

# Setting up community contact and support services over the phone

*Guidelines for local organisations*  
(Version 2.0)





## Table of Contents

<b>About this resource.....</b>	<b>4</b>
<i>Why establish a check-in service? .....</i>	<i>4</i>
<i>How to use this resource.....</i>	<i>4</i>
<i>Community Watch Partners.....</i>	<i>5</i>
<i>For more information or support.....</i>	<i>5</i>
<b>Understanding the importance of Service Coordination.....</b>	<b>6</b>
<i>What is service coordination? .....</i>	<i>6</i>
<i>What is a service referral?.....</i>	<i>6</i>
<b>Practical considerations when setting up a telephone contact and support service.....</b>	<b>6</b>
<i>What to consider when making initial contact with a client .....</i>	<i>6</i>
<i>What to consider when making a referral.....</i>	<i>7</i>
<i>What if my agency is receiving a referral? .....</i>	<i>7</i>
<i>What does wellbeing mean?.....</i>	<i>8</i>
<i>Who are vulnerable members of the community? .....</i>	<i>8</i>
<b>Considerations for managing staff/ volunteers undertaking wellbeing check-ins: relevant legislative and regulatory frameworks.....</b>	<b>10</b>
<i>Background checks .....</i>	<i>10</i>
<i>Understanding rights and responsibilities.....</i>	<i>10</i>
<i>Work Health and Safety Requirements .....</i>	<i>11</i>
<i>Insurance and liability.....</i>	<i>11</i>
<i>Setting boundaries .....</i>	<i>12</i>
<i>Communication skills.....</i>	<i>13</i>
<i>Conflict resolution .....</i>	<i>14</i>
<i>Ongoing support and advice .....</i>	<i>15</i>
<b>Considerations for facilities and processes required for establishing a phone check-in service.....</b>	<b>16</b>
<i>Steps for planning your wellbeing check-in service.....</i>	<i>16</i>
<i>Project planning considerations to ask.....</i>	<i>16</i>
<b>Tools and resources for undertaking a wellbeing check-in service .....</b>	<b>19</b>
<i>Guidelines: How to undertake a wellbeing check-in .....</i>	<i>19</i>
<i>Guidelines: Privacy, data collection, and management .....</i>	<i>23</i>
<i>Template: Service referral information .....</i>	<i>27</i>

# Setting up your community contact and support services over the phone

## Guidelines for your organisation

### About this resource

This resource contains information for your organisation to consider when establishing a wellbeing check-in service. It is structured around three considerations **service provision and coordination**; **managing staff and volunteers**; and **project planning**. It includes links to further online resources where relevant. This document should be read and used alongside the following resources developed by the Community Watch Partnership Project:

- [Guidelines: How to undertake a wellbeing check-in](#)
- [Guidelines: Privacy, data management, and sharing](#)
- [Template: Service Referral Information](#)

These resources have also been included at the back of this document. Additionally, the Partnership have compiled the [Health and Wellbeing Directory](#) of services across the Hume and Whittlesea regions that can be accessed here.

### Why establish a check-in service?

The Community Watch Partnership Project (CWPP) started in response to the disruptions COVID-19 has had for retaining connections and a continuity of support for community members across Hume and Whittlesea. Due to the varied health measures and social distancing restrictions in place following the spread of COVID-19, community organisations have had to discontinue their usual services or adapt them in innovative ways. For many organisations, this has meant establishing wellbeing checks over the phone.

The Community Watch Partnership Project seeks to support organisation across the regions maintain connection with their regular clients and participants and improve and promote their wellbeing into the recovery phase and beyond of COVID-19. Part of this is being able to establish the foundations for a coordinated service referral response across the two regions via over the phone wellbeing check-ins.

Service coordination enables organisations to remain independent of each other while working together in a coordinated and integrated way. Service coordination increases the opportunities for members of the Hume and Whittlesea community to access the services they need in a seamless way, while reducing service duplication and gaps in the regions.

### How to use this resource

This resource has been developed as a starting point for organisations wishing to build the foundations for service coordination through the establishment of wellbeing check-ins. Depending on the capacity of your organisation, and whether you have an existing check-in service established, you may wish to follow all or some of the guidelines and advice provided in this resource; the greater consistency in practice standards across the regions, the stronger the service coordination and wellbeing outcomes for community.

## Community Watch Partners

- DPV Health
- Hume Whittlesea Primary Care Partnership
- Banksia Gardens
- Whittlesea Community Connections
- Sunbury Community Health
- Hume Council
- Whittlesea Council
- Neighbourhood House in Hume and Whittlesea
- Hume School Hubs
- Northern Health
- Department of Health and Human Services

### For more information or support

If you have any further questions about this resource, or the Community Watch Partnership Project, head to DPV [Website](#)/ HWPCP [website](#) or contact the listed persons below:

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**Please note:** Structured feedback is sought and will be received by the CWPP for review and possible inclusion. Depending the level of feedback provided, subsequent updates of this document will be undertaken by the CWPP every four weeks. Please direct any feedback to:

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## Understanding the importance of Service Coordination

### What is service coordination?

Service coordination means working with other workers or agencies to make sure the needs of a client/participant are being met by increasing their access to services they need. Importantly, it exists to make sure clients don't fall through the cracks when more than one organisation or worker is supporting their needs. It comprises sharing information with the consent of the client, but also providing ongoing support. Support doesn't just stop at making the referral. Effective referrals are informed with active and practical support to help your service and your client establish a good working relationship with other identified services and to ensure a referral pathway is maintained.

### What is a service referral?

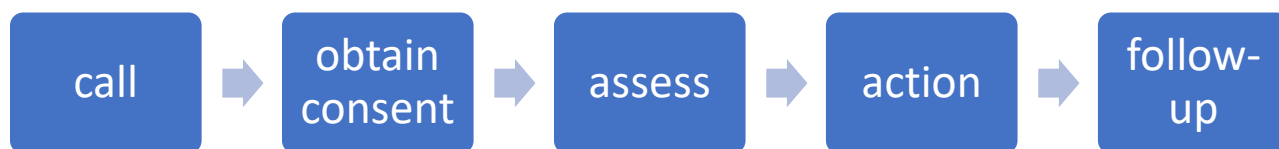
A service referral is connecting your client/ participant with another service they need, either within your organisation or externally. Effective referral comprises identifying the structural and personal barriers an individual or family may be experiencing and taking action to address these. A good service referral doesn't just provide information to the client about another service; it means facilitating direct contact with that service on behalf of the client. It is an active process to ensure the client is both eligible and accepted for assessment by another service, but also where the client is willing to become a client of that other service. It is an active process across all three actors involved.

## Practical considerations when setting up a telephone contact and support service

### What to consider when making initial contact with a client

1. If needed, allow time to have a translator or culturally appropriate person available to make your call or to book in an appropriate time to finish the call
2. Make sure to tell them about their rights in relation to consent and the use and sharing of their personal information from the call. See further [Guidelines: Privacy, data collection, and management](#)
3. During the initial contact, you will have identified the support that you and your agency can offer. Be clear with the person from the start about what you can and can't do
4. Have an information sheet or brochure handy for you to reference while making the call. This will help you provide information on what you can and can't do for the person
5. If you can't meet their needs, don't make promises. Identify what they need and find another service who can. Use the [Health and Wellbeing Directory](#) to link up with other organisations and services that can meet their needs. A [Service Referral Information](#) template has also been created to assist this.
6. Identify how much support your client needs to access the other service.
7. If a risk is identified, you may be required by law to make notifications to relevant authorities. You may also need to access specialist help at this point or speak with your supervisor on how to escalate the call. Refer to the script in [Guidelines: How to undertake a wellbeing check-in](#) for further guidance.
8. Keep good notes and records as you go to help assess progress and allow for continuity of service. These should be factual and concise.
9. At the end of your conversation, ensure you have adequately addressed their needs. Ask them:
  - 'was this helpful to you?'
  - 'did you get what you needed'
  - 'is there any other information you need?'
10. If they agree, book in a follow-up phone call with the client to check-in with them and to maintain a healthy relationship (with clear boundaries).

**Figure 1: Process for undertaking a wellbeing check-in**



### What to consider when making a referral

If the person you have called has asked for a referral, and they have confirmed they would like you to assist, ensure you have gone through the following steps. These steps also apply to referrals from within your own organisation – proactive communication is needed in both situations.

1. Identify appropriate service/s they need needs to address the issues affecting their wellbeing. Ensure you discuss this with them and why you recommend the referral. See further the [Health and Wellbeing Directory](#) of services across Hume and Whittlesea.
2. Discuss with your client how much information they are happy to share with the other service – it's important to respect their privacy and autonomy. Be clear that if they would like an assisted referral, you need to share some of their information with the other service. Refer to your organisation's existing privacy and policy procedures. See further [Guidelines: Privacy, data collection and management](#).
3. When contacting the other service on the client's behalf, establish clear understanding about what the client needs and how the service can assist. The Partnership have created a template for [Service Referral Information](#) to assist this process.
4. Follow up with the other service and/or with the client to make sure the service has been provided as agreed, and to check on progress. Skype can be a great tool for connecting with other service providers to review a client's progress.
5. If there are certain services you find you are commonly making referral to, consider developing streamlined procedures between your organisations for making and receiving referrals and for sharing information.
6. Try to establish friendly professional relationships with workers in services where you refer clients. It's good to know their direct contact details and also to know the name of their team leader or manager in case things go wrong.

Your organisation may want to consider linking your referral with the CASI Community Connector Project.

### What if my agency is receiving a referral?

If the referral has come from another agency, it may be appropriate to let that agency know about the outcome of the referral. This is courteous; it helps demonstrate your interdependence and accountability in the wider service networks and helps the referring agency know if the client's needs are being met. The best way to ensure clear communication and expectations is to consider what information you would appreciate knowing and being informed on as time progresses.

## What does wellbeing mean?

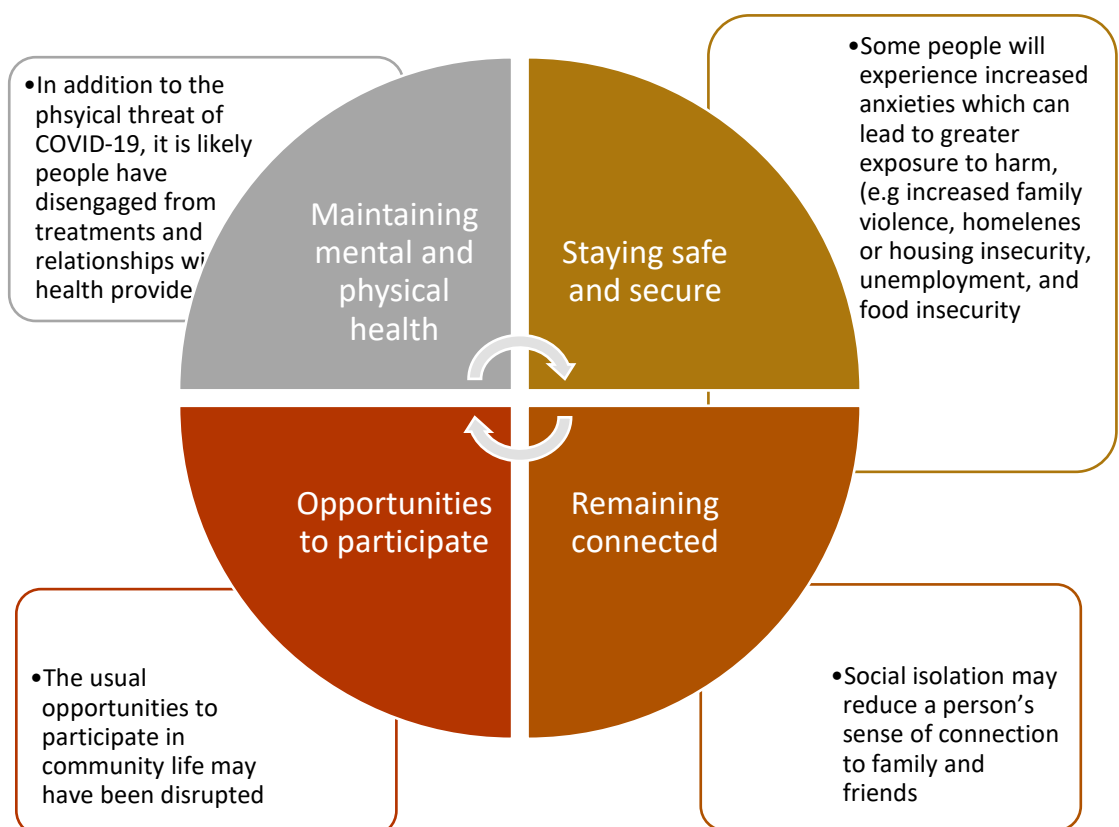
Wellbeing can mean different things for different groups and people. It may be dependent on culture and history, recovery from dispossession and trauma (particularly for refugee, migrant, and Aboriginal and Torres Strait Islander people), or recent external or personal experiences. Nonetheless, what is common to wellbeing is that it is both personal but also dependent on the wellbeing of others.

The Community Watch Partnership Project has thought of wellbeing in relation to four interrelated dimensions. In particular, we have given thought to the kinds of barriers to wellbeing that might have happened because of the pandemic and the restrictions. This has been pictured in Figure 2 below:

1. **maintaining mental and physical health**
2. **staying safe and secure**
3. **remaining connected**
4. **opportunities to participate in community**

When undertaking a wellbeing check-in, and considering options for referrals, this holistic understanding of wellbeing may be helpful to direct and guide your conversations with clients to ensure a multi-dimensional approach to wellbeing is considered.

**Figure 2: A holistic view of wellbeing**



## Who are vulnerable members of the community?

There are many people who face challenges to achieving wellbeing as defined above. The CWPP was established to engage with vulnerable members of the community in particular. The following groups of people may experience increased challenges and risks to their wellbeing at this time:

- Older people at risk of greater isolation
- People with disabilities and their carers



- Lone parents with caring responsibilities that have increased during school closures
- People who have lost work during the pandemic
- People with existing and/or chronic health conditions who may become disengaged from service/treatment
- People with mental health conditions that might be aggravated by anxiety and isolation
- People with lower levels of financial wellbeing who may experience housing or food insecurity
- People whose exposure to family violence may have increased
- People who experience greater difficulty accessing services due to language and cultural barriers

## Considerations for managing staff/ volunteers undertaking wellbeing check-ins: relevant legislative and regulatory frameworks

Depending on how you have chosen to set up your wellbeing check-in service, there are further considerations for developing a safe and respectful environment for both volunteers and staff. Understanding whether to utilise volunteers for your wellbeing check-in service requires careful consideration to ensure volunteers are undertaking volunteer work and not work that should normally be undertaken by paid staff. These classifications and considerations for roles and responsibilities will differ between organisations. Nonetheless, there are several elements that your organisation should be considering or be made aware of in the establishment of your wellbeing check-in service.

### Background checks

Consider conducting a background check, especially if you are recruiting new volunteers to assist with your wellbeing check-in service. A background check is a good way to screen potential volunteers for suitability, particularly when working with vulnerable people in the context of a wellbeing service.

A background check is a duty of care concern that allows your organisation to pre-emptively deal with future risks. It is also a component of best practice to ensure the service you are providing is in line with your industry standards. Lastly, it may be part of your funding agreement as part of the terms and conditions of your agreement. Check with your organisation's existing policies and procedures.

If your organisation is establishing volunteer management for the first time, it may be beneficial to build a relationship with other local volunteer providers in the region. See the [Health and Wellbeing Directory](#) of services across Hume and Whittlesea for more information.

**For more resources and information on conducting background checks:**  
<https://www.nfplaw.org.au/backgroundchecks>

### Understanding rights and responsibilities

Volunteers have a number of rights and responsibilities. It is important to consider both of these when establishing a wellbeing check-in service with volunteers. Below are some of these rights, though this list is not exhaustive.

#### **Volunteers have the right to:**

- receive training, both initial and ongoing
- a clear position description
- know who they report to and what they can and cannot do in their role
- accurate information about your organisation
- be provided with a safe work environment
- be valued
- have their personal information secure
- to be covered by insurance
- be trusted with confidential information in their role
- be consulted on matters directly affecting them
- to say no to a request
- receive feedback on their work and contributions
- formal processes to lodge complaints and grievances
- be informed on what reimbursements that can receive

Always remembers that volunteers should not be undertaking work that otherwise would be undertaken by paid employees.

***For more information on the rights and responsibilities of volunteers:***

<https://www.volunteeringaustralia.org/wp-content/uploads/VA-National-Standards-for-involving-volunteers-in-not-for-profit-organisations.pdf>

[https://www.cbaa.org.au/sites/default/files/NFP\\_Law\\_-\\_National\\_Volunteer\\_Guide.pdf](https://www.cbaa.org.au/sites/default/files/NFP_Law_-_National_Volunteer_Guide.pdf)

## Work Health and Safety Requirements

Whether you have recruited new volunteers, or are utilising existing staff, it is important to remember your occupational health and safety obligations as an employer apply equally to staff and volunteers. Your organisation has an obligation to protect the physical and mental health and wellbeing of your staff and volunteers and a duty of care to provide a safe working environment.

Under the Victorian Occupational Health and Safety Act (2004), employers have a duty to:

- Provide and maintain safe machinery and equipment
- Provide and maintain safe systems of work
- Ensure the safe use, handling, storage, or transport of machinery and equipment
- Keep workplaces in a safe condition, free of risks to health
- Provide suitable facilities for welfare
- Give employees the necessary information, instruction, training, or supervision to enable them to do their work in a way that is safe and without risk to health.

***For more resources and information on OHS in Victoria:***

<https://www.volunteeringvictoria.org.au/wp-content/uploads/2019/06/Health-and-Safety-PDF.pdf>

<https://www.worksafe.vic.gov.au/laws>

In addition to these standards, it is important to remember to adapt your roles according to the latest health advice to minimise the risk of infection of COVID-19.

***For up to date health advice in Victoria head to the [DPV Health website](#).***

## Insurance and liability

Generally, volunteers are not covered by worker's compensation. Your organisation may need to consider this in relation to your existing insurance policy if they are not covered. There is no legal requirement to have volunteer insurance, though it is recommended. This is especially due to the current pandemic, as most policies do not cover risk management for pandemics. You may also need to consider the risks associated with volunteers conducting wellbeing checks from home such as cyber security.

Nonetheless, ensure all volunteers understand the limitations and extent of coverage in your existing insurance policies if available. Reassure volunteers with the opportunity to suspend any volunteering if they are not comfortable with the extent of coverage your agency can provide to ensure you maintain a healthy and respectful relationship with your volunteers.

***For more information on insurance and liability surrounding volunteers:***

<https://www.volunteeringvictoria.org.au/wp-content/uploads/2019/06/Insurance-and-Liability-PDF.pdf>

## Setting boundaries

Due to the nature of a wellbeing check in service, those conducting the calls will inevitably build close relationships with clients. This is particularly important when conducting check-ins with vulnerable people who may be experiencing loneliness, isolation, and anxiety due to COVID-19. Close bonds or relationships may arise from home visits, counselling, or advice and support offered to clients. Boundary setting is also equally important between volunteers and staff in the case of peer mentoring or befriending.

Boundary setting is an important skill that needs to be established from the beginning. Boundaries provide structure for the person conducting the check-in, but also simultaneously protect the interests of the client as well. Below are a few things to consider when establishing boundaries:

- 1. Be clear about the relationship**
  - a. Understand it is a one-way relationship. Your volunteer/staff are there to support clients, not create a mutual friendship.
  - b. Provide guidance on the purpose of the role in undertaking a wellbeing check-in
  - c. Consider providing clear instructions through a position description
  - d. Ensure your volunteer/staff are made aware of any related policies or procedures your agency has for dealing with clients, including clear grievance and conflict resolution procedures for both staff/volunteers and clients
- 2. Understand what you are willing to share**
  - a. Knowing your own boundaries and what you are willing to reveal during a wellbeing check is essential to consider in advance. Conversations can always take an unexpected turn, so preparing for what you can is important for your own self-care.
- 3. Have a time-limit for conversations**
  - a. Consider providing a suggested time-limit for each conversation to establish clear boundaries. This will help emphasise that the relationship begins and ends within this time frame.
- 4. Prepare for handling or managing disgruntled conversations**
  - a. Not everyone will appreciate a wellbeing check. It is important to respect this feedback and take notes to ensure the person is not contacted again.
  - b. Your organisation may have additional complaints or feedback policy to refer staff and volunteers to in this case.
- 5. Prepare for unexpected personal disclosures or risk**
  - a. Your organisation should develop or refer to existing policies and protocols. This will help staff and volunteers know when to seek further advice, when to escalate a call to emergency services, and whether they are subject to mandatory reporting requirements
  - b. Having this information available and well communicated will also assist volunteers and staff to feel more comfortable providing advice and support and respond to clients with empathy
- 6. Don't be afraid to end the conversation when you feel uncomfortable**
  - a. You have every right to express your uncomfortableness with the situation if a line has been crossed or if you feel you are sharing too much with the client.

*For more information and advice on setting professional boundaries:*

<https://www.relationshipsvictoria.com.au/resources/tip-sheets/relationships/maintaining-personal-and-professional-boundaries/>  
<https://www.aasw.asn.au/document/item/2354>  
<https://www.communitycare.co.uk/2017/06/19/top-tips-managing-professional-boundaries-social-work/>

## Communication skills

Effective communication skills are essential for ensuring information is clearly understood, but also the intention behind information being communicated. The latter is particularly important for making sure the other person feels heard and understood. Below are a few skills to build, or be aware of, for more effective communication when undertaking wellbeing check-ins.

### 1. Be an engaged listener

- a. Focus on the person speaking and listen closely with empathy
- b. Avoid interrupting or redirecting the conversation
- c. Avoid judgmental language or phrases
- d. Show interest in what is being said. Inquire about their needs and concerns using open-ended questions
- e. Validate their experience, even if you don't understand it
- f. Provide feedback to confirm you have understood what is being said
- g. Support them to connect with another service

### 2. Stay calm

- a. Give yourself time to think by using stalling tactics or clarifying certain points
- b. Pause to collect your thoughts
- c. Make one point at a time
- d. Deliver your words clearly
- e. Summarise your thoughts

### 3. Assert yourself

- a. Express your thoughts and feelings clearly and openly. Asserting yourself does not mean being aggressive or hostile
- b. Empathetic assertion: recognising the person's situation but also stating your needs
- c. Escalating assertion: when previous attempts have been unsuccessful you may need to outline the consequences if your needs are not being met *e.g. if you can't lower your voice, I will have to end this call*

Another useful tool for communicating effectively is using 'teach back'. Teach-back is a technique to determine how well information has been explained to a client, so they are fully informed. It encourages shared meaning and can be useful for obtaining consent as well as summarising the actions, or follow-ups, required from both parties at the end of a check-in.

1. Explain the information or support the client needs to understand
2. Client explains or 'teaches back' what information you have provided
3. If the client is not able to explain what was said, or it is clear they do not understand, you must explain the information in a different way. Repeat steps 2 and 3 until the information is clearly understood.

***For more information on communication skills:***

<https://www.helpguide.org/articles/relationships-communication/effective-communication.htm>

***For more information on how to communicate your wellbeing check-in service for the audially impaired or whom require translation services, head to the following links:***

*Deaf communication service:*

<https://www.nabs.org.au/video-remote-interpreting--vri-.html>

*Translating and interpreting service:*

<https://www.tisnational.gov.au/>

## Conflict resolution

Conflict resolution is an important skill that can lead to more effective and productive outcomes. Understanding different types of conflict and when they arise is an important skill to maintain and be aware of, especially because they can happen simultaneously. Types of conflict include:

- **Value based:** different value, principles, or ways of viewing the world
- **Relationship based:** violating other's boundaries, poor communication, assumptions or stereotypes of others
- **Goal based:** differing expectations or outcomes
- **Work based:** changes made without being fully implemented; difference in opinion on policies or procedures for achieving end goals
- **Ownership based:** power and authority unequal, distribution of resources unequal, physical or environmental factors can hinder cooperation
- **Factual:** lack of information, misinformation, different interpretation of information, different ways to collect and assess information

## Preventative measures

Some preventative measure you may want to consider implementing in your wellbeing check in service to reduce conflict include:

1. Fostering a culture of respect
2. Ensuring appropriate policies are in place and staff/volunteers are made aware of these
3. Dealing with smaller issues before they escalate
4. Keep communication open and accessible, including debriefing with your volunteers and staff after phone calls

## Steps to consider when resolving conflict

1. Identify who is involved or impacted (directly or indirectly)
2. Identify the type of conflict at hand (refer above)
3. Ensure all views are put forward and heard
4. Address the issue or behaviour, not the person or their personality
5. Find a solution together
6. Decide on the solution and commit to it
7. Be clear on the roles and responsibilities of each person in achieving the solution

## What to ask yourself when dealing with conflict

- Have I listened to what the person is really saying?
- Is conflict resolution being prioritised over being right?
- Will the solution manage and address the conflict, or will it create further tension?
- Am I prepared to share the power in finding a solution?
- Do I need to consult others prior to making a decision?
- Will the decision impact others?

### ***For more information on conflict resolution:***

<https://www.volunteeringvictoria.org.au/wp-content/uploads/2019/06/Dealing-with-conflict-PDF.pdf>

<https://www.helpguide.org/articles/relationships-communication/conflict-resolution-skills.htm>

## Ongoing support and advice

### Debriefing with staff and volunteers

Each organisation in the CWPP should give consideration to whether regular debriefing for staff and volunteers will occur, and how.

Regular debriefing can take place through individual supervision at the end of a shift or as needed, or by establishing a local support network for volunteers and staff to discuss what they have learned, what they have experienced, and to use these learnings to troubleshoot emerging problems experienced by their peers.

Regardless of which, some kind of feedback and support mechanism will be important to support the wellbeing of staff and volunteers, but also to allow the supervisor/coordinator the opportunity to reflect on the progress and suitability of staff/volunteers undertaking the wellbeing checks appropriately. This is particularly important while staff and volunteers may be working from home and there is less direct supervision. Staff and volunteers should be advised in advance about both the level of supervision available and what kind of debriefing options may be available.

### Exiting staff and volunteers from undertaking wellbeing checks

There are several reasons why staff and volunteers may no longer wish to be part of a wellbeing check-in service. Some may find undertaking wellbeing checks are not consistent with their skills and interests. Others may find the processes has begun to affect their own wellbeing. Nonetheless, your organisation will need a process to either re-allocate or re-direct staff and volunteers to another area.

## Considerations for facilities and processes required for establishing a phone check-in service

Project planning skills are an oft-cited area where organisations require additional support or guidance. Even if your organisation has the requisite skills in place, it is always good practice to ensure these skills are applied, refined, and monitored in the establishment of any new program or service delivery. The following provides some practical advice for project planning when it comes to establishing a wellbeing check-in service for your organisation.

### Steps for planning your wellbeing check-in service

- 1. Determine if your check-in service will be conducted on site, off site, or both**
  - a. Ensure all staff are clear on the requirements (e.g. reliable internet connection if working from home)
  - b. Ensure the security of patient information can be maintained from either on or off site
- 2. Determine what technology platform will be used**
  - a. Ensure adequate technology is available including up to date hardware and software
  - b. Test all software and hardware
  - c. Provide technology training where required
  - d. Ensure there is a point of contact for staff/volunteers needing IT assistance
  - e. Ensure the security of your hardware and software from unauthorised Third Parties
- 3. Determine workflows and system changes**
  - a. Consider any additional training you may want to provide
  - b. Ensure the security and management of personal information is maintained
  - c. Ensure clients can request and access an interpreter or culturally appropriate person
  - d. Ensure normal supervision requirements are maintained for staff and volunteers
  - e. Schedule regular check-ins or debriefings with your staff and volunteers
- 4. Decide how you will communicate the new service to clients and other stakeholders**
  - a. Update your website or promotional material to inform clients of your new wellbeing service
  - b. Develop an information sheet for staff/volunteers to refer to when providing information about your services so they know what to expect during the conversation
  - c. Ensure clients are informed on their options and rights when participating in a wellbeing check-in
- 5. Determine policies, procedures, and risk management**
  - a. Consider whether existing policies and protocols can be used or whether new ones need to be developed for
    - i. Risk management
    - ii. Privacy, management, and security of personal information
    - iii. Conflicts, complaints and escalation handling
    - iv. Indemnity insurance
    - v. Documentation and record keeping of check-ins
    - vi. Cultural appropriateness

***For guidelines and templates of policies to consider:***

<https://www.volunteeringvictoria.org.au/wp-content/uploads/2019/06/Essential-Volunteer-Policies-and-Procedures-PDF.pdf>

### Project planning considerations to ask

In developing your approach to undertaking a wellbeing check, there are several project management considerations that need to be clearly understood and established. Consider asking yourself the following questions:



- **What are the goals of the wellbeing check-in service for your organisation?**
  - Short and long-term?
  - What are the key objectives?
- **How will the service interact with other services offered by your organisation?**
  - Minimise disruptions
  - Minimise duplication
- **What will be required to achieve your objectives?**
  - What equipment will you need?
  - What training is required?
  - What communication will you use to get your service into the public realm?
- **What will it cost?**
  - Draw a budget to determine set-up costs and ongoing costs
- **How will it be implemented?**
  - Include roles and responsibilities for different people
  - Include timelines
  - Include indicators to help you know if you are on track to meeting your objectives

### Developing a program logic

It may also be helpful to develop a program logic to identify the resources and processes required to establish your check-in service. A program logic is a simple project management tool used in service development to help organisations understand the components that will make up the program or service they want to establish. A program logic consists of lists of:

- **Inputs:** the resources required to get started (physical and non-physical)
- **Processes:** the governance and policy frameworks that help to manage the program (policies, support, teams etc)
- **Activities:** the specific tasks and or events that will take place
- **Impact:** the desired result of undertaking the activities

Figure 3 below contains a simplified version of a program logic which would facilitate the development of a wellbeing check-in service. It will be important to workshop this draft program logic with your team to consider your capacity and capability and to adjust the program logic, relevant to your context.

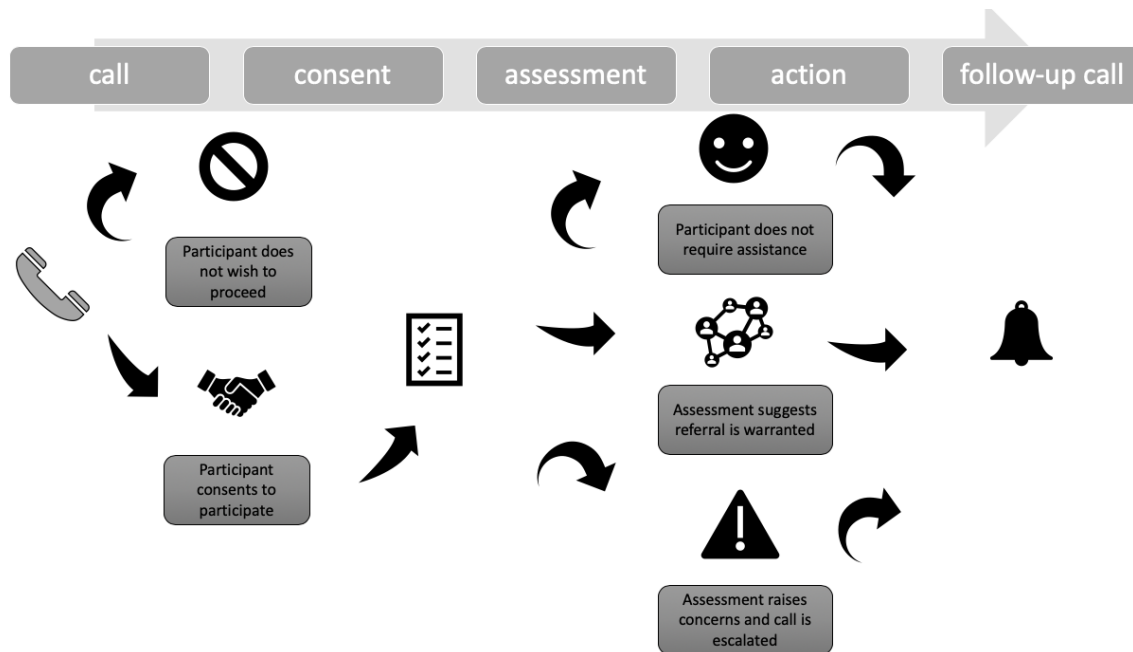
**Figure 3. Example of a program logic**



## Journey mapping

An alternative way to think about the design of a wellbeing check-in service is to take the perspective of the participant and develop a hypothetical journey map. An example is included in Figure 4 below. You may also want to workshop this journey map with your team who are likely to have the frontline experience and practice expertise to provide further detail specific to the kinds of clients/participants your organisation normally engages, or would like to engage, with.

**Figure 4. Example journey map**



## Tools and resources for undertaking a wellbeing check-in service

### Guidelines: How to undertake a wellbeing check-in

#### What is a wellbeing check-in?

A wellbeing check-in is an informal but structured conversation with members of the community by a peer, volunteer, or staff member to better understand where individuals are at in their social, emotional, physical, and financial wellbeing. It is not a risk assessment or a diagnostic tool.

#### Why conduct a wellbeing check-in?

As part of the Community Watch Partnership program, we want to support communities, agencies, and services across Hume and Whittlesea support the wellbeing of vulnerable members of the community across who may be facing additional complex barriers due to COVID-19.

Depending on the needs of the individual, a wellbeing check-in can facilitate the provision of information and referrals, as well as the opportunity to talk with someone, to ensure they remain connected to community and receive the appropriate support during these isolating times.

#### What steps are needed to conduct a wellbeing check-in?

There are several steps involved when conducting a wellbeing check-in, depending on the nature of your conversation. These have been broken down into 10 steps:

1. Introducing yourself and the purpose of the call
2. Establishing privacy, confidentiality, and consent.
3. Assessment of needs using open-ended questions
4. Assessment of needs using guiding questions
5. Actioning identified needs: immediate risk or safety concerns
6. Actioning identified needs: mandatory reporting
7. Actioning identified needs: referral and support
8. Closing the conversation
9. Handling complaints
10. Debriefing

Below is a suggested script for you to use that outlines each of these 10 steps in more detail. This script should be seen as a guiding document. You may wish to use this script as is or adapt it to suit the needs and existing policies and protocols of your organisation.

#### Guiding Script for a wellbeing check

Step	Process Description	Guiding Script
<b>1. Introduction</b>	<ol style="list-style-type: none"><li>a) Introduce yourself and the purpose of the call</li><li>b) If they cannot talk, ask them for a suitable time to call back and <b>proceed to step 8(b)</b>.</li><li>c) If they can talk, ask if they require an interpreter before proceeding</li></ol>	<ol style="list-style-type: none"><li>a) <i>Hi [name of individual], my name is xxx and I [volunteer/ work for yyy]. We all know that COVID-19 has had a big impact on our community. I am calling today to see how you are going and if we can do anything to support you and your wellbeing. Is now a good time to talk?</i></li><li>b) <i>When would be a suitable time to call back and check-in?</i></li></ol>

		<p>c) <i>Do you require an interpreter to continue this conversation?</i></p>
<p><b>2. Privacy, confidentiality and obtaining consent</b></p>	<p>a) Use your organisation’s existing privacy and confidentiality statement to inform the person of their rights. For more scripts on different types of consent, see <a href="#">Guidelines: Privacy, data collection, and management</a>.</p> <p>b) If they don’t want any information recorded, let them know they can still have a conversation and if they would still like to proceed</p> <p>c) If they are happy to continue begin by collecting some initial information to determine any diversity considerations</p> <p>d) If they do not consent to continue, <b>proceed to step 8(c)</b></p>	<p>a) <i>Before we begin, your participation in this call is entirely voluntary. You can choose to stop the conversation at any time. Anything you choose to talk about today will be treated in the strictest confidence in accordance with privacy law.</i></p> <p><i>We may need to disclose some of this information to another service in order to provide you with improved care and support (i.e. service referral). We will not share this information without your permission. Only information relevant to your circumstances or needs will be collected or shared in compliance with Privacy Law.</i></p> <p><i>If you understand, are you happy to continue this chat?</i></p> <p>b) <i>We can still have a conversation even if you don’t want me to take down any information? Would you like to do that instead?</i></p>
<p><b>3. Assessment:</b> Open-ended questions</p>	<p>a) If the individual is finding it difficult to respond, <b>proceed to step 4</b></p>	<p>a)</p> <ul style="list-style-type: none"> <li>• <i>How are you?</i></li> <li>• <i>Is there anything in particular you would like to talk about today?</i></li> <li>• <i>Do you have any issues or concerns at the moment?</i></li> <li>• <i>Have the restrictions made it harder for you to access local services and activities?</i></li> </ul>
<p><b>4. Assessment:</b> Suggested questions</p>	<p>a) Use these suggested questions to identify the needs of the person. You may wish to only ask questions relevant to the work of your organisation</p> <p>b) If you identify any immediate risks, <b>proceed to step 5</b></p> <p>c) If you identify any mandatory reporting requirements during your conversation, <b>proceed to step 6</b></p>	<p>a)</p> <p><u>Mental Health</u></p> <ul style="list-style-type: none"> <li>• <i>There are many people feeling worried and overwhelmed lately. How have you been managing?</i></li> </ul> <p><u>Social Connections:</u></p> <ul style="list-style-type: none"> <li>• <i>Have you had much contact with friends/family/community lately?</i></li> <li>• <i>Has someone been available to help you or talk to you if you needed or wanted it?</i></li> <li>• <i>Do you have access to a phone or internet to access wellbeing information?</i></li> </ul>

		<ul style="list-style-type: none"> <li>• <i>Are you able to maintain contact with friends and family via social media such as Zoom or WhatsApp?</i></li> </ul> <p><u>Physical Health</u></p> <ul style="list-style-type: none"> <li>• <i>How has your health been recently?</i></li> <li>• <i>Have there been any changes to your health?</i></li> <li>• <i>Have you been feeling unwell?</i></li> </ul> <p><u>Security and Safety:</u></p> <ul style="list-style-type: none"> <li>• <i>Do you feel safe at home? (e.g. family violence, physical danger, other risks)</i></li> <li>• <i>Are you concerned for your or someone else's safety?</i></li> <li>• <i>Do you have a secure place to sleep? (i.e. temporary or permanent)</i></li> <li>• <i>Are you concerned about being behind on your rent or being evicted?</i></li> <li>• <i>Have you been able to access enough food to eat?</i></li> </ul>
<p><b>5. Action:</b></p> <p>Immediate risk or safety concerns</p>	<p>a) If you think this person may have serious mental health issues, be at risk of serious self-harm, or their safety and the safety of others may be at risk, <b>hang up and dial 000.</b></p> <p>b) If possible, inform the person you will be contacting the Police/ Ambulance.</p> <p>c) If you are unsure whether to escalate, raise your concern with your direct supervisor</p>	<p>b) <i>[Name of individual], I am concerned about your safety/ the safety of others. I am going to hang up and contact the Police/ Ambulance to check-in on you.</i></p>
<p><b>6. Action:</b></p> <p>Mandatory reporting</p>	<p>a) Mandatory reporting about child safety, physical and sexual abuse are requirements in Victoria. Information about which professions have responsibility to report is available <a href="#">here</a></p> <p>b) Your organisation may have its own protocols in place for mandatory reporting</p>	
<p><b>7. Action:</b></p> <p>Referrals and support</p>	<p>a) Once you have identified the needs of the person, and they are not immediate or urgent, determine what assistance they require</p> <p>b) If they would just like further information, refer to the <a href="#">Health and Wellbeing Directory</a> to provide this.</p> <p>c) If they would like a referral to a specific service, determine if they</p>	<p>a) <i>It seems as though you are experiencing x. There are plenty of resources and support available for this. I can help you today by providing you with further information and support, or help you with a referral to a specific service that can support you with x. Which would you prefer?</i></p>

	<p>want a self-referral or assisted referral</p> <p>d) <b>If assisted referral</b>, explain to the person you will need to share some of their contact information with the service to complete the referral. Follow your organisations' existing referral processes. Refer to the <a href="#">Service Referral Information</a> template to assist this process.</p> <p>e) If the person is not okay for you to do this, explain that you can provide them with the necessary contact information to refer themselves. Use the <a href="#">Health and Wellbeing Directory</a> to find an appropriate service</p>	<p>b) <i>That's great. If you have a pen and paper ready, I can provide you with the name of a few services and their contact information?</i></p> <p>c) <i>Would you like to get in touch with the service yourself, or I can directly contact the service for you on your behalf?</i></p> <p>d) <i>I would be happy to assist you. In order to contact this service, I need to provide them with your name and contact number. Is this ok?</i></p> <p>e) <i>Unfortunately, I cannot make a referral without that information, but I am happy to provide you the details of the service so you can contact them yourself?</i></p>
8. Closing the call	<p>a) Ensure the person has understood the conversation and agreed actions by repeating the information and outcome of the call to them</p> <p>b) It is important to ask if the individual would like a follow-up call</p> <p>c) Thank the individual for their time and acknowledge they may have shared information that was upsetting. Ensure they are given the contact information of your organisation.</p> <p>d) Ensure information about the call and the outcomes have been recorded</p>	<p>a) <i>Before I go, I just want to make sure we have addressed your concerns today and provided you with the right support. Today we spoke about x. You have asked me to [provide you with information/assist you with a referral/ self-refer] for y to address x. Is this right?</i></p> <p>b) <i>Would you like me to schedule a follow-up call with you in a few weeks? Is there anything else you would like to discuss or that I can help you with today?</i></p> <p>c) <i>If that is everything today, thank you for your time [and for sharing this information with me today that may have been upsetting]. If anything comes up that we can help you with, you can always contact us at xxxxxx or head to our website for more information. Have a great day.</i></p>
9. Handling complaints	<p>a) If you or the individual would like to raise a confidential complaint as a result of the conversation, refer to your organisation's Complaints Procedures</p>	
10. Debrief	<p>a) It is very important that you are provided with continual support as you undertake these check-ins for your own wellbeing. Contact your direct supervisor to organise a time to debrief</p>	

## Guidelines: Privacy, data collection, and management

### Australian Privacy Principles

The collection, use and disclosure of personal information is governed by the *Privacy Act 1988*, which contains [13 principles](#) to ensure personal privacy is respected by organisations that collect data on individuals. Accordingly, organisations wishing to undertake wellbeing-checks should have a policy framework to ensure the collection and management of personal data is consistent with the legislation.

While all 13 principles in the *Privacy Act 1988* must be adhered to, the following 5 principles are of particular importance for organisations wishing to undertake wellbeing checks:

- **Anonymity:** For the most part any data about program participants shared with any other party must be anonymised so that it is not possible to identify particular participants
- **Purpose of data collection:** When undertaking wellbeing checks, it is important that any data created or collected a) pertains to the purpose of the wellbeing check or the services of your organisation and b) is only about the individual who has participated in the welfare check. The data collected can only be used for the expressed purpose it was originally collected. If the information collected is going to be used for a **secondary purpose** (other than what was explained when consent was obtained), additional consent will need to be sought.
- **Consent:** Personal data should not be disclosed to a third party without the consent of the individual concerned - this is particularly important for the development of any referral function within your wellbeing check-in program.
- **Integrity and security:** organisations must attempt to ensure that data collected is accurate and that it is stored in a way that it is protected from unauthorised access.
- **Sensitivity:** The collection of certain personal information can also be **sensitive information** when it relates to the individual's race, religion, sexuality, political beliefs, membership to an association, criminal records etc According to the Act, health-related information is *sensitive* information and higher standards apply to ensuring the integrity and security of such information. Health related information can be collected by non-health related services and can include information about the physical, emotional, or mental health of an individual, their disability status, or the provision of future health services for the individual.

### What if my organisation does not have a Privacy Policy?

It is strongly recommended that your organisation establishes a Privacy Policy to safeguard the privacy of your clients and to ensure your organisation is complying with its obligations under the *Privacy Act 1998*. A privacy statement or policy is a document declaring the intention of the organisation in relation to client information and data, how personal information is stored, how it can be accessed by clients and the purpose for using and disclosing the personal information collected. Your organisation may want to re-consider if it is equipped to undertake a wellbeing check without an agreed-upon privacy statement.

### What is consent?

Consent allows individuals to control how their information is collected and used. There are five elements needed to ensure consent from an individual is valid. It is important those undertaking wellbeing checks are familiar with these elements:

#### 1. Capacity

Capacity to consent means the individual understands what they are consenting to, and the possible consequences this may have. Capacity may be affected by physical or intellectual disabilities, age, cultural or linguistic differences, disease etc. Given the project is aimed at supporting vulnerable members of the community who may have diminished capacity, it is important to use discretion in this area.

#### 2. Voluntary

An individual must be free to exercise their choice to provide or withhold their consent. This means they must not be coerced, and they can choose to **withdraw** their consent at any time. As such, it is important individuals are made aware they can still continue with the wellbeing check regardless of whether they consent to have their information collected and shared.

**3. Informed**

The individual must have full knowledge of what they are consenting to and how their personal information will be handled. This includes what personal information will be collected and disclosed; the purpose of the information being collected; who will receive the information; who will be accessing the information and what they will use it for; and any consequences related to giving or not giving consent. It is very important that each organisation provides this information prior to commencing the wellbeing check.

**4. Specific**

The information provided to an individual to obtain consent must be specific to a particular purpose (i.e. why is the data being collected and how will it be used) rather than a general statement of consent.

**5. Current:**

Consent cannot be assumed indefinitely. It is therefore necessary to have a time period for which the consent will remain valid. If this has not been specified, it is necessary to obtain consent again when using or disclosing an individual’s information.

What exactly are participants consenting to when agreeing to undertake a wellbeing check?

It is essential to comply with the above five elements of consent in order to undertake wellbeing checks with your clients/ participants, especially informed consent. This means being very clear about what your organisation will be doing with the information they share during the wellbeing check to ensure the consent you are obtaining is informed. There are two possible uses for the information they share:

1. **Primary purpose:** In this case, the primary purpose of collecting, using, and disclosing their personal information would be to undertake the wellbeing check and facilitate any additional support they may require or request, such as referrals, to ensure their wellbeing.
2. **Secondary purpose:** The secondary use of a client’s data in a de-identified manner would be to assist with service analysis and research to improve and strengthen your wellbeing service.

My organisation will be using the information collected for a primary purpose, what do I need to include to obtain informed consent?

The following is a suggested script to use at the beginning of your wellbeing call, prior to undertaking the wellbeing check. The script has been broken into sections to demonstrate the five elements of consent that have been included. You may want to refer to your organisation’s Privacy Policy and adapt the consent script accordingly. Having access to this Policy will not only help you feel more confident in undertaking a wellbeing check, but ensures you are complying with your duty of care and required laws. It is also a good idea to have a copy of the Policy on hand to send to a client/ participant if they request it for further information.

<p><i>“During our phone call today, we may need to collect and disclose some of the personal information you share to another service in order to provide improved care and support. If this is the case, I will ask for your permission again to share this information with another service unless where required by law. Only information relevant to</i></p>	<p><b>Specificity</b> on why and how the data will be used for primary purposes</p> <p><b>Current</b> period for the consent to be valid</p>
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<i>your circumstances or needs will be collected or shared in compliance with Privacy Law.</i>	
<i>You have the right to withdraw your consent to me collecting and using this information at any time, whether it is during or after our phone call. You also have the right to access the information you share during this phone call at any time. Even if you do not wish to consent or chose to withdraw your consent at a later time, we can still have this check-in today I just won't record any of the information you share.</i>	<b>Voluntary</b> consent explaining their right to choose to participate.  <b>Informed</b> consent explaining the consequences of participating or not participating
<i>If you understand, are you happy to provide your consent?"</i>	<b>Capacity</b> to consent established

My organisation will be using the information collected for a secondary purpose, what do I need to include to obtain informed consent?

If you would like to share the learnings and outcomes of your wellbeing checks for research and planning purposes- whether this is within your organisation or external- the following script has been provided to obtain initial consent for secondary purposes.

*"During our phone call today, some of the information you share may be used for research and planning purposes to improve this service. Any personal information that could identify you will be removed or changed before being shared.*

*You have the right to withdraw your consent to me collecting and using this information at any time, whether it is during or after our phone call. You also have the right to access the information you share during this phone call at any time. Even if you do not wish to consent or chose to withdraw your consent at a later time, we can still have this check-in today I just won't record any of the information you share.*

*We may also need to share some of your personal information to another service in order to provide improved care and support. If this is the case, I will ask for your permission again to share this information with another service unless where required by law. Only information relevant to your circumstances or needs will be collected or shared with another service in compliance with Privacy Law.*

*If you understand, are you happy to provide your consent?"*

What happens if I need to share their information with another service?

Regardless of whether you are obtaining consent for a primary or secondary purpose before undertaking the wellbeing check, personal information should not be disclosed to a third party without the consent of the individual.

Therefore, when making an assisted referral, it is essential that additional consent from the individual is obtained prior to sharing their details with another service. If this additional consent is not obtained, you **cannot share** their information with another service. See further [Guidelines: How to undertake a wellbeing check-in](#) and [Service Referral Information Template](#).

What information should I be collecting from the wellbeing checks?

If you are planning to only collect information from clients for the primary purpose of undertaking a wellbeing check, you should aim to collect enough information to ensure you have accurate and complete records suitable for the needs of your organisation and its services. This ensures if anyone else needs to come back to the person's records, or make a call with them, they will understand exactly what has been done and what needs to be done simply by looking at the information you have collected. It is no different to the record keeping required when undertaking regular case management or client/patient appointments.

Depending on your organisation's capacity and existing procedures, consider collecting the following types of information. It is likely your organisation already keeps this information about your clients.

	<b>Minimum</b>	<b>Additional</b>
<b>Information about the client/participant</b>	<ul style="list-style-type: none"> <li>Name and contact details</li> <li>Date of birth</li> </ul>	<ul style="list-style-type: none"> <li>Living/ family situation</li> <li>Next of kin or best emergency contact</li> </ul>
<b>Information about the phone call</b>	<ul style="list-style-type: none"> <li>Time and date</li> <li>Whether consent was obtained</li> <li>If consent was withdrawn</li> </ul>	<ul style="list-style-type: none"> <li>If a translator was required</li> <li>If a culturally competent person was requested or needed to take the call</li> <li>If a call back was arranged</li> </ul>
<b>Information about the person receiving the wellbeing check</b>	<ul style="list-style-type: none"> <li>If they belong to an identified population group or have an identified vulnerability</li> <li>Age group</li> </ul>	<ul style="list-style-type: none"> <li>If their vulnerability has increased, or if they have experienced additional vulnerabilities or barriers due to COVID-19</li> <li>If they are already connected to or receiving support from other services. If so, which ones?</li> <li>Are they on a care plan? If so, what organisation/worker developed this with them?</li> </ul>
<b>Information about the outcomes of the call</b>	<ul style="list-style-type: none"> <li>If an assisted referral was requested, what service are they being referred to and by whom?</li> <li>If only information was required, what service/support information was provided</li> <li>If a follow-up has been requested or arranged and for when</li> <li>If any risks were identified</li> <li>If any mandatory reporting is required</li> <li>If the call needed to be escalated</li> </ul>	

Regardless of what information you choose to collect, it is essential to ensure the data you collect is **accurate** and stored in a way that it is **protected** from unauthorised access. This may mean storing the information in a password protected folder and server; however, it is likely your organisation may have additional data security measures and protocols already in place.

Template: Service referral information

<b>Date of referral:</b> <i>dd/mm/yyyy</i>	<b>Consent to referral obtained</b>	
Name:	Y <input type="checkbox"/>	N <input type="checkbox"/>

<b>Person's details</b>		
Name:	D.O.B:	Emergency contact:
	<i>dd/mm/yyyy</i>	
Address:	Preferred contact details:	Relationship emergency contact:
Cultural/ Indigenous considerations:		

<b>Identified vulnerable group:</b>					
Elderly/ senior:	<input type="checkbox"/>	Young person:	<input type="checkbox"/>	Children/ families:	<input type="checkbox"/>
Mental health condition/s:	<input type="checkbox"/>	Chronic health condition/s:	<input type="checkbox"/>	Physical/ intellectual disability:	<input type="checkbox"/>
Experiencing/ at risk of unemployment or economic insecurity:	<input type="checkbox"/>	Aboriginal and/ Torres Strait islander identifying:	<input type="checkbox"/>	Culturally and Linguistically Diverse:	<input type="checkbox"/>
Experiencing/ at risk food insecurity:	<input type="checkbox"/>	Experiencing/at risk family violence:	<input type="checkbox"/>	Experiencing/ at risk Homelessness or Housing insecurity:	<input type="checkbox"/>

<b>Details of referrer:</b>		
Name:	Position:	Organisation:
	Contact details:	Address:

<b>Reason/s for referral:</b>	
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<b>Identified issues:</b>	
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<b>Support required:</b>	
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<b>Linked services:</b>		
Organisation:	Address:	Contact details:
Organisation:	Address:	Contact details:
Organisation:	Address:	Contact details:

