is not relevant – no phone, no shops, no transport – rate what the person would be capable of doing if the item were relevant to their situation.

Make sure the ratings, especially of items regarding food and standards of cleanliness, are based on the person's own social or cultural context, not your own.

An example of the domestic scale - Mode of Transportation question

- 1 Requires manual assistance from more than 1 person or does not travel at all
- 2 Travel limited to taxi or automobile with assistance of one other person
- 3 Travels on public transportation when assisted or accompanied by another
- 4 Travels independently on public transportation or drives own car. Includes arranging own travel via taxi but not otherwise using public transport.

Domestic Assessment Results

Item	Completely independent	Requires any level of assistance
4. Housekeeping	8.5%	91.5%
2. Shopping	12.0%	88.0%
5. Laundry	14.9%	85.1%
3. Food preparation	18.6%	81.4%
6. Mode of transportation	21.7%	78.3%
8. Ability to handle finances	29.8%	70.2%
7. Medications	46.9%	53.1%
1. Telephone	52.6%	47.4%

Frequently asked questions

Q: *If I add them up, what does the total screening score mean?*

A: While each item tells you something, the 'total score' on the screen isn't particularly meaningful because it is influenced by the number of items used to capture each domain (eg, there are 5 domestic items but only 2 self-care items). So, a person who scores 10 is not necessarily more functionally dependent than a person who scores 11, because it depends on the mix of activities that each person can and can't do. Making the point that the scores do not have the same intervals between them does mean that the total score has no meaning at all, because a person who scores 2 is clearly more functionally dependent than a person who scores 16.

The message is simply that the screen acts as a good summary across the four domains (self-care, domestic, behaviour and cognition) but should not lead into too much interpretation of the differences in the totals. Likewise there is little point in adding up the different parts of the package (the screen plus domestic plus behaviour). The scores are designed to be entered in the database and then the item scores are combined to show the spread of scores for all individuals.

Q: *The question is whether in all instruments the person's responses are recorded, or whether the worker's knowledge of the person is taken into account in rating the person? We understand it to be the latter but would like clarification of this.*

A: The ATLAS screening and assessment tools are designed to be completed in collaboration with the school leaver and/or their parent/carer/guardian. But you should also take account of your own knowledge of the school leaver.

Q: *The person can mobilise independently in a familiar environment, but has trouble outside. They can do a bit a bit of housework, but not much, and the parents said the back steps need a rail. How does this score?*

A: Use item 5 on the functional screen to rate mobility inside the house, and rate with current aids in place.

If the person has trouble outside, this will be reflected in their ratings on other domestic items, such as getting to places out of walking distance and shopping. While the functional screening form does not capture most of the important environmental information, more detailed information is captured by the domestic assessment items (Part 4). For ATLAS, in 2004, an assessment of self-care (generally inside) and domestic (a mixture of inside/outside and getting around) function is combined with the behaviour scale to summarise the level of need.

Q: *Getting around and out and about - transport, shopping and mobility are all pretty much getting at the one thing, so why measure them all?*

A: These items were selected because people tend to acquire and lose their ability to do them at different times (and in a consistent order). Indoor mobility is generally gained first, followed by transport and then the ability to shop. Knowing where a person sits on this continuum is important. Remember the domestic function items on the screen are more for out and about and ask for a rating on shopping independently of transportation, which is covered under item 6. The domestic assessment is a standardised tool covering the same domain in more depth. Meanwhile, the 2 self-care items on the functional screen are more about getting around in a familiar environment.

The screen is designed to give reliable indicators for both mobility and basic self-care tasks and some pointers to cognition. Remember that Part Two of the screen isn't used directly with the person. It specifically asks an informant about the person's thinking and behaviour, and the behaviour domain is covered in more depth in Part 3.

- Q: *Disability with only partial incapacity - what about someone who is partially blind with practical aids in place, like computer access devices or a Webster pack?***
- A:** They should score 2 on items 4 & 5 on the screen = without help, because they have the functional capability, and the screen tool would treat them in the same way as someone with a lesser level of disability who uses glasses and large digit phones and clocks.
- Q: *My first student varies a lot in his functional ability. Some days he can do a task, but the next day he can't. My second student can do things, but it causes her such pain and fatigue that she's wrecked for days. How do I rate them?***
- A:** In both cases, rate the person at their worst in the last month. If a person cannot do a task without it resulting in significant pain and fatigue such as you describe, rate as a 0 (cannot do).

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The ATLAS Functional Screen and Assessment Tools for Behaviour and Domestic Function

Electronic copies of these tools in Acrobat format are also available for downloading from the CHSD website:
www.uow.edu.au/commerce/chsd

Under 'Research' click on the heading for 'Screening and Assessment Tools' and go through to the ATLAS Project

Form 3 HACCC Screening Tool (Instrument)

Activities of Daily Living (Functional Profile)

Student name: _____

DOB _____

or affix label here

Part 1 Questions to ask the school leaver (or the person who represents the school leaver) or to complete based on your knowledge of the school leaver

No.	Question	Score	Record score
1	Can you do housework...		
	Without help (can clean floors etc)?	2	
	With some help (can do light housework but need help with heavy housework)?	1	
	Or are you completely unable to do housework?	0	
2	Can you get to places out of walking distance...		
	Without help (can drive your own car, or travel alone on buses or taxis)?	2	
	With some help (need someone to help you or go with you when travelling)?	1	
	Or are you completely unable to travel unless emergency arrangements are made for a specialised vehicle like an ambulance?	0	
3	Can you go out for shopping for groceries or clothes (assuming you have transportation)...		
	Without help (taking care of all shopping needs yourself)?	2	
	With some help (need someone to go with you on all shopping trips)?	1	
	Or are you completely unable to do any shopping?	0	
4	Can you take your own medicine...		
	Without help (in the right doses at the right time)?	2	
	With some help (able to take medication if someone prepares it for you and/or reminds you to take it)?	1	
	Or are you completely unable to take your own medicines?	0	
5	Can you handle your own money...		
	Without help (write cheques, pay bills etc)?	2	
	With some help (manage day-to-day buying but need help with managing your chequebook and paying your bills)?	1	
	Or are you completely unable to handle money?	0	
Do not ask the following 2 questions if the client scored 2 on all of the above 5 items (ie, can do all 5 activities without help). Instead, for clients who scored 2 on all of the above items, record a 9 on each of the following 2 items to indicate that you did not ask the question.			
6	Can you walk...		
	Without help (except for a cane or similar)?	2	
	With some help from a person	1	
	Or are you completely unable to walk?	0	
7	Can you take a bath or shower...		
	Without help?	2	
	With some help (eg, need help getting into or out of the bath)?	1	
	Or are you completely unable to bathe yourself?	0	

Part 2 Questions for you to complete

Item	Question	Record score
8	Does the person have any memory problems or get confused?	
	No – score 2	
	Yes – score 0	
9	Does the person have behavioural problems for example, aggression, wandering or agitation?	
	No – score 2	
	Yes – score 0	

Details of person completing this page

Name _____ Designation _____ School _____

Sign _____ Date _____ Contact number _____

Form 4

ATLAS Behavioural Assessment

Student name: _____

DOB _____

or affix label here

Part 3 Questions for you to complete

No	Item	Score	Implications for carers and/or community service providers	Score
1	PROBLEM WANDERING OR INTRUSIVE BEHAVIOUR			
	Extensively	1	Requires monitoring for recurrence and supervision	
	Intermittently	2	Requires monitoring for recurrence and then supervision on less than a daily basis	
	Occasionally	3	Requires monitoring but not regular supervision	
Not applicable	4	Does not require monitoring (school leaver has not engaged in the behaviour in the past)		
2	VERBALLY DISRUPTIVE OR NOISY			
	Extensively	1	Requires monitoring for recurrence and supervision	
	Intermittently	2	Requires monitoring for recurrence and then supervision on less than a daily basis	
	Occasionally	3	Requires monitoring but not regular supervision	
Not applicable	4	Does not require monitoring (school leaver has not engaged in the behaviour in the past)		
3	PHYSICALLY AGGRESSIVE			
	Extensively	1	Requires monitoring for recurrence and supervision	
	Intermittently	2	Requires monitoring for recurrence and then supervision on less than a daily basis	
	Occasionally	3	Requires monitoring but not regular supervision	
Not applicable	4	Does not require monitoring (school leaver has not engaged in the behaviour in the past).		
4	EMOTIONAL DEPENDENCE			
	Extensively	1	Requires monitoring for recurrence and supervision	
	Intermittently	2	Requires monitoring for recurrence and then supervision on less than a daily basis	
	Occasionally	3	Requires monitoring but not regular supervision	
Not applicable	4	Does not require monitoring (school leaver has not engaged in the behaviour in the past)		
5	DANGER TO SELF OR OTHERS			
	Extensively	1	Requires monitoring for recurrence and supervision	
	Intermittently	2	Requires monitoring for recurrence and then supervision on less than a daily basis	
	Occasionally	3	Requires monitoring but not regular supervision	
Not applicable	4	Does not require monitoring (school leaver has not engaged in the behaviour in the past)		
Total score (out of 20)				

Details of person completing this page

Name _____ Designation _____ School _____

Sign _____ Date _____ Contact number _____

Form 5

Domestic Activities of Daily Living Assessment

Student name: _____

DOB _____

or affix label here

Part 4 Questions to ask the school leaver (or the person who represents the school leaver) or to complete based on your knowledge of the school leaver

Item No.	Item	Score	Task	Score
1	Telephone	1	Cannot use telephone at all	
		2	Can answer telephone but cannot dial	
		3	Can dial a few well-known numbers. Includes dialling only numbers that can be speed dialled.	
		4	Can operate telephone on own initiative - looks up and dials numbers etc. Includes use of TTY machine if no other assistance required.	
2	Shopping (do not include transport here -rate at item 6)	1	Completely unable to shop	
		2	Needs to be accompanied on any shopping trip	
		3	Can shop independently for small purchases	
		4	Can take care of all shopping needs independently	
3	Food preparation	1	Needs to have meals prepared and served	
		2	Can heat and serve prepared meals, or can prepare meals but not does maintain adequate diet (see note below)	
		3	Can prepare adequate meals if supplied with ingredients	
		4	Can plan, prepare, serve adequate meals independently	
4	Housekeeping	1	Cannot participate in any housekeeping tasks	
		2	Can perform some light daily tasks but not at a level necessary to maintain an acceptable standards of cleanliness (see note below)	
		3	Can perform light daily tasks eg dishwashing, dusting	
		4	Can maintain house independently	
5	Laundry (excludes ironing)	1	All laundry must be done by others	
		2	Can launder small items - rinses socks, stockings etc	
		3	Can do personal laundry but needs help with heavier items such as bedding and towels	
		4	Can do personal laundry completely	
6	Mode of transportation	1	Requires manual assistance from more than 1 person or does not travel at all	
		2	Travel limited to taxi or automobile with assistance of one other person	
		3	Can travel on public transportation when assisted or accompanied by another	
		4	Can travel independently on public transportation or can drive own car. Includes arranging own travel via taxi but not otherwise using public transport.	
7	Responsibility for own medications	1	Is not capable of dispensing own medication	
		2	Can take responsibility if medication is prepared in advance in separate dosages	
		3	Can take responsibility for taking medications in correct dosage at correct time	
8	Ability to handle finances	1	Incapable of handling money	
		2	Can manage day-to-day purchases, but needs help with banking, major purchases etc	
		3	Can manage financial matters independently (budgets, writes cheques, pays rent, bills, goes to bank), collects and keeps track of income	
Total score (out of 30)				

Details of person completing this page

Name _____ Designation _____ School _____

Contact

Sign _____ Date _____ number _____

Instructions for completing Forms 3, 4 and 5 of the ATLAS Application

Part 1 and Part 4

- The questions in both parts are structured as an interview. However, they should be completed taking into account all sources of information available to you, including your own knowledge of the school leaver. There is no need to interview the school leaver unless you are unsure of the answer to a particular question.
- If interviewing the school leaver, begin with 'I would like to ask you about some of the activities of daily living, things that we all need to do as part of our daily lives. I would like to know if you can do these activities without any help at all, or if you need some help to do them, or if you can't do them at all. The questions refer to what you can do now'.
- If unable to rate, score X
- Rate what the person is **currently capable** of doing rather than what they actually do. In assessing capability, take into account not only physical function but also cognition (such as problems caused by an intellectual disability) and behaviour (such as unpredictable challenging behaviour). School leavers able to complete a task with verbal prompting should not be rated as independent (and therefore should be rated as a 1).
- In rating an item that is irrelevant (for example, the person has no shops in the vicinity or does not use any medications), rate based on what the person would be capable of doing if the item was actually relevant to their situation.
- Item 6 (walking). School leavers who are in a wheelchair should be rated as (1) if they are independent including corners etc or (0) if they are not wheelchair independent.
- When assessing issues such as whether diet is adequate or there are acceptable standards of cleanliness, take into account the person's social and cultural context. Rate based on what is adequate or acceptable in that context and not in your own.

Part 2

Complete the following based on all information available to you – your judgement based on your own knowledge of the school leaver plus information provided by a proxy such as a family member. Note that the school leaver should not be asked to answer these questions.

Part 3

1. Take into account all sources of information (discussion with the school leaver and carers, staff etc as well as what you observe).
2. If you have insufficient information to make a rating, rate 4 'not applicable'.
3. **Not applicable** means that you learn of no circumstances in which the school leaver has engaged in the behaviour in the past.
4. **Monitoring** means that you learn of circumstances in which the school leaver has engaged in the behaviour in the past. Current and future service providers will need to observe the school leaver, be aware when similar circumstances occur and take appropriate intervention to prevent the recurrence of the behaviour.
5. **Supervision** means that current or future service providers will need to ensure that specific situations or triggers which are likely to give rise to the behaviour do not occur, or are managed in ways to minimise the likelihood of occurrence.
6. **Daily** means during a twenty four hour period.
7. **Question 1** includes night wandering and also to the school leaver wandering from home or, while wandering, interfering with other people or their belongings.
8. **Question 2** includes abusive language and verbalised threats directed at family, carers, neighbours or a member of staff. It also includes a school leaver whose behaviour causes sufficient noise to disturb other people. That noise may be either (or a combination of) vocal, or non-vocal noises such as rattling furniture or other objects.
9. **Question 3** includes any physical conduct that is threatening and has the potential to harm a family member, a carer, a visitor or a member of staff. It includes, but is not limited to, hitting, pushing, kicking or biting.
10. **Question 4** is limited to the following behaviours: (a) active and passive resistance other than physical aggression (b) attention seeking (c) manipulative behaviour and/or (4) withdrawal.
11. **Question 5** refers only to high-risk behaviour. It includes behaviour requiring supervision or intervention and strategies to minimise the danger. Examples of such behaviour include unsafe smoking habits, walking without required aids, leaning out of windows, self-mutilation and suicidal tendencies. This question is about behaviour and does not apply where a school leaver has a medical condition that might lead to injury, for example, through fitting or loss of consciousness. It does not apply to a range of behaviours which might in the longer term be considered as damaging or health reducing such as smoking generally or non-compliance with a specialised diet. It applies where there is an imminent risk of harm.

Acknowledgments

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- Part 3 Items from the Australian RCS with instructions modified by the CHSD for use in a community setting.
- Part 4 Scale based on original Lawtons IADL scale, but modified by the CHSD.