

Sydney Business School
Centre for Health Service Development -
CHSD

University of Wollongong

Year 2003

Functional Screening and Behavioural
Assessment in the NSW ATLAS Reform
Project: How and Why?

K. Eagar*

A. Owen†

*University of Wollongong, keagar@uow.edu.au

†University of Wollongong, aowen@uow.edu.au

Originally published as Eagar, K and Owen, A, Functional Screening and Behavioural Assessment in the NSW ATLAS Reform Project: How and Why?, Centre for Health Service Development, University of Wollongong, June 2003, 16p.

This paper is posted at Research Online.

<http://ro.uow.edu.au/chsd/17>



Functional Screening and Behavioural Assessment in the NSW ATLAS Reform Project: How and Why

*FunctionalScreeningAndAssessment:HowAndWhyFunctionalScreeningAndAssessme
nt:HowAndWhyFunctionalScreeningAndAssessment:HowAndWhyFunctionalScreenin
gAndAssessment:HowAndWhyFunctionalScreeningAndAssessment:HowAndWhyFun
ctionalScreeningAndAssessment:HowAndWhyFunctionalScreeningAndAssessment:H
owAndWhyFunctionalScreeningAndAssessment:HowAndWhyFunctionalScreeningAn
dAssessment:HowAndWhyFunctionalScreeningAndAssessment:HowAndWhyFunctio
nalScreeningAndAssessment:HowAndWhyFunctionalScreeningAndAssessment:How
AndWhyFunctionalScreeningAndAssessment:HowAndWhyFunctionalScreeningAndA
ssessment:HowAndWhyFunctionalScreeningAndAssessment:HowAndWhyFunctional
ScreeningAndAssessment:HowAndWhyFunctionalScreeningAndAssessment:HowAn
dWhyFunctionalScreeningAndAssessment:HowAndWhyFunctionalScreeningAndAss
essment:HowAndWhyFunctionalScreeningAndAssessment:HowAndWhyFunctionalSc
reeningAndAssessment:HowAndWhyFunctionalScreeningAndAssessment:HowAndW
hyFunctionalScreeningAndAssessment:HowAndWhyFunctionalScreeningAndAssess
ment:HowAndWhyFunctionalScreeningAndAssessment:HowAndWhyFunctionalScree
ningAndAssessment:HowAndWhyFunctionalScreeningAndAssessment:HowAndWhy
FunctionalScreeningAndAssessment:HowAndWhyFunctionalScreeningAndAssessme*

Centre for Health Service Development



UNIVERSITY OF WOLLONGONG

June, 2003

Preface

This manual was developed by the Centre for Health Service Development at the University of Wollongong and funded by DADHC NSW. It is designed to assist teachers and teacher aids to undertake a Functional Screen and a Functional Assessment for behaviour.







DADHC recognises that different programs have different 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.

Suggested citation

Eagar K and Owen A (2003) *Functional Screening and Behavioural Assessment in the NSW ATLAS Reform Project: How and Why*. Centre for Health Service Development, University of Wollongong.

How to use this manual

Welcome to the hows and whys of functional screening and behavioural assessment.

If, before you start, you want to get some background information on function and on why it's important for ATLAS, go to:		Page 3
If you want to complete a Functional Screen (Part 1 and Part 2 on the form), go to:		Page 6
If you want to complete a Behavioural Assessment (Part 3 on the form), go to:		Page 8
If you want the answers to some commonly asked questions go to:		Page 10
If you want some useful references, go to:		Page 11
If you want copies of the instruments, go to:		Page 12

Background information on function and on why it's important for the ATLAS Program

In February 2002, the National Home and Community Care (HACC) program adopted standard screening and assessment tools for measuring the functional needs of HACC consumers. Since then, a number of States and a number of other programs have adopted the tools for use with their persons.

The HACC 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, the best predictors of the type of ATLAS assistance required proved to be (in order) 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 post school needs than either 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 a benefit to the system as a whole. 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 Behavioral Assessment and what it means for the ATLAS Program. It is written for teachers and others who will be completing information on 2003 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 need to 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 behavioural assessment. Therefore, we are talking about:

- Whether the person is capable of performing a task (functional ability) AND
- The degree of functional burden that arises because of the person's functional limitations and circumstances.

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

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).

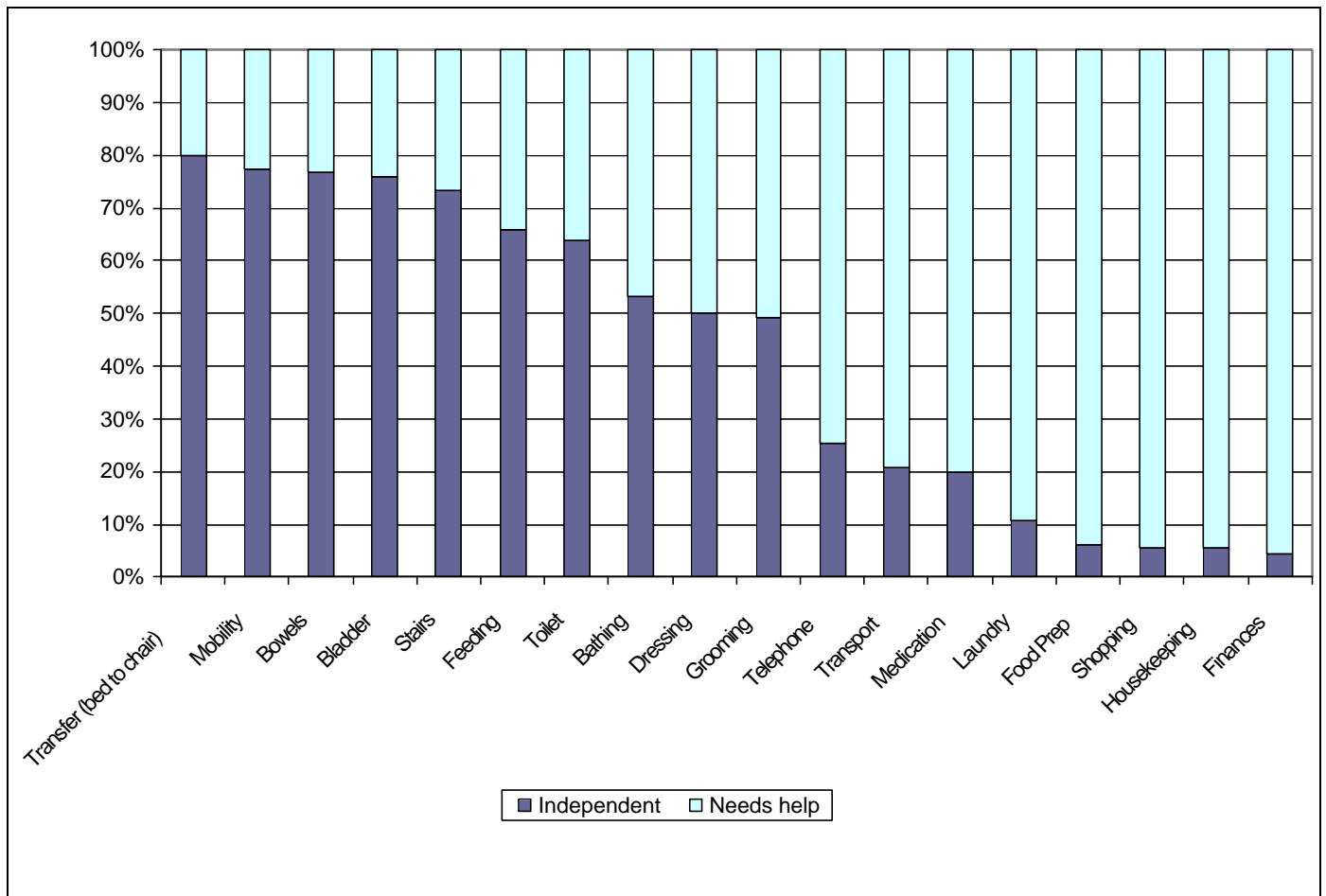
This is a very useful set of ideas to inform the design of the screening and assessment tools and they apply not only to older people but also to younger people with disabilities. The functional tools aim to capture the hierarchical relationship between domestic and self-care tasks, with domestic tasks generally being gained later than 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 be again be using in 2003 for students applying to move to the ATLAS program. For those wanting to investigate 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 usually 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 is worded.

The screen is evidence-based. 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 5 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 act as screens for 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 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 is designed to be completed in collaboration with the school leaver and/or their guardian. However, it should be 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

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)

2 = without help

1 = with some help

0 = completely unable to do

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, occasionally), with 4 used where there is no evidence or information to make a rating. The implications 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 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.

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. Having said that, a person who scores 2 is clearly more functionally dependent than a person who scores 16.

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 screen is 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 to rate mobility inside the house. 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 screening form does not capture most of the important environmental information, more detailed assessment may be triggered by the various items on the screen. When a support service plan is being developed, an assessment of self care (generally inside) and domestic (a mixture of inside/outside and getting around) function will usually be required.

Q: *Getting around and out and about - transport, shopping and mobility are pretty much all 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 are more for out and about and asks for a rating on shopping independently of transportation, which is covered under item 6. Meanwhile, the self-care items 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.

Q: *Disability without incapacity - what about someone who is partially blind with practical aids in place, like informal financial arrangements 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).

Bibliography

- Australian Institute for Primary Care (2002) *PCP Initial Needs Identification & Care Planning Tools Template Development Evaluation Report*, AIPC, La Trobe University, Melbourne.
- Byles, J.E. (2000) A thorough going over: Evidence for health assessment for older persons. *Australian and New Zealand Journal of Public Health*, 24(2), 117-123.
- Collin, C., Wade, D., Davies, S., and Horne, V. (1988). "The Barthel ADL Index: a reliability study." *International Disability Studies*, 10, 61-3.
- Commonwealth Department of Human Services and Health (1995) *The Efficiency and Effectiveness Review of the Home and Community Care Program Aged and Community Care Division*, Service Development and Evaluation Report No.18, Canberra.
- Cromwell D, Eagar K and Poulos R (2002) Screening for cognitive impairment using instrumental activities of daily living in elderly community residents: a cross-sectional study. *Journal of Clinical Epidemiology*, Volume 56, Issue 2, February 2003, Pages 131-137
- Department Of Human Services Victoria (2001) *Better Access to Services – A Policy & Operational Framework*. DHS, Melbourne. Available at <http://hnb.dhs.vic.gov.au/acmh/phkb.nsf>
- Department of Human Services South Australia (2002) *Era Model For Service Delivery Position Paper* (draft), DHS, Adelaide.
- Eagar K, Green J and Adamson L (2001) *Clinical, functional and social assessment as a predictor of costs and outcomes*. In *The Australian Coordinated Care Trials: Recollections of an Evaluation*, Commonwealth Department of Health and Aged Care: Canberra. ISBN: 0642503079
- Eagar K, Owen A, Perkins D, Adamson L, Quinsey K, Harvey R and Green J (2000) *The Care Net Trial – The Evaluators' Conclusions. Report 10 of the Final Evaluation of the Care Net Illawarra Coordinated Care Trial*. Centre for Health Service Development, University of Wollongong. ISBN Number 0 86418 665 7 Available at <http://www.uow.edu.au/commerce/chsd/Reports.htm#Report%20#1>
- Eagar K, Owen A, Cromwell D, Poulos R and Adamson L (2001) *Towards a National Measure of Functional Dependency for Home and Community Care Services in Australia: Stage 1 report of the HACC dependency data items project*. Centre for Health Service Development, University of Wollongong
- Eagar K, Owen A, Green J, Cromwell D, Poulos R, Gordon R, Quinsey K, Adamson L and Fildes D (2001) *A National Measure of Functional Dependency for Home and Community Care Services in Australia: Stage 2 report of the HACC dependency data items project*. Centre for Health Service Development, University of Wollongong
- Eagar K, Gordon R and Green J (2003) *NSW ATLAS Consumers and their Prospects*. Centre for Health Service Development, University of Wollongong
- Elton B. and Associates (1996). *National Review of HACC Data Requirements. Final Report: Future Directions*. Canberra, Commonwealth Dept of Health and Family Services.
- Fillenbaum, G., and Smyer, M. (1981). "The development, validity and development of the OARS multidimensional assessment questionnaire." *Journal of Gerontology*, 36(4), 428-434.
- Fine, M. and Thomson, C.(1995) Factors affecting outcome of community care service intervention: a literature review. *Aged and Community Care Service Development and Evaluation Reports* No. 20, Canberra, AGPS.
- Folstein, M. F., Folstein, S. E., and McHugh, P. R. (1975). "'Mini-Mental State": a practical method for grading the cognitive state of patients for the clinician." *Journal of psychiatric research*, 12, 189-198.
- Hindle, D. (Dremsel Pty Ltd) (1998). *Classifying the care needs and services received by HACC persons. A Review of the Options*. Aged and Community Care Service Development and Evaluation Reports, April 1998, No.33.
- House of Representatives Standing Committee on Community Affairs (1994) *Home but Not Alone – Report on the HACC Program* House of Representatives Standing Committee on Community Affairs, Canberra
- Lawton, M., and Brody, E. (1969). "Assessment of Older people: Self-Maintaining and Instrumental Activities of Daily Living." *Gerontologist*, 9, 180.
- Lincoln Gerontology Centre (1998). *National Framework for Comprehensive Assessment - Aged and Community Care Service Development and Evaluation Report No. 34*, March, 1998.
- NSW Ageing and Disability Department (1998) *Community Care Assessment in NSW: A Framework for the Future – A Discussion Paper* November 1998 NSW Ageing and Disability Department, Sydney
- Owen A., Poulos R., Eagar K (2001), "Using the evidence to develop best practice models for identifying initial primary and community care needs". Centre for Health Service Development, University of Wollongong. Available at www.wrfs.sa.gov.au

The ATLAS Functional Screen and Assessment Tool for Behaviour

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

Activities of Daily Living (Functional Profile)

Instructions

Part 1

- The questions in this screen are structured as an interview. It is designed to be completed in collaboration with the school leaver and/or their parent, carer or guardian. However, it should be completed taking into account all sources of information available to you, including your own knowledge of the school leaver.
- 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 school leaver 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 dementia or 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 school leaver 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.

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 consumer 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.

Acknowledgements

- Part 1 Reproduced from the OARS/MFAQ. Copyright: the Center for the Study of Aging and Human Development, Duke University Medical Center, Durham, North Carolina. Used with permission. Questions 1, 6 and 7 have been modified.
- Part 3 Items from the Australian RCS with instructions modified by the CHSD for use in a community setting

Activities of Daily Living (Functional Profile)

Part 1 Questions to ask the school leaver (or the person who represents the school leaver).

Student name: _____

DOB _____

or affix label here

Item	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 or with the use of a walker, or crutches etc	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

FP Page 1 of 2

Name _____ Designation _____ School _____
 Sign _____ Date _____ Contact number _____

Activities of Daily Living (Functional Profile)

Part 3 Behavioural functioning assessment

Student name: _____

DOB _____

or affix label here

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 (consumer 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 (consumer 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 (consumer 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 (consumer 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 (consumer has not engaged in the behaviour in the past)		
Total score (out of 20)				

Details of person completing this page

FP Page 2 of 2

Name _____ Designation _____ School _____

Sign _____ Date _____ Contact number _____