

## E.05 Client Participation, Decision-Making & Advocacy

### 1.0 INTRODUCTION/BACKGROUND

Actively including clients in decision making processes has been shown to be a reliable way of ensuring services are developed and provided according to client need rather than on assumption, convenience and what is currently available.

Some people with disabilities, people from culturally/linguistically diverse backgrounds and people from cultural minorities may need assistance to understand issues fully and to voice individual needs, aspirations and concerns. Health, disability and welfare services have long appreciated the role of a client's chosen advocate to provide such assistance with decision making.

### 2.0 SCOPE

The scope of this policy covers all Mercy Services staff/volunteers to assist them facilitate effective and meaningful client participation in decision making. Client participation in organisational consultation and decision making is not addressed in this policy (see: C.07 Client/Carer/Community Involvement in Service/Organisational Planning/Delivery/Evaluation).

### 3.0 POLICY STATEMENT

Mercy Services will provide clients with opportunities to participate in decisions that affect their service from Mercy Services.

Mercy Services staff must always seek and respect the wishes of the client/their Carer in relation to the nature of services/activities provided by Mercy services to the client. (see Appendix one)

Mercy Services will support clients to use whichever advocacy strategy they want to inform their decision making and to voice their views, needs, aspirations and concerns:

1. Self Advocacy: an individual or group pursues needs or interests by speaking or acting on their own behalf;
2. Individual Advocacy: through a relationship of mutual respect between a client and an advocate, the advocate acts as though the client's interests are their own;
3. Systemic Advocacy: acts to change systemic problems with structures, policies and procedures which impact negatively on the rights, freedoms and dignity of clients.

The Chief Executive Officer, through Managers, Director of Care and Coordinators, is responsible for ensuring that processes are in place to enable effective client participation, to a level and a degree that suits each client, in all aspects of the services they receive from Mercy Services.

Each employee is responsible for tailoring client participation processes for individual clients, and documenting opportunities and outcomes of client participation. Staff are requested to encourage informal feedback from clients and

to provide varied and frequent opportunities for clients to give feedback. Client feedback should be passed on to the Coordinator/Director of Care.

Participation processes will be culturally and linguistically appropriate with additional assistance provided as required.

Clients will be informed of the types of advocacy and asked if they would like an individual advocate.

## 4.0 PROCEDURES

### 4.01 Policy and program review and development

Each service will offer its clients an opportunity to participate in the program planning consultations e.g., attending a consultation meeting/morning tea or phoning in their views to the Coordinator/ Director of Care.

Mercy Services will offer clients opportunities to participate in organisation wide forums, planning meetings and policy consultation processes (see: C.07 Client/Carer/Community Involvement in Service/Organisational Planning/Delivery/Evaluation).

### 4.02 Client services

Some clients may require a longer period of rapport building and may require the involvement of family/support network, interpreters and other services they are familiar with before they are comfortable engaging with Mercy Services.

Children with a disability will be given the same rights and freedoms as other children. Children with a disability will have their best interests taken into account and with the consent of their family, guardian, carer(s), advocate they will be provided with the opportunity to take part in the decision making process regarding their services.

Procedures for client participation and advocacy are in place at particular points of Mercy Services contact, and at any time during the service period when initiated by the client. (see Appendix one).

Request: At the time of request for service, clients are **informed** of the Mercy Services assessment procedure and an offer of an appointment for assessment is made, at the client's convenience.

Assessment: During client assessment, the client is highly **involved** in order to ensure their needs, concerns and aspirations are consistently understood and considered.

Communicating the Decision: The decision to offer a Mercy Services' service or not is made by the Coordinator/ Director of Care. In communicating the decision, the client is **consulted**, given an opportunity to consider alternative options. Options may include another service offered through Mercy Services or in other community service.

**Person Centred Care:** In developing the Care Plan, Mercy Services' clients are given opportunities to **collaborate**, and Mercy Services' staff partner with the client in each aspect of their Care Plan including the identification and development of preferred service provision. Options may include

- a. the type of service and how it is performed;
- b. day and/or time of service;
- c. service provider/carer;
- d. outings and/or activities.

**Empowered** Mercy Services clients may independently initiate feedback and make suggestions about service changes. Otherwise, clients may be supported in an involved or collaborative manner to provide feedback and make suggestions about service changes.

Feedback concerning difficulties with the service, ways to improve the service or positive feedback on specific aspects of the service will be briefly recorded in writing in the client's file by Mercy Services staff and reported to the Coordinator/ Director of Care by the next work day.

#### 4.03 Advocacy

Client files should identify if the client has a preferred advocate.

All clients should be provided with information on advocacy and on their right to use an advocate of their choice at regular intervals through their care.

Information on appropriate External Advocacy Services can be found in: E.08 Complaints Policy.

#### 4.04 Compliance

Compliance with this policy is being measured by:

- a) staff are provided with training/education on client participation, decision making and working with advocates; and
- b) a audit of client file/service to include a check on client's understanding of, and preparedness to give, feedback/engage an advocate.

#### 4.05 Evaluation

The performance indicators for the evaluation of this policy are:

- a) At least 90% of respondents to client satisfaction survey have a positive assessment of Mercy Services involvement of clients in decision making.

## 5.0 REFERENCES

<b>1. Australian Standards</b>	a) None identified
<b>2. Legislation</b>	a) None identified
<b>3. Professional guidelines</b>	a) None identified
<b>4. Codes of Practice</b>	a) None identified

<p><b>5. Codes of Ethics</b></p>	<p>a) Australian Association of Social Workers Code of Ethics <a href="http://www.aasw.asn.au/document/item/1201">http://www.aasw.asn.au/document/item/1201</a></p> <p>b) Australian Psychological Association Code of Ethics <a href="http://www.psychology.org.au/Assets/Files/Code_Ethics_2007.pdf">http://www.psychology.org.au/Assets/Files/Code_Ethics_2007.pdf</a></p> <p>c) The Nursing and Midwifery Board of Australia. Registration Requirements <a href="http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx">http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx</a></p> <p>d) Integrity in the Service of the Church <a href="https://www.catholic.org.au/media-centre/media-releases/cat_view/10-organisations/38-national-committee-for-professional-standards">https://www.catholic.org.au/media-centre/media-releases/cat_view/10-organisations/38-national-committee-for-professional-standards</a></p> <p>e) Mercy Services Code of Conduct</p>
<p><b>6. Evidence</b></p>	<p>a. DADHC “Standards in Action” (2012) <a href="https://www.adhc.nsw.gov.au/_data/assets/file/0008/235970/ADHC_Standards_in_action_combined_250513.pdf">https://www.adhc.nsw.gov.au/_data/assets/file/0008/235970/ADHC_Standards_in_action_combined_250513.pdf</a></p> <p>b. Australian Government: Department of Health (2015). Home Care Packages Programme Operational Manual <a href="https://www.dss.gov.au/sites/default/files/documents/12_2015/home_care_packages_programme_operational_manual-december-2015.pdf">https://www.dss.gov.au/sites/default/files/documents/12_2015/home_care_packages_programme_operational_manual-december-2015.pdf</a></p>
<p><b>7. Mercy Services Values</b></p>	<p>a) Justice, Respect, Care, Unity, Service</p>

**6.0 OTHER RELATED POLICIES**

- A.03 Code of Conduct – Staff/Volunteers
- C.01 Management Roles and responsibilities
- C.03 Operational Planning
- C.07 Client, Carer & Community Involvement
- E.01 Service Guarantee
- E.03 Meeting Individual Needs
- E.04 Client Fees
- E.06 Involvement of Families and Friends
- E.07 Behaviour Support
- 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

**7.0 RELATIONSHIP WITH STANDARDS**

<b>Aged Care Accreditation Standards</b>	<b>Home Care Standards</b>	<b>Disability Standards</b>	<b>EQulP Standards</b>
<p>1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.9, 2.1, 2.2, 2.3, 2.13, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9, 3.10, 4.1, 4.2, 4.3,</p>	<p>1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 3.3, 3.4, 3.5</p>	<p>1.1, 1.2, 1.3, 1.4, 1.6, 1.8, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 3.1, 3.2, 3.3, 3.4, 3.5, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.5, 5.7, 6.1, 6.2, 6.4, 6.5, 6.6, 6.7</p>	<p>1.1.2, 1.1.3, 1.1.4, 1.2.2, 1.3.1, 1.6.1, 1.6.2, 1.6.3, 2.1.3, 3.2.1, 3.2.5</p>

**8.0 DOCUMENT CHANGES RECORD**

<b>Dates of change</b>	<b>Section altered</b>	<b>Natures of changes made</b>
01/04/2005	Previous Policy 5. Service Delivery; 6. Client Rights and 7. Planning and Evaluation	First record of Policy
27/11/2009	All sections	Major revision
07/02/2011	a) 7.0 Standards	a) Replace HACC and CACP Standards with Common Community Care Standards
26/11/2012	All Sections	Organisation name updated.
21/01/2013	a) 4.3 Advocacy; 4.4 Compliance; and 4.5 Evaluation	a) New sections
07/07/2014	a) 4.02 Individual client decision making regarding their service from Mercy Services b) 7.0 Standards	a) Add section to explain services for children with a disability b) Add Aged Care Standards. Update Disability Standards to the 2014 NSW Disability Standards
21/03/2016	a) All sections b) 1.0 Introduction/ Background c) 2.0 Scope d) 3.0 Policy Statement e) 4.01 Policy and program development f) 4.02 Person Centred Care g) 4.03 Advocacy h) 4.04 Compliance i) 5.0 References j) 6.0 Other related policies k) Appendix One: Client Participation Points	a) GM changed to CEO, include Director of Care b) Broaden applicable people listed in paragraph two c) Re-worded d) Delete second sentence in paragraph one (duplication). Replace second paragraph with a more concise version. Add assistance provided to second last paragraph. e) Add reference to C.07 policy. f) Renamed (previously Individual client decision making regarding their service from Mercy Services). Include interpreters and other services in first sentence. g) Re-word first sentence. h) Add (b) check on client's understanding of and preparedness to give feedback/engage an advocate i) Update j) Update Codes of Ethics and Evidence k) Minor changes
Review due 21/03/2019		

**APPENDIX 1: CLIENT PARTICIPATION POINTS** *(Adapted from the IAP2 Public Participation Spectrum; International Association for Public Participation, 2004)*

