

Risk Assessment and Monitoring for Personal Support to Participants Who Live Alone



This document guides consideration of factors that registered providers are required to assess for each participant who (1) lives alone and (2) is assisted with Daily Personal Activities (personal supports) by a sole worker. This document focuses on specific risk factors relating to isolation, communication and mobility that the NDIS Commission requires providers to assess. Other personal and environmental risk factors should be considered according to the organisation's existing processes and systems for identifying and managing risks. Specific factors that must be considered will vary according to the nature of supports that are delivered and the individual circumstances of each participant. All risks should be identified and assessed using professional judgement.

STEP 1

Review and assess risk factors

[Section A](#) (contact with support network)

[Section B](#) (communication)

[Section C](#) (mobility)

Make an "overall assessment" for the above risk categories at the end of each section.

Enter the information from the "overall assessment" for each risk category into the [Summary of Risk Factors](#).

STEP 2

Develop plan for communication, monitoring and supervision

Use the information in [Section B](#) to identify any issues that impact how communication with the participant will occur and prepare a [Communication Plan](#).

Develop the [Monitoring and Supervision Plan](#) based on the risk factors that were identified in Step 1.

If there are any qualifications, training or skills that workers need, list these on under [Worker Selection](#).

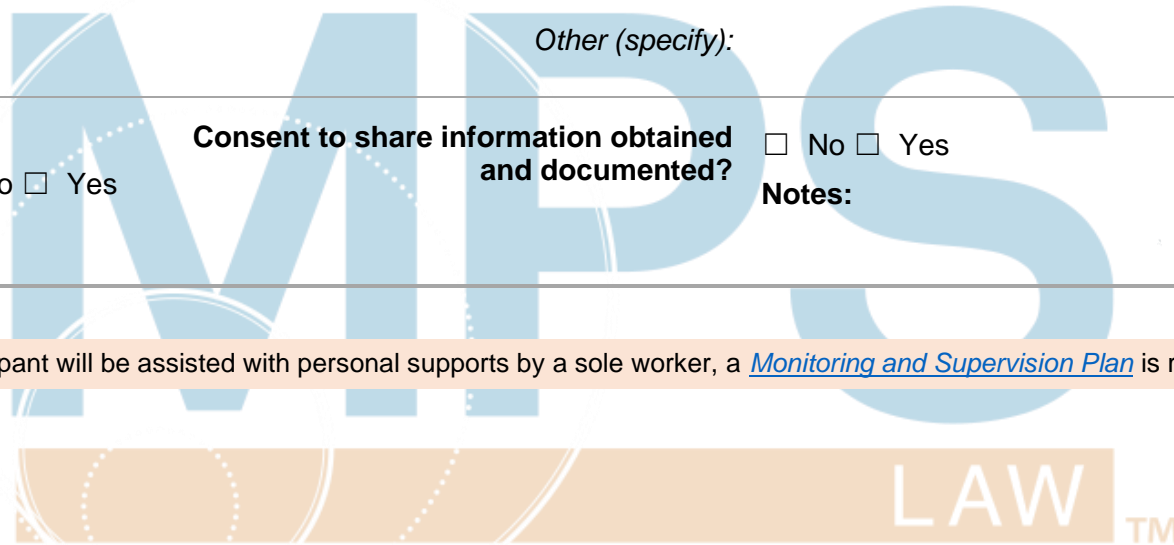
Note: this PDF includes a sample of possible criteria for rating risk factors. An editable version of this document that includes a complete list of risk rating criteria is available upon request. To access the original template or for questions about how to use this document contact: kai@mpslaw.com.au.

If you require an easy read version of this document, please contact us.

PARTICIPANT DETAILS

| | |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Given name/s: | Family name: |
| Preferred name: | Date of Birth: / / |
| Address: | Phone number: |
| Email address: | Email: |
| Guardian or nominated contact person details: Name: | Preferred method of contact: |
| Address: | |
| Does Participant live alone? <input type="checkbox"/> No <input type="checkbox"/> Yes | Will Participant be assisted with personal supports by a sole worker?¹ <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, why:</i> |
| | Participant preference <input type="checkbox"/> Staff availability <input type="checkbox"/> |
| | <i>Other (specify):</i> |
| Collection notice and/or privacy policy explained? <input type="checkbox"/> No <input type="checkbox"/> Yes | Consent to share information obtained and documented? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | Notes: |

Note: if the Participant will be assisted with personal supports by a sole worker, a [Monitoring and Supervision Plan](#) is required.



¹ Supports are delivered by a “sole” worker if the person (the worker) is usually alone with the Participant in their home when the supports are delivered.

PERSON COMPLETING THIS ASSESSMENT

| | | |
|------------------|-----------------------------------|----------------------------------------------------------------------------------------|
| Name: | Date Assessment completed: | Information used in this assessment: |
| Position: | Next due for review: | <input type="checkbox"/> Written records (progress notes, medical reports etc.) |
| | | <input type="checkbox"/> Responses from Participant |
| | | <input type="checkbox"/> Responses from others (workers, family, carer, advocate etc.) |
| | | <input type="checkbox"/> Direct observation |

| | | |
|-----------------------|-----------------------------------------------------------|-----------------------------|
| Authorised by: | Copy given to Participant <input type="checkbox"/> | Date due for review: |
| Date: | Copy placed in file <input type="checkbox"/> | |

PEOPLE INVOLVED IN PREPARING THIS RISK ASSESSMENT

| | | |
|-------------------------------------------------------------------------------------|-----------------------------------|---------|
| Was the Participant involved in the assessment? <input type="checkbox"/> Yes | <input type="checkbox"/> Declined | Reason: |
| | <input type="checkbox"/> Unable | Reason: |
| Staff Involved: | | |
| Others Involved: | | |

Note: the information available from one source is unlikely to give complete and accurate picture, so it is good practice to draw conclusions based on information from multiple sources. Staff should use professional judgement to assess the information that is available.

STEP 1 – REVIEW AND ASSESS RISK FACTORS

A. PERSONAL CONTACT, SUPPORT AND RELATIONSHIPS

[Table 1](#) and [Table 2](#) lists categories of people in the Participant's personal support network that provide support (practical, physical or emotional) nurturing or protection in their home or in other aspects of daily activities. Assess how regularly contact (of any kind) and face-to-face contact occurs with at least one person in the relevant group type and document this assessment below.

Practice tip: if most contact occurs via phone or virtually, does that enable health and wellbeing to be monitored appropriately? What factors increase isolation? Generally, more regular contact (particularly with the personal support network) is a protective factor which may decrease the frequency of face-to-face monitoring that is appropriate for the Participant. If visits are irregular, varied or this is insufficient information to assess, ensure that this is noted.

Table 1 – Personal Support Network

| | Frequency of contact <i>Average period of time between visits etc</i> | Level of face-to-face contact |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Immediate family | <i>e.g. daily, monthly, fortnightly, monthly</i> | <i>e.g. none / almost never – 10% visits or less</i> |
| <input type="checkbox"/> Extended family ² | | <i>e.g. rarely – 20% of visits or less</i> |
| <input type="checkbox"/> Friends ³ | | <i>e.g. sometimes – 50% of visits or more</i> |
| <input type="checkbox"/> Neighbours, community members or others with whom the Participant is well acquainted | | <i>e.g. most of the time – 75% of visits or more</i> |

Notes:

² Related through family, marriage or other relationships recognised in culture.

³ Includes close and ongoing relationships characterised by mutual trust and support.

Table 2 – Other Service Providers

| Frequency of contact | Level of face-to-face contact |
|------------------------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Personal care providers and/or personal assistants ⁴ | <i>e.g. always or at least 85% of visits</i> |
| <input type="checkbox"/> Other NDIS providers | |
| <input type="checkbox"/> Health professionals | |
| <input type="checkbox"/> Others: | |

Notes:

Overall assessment:

-Frequent contact (at least fortnightly), contact is face-to-face most of the time.

-Irregular contact (less than once per month), contact is usually unscheduled and occurs via telephone or technology most of the time.

-Regular contact (more than once per month), contact is face-to-face at least 50% of the time.

-Very little contact of any kind and no face-to-face contact.

-Some contact (less than every 6 months), contact is face-to-face some of the time.

Practice tip: use the meeting with the Participant about this assessment to review the collection notice and privacy policy and obtain consent for sharing relevant information from this assessment with other providers. If there are other providers delivering supports in the home at scheduled intervals, it may be appropriate to develop the Communication and Supervision Plan to align with and “fill in the gaps” in how those supports are monitored.

⁴ Individuals who provide services to support the person in their daily personal activities and/or performance at work, education, or other life situations, may be funded either through public or private funds or provided voluntarily, includes providers of support for home-making or maintenance, personal assistants, transport assistant or other who function as primary caregiver.

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B. COMMUNICATION

The table below lists the tasks and actions associated with communicating (verbally and non-verbally) and identifies whether the Participant uses communication devices. Assess the level of difficulty the person has performing the task or action, or when they are unassisted to perform it.

Note: ** indicates an aspect of how the Participant communicates or a support need or that may require particular skills or training, or may be relevant to the plan for supervision and/or reporting requirements for the sole worker who will be working with the Participant.

Table 3 – Communication and assistance to communicate

| Producing and receiving sounds and spoken messages | Difficulty and/or assistance required |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Understands meaning conveyed by simple spoken messages <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <i>e.g. no difficulty / no assistance required</i> |
| Uses single words to label objects, persons or actions <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <i>difficulty less than 25% of time</i> |
| Non-speech vocal expression i.e. when aware another person in proximity; vocalising in response to speech through imitating speech-sounds in response to speech ** <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <i>difficulty less than 50% of time</i> |
| Uses words to produce simple spoken messages to express need or want <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <i>significant difficulty more than 50% of time, usually requires assistance</i> |

| Communication devices | Difficulty and/or assistance required |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Uses equipment or technology for assistance to send and receive information e.g. specialised vision devices, drawing/handwriting devices, signalling systems, special computer software / hardware, cochlear implants or hearing aids, voice prostheses, communication boards **</p> <p><input type="checkbox"/> Yes (no assistance required) <input type="checkbox"/> Yes (requires assistance to use)</p> <p><input type="checkbox"/> No</p> | <p><i>e.g. requires use to communicate more than 50% of time or needed for communication all of the time</i></p> <p>Note assistance required, if any:</p> |

| Producing and receiving non-verbal messages | Difficulty and/or assistance required |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <p>Understands meanings conveyed by gestures, symbols or drawings and/or reads lips</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> | <p><i>e.g. unable or extreme difficulty or most of the time, always requires assistance</i></p> |
| <p>Understands meaning conveyed by facial expressions, hand movements or signs, body postures and other forms of body language</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> | <p><i>no difficulty / no assistance required</i></p> |
| <p>Understands meaning represented by drawings (e.g. lines, paintings, 3D representations), photographs and graphs, charts etc.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> | |
| <p>Conveys messages by using intentional movements of body e.g. facial gestures (smiling, frowning, blinking), arm and hand movements or postures (e.g. pointing to receive attention or object)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> | |
| <p>Conveys meaning by using signs and symbols (e.g. icons, Bliss Board)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> | |

| Producing and receiving non-verbal messages | Difficulty and/or assistance required |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Understands meaning of messages conveyed through written language (including Braille) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Understands messages in formal sign language <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Conveys meaning with formal sign language <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Conveys meaning by drawing, painting, sketching or diagram <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |

Notes:

Overall assessment:

Verbal communication

e.g. significant difficulty (more than 50% of the time), day to day verbal communication is limited without assistance

Non-verbal communication

minor difficulty (less than 25% of time) with negligible impact on capacity to communicate day-to-day

Reliance on communication devices or others

moderate difficulty – requires assistance or device 25-50% of the time to communicate, some interference with persons day to day communication if person is not assisted or unable to use device(s)

Practice tip: where there are specific support needs or issues relating to communication, consider how this impacts the skills and training that the worker supporting the Participant must or should have. Also consider if supervision should evaluate how effectively the worker provides supports relating to these needs. Remember that communication may be impacted by a range of factors, including the environment, personal circumstances and how the person feels on a particular day. For this reason, it is good practice to obtain information from multiple sources, particularly those that know the person well.

C. MOBILITY

Activities of movement and equipment for changing body position or location or transferring oneself from one place to another are listed below. Assess the level of difficulty the person experiences when performing these activities (see [Table 4](#)) and the level of reliance (see [Table 5](#)) the Participant has on equipment for mobility (where relevant).

Table 4 – Mobility

| Activities of movement to change body position or location | Difficulty and/or assistance required |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <p>Moves into / out of body position and from one location to another e.g. out of chair to lie in bed</p> <p><input type="checkbox"/> Yes (without assistance) <input type="checkbox"/> Yes (requires assistance)</p> <p><input type="checkbox"/> No</p> | <p><i>e.g. difficulty less than 25% of time, requires assistance from time to time</i></p> |
| <p>Moves along surface on foot, step by step so that one foot always on ground e.g. strolling, walking</p> <p><input type="checkbox"/> Yes (without assistance) <input type="checkbox"/> Yes (requires assistance)</p> <p><input type="checkbox"/> No</p> | <p><i>e.g. significant difficulty more than 50% of time, usually requires assistance from another person</i></p> |
| <p>Walks and moves around in various places and situations e.g. walking between rooms in a house</p> <p><input type="checkbox"/> Yes (without assistance) <input type="checkbox"/> Yes (requires assistance)</p> <p><input type="checkbox"/> No</p> | <p><i>e.g. unable or extreme difficulty all or most of the time, always requires assistance</i></p> |

Notes:

Table 5 – Devices to assist mobility

Complete this section if the person has a mobility problem that requires use of a device or equipment to enable movement in or around their home and community.

| Equipment to enable mobility | Level of reliance |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Requires equipment for assistance with transfers (e.g. in/out of bed, sit to standing) <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>e.g. use / assistance required less than 25% of time</i> |
| Requires use of wheelchair to move <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>e.g. use / assistance required more than 50% of time</i> |
| Requires uses of cane, crutches or walker <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>e.g. use / assistance required less than 95% of time</i> |
| Requires use of specialised bed (e.g. fowler bed, hydraulic bed, pressure mattress) <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>e.g. uses but no assistance is required to operate</i> |

Notes:

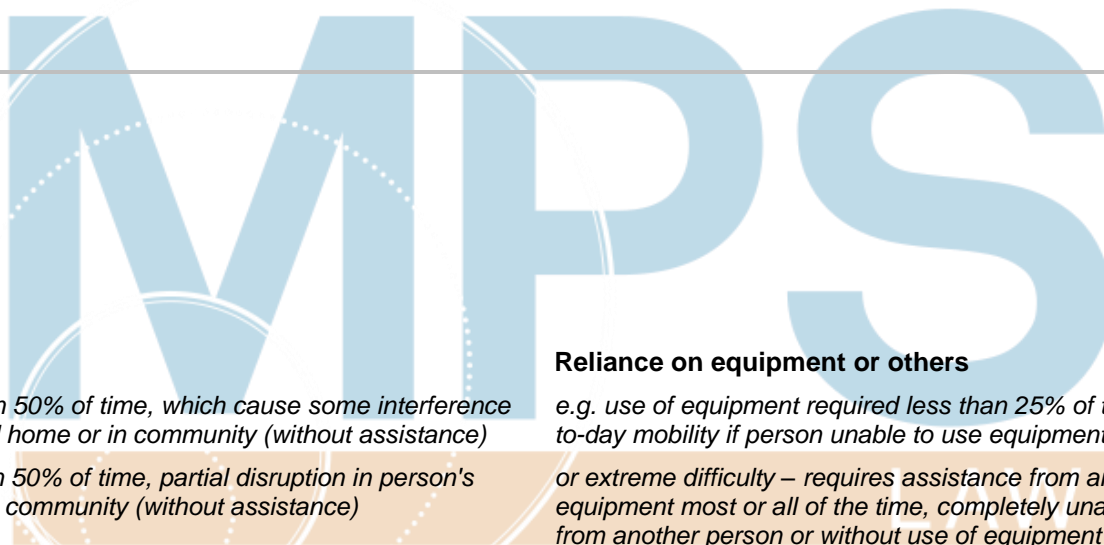
Overall assessment:

Physical mobility

e.g. moderate difficulties less than 50% of time, which cause some interference in person's ability to move around home or in community (without assistance)
or significant difficulties more than 50% of time, partial disruption in person's ability to move around home or in community (without assistance)

Reliance on equipment or others

e.g. use of equipment required less than 25% of time, negligible impact on day-to-day mobility if person unable to use equipment
or extreme difficulty – requires assistance from another person or use of equipment most or all of the time, completely unable to move without assistance from another person or without use of equipment



SUMMARY OF RISK FACTORS

| Factors considered in this assessment | Assessment <i>As recorded in overall assessment for each risk category</i> | Risk rating |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Contact with support network Level of face-to-face contact with personal support network and/or other providers: | Enter overall assessment from Section A above | Calculate risk rating according to risk rating criteria set out in risk management system. |
| Communication | Verbal Enter each element of the overall assessment from Section B above | |
| | Non-verbal | |
| | Reliance on devices or others | |
| Mobility | Physical mobility Enter each element of the overall assessment from Section C above | |
| | Reliance on equipment or others | |

Practice tip: If any factors that may have a *significant detrimental impact* on the person’s capacity to engage in the community are identified, processes must be developed and implemented for (1) supervising the worker (2) reporting to key personnel about the care and skill within which the personal supports are provided by the worker. Note that where the assessment identifies no factors that have a significant detrimental impact, providers are still required to document the means by which workers are selected and supervised, supports monitored and processes for communication in the service agreement. Arrangements for worker supervision (including the plan for supervision, if required) and monitoring the delivery of supports can be documented [below](#).

A copy of this summary can be kept with the person’s support plan and used as the document that contains the information that is shared with other providers (where the Participant has given their consent).

STEP 2 – COMMUNICATION, SUPERVISION AND MONITORING

Communication Plan

Based on the issues considered in [Section B](#), are there any communication support needs or difficulties that impact how communication with this Participant will occur?

No Yes If yes, specify:

| Communication method | Frequency | Who is responsible | Outcomes / notes |
|---------------------------------------------------------------------------------------------|--------------------------------------|--------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Face-to-face contact * | <i>e.g. weekly, fortnightly etc.</i> | | <i>e.g. preferred time of day, questions about worker performance to discussed</i> |
| <input type="checkbox"/> Face-to-face contact (online / virtual) | <i>e.g. monthly</i> | | |
| Note: the methods below should be used only where appropriate for the Participant ** | | | |
| <input type="checkbox"/> Telephone | <i>e.g. monthly</i> | | |
| <input type="checkbox"/> SMS | <i>e.g. every two months</i> | | |
| <input type="checkbox"/> Survey | <i>e.g. every six months</i> | | <i>e.g. how will the survey be implemented?</i> |
| <input type="checkbox"/> Other: | | | |

* Face-to-face contact must occur directly with the Participant in their home. The level of face-to-face contact that is appropriate will depend on the individual's communication and support needs (see [Section B](#)) and the level of contact the person has with people in their support network (see [Section A](#)).

** Other methods of communication are appropriate only where there are no factors that significantly impact or limit (1) physical mobility or (2) the Participant's capacity engage or communicate with their community, family, friends or others.

Monitoring and Supervision Plan

| | Frequency | Who is responsible? | Purpose / Notes |
|------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Participant check-in visits * | <i>e.g. weekly, fortnightly, monthly etc.</i> | | <p>Check Participant satisfaction with the type, quality and frequency of personal supports being provided.</p> <p><i>Will all check-in visits be in the person's home or will some be via phone / skype etc.? Are the supports being provided regularly enough? Changes in circumstances that impact support needs? Concerns about how the worker has been delivering supports or things that could be done different or better?</i></p> |
| <input type="checkbox"/> Onsite monitoring * | | | <p>Scheduled / unscheduled visits to observe supports being delivered and the support provision environment.</p> <p>Supervision of worker(s) to ensure performance consistent with agreement.</p> <p>Other:</p> <p><i>List anything identified in Section B or Section C that impacts on the Participant's needs or the way supports are delivered.</i></p> |
| <input type="checkbox"/> Online / virtual observation of worker(s) in Participant's home | | | <p>Other:</p> <p><i>List anything identified in Section B or Section C that impacts on the Participant's needs or the way supports are delivered.</i></p> |
| <input type="checkbox"/> Reports to Key Personnel ** | | | <p><i>List anything identified in Section B or Section C that impacts on the Participant's needs or the way the supports are delivered. Identify any tasks that require specific skills or competencies (relating to the person's mobility or how they communicate) which may require monitoring.</i></p> |
| <input type="checkbox"/> Review of progress notes and other records | | | <p>Check that records being kept appropriately and monitor for issues of concern.</p> |
| <input type="checkbox"/> Other: | | | |

* Onsite monitoring and participant check ins may occur as part of same visit.

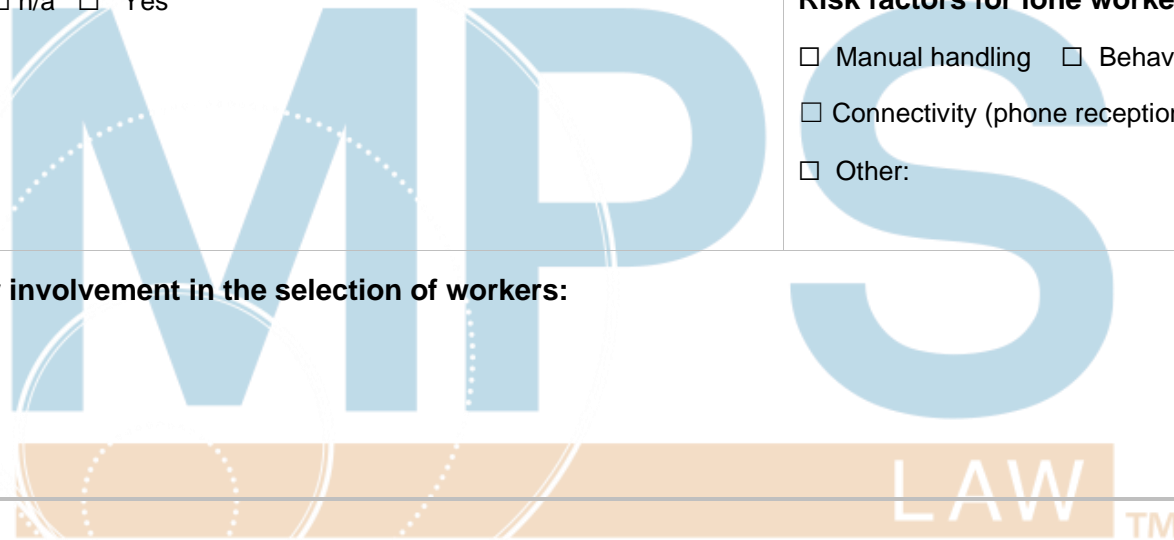
** Required only where risk factor that has significant detrimental impact on person's capacity to engage in the community. Reports must cover information relating to care and skill with which personal supports delivered.

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Practice tip: employers have obligations under work health and safety legislation for staff who work alone. Employers are expected to have a system for routine communication with the worker, identify and take steps to remove or control workplace hazards and provide training on any equipment or manual handling. Employers must also ensure there are appropriate procedures in place relevant to the work environment. To avoid duplication, obligations under work health safety legislation should be considered when developing the Communication Plan and the Monitoring and Supervision Plan.

Worker selection

| Qualifications, training or skills that workers must or should have? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Qualifications: <input type="checkbox"/> n/a <input type="checkbox"/> Yes <i>Specify:</i> | Participant preferences for worker: Gender: Male / Female / No preference Other preferences: |
| Experience or training: <input type="checkbox"/> n/a <input type="checkbox"/> Yes <i>Specify:</i> | Risk factors for lone workers <input type="checkbox"/> Manual handling <input type="checkbox"/> Behaviours of concern <input type="checkbox"/> Connectivity (phone reception, internet) <input type="checkbox"/> Other: |
| Participant preferences for involvement in the selection of workers: | |





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| Version | Date | Author | Status | Change Description |
|----------------|--------------|---------------|---------------|---------------------------|
| 1.0 | 14 / 12 / 20 | Kai Sinor | Approved | N / A |