E.03 Meeting Individual Needs

1.0 INTRODUCTION/BACKGROUND

Mercy Services acknowledges that client's needs are best met when services are tailored to their particular requirements and preferences.

Mercy Services' staff will recognise that both the planning and implementation of services need to maximise client choices as a way of empowering clients. In keeping with contemporary thinking regarding aged care and disability services these choices will include: the client's choice of participants in planning and delivery (e.g. family, friends, other providers), social participation, cultural inclusion and appropriate settings/modes of delivery.

Mercy Services provides a broad range of responses from low to complex/multiple needs. Some clients display cognitive difficulties, challenging behaviours and other difficulties. To ensure clients receive the required and long term support Mercy collaborates with other service providers in areas such as housing, indigenous, Cultural and Linguistic Diversity, health, spirituality, social, mental health, alcohol and other drug treatments, education, disability, forensic, psychosocial, community care and people exiting the Criminal Justice System.

Disability Support

Mercy Services acknowledges the societal factors that have for too long marginalised and disempowered people with a disability. Mercy Services fully supports the Australian Governments 2008 ratification of the United Nations Convention on the Rights of Persons with Disabilities. This Convention provides a clear framework for people with a disability to have choice and control in their life and participate to their fullest potential in the community. The National Disability Insurance Scheme also provides a substantial element of the means for this framework to be implemented.

Dual Diagnosis

Dual Diagnosis *(mental health disorder and a substance abuse disorder)* are highly prevalent and have a long and complex history. Service provision has characteristically evolved separately i.e. segregation of both Alcohol and Other Drug services and Mental Health Services. This convoluted process has stopped or delayed people from receiving an appropriate service. Best practice states that both access to and delivery of services needs to be flexible when related to people with dual diagnosis.

2.0 SCOPE

The purpose of this policy is to ensure that every person:

2.1. accepted as a client of Mercy Services is provided with individualised care and services which are planned, developed and delivered based on the best available evidence, in consultation with the client/carer and in the most effective way. This policy applies to all Mercy Services staff.

2.2 approaching Mercy Services Alcohol and Other Drug (AOD) services who is experiencing dual mental health and AOD issues has the opportunity to

access appropriate services via a formalised and systematic process. This policy applies to all Mercy Services AOD staff.

2.3 This policy applies to service users exiting the criminal justice system who receive service provision.

3.0 POLICY STATEMENT

Mercy Services is committed to providing effective, tailored services to all clients, including those with dual diagnosis and complex needs.

Mercy Services aims to support each client exercise choice and control over the design and delivery of their support and services.

Mercy Services strives to maintain balance in the relationship between ensuring the safety of clients and person centred support which affords people risk enablement.

4.0 PROCEDURES

4.01 Client Assessment

Mercy Services assessment focuses on client needs rather than on what services are available (see: E.02 Service Access and Equity Policy).

4.02 Features of Mercy Services Care and Support

Care and support are:

(1) focused on early intervention and prevention strategies to all clients (including those assessed with complex needs);
(2) based on the individual client's physical/psychological/spiritual/social needs, strengths and aspirations;
(3) documented in a Care Plan developed for and with the individual client;
(4) provided in the most appropriate setting (this may mean the client is referred to a more suitable provider or a subcontractor engaged);
(5) provided by the same worker or as few workers as possible and appropriate;
(6) planned, developed and delivered based on the best available evidence and in the most effective way;
(7) provided to Mercy Services clients by appropriately trained, qualified, supervised staff and/or volunteers;
(8) monitored to ascertain achievement of specific outcomes; and
(9) coordinated, if required, with other individuals and organisations involved in funding, providing, monitoring and reviewing services to Mercy Services clients.

4.03 Clients of more than one Mercy Services program

Where more than one Mercy Services program assists the same client a Coordinator is designated to the client. Where applicable the client's Coordinator will be named in Carelink+ software.

The Coordinator will:

- Ensure the core client information is accurate at annual review;
- Liaise with doctor, family and other external partners regarding any Mercy Services issue/concerns;
- Pass on applicable information from the client, family and other services to relevant Mercy Services staff; and
- Represent Mercy Services at any case conference called by the GP or other case manager that covers issues relevant to all services.

4.04 Client Care Plans

Mercy Services Coordinators are responsible for ensuring that a Care Plan is developed for their clients.

The Care Plan is developed from consultation with the client and/or their guardian, if applicable. The Care Plan is based on a thorough assessment of the client's needs and aspirations.

The Care Plan will: address safety risks, list service/s to be provided, the frequency of service provision, if possible the name of the staff/volunteer providing the service, and any special requirements. If services are to be provided on a temporary basis then this should be clearly stated and included in the Care Plan. The Care Plan may also identify other agencies where they have a role in the Mercy Services Care Plan.

Each individual Mercy Services program will develop a Care Plan format that suits the service they provide (see: ..\..\..\Shared\Forms & Letterhead\Care Plans).
In developing the Care Plan, Mercy Services Coordinators will ensure that:

1) clients are involved in decision making about the plan design, review and implementation;
2) individual needs, strengths and preferences are taken into account. These may include:
    (a) physical;
    (b) emotional;
    (c) linguistic and communication;
    (d) cultural and religious; and
    (e) socio-economic needs.
3) the client is aware of and able to choose from the range of relevant service options and/or service providers available in the community;
4) the client is supported in assessing the benefits and risks of each of their service options and in the choice to trial approaches.

Through Coordinator and client (and where relevant there support network) sharing their different perspectives the Coordinator aims to come to a consensus view with the client regarding their situation, goals and how Mercy Services will assist. To remind clients that the Care Plan must reflect their views, all Care Plans will include the statement: *Mercy Services aims to provide consumers/clients with their choice of goal and their choice of services to meet this goal. If this Care Plan does not reflect your choices we encourage you to contact our office and someone other than your Coordinator will contact you to discuss improving this Care Plan*.

If services are required every day, arrangements for public holidays and weekends should be written into the Care Plan. The Coordinator will also ensure that the client

is aware of how they can receive help in an emergency or when the Mercy Services office is closed.

The client, or if applicable their guardian, should agree to the Care Plan by signing it.

Coordinators will ensure that the services described in the Care Plan are measurable (clear: result/outcome, time frame, responsible person). The Care Plan review will include a client assessment of the Care Plan's success. For example a scale such as:

How satisfied are you with progress on your goals?

Very dissatisfied	Dissatisfied	Neither	Satisfied	Very Satisfied
0%	25%	50%	75%	100%

Mercy Services staff/volunteers will find the information they need to provide a service in that client's Care Plan.

Mercy Services staff/volunteers will report to the Coordinator on progress and issues arising during the implementation of the Care Plan.

4.05 Care and Support for Clients with Special Needs

4.05.a. Clients Who Cannot Read or Write

In cases where a client cannot read or write, staff will ensure that the information in the Client's Handbook, and information regarding the assessment, review, Care Plan and services are clearly explained to the client.

4.05.b. Clients with Dementia and other Special Needs Groups

Staff will receive training in how to work with people with dementia or specific disabilities and every effort made to ensure that services are delivered in an appropriate and sensitive way. For people with severe dementia or severe intellectual, psychiatric or brain injury disabilities, the focus will be more on ensuring that the carers or advocates are fully aware of the contents of the Client's Handbook and that they are aware of the information regarding assessment, review, Care Plans and services. However, to whatever extent possible the client will be given the same information and their questions answered.

4.05.c Clients with Dual Diagnoses

Mercy Services will ensure access to its Alcohol and Other Drug services involves a "No Wrong Door" policy. This is an approach where a person whether they meet the criteria of the program or not, is linked with an appropriate service. Once a person with a dual diagnosis is a client of Mercy Services the service delivered to them will allow for concurrent and appropriate assistance with both their mental health and substance abuse disorders (see: 4.08 below).

4.05.d Clients with a terminal illness

While Mercy Services does not provide palliative care some Mercy Services assistance may be provided to people who have a terminal illness. For end of life care Mercy Services will consult with the client, her/his medical team and family to ensure appropriate pain management and palliative care referrals are made. Individual Care Plans are regularly revised and updated to ensure the dignity and comfort of declining clients and a clear description of the Mercy Services role.

Mercy Services will maintain a Safe Work Practice that incorporates legal and best practice requirements for situations where Mercy Services personnel are the first to find a client deceased.

4.05.e Clients wanting to take high level risks

Before positive risk taking a client should identify the risks involved and how they want to manage these. The Coordinator will encourage the client (and where relevant the client's support network) to think about "what ifs" and contingencies. The Coordinator may set specific boundaries regarding what Mercy Services is prepared to do and what we could be expected to be responsible for. The Coordinator will offer to assist the client write a risk management plan that identifies and addresses significant fears, concerns for failure, harmful outcomes and what steps will be taken when different signs/feeling/outcomes are evident.

If a person or their carer decides to continue a behaviour that the Coordinator believes is reckless the Coordinator will express their concerns in writing to the client. The client will be asked to sign the document if they still want to pursue the behaviour (a copy will be left with the client).

The Coordinator will seek a Guardianship hearing where s/he has concerns about the client's capacity to make an informed decision.

4.06 Changes to Mercy Services Care and Support

As individual needs change, Mercy Services will change the nature of service provided, arrange referral or exit from Mercy Services, according to the need and consent of the client. Such changes result in a client review.

Relief staff will ensure they identify the correct person as the client and that they ensure that any service/intervention is provided in the correct manner.

4.07 Client Review

A client's Care Plan is reviewed when:

1. The client/carer requests a review;
2. The client's needs or aspirations change;
3. The current Care Plan has proven to be inappropriate; or
4. Required by Mercy Services guidelines (maximum of 8 weeks for McAuley Outreach Service or maximum of every12 months for other programs).

The client's Coordinator will advise the client and relevant stakeholders of a scheduled client review meeting.

The client review involves:

a) The Coordinator checking and correcting the accuracy of client/carer data and risk assessments;
b) Evaluating the previous Care Plan;
c) Developing a new Care Plan that meets the client's approval (as per 4.05 above); and
d) Setting a review date no longer than 12 months in the future.

The fact that a review has taken place must be recorded in the client record in a way that is easy to find *(e.g. emphasised with a highlighter pen or using the Reminder in Carelink+)*.

4.08 Individual needs relating to those with a coexisting Mental Health and Alcohol and Other Drug services diagnosis

4.08a. Access (dual diagnosis)

The existence of a mental health disorder does not influence access to Mercy Services AOD services

The McAuley Outreach Service (MOS) screen for and document the occurrence of mental health or dual diagnosis during intake. Other Mercy Services AOD services screen for dual diagnosis during their assessment procedure.

4.08.b Intake procedure (dual diagnosis)

1. At referral (telephone intake) an intake form will be completed including information from the client about their current diagnosis and treatment including details about their treating professional and prescribed medication.

2. If the person does not meet the criteria for MOS the intake worker will:
   - Complete the AOD, mental health and any other relevant sections of the intake form;
   - Use the intake form to identify the most appropriate service provider; and
   - Provide the prospective client with the name of the agency/s, the contact number, address and a brief synopsis of their core business.

4.08.c Assessment procedure (dual diagnosis)

1. The usual MOS assessment procedures (assessment forms 1 & 2) will be completed:
   - If a client identifies that he/she has current or recent (previous twelve months) contact with mental health provider(s), the client

will be asked to provide written permission for MOS to contact their mental health provider(s) or other treating professionals for the purpose of consultation.

- Once written permission is given the worker will contact the mental health service and advise our involvement with the client.
- In other cases where permission is obtained (i.e. client has not had contact with mental health providers in the past twelve months) contact the mental health professionals for consultative or advisory purposes as required.
- Information will be recorded on the usual assessment forms and/or client file notes.
- Screening will be completed using clinically appropriate tools.

If any client declines screening or permission to contact a mental health provider and the MOS worker has reason for concern, the provision of service will be reviewed with the MOS Coordinator.

2. The initial eligibility interview for McAuley Community Housing and Brighton House includes questions about the applicant's history of mental health disorders. The low level of support to residents means they must have a stable mental health condition. If the applicant's mental health condition is not stable they will be offered assistance in finding other suitable accommodation or mental health support.

4.08.d Service delivery (dual diagnosis)

Ways in which services need to be provided differently when a person has a dual diagnosis:

- Care-plans reflect mental health goals and objectives; and
- The program will contact and liaise with mental health services as needed and work collaboratively with such services to maximise client outcomes.

In the event of a psychiatric emergency: Contact the Hunter New England Health 24-hour emergency mental health phone line - 1800 655 085 or if necessary phone emergency services (000).

4.08.e Training (dual diagnosis)

All AOD service staff will be provided with opportunities to receive training and develop their skills in assisting people with a dual diagnosis.

Standard training for Mercy Services AOD staff will include suicide prevention.

4.08.f Review and evaluation (dual diagnosis)

Mental health is addressed in case reviews as a matter of good practice. Dual diagnosis data will be collected and reported as appropriate.

4.09 Compliance

Compliance with this policy is being measured by:

a) Manager is to check adequacy of client files in file audit record.

4.10 Evaluation

The performance indicators for the evaluation of this policy are:

a) 90% average satisfaction from clients in the biennial Client Satisfaction Survey.

5.0 REFERENCES

1. Australian Standards	a) AS/NZS 4801: Occupational health and safety management systems — Specification with guidance for use. b) AS/NZS 4360:2004 — Risk Management
2. Legislation	a) NSW Disability Services Act 1993 b) Disability Discrimination Act 1992 (Cwth) c) Sex Discrimination Act 1984 (Cwth) d) Ombudsman Act 1974 e) Racial Discrimination Act 1975 f) NSW Anti-Discrimination Act 1977
3. Professional guidelines	a) nil
4. Codes of Practice	a) nil
5. Codes of Ethics	a) Australian Association of Social Workers Code of Ethics http://www.aasw.asn.au/document/item/1201 b) Australian Psychological Association Code of Ethics http://www.psychology.org.au/Assets/Files/Code_Ethics_2007.pdf c) The Nursing and Midwifery Board of Australia. Registration Requirements http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx d) Integrity in the Service of the Church https://www.catholic.org.au/media-centre/media-releases/cat_view/10-organisations/38-national-committee-for-professional-standards e) Mercy Services Code of Conduct
6. Evidence	a) ADHC "Standards in Action" (2012) b) Home Care Packages Guidelines (2013) c) Commonwealth HACC Guidelines (2012-15) d) Community Services (2009) Brighter Futures: Service Provision Guidelines Updated Sixth Edition ACT Health (2008) ACT Mental Health Strategy & Action Plan 2003 – 2008 http://health.act.gov.au/c/health?a=dlpol&policy=1150867039 e) Australian Drug Foundation Best Practice Drug Policy http://www.adf.org.au/browse.asp?ContainerID=best_practice_drug_policy f) Queensland Health (2008) Queensland Health Policy, Service delivery for people with dual diagnosis (co-occurring mental health and alcohol and other drug problems). http://www.health.qld.gov.au/atods/documents/dual_diagnosis.pdf g) Victorian Dual Diagnosis Initiative, http://www.dualdiagnosis.org.au
7. Mercy Services Values	a) Justice, Respect, Care, Unity, Service

6.0 OTHER RELATED POLICIES AND PROCEDURES

- A.01 Mission and Philosophy
- A.03 Code of Conduct (staff and volunteers)
- A.05 Reconciliation
- C.04 Program Performance & Monitoring
- C.05 Quality Improvement
- E.01 Service Guarantee
- E.02 Service Access and Equity
- E.04 Client Fees
- E.05 Client Participation, Decision Making & Advocacy
- E.06 Involvement of Families and Friends
- E.08 Complaints
- E.09 Client Records
- E.10 Nursing Care
- E.11 Coordination with other services
- E.12 Client exit from Programs
- E.13 Cultural Awareness
- E.14 Duty of Care
- E.15 Privacy Policy
- E.16 Protection of vulnerable adults from abuse and neglect
- E.17 Protection of children from abuse and neglect
- G.06 Safe Home Visiting Policy & Procedure

7.0 RELATIONSHIP WITH STANDARDS

Aged Care Accreditation Standards	***Home Care Standards***	***Disability Standards***	***EQuIP Standards***
1.1, 1.25, 1.8, 2.1-2.17, 3.1-3.10, 4.1-4.8	*1.4, 1.5, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 3.3, 3.4, 3.5*	*1.1, 1.2, 1.3, 1.4, 1.5, 1.8, 1.9, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 3.1, 3.2, 3.3, 3.4, 3.5, 4.1, 4.4, 5.2, 5.7, 6.1, 6.2, 6.4, 6.7*	*1.1.2, 1.1.3, 1.1.7, 1.6.1, 1.6.2, 1.6.3*

8.0 DOCUMENT CHANGES RECORD

Dates of change	***Section altered***	***Natures of changes made***
01/07/2003	Dual Diagnosis Policy	Policies created to address individuals with dual diagnosis for McAuley Outreach Service
01/01/2005	Section 5 Service Delivery Section 6 Client Rights	Policies created to address individual needs
03/11/2009	All	Major re-write
02/12/2009	4.4 Care Plans	Add requirement that Care Plan also indentify controls for significant risks
31/05/2010	4.6.d Clients with a terminal illness	Section added
22/03/2011	a) 4.2 b) 4.4 c) 7.0 Standards	a) State how holistic needs/aspirations are addressed b) Include role of guardian and clarify that other agencies may be listed in the Care Plan if they have an involvement in Mercy Services Care Plan.

		c) Replace HACC and CACP Standards with Common Community Care Standards
26/11/2012	All sections	Organisation name updated
28/04/2014	a) 4.3 Clients of more than one Mercy Services program b) 4.4 Client Care Plan c) 4.6 Changes to Mercy Services Care and Support d) 4.09 Compliance and 4.10 Evaluation e) 7.0 Relationship to Standards	a) Rewrite b) Wording of review scale changed c) Include instructions for relief staff d) New sections e) Replace CCC Standards with Home Care Standards. Also add Aged Care Standards
07/07/2014	a) 1.0 Introduction b) 3.0 Policy Statement c) 4.02 Features of Mercy Services Care and Support d) 4.04 Care Plans e) 4.05.e Clients wanting to take higher level risks	a) New second paragraph about client choice. New section on Disability Services. b) New paragraphs on client choice and control and risk enablement. c) Reworded to make more focused on the individual strengths and unique situation d) Add strengths and requirement that all Care Plans include a statement that client can request a Management review if they feel their preferences were not insufficiently respected. Include supporting client assess service options. e) New section
Review due 07/07/2017		