Safety & Wellness Benchmarks Manual

for ORR’s Support for Trauma-Affected Refugees (STAR) Program[[1]](#footnote-2)

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The Safety & Wellness Benchmarks are a compilation of individual scales that measure observable change during the provision of case management for forcibly displaced populations in the United States.

## Key Concepts and Definitions

For the purposes of this tool, **case management** is defined as a method of providing services in which a professional case worker assesses the needs of a client and the client’s family, when appropriate, and arranges, coordinates, provides, monitors, evaluates and advocates for a package of services to meet the specific client’s complex needs. Case management addresses both the individual’s expressed needs as well as the state of the social system in which the case worker and client operate, therefore interventions occur at both the client and systems levels. This means working with clients on individual level change through accessing needed services and opportunities and working with and without clients on systems level change to improve access, remedy inequitable systems, and create stronger opportunities for clients and communities. Throughout the provision of case management, case workers and clients develop strong relationships that are predicated on mutual respect, equity in care and access, a commitment to do no harm, the right to self-determination, and a client-centered, strengths-based, and trauma-informed approach.

While STAR is not an intensive case management program, case managers play a pivotal role in coordinating and arranging care for STAR clients.

**Clinicians** are mental health professionals licensed within the state in which programs are administered.

## Creation of the Benchmarks

The Benchmarks are a tool to document progress towards client well-being and goals. They are also meant to be used as a tool to help caseworkers or other intake staff in the process of assessing for needs, identifying strengths and resources, setting goals, and providing resources and services.

## Frequency of Use

The Benchmarks are meant to be used at least quarterly:

* + - As a part of intake and assessment, and
		- At quarterly intervals from intake, and
		- At case closing.

## Categories of Support

The Benchmarks are a compilation of 15 categories of support. ORR reduced to **seven** categories relevant to the STAR program. These categories are meant to represent the main areas of case management work done in medium to long term programs focused on improving safety, health, and power. This means that the seven categories are not exhaustive and do not include all the potential areas in which clients may set goals or seek services. In the goal setting process, you may set a goal with the client to enroll in a mechanics certification course. This goal will not be reflected in a category specific to professional certifications or education; however, it is still an important component of the client’s case management services.

The Benchmarks are meant to support caseworkers in identifying needs and progress and are NOT intended to replace working collaboration with clients to identify their own service goals. Clients may score low on a category of support (i.e. score 1 or 2) and may choose NOT to include that category in their Wellness Plan goals. For example, a client may score 1 or 2 in Physical Health and choose NOT to identify improving physical health as a goal. This self-determination is an important component of the Wellness Plan process and caseworkers are responsible for respecting their clients’ rights to self-determination, especially as it pertains to goal setting.

In this manual, there are sections below each category of support that explain the purpose of measuring the category, define key terms, provide suggested assessment questions to help gather information pertaining to the category, and provide suggested responses for categories in which a response is necessary for scores of 1 or 2.

## Levels of Need

Each category of support should be scored based on the level of need. This scoring is defined as:

* + - Significant (1) meaning the client has immediate/imminent unmet needs in this category and/or may be in crisis in the category
		- Moderate (2) meaning the client has emerging needs in this category
		- Some (3) meaning the client can meet some of the needs in this category
		- Minimal (4) meaning the client can meet most or all of the needs in this category.

Each category has specific examples of the criteria for each level of need, meaning that a client in ‘significant needs’ for Community Safety will have different examples and indicators than that same client being in ‘significant needs’ for Mental Health.

All of the individual categories provide an option for **“not enough information at this time”** and a few of the categories have an option of a specified version of **“not applicable”.**

#### What happens if I don’t know enough information to fill out a section?

When working with clients, especially at the time of intake/enrollment, you may not have enough information to assess them in various areas in which case, categories may be scored as “not enough information at this time”. Once you have enough information, that score will change to an actual score during a follow-up assessment. However, intake workers must have enough information to score the Mental Health category in order to enroll the client in STAR.

For example, if a client enrolls in STAR with an urgent need pertaining to mental health care for a chronic mental health condition, you might focus on that health condition initially and not immediately assess for or discuss physical health. At the time of the initial benchmarks, you would then choose “not enough information” for Physical Health with the intent to discuss Physical Health needs and status with the client for future benchmarks.

#### What do I do if someone falls in between categories?

If you feel a client falls between levels of need, you have the option to choose a half increment. For example, if you’re not sure if a client has moderate needs (2) or some needs (3) in a particular area because they seem to span both levels, you can score them at 2.5.

#### What if I think a client is a 1 and they think they are a 3?

If you feel there is a discrepancy between the client’s perception of where they are and your assessment of where they are, default to the client’s perception. For example, if a client feels that they are unsafe in their community, but you feel that they are objectively safe in their community, score them according to the client’s perception of safety.

When assessing a client, it is imperative that you focus on ONE CATEGORY at a time. Although some categories may overlap and/or influence each other, you should look at the client through the lens of just the category they are currently evaluating. For example, if a client does not feel safe in a familial relationship, but they have many friends and social supports and are able to navigate their community safely and easily because they live in a supportive community, they will still score 1 in Relationship Safety but will score higher on Community Safety and Support System.

**For children ages 0-5**: ORR strongly recommends intake staff/case managers administer the Ages and Stages Questionnaire and reference the CDC Developmental Milestones to determine the client’s Safety & Wellness Benchmarks scores.

**For children ages 6-16**: ORR strongly recommends intake staff/case managers administer the Pediatric Symptom Checklist (PSC) to clients ages 6-10 and the Y-PSC11 to clients ages 11-16 (including self-report) to help determine the client’s Safety & Wellness Benchmarks scores.

According to the age-appropriate assessment listed above (Ages and Stages, PSC, or Y-PSC), select a score of “1 – Significant Needs” if the child reached 0-25% of their milestones, “2 – Moderate Needs” if the child reached 25-50%, “3 – Some Need” if the child reached 51-75%, or “4 – Minimal Needs” if the child reached 76-100%.

## Individual and Household Information

The Benchmarks are meant to represent the state of an individual at a moment in time.

In cases in which the individual being served is a caregiver or there are minors in the individual’s home, the relationship safety and mental health of the minors should be considered in the corresponding categories. The assessment may not include the minor in these cases, but you will always want to act on the information received via the caregiver(s). An individual’s household wellness naturally impacts the client’s wellness. However, score based on the *individual’s* level of need.

## Using the Data

On a regular basis, it is important to review and discuss the data collected with your team. The guiding questions below can help you analyze the data:

* + - What is the quality of the data?
			* Is it complete and accurate? If not, what can be done to improve the data quality?
		- What stories does the data tell us?
		- What trends are we seeing?
			* Are trends different by demographic?
		- Are there any changes in results over time? If so, why?
		- Are we achieving the results we hoped to achieve, equally for different populations, regardless of gender, age, and race? If not, why not?
		- What successes do we see?
			* Where is there room for improvement?
		- What action do we need to take to improve results?

# Mental Health

This category measures the client’s emotional wellbeing, ability to cope with stressors, and substance use. In cases where there are children, it also measures the caregivers’ ability to support the child’s emotional wellbeing.

## Key Definitions

#### Mental health or substance use issues

Any distress experienced by an individual due to diagnosed or undiagnosed mental health needs including extreme stress and harmful use of substances to cope

#### Actively taking steps to promote mental health and wellness

The actions an individual takes individually or with others to positively influence their current and future mental health and wellness. This could include practicing self-care, regularly exercising, engaging in ongoing therapy, or regularly seeking out support systems

#### Appropriate to age and development

The act of tailoring expectations, materials, and processes to the age and developmental stage of the individual

#### Developmental milestones

Acquired functions or skills that children predictably develop as they age. For more age-specific milestones, access the CDC’s Developmental Milestones

#### Medical/genetic regression

When a child loses an acquired function or fails to progress beyond a prolonged plateau after a period of relatively normal development; in this case, referring to regression caused by a medical or genetic condition or disease

#### Minor

Anyone under the age of 18 and therefore legally defined as minors

#### Negative consequences

Negative consequences can include personal harm or harm to others (physical or emotional), damage to property, and interaction with authorities due to substance use

#### Youth

Applies to young adults and teenagers (generally aged 16 to 24), depending on developmental status and maturity

## Suggested Assessment Questions

* How do you feel about your life most days?
	+ Is there anything that causes you stress or unhappiness?
* Do you feel that you are able to manage the things in life that cause you stress?
* Can you tell me about how you spend your time?
	+ What things do you like to do?
	+ How do you manage stressors in your life?
* Are you concerned about any of your children’s development or behavior?

*\*Where resources exist, you can use the RHS-15 as an assessment tool to help measure mental health\**

**Mental Health, cont’d.**

## Suggested Response Actions

#### Significant Needs (1) & Moderate Needs (2)

* + Connect client to crisis response services, if necessary; create a coping safety plan, as appropriate; work to develop a plan for sustainability; follow the [Suicide Prevention Guidance](https://rescue.box.com/s/5w5uvmn02ij7ptgctclbbvg8zoumxzyj) for clients presenting with suicidal ideation

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Category** | **Not enough information** | **Significant Needs (1)** | **1.5** | **Moderate Needs (2)** | **2.5** | **Some Need (3)** | **3.5** | **Minimal Needs (4)** |
| **Mental Health** | Not enough information | **Youth & Adult** Mental health or substance use issues are interfering with ability to manage day to day functioning, personal safety or safety of others around them; danger to self or others |  | **Youth & Adults** Mental health or substance use issues make it more difficult to function but still able to meet activities ofdaily living with support; currently in SUDs treatment or recently sober |  | **Youth & Adults** Able to effectively manage mentalhealth symptoms and stressors so that there is little impact on daily life **AND** no or rare misuse of substances but does not result in negative consequences |  | **Youth & Adults**Able to effectively manage mental health symptoms and stressors so that there is little to no impact on daily life **AND** actively taking steps to promote mental health and wellness **AND** no substance misuse |
| Not enough information/ No minors in the home | **Minor**Non-medical/genetic regression in behavior and/or in reaching developmental milestones; unableto recover from emotional upset appropriate to age and development |  | **Minor**Non-medical/genetic delays in reaching developmental milestones but no regression; difficulty recovering from emotional upset appropriate to age and development |  | **Minor** Reaching most developmentalmilestones; can identify strategies to manage emotional upset appropriate to age and development |  | **Minor** Reaching developmental milestones; successfullyutilizing strategies to manage emotional upset appropriate to age and development |

# Physical Health

This category measures the client’s need for physical and/or dental care, access to healthcare and health insurance.

## Key Definitions

#### Healthcare supports or services

Inclusive of screening, diagnoses, treatment, therapies, medications and healthcare supplies and the means to pay for those services.

#### Barriers

Any condition, resource, or lack of resource that can negatively impact a person’s ability to access medical care. This can include things like medical/dental coverage, interpretation, unable or unwilling to manage a chronic condition, and inability to access transportation. This can also include beliefs that are barriers to care such as religious beliefs, misunderstanding or mistrust of medical systems, or a lack of confidence or understanding of treatment options and prognosis (i.e. success rates of early detected treatable cancers, such as breast cancer).

## Suggested Assessment Questions

* Do you (or does anyone in your family) have immediate physical or dental health problems or concerns?
* What do you do if you (or someone in your family) is in need of medical or dental care?
	+ Are you able to access medical or dental care when you need it?
* Do you (does your family) have health insurance?
* Do you (does anyone in your care) have any medical conditions that you need to take regular medication or need regular services to address?
	+ If so, do you have reliable access to the medication/services you need?

## Suggested Response Actions

#### Significant Needs (1)

* Connect client to immediate medical or dental care; create a plan for sustained medical/dental care

#### Moderate Needs (2)

* Work to develop a plan with client for sustainability of medical/dental care

**Physical Health, cont’d.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Category** | **Not enough information** | **Significant Needs (1)** | **1.5** | **Moderate Needs (2)** | **2.5** | **Some Need (3)** | **3.5** | **Minimal Needs (4)** |
| **Physical Health** | Not enough information | Unable to access any needed healthcare supports or services |  | Able to access some healthcare supports or services but it is insufficient |  | Able to access needed healthcare supports or services **but unable to do so independently** |  | Able to access needed healthcare supports or services **and can do so independently;** |

# Support System

This category measures an individual’s sense of connectedness to others in their life, including formal and informal supports such as family, friends, community members, and social organizations such as religious institutions and other community groups.

## Key Definitions

#### Community networks

Consists of a wide range of community-level groups, organizations and collectives that can provide support. This can include affinity groups (LGBTQ, race, ethnic, gender groups), religious groups, community collectives, etc.

#### Reliable

Able to use and access when wanted/needed.

## Suggested Assessment Questions

* Can you tell me about the people in your life that you can talk to?
	+ Are you able to reach out to them whenever you need support?
* Do you belong to any community groups or organizations?
* Can you tell me about your faith and the role it plays in your life?

## Suggested Response Actions

#### Significant Needs (1)

* + if the client is being actively ostracized by the community, assess their perception of safety and develop a safety plan; work with the client to identify supportive individuals and develop a plan for continued engagement

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Category** | **Not enough information** | **Significant Needs (1)** | **1.5** | **Moderate Needs (2)** | **2.5** | **Some Need (3)** | **3.5** | **Minimal Needs (4)** |
| **Support** | Not enough | Individuals and/or |  | Unable to identify |  | Can identify individuals |  | Can identify |
| **System** | information | community networks/ | anyone who can | and community | individuals and |
|  |  | systems actively | provide them practical | networks/ systems | community networks/ |
|  |  | causing harm or | or emotional support | who can provide | systems who can |
|  |  | distress |  | them practical or | provide them |
|  |  |  |  | emotional support but | consistent and reliable |
|  |  |  |  | they are unreliable or | practical or emotional |
|  |  |  |  | unavailable | support |

**Support System, cont’d.**

# Relationship Safety

This category measures the client’s experience of safety and well-being within relationships. This measures both adults and minors in the home, regardless of whether the minors are enrolled in services. This category includes abuse by an intimate partner, child abuse and neglect, and abuse perpetrated by family members or individuals with access to the client and their family.

## Key Definitions

#### Caregiving skills

Inclusive of age and developmentally appropriate discipline, interaction, communication, nurturing behavior, and skills to promote positive attachment, etc.

#### Communication patterns and behaviors

Ways in which individuals interact and communicate with each other that are often repeated, cyclical, or predictable. These can be both positive and negative.

#### Minor

Anyone under the age of 18 and therefore protected under child abuse and neglect laws

#### Safety resources

Any resources, services or skills that promote, encourage or ensure safety. These often include informal community safety services such as safe individuals and community safety networks and formal services such as domestic violence service providers, child welfare agencies, police, and emergency medical personnel

#### Safety plan

Personalized, practical plan to help avoid dangerous situations and to know the best way to react when in danger

#### Unsafe

There is imminent risk of severe physical or psychological harm caused by abuse, neglect (in the case of an adult in need of care or a minor), or exploitation

#### Youth

Applies to young adults and teenagers (generally aged 16 to 24), depending on developmental status and maturity

## Suggested Assessment Questions

* Tell me about your relationship with your family members (partner, children, parents, etc.).
	+ Do you ever feel unsafe or unhappy in those relationships?
* Do you feel unsafe in your home?
	+ How often do you feel unsafe in your home?
* Are you or is someone in your home currently experiencing distress?

*\*Where resources exist, you can use the RHS-15 as an assessment tool to help measure mental health for clients age 14+.\**

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**Relationship Safety, cont’d.**

## Suggested Response Actions

#### Significant Needs (1) & Moderate Needs (2)

* + Create a safety plan with the client, including their safe individuals, as appropriate; discuss and connect to formal and informal safety resources, as appropriate. If a child is at risk of imminent harm, follow emergency protocol.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Category** | **Not enough information** | **Significant Needs (1)** | **1.5** | **Moderate Needs (2)** | **2.5** | **Some Need (3)** | **3.5** | **Minimal Needs (4)** |
| **Relationship Safety** | Not enough information | **Youth & Adult** Household and/or relationship is unsafe **AND** client doesnot have current connection to safety resources and/or a safety plan in place; there are significant barriers to client seeking safety |  | **Youth & Adults** Household and/or relationship is unsafe **AND** client has current connection to safety resources and/or a safety plan; there are no significant known barriers to seeking safety |  | **Youth & Adults** Household and/ or relationship issafe; there are some unhealthy patterns of conflict management, communication and/or behaviors |  | **Youth & Adults** Household and/ or relationship issafe; communication patterns and behaviors are healthy and supportive |
| Not enough information/ No minors in the home | **Minor**Current known child abuse, neglect, exploitation or abandonment; minor is exposed toviolence; caregiver(s) is unable to support child emotionally |  | **Minor**Suspected child abuse, neglect, exploitationor abandonment; caregiver(s) unable to consistently use caregiving skills |  | **Minor**No known or suspected violence or abuse in the home; caregiver(s) occasionally struggle to use caregiving skills;caregiver(s) express difficulty with minor |  | **Minor**No known or suspected violence or abuse in the home; caregiver(s) consistently provides healthy/nurturing caregiving |

# Community Safety

This category measures the client’s perceived and actual safety in their community. It includes having knowledge of and willingness to access community safety resources and knowledge of how to navigate and maintain safety in the

community. It is important to note that levels 2 and 3 include a willingness to access community safety resources which is directly related to the individual’s perception of those resources as safe, accessible, and capable of helping. This category includes exploitation and trafficking in community settings as well as feelings of belonging and oppression such as racism, sexism, classism, and xenophobia.

## Key Definitions

#### Community safety resources

Any resources, services or skills within a community that promote, encourage or ensure safety. These often include informal community safety services such as community watch associations and community safety networks and formal emergency response services such as police, firefighters, and emergency medical personnel.

#### Unsafe

Any resources, services or skills within a community that promote, encourage or ensure safety. These often include informal community safety services such as community watch associations and community safety networks and formal emergency response services such as police, firefighters, and emergency medical personnel.

## Suggested Assessment Questions

* Are there places in your community where you feel uncomfortable or unsafe?
	+ Are there places here where you feel comfortable and safe?
* Do you feel safe walking around your community, meaning the area where you live?
	+ Do you feel safe doing things like going to the grocery store?
* If you are feeling unsafe in your community, what do you do?
	+ Are you able to call anyone?
	+ Would you feel comfortable calling emergency response services like the police, firefighters, or emergency medical personnel?

## Suggested Response Actions

#### Significant Needs (1) and Moderate Needs (2)

* Create a community safety plan with the client; discuss and connect to formal and informal community safety resources

# Community Safety

**Community Safety, cont’d**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Category** | **Not enough information** | **Significant Needs (1)** | **1.5** | **Moderate Needs (2)** | **2.5** | **Some Need (3)** | **3.5** | **Minimal Needs (4)** |
| **Community** | Not enough | Feels unsafe/in |  | Feels unsafe/in danger |  | Feels safe in the |  | Feels safe in |
| **Safety** | information | danger of being | of being harmed in the | community most of | community; knows |
|  |  | harmed in the | community some of | the time; knows about | about community |
|  |  | community most | the time; knows about | community safety | safety resources |
|  |  | of the time; active | community safety | resources and is able | and feels confident |
|  |  | ostracization; no | resources but is unable | and willing to access | in accessing them; |
|  |  | knowledge of | or unwilling to access | them; knows how to | feels confident about |
|  |  | available community | them; knows how to | maintain safety in the | navigating and |
|  |  | safety resources; no | maintain safety in | community and does | maintaining safety in |
|  |  | knowledge of how to | the community but is | so most of the time | the community |
|  |  | maintain safety in the | unable or unwilling to |  |  |
|  |  | community | do so |  |  |

# Rights & Resources

This category measures the client’s ability to access the benefits, information, and rights they are entitled to. It also measures the client’s ability to access and control what is done with their resources.

## Key Definitions

#### Rights

This category measures the client’s ability to access the benefits, information, and rights they are entitled to. It also measures the client’s ability to access and control what is done with their resources.

## Suggested Assessment Questions

* Do you have all of your identification documents?
	+ If not, who has them? Are you able to get them when you need them?
* If you need to access money or resources, are you able to do that on your own?
* How do you manage your finances?
	+ Who is responsible for paying bills?

*\*Where resources exist, you can use the RHS-15 as an assessment tool to help measure mental health\**

## Suggested Response Actions

#### Significant Needs (1)

* Provide client with information about their rights and options for remedy; work to develop a plan for sustainability

**Rights & Resources, cont’d.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Category** | **Not enough information** | **Significant Needs (1)** | **1.5** | **Moderate Needs (2)** | **2.5** | **Some Need (3)** | **3.5** | **Minimal Needs (4)** |
| **Rights and** | Not enough | Rights are being |  | Rights are being |  | No known rights |  | No known rights |
| **Resources** | information | actively violated | actively violated | violations **AND** | violations **AND** client |
|  |  | including being | including being denied | client has limited | knows their rights, |
|  |  | denied access to | access to personal | understanding of their | how to claim, secure |
|  |  | personal resources/ | resources/documents | rights | and exercise them |
|  |  | documents | **AND** client is |  |  |
|  |  |  | connected to remedies |  |  |

**Rights & Resources, cont’d**

# Self-Efficacy & Advocacy

After completing all of the other benchmarks, the case manager is meant to reflect on the client’s general sense of self- efficacy and ability to advocate for themselves across all the categories. Because this is a category for reflection, there do not need to be any specific assessment questions, though some suggestions are included if the case manager has a

difficult time discerning the client’s sense of self-efficacy and advocacy. This is a category in which immediate action **does NOT** need to be taken if a client scores as Significant Needs (1) or Moderate Needs (2).

## Key Definitions

#### Challenges

A task or situation that tests someone’s abilities

#### Personal rights

The rights an individual has to personal security, liberty, and private property – they include Constitutional rights such as the right to assemble in public places, express one’s views, and determine religious beliefs.

## Suggested Assessment Questions

* Can you tell me about what you do when you’re faced with a challenging situation?
* When things don’t go the way you had hoped or planned, how do you respond?

**Self-Efficacy & Advocacy, cont’d.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Category** | **Not enough information** | **Significant Needs (1)** | **1.5** | **Moderate Needs (2)** | **2.5** | **Some Need (3)** | **3.5** | **Minimal Needs (4)** |
| **Self-Efficacy** | Not enough | Unable to try |  | Tries to overcome |  | Consistently tries to |  | Able to overcome |
| **& Advocacy** | information | to overcome | challenges but | overcome challenges; | most challenges; |
|  |  | challenges; | inconsistently or | occasionally needs | able to independently |
|  |  | needs support | ineffectively; needs | assistance advocating | advocate for needs to |
|  |  | and assistance | assistance advocating | for needs to be met; | be met; knowledge of |
|  |  | in advocating for | for many needs to be | knowledge of personal | personal rights |
|  |  | needs to be met in | met; resources; limited | rights |  |
|  |  | most areas of life; | knowledge of personal |  |  |
|  |  | no knowledge of | rights |  |  |
|  |  | personal rights |  |  |  |

1. Adapted from the [original Safety & Wellness Benchmarks](https://carreirc.org/resource/how-the-safety-wellness-benchmarks-help-providers-understand-needs-and-measure-change/) with permission from the International Rescue Committee (IRC). [↑](#footnote-ref-2)