



'Simplicity at its best'

CHCCCS016

Respond to client needs

School Assessed Coursework – 75 Marks

Answer booklet

Information for Assessors

VCAA Examinations can ask questions relating to ANY content within a Unit of Competency. It is important that students are across all elements. The best way to do this would be to create a checklist for all elements of the unit of competency which students can tick off as it is covered in their learning program.

About this assessment

This assessment has been created to be an integrated assessment piece that provides both the required marking scale for your school-based assessment and grading of your class along with the RTO requirements to be deemed satisfactory for each question.

Each question in this assessment has been mapped back to the unit of competency.



1. For each of the following aspects of human rights, provide a brief explanation.

Assessor discretion is required for these questions, as student answers will vary.

a) What human rights are.

Benchmark answer:

Human rights are the fundamental freedoms and protections that every single person is entitled to, no matter who they are or where they live.

b) Why do human rights exist?

Benchmark answer:

Human rights are there to make sure everyone has a chance to live a decent life with dignity and opportunity.

c) In community services work, how are human rights upheld?

Benchmark answer:

Upholding human rights begins with treating every client fairly and with respect. This will be intertwined throughout the various behavioural codes of conduct and workplace procedures and practices for workers to follow.

School based result - 6 Marks

2. List four (4) different types of discrimination that clients you may work with could have experienced.

Benchmark answer must include 4 of the following types of discrimination:

- **a cultural or religious based bias**
- **racial vilification**
- **sexual preferences or gender-based biases**
- **workplace discrimination**
- **discrimination against women and/or children**
- **age or disability discrimination**
- **financial discrimination.**

School based result - 4 Marks

3. How must a community services workplace ensure everyone understands their responsibility in the prevention of discrimination when working with clients?

Benchmark answer:

The workplace is responsible for ensuring there are anti-discrimination policies supported by the corresponding codes of conduct and workplace procedures for everyone to follow. The workplace must ensure that all codes of conduct and procedures align with the requirements with the state or territory where they provide services.

Assessor discretion is required for this question, as student answers will vary.

School based result - 2 Marks

4. For each of the example work practices provided in the role of a community services worker, identify if it demonstrates a:

- Legal responsibility
- Professional boundary
- Limitation of the role.

Example in practice with clients	Identify the practise <i>Benchmark answers:</i>
"If I have concerns about your safety or the safety of someone else, I am required to report that."	<i>Legal responsibility</i>



Outlining the nature of your interactions while you are there to support them, it's a working relationship, not a personal friendship.	Professional boundary
"As a support worker, I can help you connect with housing services and support you in developing a budget, but I am not a legal advisor."	Limitation of the role
Taking action to prevent future harm by reporting any and all workplace hazards, incidents, and injuries.	Legal responsibility
Clearly articulating the abilities within the provision of support and what you can and cannot offer.	Limitation of the role
Being clear about availability, appointment times, and how to get in contact (and when). Avoid giving out personal contact information.	Professional boundary

School based result - 6 Marks

5. How can a community services worker develop a clear understanding of legal and ethical boundaries within the work they do?

Benchmark answer:

A community services worker must take time to be familiar with the organisation's policies regarding client relationships, confidentiality, and specific work-role boundaries. Internal workplace policies provide the framework for consistent and ethical workplace practices, whilst meeting and maintaining legal and regulatory requirements.

A community services worker can also seek guidance from your direct supervisor. They can offer advice and support and help to understand the boundaries and limitations within their role.

Assessor discretion is required for this question, as student answers will vary.

School based result - 1 Mark

6. Identify who all of the duty holders are that must act with reasonable care and skill to ensure the safety, well-being and welfare of all clients.

Benchmark answer must identify all of the following:

- **Individual workers**
- **Supervisors and managers**
- **The organisation that provides employment - Person Conducting a Business or Undertaking' (PCBU)**

School based result - 3 Marks

7. Provide an example of a consequence in breaching the duty of care when working with clients.

Benchmark answer must provide one example consequence, similar to any of the following:

- **Harm to the client: Potentially leading to physical, psychological, emotional, or financial harm.**
- **Legal action: Clients may take legal action against the worker or the organisation for negligence, leading to potential financial penalties and reputational damage.**
- **Professional sanctions: Regulatory bodies or professional associations may impose sanctions, such as suspension or loss of registration.**
- **Employment consequences: An employer may take disciplinary action, including termination of employment.**
- **Damage to trust and relationships: Breaching duty of care can severely damage the trust between clients and service providers, undermining the effectiveness of community service work.**

School based result - 1 Mark

8. Explain how a community services worker can foster independence when they uphold a client's dignity of risk.

Benchmark answer:

By allowing clients to make choices and experience the consequences (within reasonable safety parameters), a community services worker is helping them build confidence, learn from experience, and develop greater independence.



Assessor discretion is required for this question, as student answers will vary.

School based result - 1 Mark

9. Provide an example of a 'person-centred approach' in respecting a client's individual goals.

Benchmark answer must provide one example, similar to any of the following:

- For a person with a disability, it might be learning to catch the bus independently
- For an older adult, it might be continuing to cook their favourite meals
- For someone with a mental health condition, it might be managing their own medication.

School based result - 1 Mark

10. For each of the following areas regarding the privacy of client information, provide a brief explanation.

Assessor discretion is required for these questions, as student answers will vary.

a) Providing advice to clients about privacy.

Benchmark answer:

Clients should be informed about how their information is collected, used, and disclosed.

b) Protecting information gathered.

Benchmark answer:

Providers must implement secure systems to protect client information from unauthorised access and misuse.

c) Confidentiality and obligations to disclose.

Benchmark answer:

Maintaining confidentiality requires protecting clients' personal information and privacy except where there is a legal or ethical obligation to disclose (e.g., child protection concerns, risk of serious harm).

School based result - 3 Marks

11. Provide a brief explanation of what mandatory reporting is and also who it serves to protect.

Benchmark answer:

Mandatory reporting is a crucial aspect of protection and safeguarding in Australia, requiring certain identified professionals to report suspected incidents of child abuse and harm. There are also rules in place for the protection of adults such as those in aged care, psychiatric care and other settings where protections of vulnerable adults are required.

Assessor discretion is required for this question, as student answers will vary.

School based result - 2 Marks

12. How can a community services worker develop a clear understanding of their role and responsibilities when it comes to mandatory reporting?

Benchmark answer:

The community services workplace must have a policy for mandatory reporting with the corresponding codes of conduct and relevant processes for workers to follow that aligns with the requirements for the state or territory of work.

Assessor discretion is required for this question, as student answers will vary.

School based result - 1 Mark

13. For each of the following aspects of work health and safety when working with clients, provide an example of this in practice.



Benchmark answer must provide one example, similar to the provided responses:

- a) Safe work practices and procedures (Client interaction)

Benchmark answer must provide one example, similar to any of the following:

- **Following organisational policies:** Adhering to the workplace WHS policies and procedures related to client interactions, home visits, lone working, and emergency situations.
- **Using equipment safely:** If using any equipment such as a wheelchairs or hoist, ensuring it's in good working order and using it according to training and guidelines.
- **Solo worker safety:** If working alone with clients, following independent worker safety protocols such as check-in procedures, duress alarms and communication of risks.
- **Communication and information sharing:** Clearly communicating safety information to clients such as the safe and correct use of equipment and potential risks during activities.

- b) Risk assessment and management (Client-related)

Benchmark answer must provide one example, similar to any of the following:

- **Home visits - Assessing the safety of the client's home environment (e.g., trip hazards, hygiene, security, presence of animals).** Implementing strategies like pre-visit checklists, reporting unsafe conditions, and refusing to work in unsafe environments if necessary.
- **Manual handling - If you assist with personal care or mobility, workers must be trained in safe manual handling techniques to prevent injury to themselves and the client.** Risk assessments should be conducted for each client's specific needs.
- **Aggression and violence - Assessing the risk of client aggression or violence (based on history, behaviour, or environmental factors).** Implementing safety plans, using de-escalation techniques, and having protocols for seeking assistance or withdrawing if a situation becomes unsafe.
- **Infection control - Following hygiene protocols, such as handwashing and the use of personal protective equipment (PPE) to prevent the spread of infections to both workers and vulnerable clients.** This is particularly important in settings with close personal contact.
- **Transportation- If transporting clients, ensuring vehicles are safe, roadworthy, and appropriately insured.** Following safe driving practices and any organisational transport policies.

School based result - 2 Marks

14. For each of the provided issues that may be experienced by clients, provide an example of the interrelationships between the impacts of these issues.

Assessor discretion is required for these questions, as student answers will vary.

- a) Mental health and homelessness.

Benchmark answer:

Someone experiencing severe depression might find it hard to maintain housing, leading to homelessness, which in turn can worsen their mental health.

- b) Domestic violence and financial issues.

Benchmark answer:

A person experiencing domestic violence might be prevented from working or have their finances controlled by the abuser, leading to financial hardship and making it harder to leave.

- c) Disability and unemployment.

Benchmark answer:

Physical or intellectual disabilities can create barriers to finding and keeping employment, leading to financial strain and impacting mental health.

- d) Trauma and the use of alcohol and other drugs.

Benchmark answer:



Someone who has experienced trauma might turn to alcohol or other drugs as a way to cope with difficult emotions, leading to addiction and further problems.

e) Child protection and domestic violence.

Benchmark answer:

Children living in homes where domestic violence occurs are at a higher risk of experiencing abuse or neglect themselves.

f) Physical health and unemployment.

Benchmark answer:

A chronic illness can prevent someone from working, leading to unemployment and financial difficulties, which can then worsen their physical and mental health.

g) Financial issues and mental health.

Benchmark answer:

Worrying about money can cause significant stress and anxiety, potentially leading to or worsening mental health conditions like depression.

h) Culture and religion.

Benchmark answer:

Cultural differences in communication or beliefs might make it harder for someone from a minority background to understand or access mainstream services, potentially impacting their health or safety.

School based result - 8 Marks

15. For each of the following areas of collecting and handling client information for analysis, provide an example.

Benchmark answer must provide one example, similar to the provided responses:

a) A key principle for seeking and obtaining client information.

- **Focus on relevance - Only seek information that is directly relevant to understanding the client's current situation and needs.**
- **Obtain informed consent - Always seek the client's explicit consent before contacting external parties or accessing their records (unless there are immediate safety concerns that override this, in which case follow legal and organisational protocols). Explain why you need the information and how it will be used.**
- **Be respectful and culturally sensitive - Approach information gathering with empathy and awareness of the client's cultural background, language, and any potential sensitivities.**

b) The process of analysing gathered client information.

- **Use approved forms for intake, assessment, progress notes, and other data collection. Use these consistently and avoid creating ad-hoc methods unless specifically permitted and documented. Standardisation ensures data is collected in a uniform way, making analysis more reliable.**
- **Look for patterns and trends - When reviewing collected data, look for recurring themes, patterns of behaviour, correlations between different issues, and changes over time.**
- **Triangulate information - Look for consistency and discrepancies across different sources to get a more accurate picture of the presenting issues.**
- **Consider multiple data points - Don't rely on a single piece of information. Integrate data from various sources (client reports, observations, other professionals, records) to form a comprehensive understanding.**

c) Documenting findings.



- **Maintain confidentiality - Adhere strictly to privacy laws and organisational policies regarding the handling of client information.**
- **Document your sources and findings - Keep clear records of where you obtained information and what you learned.**
- **Record facts, not opinions - Record what the client said and what was observed, rather than personal interpretations or judgments. If including opinions, clearly label these as such and provide the factual basis for each.**
- **Be timely - Document information as soon as practicable after an interaction or observation. This helps ensure accuracy and completeness.**

School based result - 3 Marks

16. Provide two (2) different examples that may be an indicator of harm, neglect, abuse, or risk of harm.

Benchmark answer must provide two examples, similar to any of the following:

- **Physical symptoms such as visible injuries or loss of weight.**
- **Verbal reports from the individual, carers or other workers.**
- **Contradictory stories by giving different accounts of events that don't match up or change over time.**
- **Environmental neglect such as unsafe, unclean, or overcrowded living conditions; lack of basic necessities like food, heating, or medical supplies.**
- **Difficulty concentrating or learning can be a sign of stress or trauma.**
- **Unusual secrecy or guardedness, like being unwilling to talk openly or being very secretive about certain aspects of their life.**

School based result - 2 Marks

17. Provide three (3) important aspects for a community services worker in meeting their duty of care obligations, when it comes to responding to indicators of actual or potential risk of abuse, neglect or harm.

Benchmark answer must provide three important aspects, similar to any of the following:

- **Context is key, consider the whole picture and the context of the situation.**
- **Listen and believe someone who discloses harm, take them seriously and listen without judgment.**
- **Follow the organisation's policies and procedures for reporting concerns.**
- **Do not try to investigate or confront alleged abusers yourself, as this could put the person at further risk.**
- **Follow organisation's reporting guidelines and document what was seen, heard, and the context in a factual and objective way.**
- **Know the reporting lines within the organisation and who to report to.**

School based result - 3 Marks

18. Provide a minimum requirement for community services organisations that offer support to people experiencing issues related to each of the following:

Benchmark answer must provide one example, similar to any of the following:

a) Physical health.

- **Health and safety: Ensure a safe physical environment for clients and staff.**
- **Infection control: Implement appropriate infection control measures.**
- **First Aid: Have trained first aid personnel and accessible first aid kits.**
- **Medication management: If applicable, clear policies for medication storage and administration.**
- **Health information management: Secure systems for managing sensitive health information.**

b) Mental health.

- **Mental health First Aid: Trained staff in mental health first aid.**
- **Crisis management plans: Protocols for responding to mental health crises, including risk of suicide or self-harm.**
- **Assessment tools: Use of validated mental health assessment tools.**



- **Least restrictive environment: Emphasis on providing care in the least restrictive environment possible.**
 - **Recovery-oriented practice: Fostering hope, empowerment, and supporting individuals in their recovery journey.**
- c) Child protection.
- **Mandatory reporting: Strict adherence to mandatory reporting requirements for suspected child abuse or neglect, including clear procedures for making reports to child protection authorities.**
 - **Working With Children Checks (WWCC): Ensuring all staff and volunteers who work with children have appropriate clearances.**
 - **Child Safe Standards: Implementation of child safe policies, practices, and a culture that prioritises the safety and well-being of children.**
 - **Duty of Care to children: Understanding and upholding the specific duty of care owed to children.**
 - **Risk assessment: Specific risk assessment for child abuse indicators.**
- d) Domestic violence.
- **Risk assessment and safety planning: Comprehensive and ongoing risk assessment for domestic violence, including lethality risk, and collaborative safety planning with clients.**
 - **Confidentiality (with exceptions): Understanding the balance between confidentiality and the need to share information for safety, especially where children are involved.**
 - **Trauma-informed practice: Recognising the profound impact of trauma on individuals experiencing domestic violence.**
 - **Worker safety: Procedures to ensure the safety of workers responding to domestic violence situations.**
 - **Client empowerment: Support clients to make their own decisions about their safety and future.**
- e) Disability.
- **National Disability Insurance Scheme (NDIS): Understanding and navigating the NDIS framework, including plan management, service provision, and quality and safeguarding.**
 - **Disability Discrimination Act 1992: Adherence to anti-discrimination legislation.**
 - **Person-centred planning: Services must be person-centred, focusing on the individual's goals, strengths, and preferences.**
 - **Accessibility: Ensure physical and communication accessibility for people with diverse disabilities.**
 - **Dignity of risk: Support individuals with disabilities to take reasonable risks to achieve their goals and live fulfilling lives.**
 - **Safeguarding: Robust systems to prevent abuse, neglect, and exploitation of people with disabilities.**
- f) Homelessness.
- **Trauma-informed and strengths-based approach: Recognising the complex trauma experienced by many people experiencing homelessness and focusing on their strengths and resilience.**
 - **Crisis response: Ability to respond to immediate housing crises.**
 - **Assertive outreach: Proactive engagement with individuals experiencing homelessness.**
 - **Harm reduction: Principles for individuals with AOD issues while engaging with housing services.**
 - **Collaborative practice: Works closely with other housing, health, and support services.**
- g) Unemployment.
- **Individualised support: Tailor support plans based on individual skills, experience, and barriers to employment.**
 - **Career counselling: Provide guidance on career pathways and job readiness.**
 - **Employer engagement: Build relationships with local employers to identify job opportunities.**
 - **Skills development: Facilitate access to training and education.**



- **Addressing barriers:** Identifies and address the underlying issues that contribute to unemployment such as health, housing, and AOD.

h) AOD.

- **Harm reduction philosophy:** Prioritise strategies that reduce the negative consequences of AOD use.
- **Non-judgmental approach:** Provide support without stigma or moral judgment.
- **Withdrawal management protocols:** If providing withdrawal support, clear and safe protocols.
- **Overdose prevention and response:** Staff are trained in overdose recognition and response.
- **Dual diagnosis capability:** Ability to identify and support individuals with co-occurring mental health and AOD issues.
- **Confidentiality:** Maintain strict confidentiality, especially given the sensitive nature of AOD use.

i) Trauma.

- **Trauma-Informed Care (TIC):** Understanding, recognising, and responding to the effects of all types of trauma.
- **Safety:** Ensures physical and psychological safety for clients and staff.
- **Trustworthiness and transparency:** Builds trust through clear communication and consistency.
- **Peer support:** Incorporates peer support to foster connection and recovery.
- **Collaboration and mutuality:** Share power and decision-making with clients.
- **Empowerment, voice, and choice:** Support clients to regain control and make their own choices.
- **Cultural, historical, and gender issues:** Address the impact of cultural, historical, and gender-based trauma.
- **Avoid re-traumatisation:** Design services and interactions to minimise the risk of re-traumatising clients.
- **Secondary traumatic stress/trauma support:** Provide support and strategies for staff to manage the impact of working with traumatised individuals.
- **Understanding the neurobiology of trauma:** Staff have a basic understanding of how trauma impacts the brain and body.

School based result - 9 Marks

19. Provide at least one referral option that could be provided for people experiencing issues related to each of the following:

Benchmark answer must provide one example, similar to any of the following:

a) Physical health.

- **General Practitioners (GPs):** For general medical advice, diagnosis, prescriptions, and initial assessment.
- **Specialist medical practitioners:** Cardiologists, oncologists, neurologists, endocrinologists, etc., based on specific health conditions.
- **Allied health professionals:** Physiotherapists, occupational therapists, dietitians, speech pathologists, podiatrists, exercise physiologists.
- **Hospitals:** For acute care, emergency services, surgical procedures, and specialist inpatient treatment.
- **Community health centres:** Often provide a range of primary health services, nursing care, and health promotion programs.
- **Pathology and Radiology services:** For diagnostic testing.
- **Pharmaceutical services:** Pharmacies for medication dispensing and advice.

b) Mental health.

- **GPs:** Initial assessment, mental health care plans, and medication management.
- **Psychologists/Counsellors:** For therapy, cognitive behavioural therapy (CBT), dialectical behaviour therapy (DBT), trauma-informed therapy, etc.
- **Psychiatrists:** For diagnosis, medication management, and complex mental health conditions.



- **Community mental health services:** Government-funded services offering case management, outreach, and group programs.
- **Crisis hotlines/services:** Lifeline, Beyond Blue, Suicide Call Back Service (24/7 support).
- **Peer support groups:** For individuals with shared experiences to connect and support each other.
- **Acute mental health units/Hospitals:** For inpatient care during severe mental health crises.
- **Aboriginal Community Controlled Health Organisations (ACCHOs):** For culturally safe mental health support for Aboriginal and Torres Strait Islander peoples.

c) Child protection.

- **Child protection authorities:** Such as Department of Families, Fairness and Housing in Victoria for reporting suspected child abuse or neglect.
- **Police:** In cases of immediate danger or criminal activity related to child abuse.
- **Family support services:** For families requiring support to improve parenting capacity and child well-being.
- **Child and Adolescent Mental Health Services (CAMHS):** For mental health support for children and young people who have experienced trauma or have other mental health issues.
- **Legal Aid/Community legal centres:** For legal advice and representation for children and families.
- **Specialist child trauma services:** Services specifically designed to support children who have experienced trauma.

d) Domestic violence.

- **Domestic violence specialist services:** Women's refuges, crisis accommodation, domestic violence support workers, counselling services.
- **Police:** For reporting incidents, obtaining AVOs/DVOs (Apprehended Violence Orders/Domestic Violence Orders).
- **Legal Aid/community legal centres:** For legal advice on protection orders and other family law matters such as separation, parenting arrangements and divorce.
- **Housing services:** For emergency accommodation or long-term housing solutions.
- **Financial counselling services:** To address financial abuse and improve financial independence.
- **Men's behavioural change programs:** For perpetrators of domestic violence (referral usually by authorities or through specific programs).
- **Counselling/therapy:** For individuals experiencing domestic violence to process trauma and develop coping strategies.
- **Child protection authorities:** If children are at risk due to domestic violence.

e) Disability.

- **NDIS Local Area Coordinators (LACs) or Support Coordinators:** To assist individuals in understanding and accessing their NDIS plans and services.
- **Disability service providers:** Specialised providers offering support such as personal care, community participation, employment support, therapy services such as occupational therapy, physiotherapy and speech therapy.
- **Advocacy services:** Organisations that advocate for the rights and interests of people living with disabilities.
- **Aids and equipment suppliers:** For assistive technology and adaptive equipment.
- **Medical specialists:** Neurologists, developmental paediatricians, geneticists, etc.
- **Therapists:** Occupational therapists, physiotherapists, speech pathologists, psychologists specialising in disability.
- **Employment services:** Disability employment service providers.
- **Housing services:** Specialised disability housing or general housing support.

f) Homelessness.

- **Homelessness support services:** Specialist homelessness services, crisis accommodation, transitional housing programs, outreach teams.
- **Housing Victoria:** Central intake points for homelessness services.
- **Real estate agents/Social housing providers:** For accessing private rental or social housing.



- **Financial counselling services:** For budgeting, debt management, and accessing financial relief.
- **Legal Aid/community legal centres:** For tenancy issues, fines, and other legal matters.
- **Employment services:** To assist with job seeking and training.
- **Health services:** GPs, mental health services, AOD services, dental services, often through street health or mobile health clinics.
- **Advocacy services:** For tenants' rights and housing issues.

g) Unemployment

- **Employment service providers:** Government-funded employment services to assist with job searching, resume writing, interview skills, and training.
- **TAFE/Vocational training providers:** For skills development and vocational qualifications.
- **Registered Training Organisations (RTOs):** For specific industry training and certifications.
- **Financial counselling services:** For managing financial stress associated with unemployment.
- **Mental health services:** For mental health issues impacting employability.
- **Drug and alcohol services:** If AOD issues are a barrier to employment.
- **Disability Employment Services (DES):** Specialised services for people with disabilities.
- **Legal Aid/community legal centres:** For legal issues impacting employment such as discrimination and unfair dismissal.
- **Community support services:** For practical support including food banks, resume writing, clothing for job interviews and assistance with transport.

h) AOD

- **AOD Counselling and support services:** Individual and group counselling, peer support.
- **Detoxification services:** Inpatient or outpatient medical supervision during withdrawal.
- **Rehabilitation centres:** Residential or day programs for longer-term recovery.
- **Medication-Assisted Treatment (MAT) programs:** For opioid dependence such as Opioid Replacement Therapy – Buprenorphine or Methadone.
- **GPs:** For general health checks, medication management, and referrals.
- **Mental health services:** For co-occurring mental health conditions.
- **Harm reduction services:** Needle and syringe programs, overdose prevention education.
- **Family support services:** For families impacted by AOD use.
- **Legal services:** For AOD-related legal issues.
- **Community support groups:** AA (Alcoholics Anonymous), NA (Narcotics Anonymous), Smart Recovery.

i) Trauma

- **Trauma-specialist Psychologists/Counsellors:** Therapists trained in evidence-based trauma therapies such as Eye Movement Desensitisation and Reprocessing (EMDR), CBT for trauma, Schema therapy, Somatic experiencing.
- **Mental health Services:** For diagnosis and treatment of trauma-related mental health conditions. For example, Post Traumatic Stress Disorder (PTSD) and other complex trauma.
- **GPs:** For physical health impacts of trauma and medication management.
- **AOD services:** Given the high co-occurrence of trauma and substance use.
- **Domestic violence services:** Many individuals experiencing domestic violence also experience significant trauma.
- **Sexual assault support services:** Specialised support for survivors of sexual assault.
- **Child and Adolescent Mental Health Services (CAMHS):** For children and young people impacted by trauma.
- **Support groups:** For specific types of trauma such as survivors of childhood abuse.
- **Aboriginal Community Controlled Health Organisations (ACCHOs):** For culturally appropriate trauma support in recognising intergenerational trauma for Aboriginal and Torres Strait Islander communities.

School based result - 9 Marks

20. When preparing a client to transitioning from or exit a service, what does it mean to explain the "Why".



This means you have to explain that the transition or exit process is a standard part of how the organisation works and is often guided by funding agreements, service models, or legislative requirements. This helps the client understand it's not personal.

Assessor discretion is required for this question, as student answers will vary.

School based result - 2 Marks

21. When taking a client through their exit strategy, what method can you use to make sure a client does not forget any of the information?

Must ensure the transition/exit plan is documented in writing and provided to the client in an accessible format.

Provide clear contact information for who they can reach out to if they have questions or concerns during or after the transition.

Assessor discretion is required for this question, as student answers will vary.

School based result - 2 Marks

22. Provide an explanation of the difference between a 'disempowering' approach and an 'empowering' approach to supporting and motivating a client.

A disempowering approach does not teach the client how to advocate for themselves. They are not being set up to learn anything or realise the benefits in trying to do something themselves.

An empowering approach to client support aims to build their confidence, self-efficacy, and long-term capacity. The goal isn't just to do for them, but to teach them how to do it themselves.

Assessor discretion is required for this question, as student answers will vary.

School based result - 2 Marks

23. Identify two (2) different rights clients have that should be outlined for them as part of an exit meeting.

Benchmark answer must provide two examples, similar to any of the following:

- ***Right to information: Ensure they understand they have the right to ask questions at any stage and receive clear explanations.***
- ***Consent: Explain that their consent will be sought for any information sharing with other services.***
- ***Complaints process: Reiterate their right to make a complaint if they are unhappy with any aspect of the service or the transition/exit process.***
- ***Advocacy: Inform them of their right to have an advocate present during discussions if they wish.***

School based result - 2 Marks