Blue Mountains Volunteer Home Visitors (BMVHV) Operation of Client Services Policies & Procedures

November 2014

KVHV Client Services Policies, Procedures and forms Endorsed KNC Board November 2014, amended February 2015, April 2015.

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Background

Blue Mountains Volunteer Home Visitors

Blue Mountains Volunteer Home Visitors service (BMVHV) was first established as part of Blue Mountains Volunteer Carers Service originally auspiced by Katoomba Neighbourhood Centre for the Blue Mountains. During the 1990s the four outlets at Lawson, Blaxland, Springwood and Katoomba, were eventually auspiced individually by their respective Neighbourhood Centres, each with a coordinator responsible to their own management committee. The four services continue to work cooperatively with regular meetings of the coordinators, joint annual Planning Days, and sharing the responsibility of volunteer training, recruitment and promotion. In 2005 the name "Volunteer Carers" was changed to "Volunteer Home Visitors".

Current status of BMVHV

In 2014 the four individual services are working under the banner of Blue Mountains Volunteer Home Visitors service to provide a home visiting and social support service for clients living in the area from Lapstone to Mt Victoria in the Blue Mountains west of Sydney.

BMVHV services provided are in accordance with the Commonwealth Department of Social Services Commonwealth Home Support program (CSP) and Department of Family & Community Services; Ageing Disability & Home Care (ADHC) Service Description Schedule for Service Type: Social Support.

Social support is provided both in a social inclusion group format and by volunteers on an individual basis to meet the person's need for social contact and/or accompaniment in order to participate in community life.

Social inclusion support groups are offered in each BMVHV site. The groups will vary between services and identified high needs groups in each geographical area may vary. Groups are facilitated and supported by either paid staff, sessional workers and or volunteers. Each social inclusion support group at individual sites will have a coordinator appointed to oversee these programs.

One on one social support is normally provided in the client's home and includes activities that enable them to maintain contact and connection with their broader community through activities such as accompanying the client on an excursion or trip. It includes

keeping the person company, helping them do paper work, small shopping tasks[1], going to the library.

Other activities may include:

- Giving the carer a short break
- Communication with carers (where appropriate)
- Volunteer working with client at home to maintain or learn skills such as using the computer, light gardening, art and craft
- Friendly telephone calls
- Attending community social groups/activities/social outings
- Social support may also include where appropriate and with support from volunteer to assist with communication and life skills e.g. a person who has a stroke to assist with allied health staff re speech therapy or to continue interests with support e.g. art and other interests where possible.

The type of one on one social support will be dependent on the volunteer's availability, knowledge and skills. A vehicle is not required by a volunteer to provide community support VHV services, however if a volunteer is using a vehicle in the delivery of the service to a client, the vehicle must be appropriately insured[2]. Volunteers provide support to clients according to the client's needs but within the framework of the service. Volunteers are supported and supervised by the BMVHV Co-ordinator, who also ensures that regular and adequate volunteer training opportunities are available.

The Service coordinator also assists clients with referrals to other agencies as need is identified.

In addition, BMVHV provides information and support for primary carers of HACC eligible clients by co-ordinating or facilitating group carer support meetings on a regular basis. These meetings are primarily for peer support. Guest speakers are also invited regularly to provide relevant information for carers. Where a service does not operate a carers group the service coordinator can provide information about other carer support groups and links to organisations such as Carers NSW.

[1] Shopping is an accepted volunteer task designed to assist a client to compliment regular shopping supports. Ideally the BMVHV are not the sole provider of this service to clients, with clients referred to specific services tasked to attend regularly e.g. GREAT community transport, Home Care. With resources provided to the client to assist choice in this matter e.g. Blue Mountains Food Services Home Delivery Guide

[2] Vehicle insurance requirements for volunteers may vary between the services, the minimum requirement is third party property insurance on the vehicle being utilised and current registration and green slip

Blue Mountains Volunteer Home Visitors (BMVHV) Operation of Client Services Policies and Procedures

BMVHV are funded by the Commonwealth Department of Social Services Community Home Support Program and provided by:-

- Katoomba Neighbourhood Centre Inc. (KNC),
- Springwood Neighbourhood Centre Cooperative (SNCC),
- Mid-Mountains Neighbourhood Centre Inc. (MMNC)
- Lower Mountains Neighbourhood Centre Inc. (LMNC).

As well as providing BMVHV, the four participating Neighbourhood Centres provide a range of community services and community development opportunities for local residents. Each neighbourhood centre has a coordinator who is responsible for recruiting and managing BMVHV staff for their individual services.

By working collaboratively with other HACC services in the Blue Mountains, BMVHV is able to assist people who may be frail aged and/or be living with a disability to stay at home in their local community for as long as practicable and safe to do so and work to ensure that individuals do not enter residential aged care prematurely.

Operation of Client Services

BMVHV Assessed Priority Rating Scale

BMVHV Carer Support Plan

BMVHV Client Consent form

BMVHV Client Agreement

BMVHV Client Care Plan

BMVHV Client Service Procedures and Checklist

BMVHV Contract

BMVHV Feedback Form

BMVHV Guidelines for Advocate

BMVHV Notification Of An Advocate

BMVHV Phone And Home Safety Checklists And Risk Management Plan

BMVHV Project Evaluation Report

BMVHV Project Plan

BMVHV Service Eligibility Checklist

BMVHV Volunteer Letter Of Offer

BMVHV Volunteer Unsuccessful Letter

CIARR

KNC Volunteer Satisfaction Survey

KNC Client Satisfaction Survey

BMVHV Client Satisfaction Instruction And Analysis

KNC Pictorial Satisfaction Survey

Service Delivery Model

Client Services Policy #001.1

1.0 POLICY STATEMENT

The purpose of this policy is to establish the over-arching parameters and frameworks to ensure our operational service models are planned, developed and delivered with a primary focus on achieving positive client outcomes, consistent with the goals of the individual and delivered in line with the Neighbourhood Centre's Quality Objectives[3]. When the culture and focus of the organisation is on clients, then it becomes a strategic priority for opportunities to be created and nurtured for client/carer engagement at all levels.

Management and staff are expected to come from a culture that enables clients and carers choice and self-determination around their care decisions, enables independence through embracing the concept of dignity of risk in delivering client focused services, enables access to information required by clients and carers to make informed decisions and choices around their care, and continually reinforces mutual respect and valuing of client contributions, both through more formal roles and through regular informal contact and feedback. Through really listening to clients' expressed needs concerns and fears, we can utilise this information to identify issues and plan improvements to ensure our services are flexible and responsive to individual needs and preferences.

When there is mutual trust and respect in a relationship, there is an increased willingness to participate. When action is taken on their feedback, clients are further motivated to participate, as they understand their opinions and expressed concerns will influence our ongoing service planning and development. We therefore view the creation of trusting interpersonal relationships as the cornerstone of our service delivery model.

2.0 SCOPE

This policy has application for the planning and delivery of all programs and services of Blue Mountains Volunteer Home Visitors.

The aim of Social Support is to:

> *"…maximize an individual's ability to continue living independently at home and assist in meeting the person's need for social contact. The program services CHSP-eligible clients who are at risk of social isolation because of a number of risk factors such as:*
>
> - *Low income;*

[3] It is acknowledged that each Blue Mountains Neighbourhood Centre with a VHV service may have differing quality approaches and objectives, whilst complying with the Home Care Standards.

- *Living alone;*
- *Lack of access to transport;*
- *Poor mobility; and*
- *Poor health status including poor cognitive functioning.*

The aims of Social Support are achieved by increasing each client's social networks and participation in meaningful and enjoyable activities which are appropriate to the individual's needs, interests and abilities." NSW Department of Family & Community Services; Ageing, Disability and Home Care, Department of Human Services, NSW

BMVHV, as a funded social support service, is committed to fulfilling the above aims. By pursuing these aims, BMVHV will strive to achieve the following outcomes for clients of the service:

- Clients actively engage in directing their own care needs
- Clients can remain living in their own home as independently as possible;
- Their quality of life is maintained or enhanced;
- Family or other primary caregivers are supported in their role

3.0 BMVHV SERVICE ELIGIBILITY

BMVHV is an eligibility-based program. Eligibility criteria are not just frail aged & younger disabled; clients must meet specific criteria. Not simply on the grounds of advanced age. Eligibility for services is based on the level of functional disability. Program eligibility includes the following:

- The client is living in the community
- They are a frail older person (over 65 years of age, 50 years for ATSI clients) or a person living with a disability (under 65 years of age), who finds independent living difficult, their capacity for independent living is at risk or they are at risk of premature or inappropriate admission to long term residential care
- They are assessed as having basic needs requiring maintenance & support services within the scope of the CHSP (formally HACC program)
- This service is also available to carers. Carers are defined as the family members or friends who assist the older person or the person living with a disability to live independently
- They have moderate, severe or profound (functional) disabilities which make it difficult to:-
    - perform the tasks of daily living without help or supervision (i.e. dressing, preparing meals, house cleaning & maintenance, using or accessing public transport),

- engage in social activities and maintain community connections
- access to information and or referrals to other services or supports, due to their disability and or frailty and resulting isolation

4.0 PHILOSOPHY

The philosophy guiding the operation of all Blue Mountains Volunteer Home Visitors client services is based on our commitment to a client-focused service delivery model. It acknowledges that the clients of our services are central and consequently all service planning, design and development activities should be focused on how to best meet their individual needs to facilitate improved independence, community connections and quality of life.

BMVHV aims to provide a caring, effective and accountable service for all people who meet the eligibility criteria, as identified above, within its geographical catchment area. The philosophy underpinning its service provision includes the following:

- BMVHV recognises that the needs of clients and carers may change over time and that a regular review of individual service provision, and client and carer consultation and feedback is essential to ensure ongoing service relevancy.

- Where clients and/or carers have concerns in relation to BMVHV, their right to make a complaint and have it dealt with fairly, promptly and confidentially is supported by BMVHV

- BMVHV believes that clients and carers have the right to access an advocate to represent them and will support and encourage this, when requested.

- BMVHV will recruit and maintain effective and competent volunteers to be social support volunteers for assessed clients of the service. Volunteers will be valued, given the opportunity to learn and develop new skills, interact within a team environment, develop local networks, attend training courses, as well as make a positive contribution to the community.

- BMVHV functions as a non-profit community service. The service believes in maintaining accountability to funding bodies, each governing neighbourhood centre, its clients, carers, and the community for the delivery of the service.

5.0 PROCEDURE

Referral for Service and or Information

- Referral for BMVHV or an allied service provided by Blue Mountains Neighbourhood Centres and available to individuals, can come from the individual themselves, community members, carers, families, friends and other service providers.

- Where a referral for services comes from any source other than the client themselves consent must be gained from the individual being referred for service, or their elected guardian or advocate, before the referral for service is enacted.
- Verbal consent to enact the referral from the individual or via their elected guardian or advocate is acceptable to commence the process, including the initial phone contact, client assessment and home visit. Receipt of the verbal consent must be recorded on the CIARR or Social Support Group Registration/Referral form.
- Signed consent is preferred on the client agreement and care plan, however where the individual is unable to sign, verbal consent is acceptable. The Coordinator/worker undertaking the assessment must sign indicating verbal consent and why verbal consent has been taken.
- Information can be supplied to any individual making an enquiry; individuals may be referred from the Coordinator or Blue Mountains HACC Intake worker to other appropriate services or sources of information appropriate to their expressed need.
- At point of referral the client will be initially assessed, usually over the phone, using the fields contained within the Blue Mountains HACC program Social Support Group registration form, or the CIARR in the case of BMVHV and Blue Mountains Domestic Assistance and Social Transport clients.
- At this point the client or referrer will be advised of the purpose of the assessment, any relevant, requested or required literature or information will be provided over the phone, posted where applicable or they will be directed to relevant service organisations or websites e.g. My Aged Care.
    - This initial assessment will cover:-
    - relevant personal details,
    - why assistance is being sought
    - services or family/ community supports currently being received (i.e. church,
    - health information,
    - home & safety and access issues,
    - client carer needs and referral actions required
    - other relevant information
    - rights and responsibilities if felt appropriate at this point, otherwise this will be discussed at the first face to face visit
- At the conclusion of the initial phone assessment, a time will be made with the client and or carer for a home visit to be conducted where the full assessment will

be completed and all relevant service literature provided e.g. Blue Mountains Community Care Guide, the BMHVH flyer and the BMVHV Client Handbook

- Depending on service availability within the BMVHV program, it may be necessary for initial referrals to undergo a priority ranking process to determine which referrals are of greatest need to receive service as the priority, and to guide the booking of home assessment visits by the relevant Coordinator. Priority assessed need will be undertaken by the Coordinator receiving the referral or the HACC Intake worker at point of intake, when multiple referrals are received for service (see attached Client Priority Rating Scale designed to provide an indication of the relative needs of each client, based on the completed individual assessment).
- The Priority Rating Scale assessment process is designed to indicate levels of need and involves:-
    - Brief assessment of function
    - Brief behaviour assessment
    - Brief assessment of cognitive function
    - Brief assessment of social needs, levels of social isolation , community connection
- The priority rating scale is preferably undertaken on the initial phone assessment when demand for service is high therefore availability may be impacted.

Program eligibility applies for the Blue Mountains HACC program/BMVHV Social Support groups. In line with Home Care Standards, participants are required to complete a Blue Mountains Social support Group Participants Registration form. Completion allows each Coordinator to have the minimum amount of client data recorded to ensure

Independence, Autonomy and Inclusion

- Clients will be assessed to determine individual needs, and any service provided will occur in consultation with the client and carer, advocate or guardian where appropriate. The needs of each client are recognised as being individual, and options for service delivery will be provided based on these expressed individual needs.
- The service respects the client's desire to remain living in their own home as independently as possible, and the service will aim to facilitate or assist the client and carer to maintain links with the broader community.
- The service enables independence through embracing the concept of dignity of risk in delivering client focused services

- BMVHV believes that each individual has the right to privacy and confidentiality, and that service delivery must occur to ensure respect of the individual and maintenance of their dignity.
- All workers (paid and unpaid) are required to sign confidentiality agreements to ensure maintenance of clients privacy and that client information is held in confidence[4]
- Education and training and the Organisational expectations of volunteers and paid workers, related to privacy and confidentiality is covered in the relevant service induction and orientation processes, and relevant Organisation's policies and procedures
- All client records are held according to the relevant standards covering client records and documentation

Client Goal Directed Planning

- BMVHV believes that clients and carers have the right to make choices in their lives, including choosing the appropriate services from a range of options which will assist them to maintain a quality of life and level of independence which is appropriate for them. The service respects the right of each individual to determine how they will live their lives and the service BMVHV can provide is aimed at assisting them to achieve this.
- Through the assessment process, clients and carers choice and self-determination around their care decisions and goal setting forms the basis of the individuals' care plan (client or carer)
- Client independence is enabled through the concept of dignity of risk in goal setting and developing a client centred plan of care. All relevant information is supplied to clients around their cited needs, through the assessment process, to facilitate them to make informed decisions and choices around their care.
- The process of goal directed planning is a facilitated process between the coordinator/worker undertaking the assessment, the client and or the carer. The client care plan and the client volunteer agreement reflect the client/carers goals.
- Social support groups are a service provided by BMVHV and or the Blue Neighbourhood Centres participating in the HACC programs. The individual social support group is encouraged to take shared ownership of the group, group members are encouraged to be involved in the development of the group, input around group activities, frequency of meetings, group purpose, and where appropriate group membership. The level of participant involvement in the activities, form and function of social groups will differ

[4] It is acknowledged that each Blue Mountains Neighbourhood Centre with a VHV service may have differing confidentiality and privacy agreements and procedures, all are however required to comply with the Home Care Standards.

depending on the nature and purpose of the group and the capacity of group participants. Wherever possible, participants are encouraged to determine the group's direction.

- HACC eligibility applies for the Blue Mountains HACC program/BMVHV Social Support groups. In line with Home Care Standards, participants are required to complete a Blue Mountains Social support Group Participants Registration form. Completion allows each Coordinator to have the minimum amount of client data recorded to ensure

Culture, Customs and Beliefs

- BMVHV will provide services that are non-discriminatory, non-judgmental and non-biased, accepting each person's right to individual religious, cultural and political beliefs. The service needs to be provided in a manner which will make people from a range of backgrounds and dispositions feel welcome and comfortable
- Clients will be given information on their rights and responsibilities when being assessed for service or request service information. The rights and responsibilities information is located in the client handbook and reflects the need for service to adhere to best practice around culture, custom and beliefs and how to make a complaint in the event a participant or client feels this is necessary.

Participation

- Clients and carers are the focus of the service. The service exists to meet the needs of the client and carer and each client and carer is an individual with different needs determined by various factors and lifestyles.
- Client and carer feedback is actively encouraged formally and informally. Formal bi-annual service reviews are undertaken by the VHV coordinators for current clients receiving one to one volunteer services. If a biannual review is unable to be attended, an absolute minimum is an annual service review.
- Arrangements for the biannual review are made with the client directly by the relevant Coordinator.
- Client Care Plans (see attached Care plan template) are developed for each client that identify and respond to their particular preferences and needs. These may include the physical, emotional, cultural, religious and or social economic needs and preferences of the client. The care plan is developed with the client and reflects and directs their goals of care. A copy of the care plan is provided to the client and kept on file.
- At the bi annual review the care plan will be fully revised and amended where necessary to reflect the client and carers current needs. The new care plan will again be provided to the client and placed on file.
- Formal feedback is also actively sought from both clients/carers and volunteers providing service. Client and carer satisfaction surveys are attended annually (see attached survey templates). Feedback is also obtained from volunteers through an annual review process

- The feedback obtained from these processes informs the BMVHV Annual Planning Day (see below). Clients, carers and volunteers are also invited to participate in the BMVHV Planning Day, and the relevant Neighbourhood Centres Annual General Meeting.
- Carers, clients and volunteers have the opportunity to apply as representatives on the relevant BMVHV's and or Neighbourhood Centre's service Advisory Group(s).
- Informal feedback mechanisms include support meetings and individual phone calls.

Information Provision

- Clients and their carers assessed for the BMVHV service are provided with information to assist them make decisions about service provision. This relates both to the service BMVHV can provide and information relevant to other services available in the community.
- Clients are assessed using the CIARR Assessment Form; this incorporates information about other service providers and includes referral action as part of its process.
- Other client information actively provided to BMVHV clients include:-
    - the BMVHV service brochure,
    - BMVHV Client handbook,
    - The Blue Mountains Community Care Guide produced by Blue Mountains City Council which includes information on HACC transport services, food services, dementia support services, the Aged Care Assessment Team and how to access services such as Commonwealth Carelink and Carer Respite Information Line.
    - Provision of links to the My Aged Care website,

Special Needs

General strategies to ensure special needs are met

- BMVHV ensures it is up-to-date with the demographics of special needs groups in the Blue Mountains by reviewing the BM Community Profile and Tri-Community Multicultural Carer Profiles.
- BMVHV ensures that clients and carers who request or require an advocate or guardian are supported in gaining access to one (refer Client Advocacy Policy).
- Clients and their carers are provided with information to assist them make decisions about service provision. This relates both to the service BMVHV can provide and to other services available in the community. The CIARR Assessment Form incorporates information about other service providers and includes referral action as part of its process. Some examples of other client information provided includes the BMVHV

service brochure, Client handbook, the Blue Mountains Community Care Guide produced by Blue Mountains City Council which includes information on HACC transport services, food services, dementia support services and the Aged Care Assessment Team. Clients may also be referred to the My Aged Care website, Commonwealth Carelink and Carer Respite Information Line.

- The process of matching a client with a volunteer occurs with a view to meeting the cultural and or other specific needs of the client.

- Client Care Plans are developed for each client that identify and respond to their particular preferences and needs. These may include the physical, emotional, cultural, religious and or social economic needs and preferences of the client.

- An annual client review is conducted by the BMVHV Co-ordinator with the client and this provides an opportunity to review and assess whether the client's needs are being met, and whether there are changing support needs and referral requirements to other services (for details, refer Ongoing Service Provision Policy* Operation of Client Services Manual).

- Training will be provided for volunteers relating to special needs. Education sessions at support meetings will include speakers covering special needs issues. For more information, refer to Volunteer Supervision, Support and Training Policy* Human Resource Management Manual.

- Details on the special and specific needs of clients are collected as part of the standard information requested on the CIARR Form. This data is analysed using the Minimum Data Set (MDS) which then informs the BMVHV's planning and evaluation process (see Clause 4.1 below).

The BMVHV service also recognises that there are several groups within the HACC and Disability target population that find it more difficult than most clients to access services. These special needs groups are:

- People from culturally and linguistically diverse (CALD) backgrounds;
- Aboriginal and Torres Strait Islanders;
- People with dementia;
- Financially disadvantaged people;
- People exiting the criminal justice system, and
- People living in remote or isolated areas.

Addressing Barriers to Access

BMVHV has developed specific strategies to overcome access barriers for special needs groups. These strategies are outlined below.

Culturally and Linguistically Diverse Clients

- BMVHV has access to and ensures HACC brochures that have been produced in various community languages are available at strategic locations in the local community.
- BMVHV has obtained and utilises the HACC CALD Resource Manual, as required. A CALD resource manual developed by Tri Community Exchange is also available.
- In cases where the client does not speak English, an interpreter service through Tri Community Exchange will be used to ensure that the client understands the assessment and review processes, and the services available or being offered. The need for an interpreter service will be clearly identified on the client's file. The interpreter service's phone number is also provided for easy access on the back of the Client Handbook, which is given to clients at the initial meeting
- Cultural safety issues will be included in volunteer training.
- A list of languages and cultural backgrounds of volunteers will be compiled and up-dated on an ongoing basis.
- Links are made with the Multicultural Resident's Association and other local CALD groups and communities, as appropriate, when recruiting volunteers for people from specific cultural and linguistic backgrounds.

Aboriginal and Torres Strait Islander Clients

- BMVHV endeavours to provide Aboriginal clients with culturally appropriate service contact and will seek guidance, advice, training and volunteer recruitment support from the Aboriginal Culture and Resource Centre, Katoomba to ensure this occurs.
- Clients will be advised of the availability of ATSI specific services and where requested, client referrals will be made to HACC services at the Aboriginal Cultural and Resource Centre (ACRC) at Katoomba and to the 'Healthy for Life' program

Clients with Dementia, Memory Loss and other related conditions

- The BMVHV Co-ordinator and volunteers will receive training in how to support people with dementia or specific disabilities (where possible and as resources allow) and every effort made to ensure that services are delivered in an appropriate and sensitive way.

- For people with severe dementia, severe intellectual or psychiatric disability or brain injury, BMVHV will ensure that the carers, advocates and/or guardians are fully aware of the contents of the Client's Handbook and that they are aware of the information regarding assessment, review, client care plans and services. However, to whatever extent possible, the client should also be given the same information and their questions answered.

- BMVHV will liaise with local services related to special needs e.g. Dementia Specific Day Care Programs, when required.

- In cases where a client cannot read or write, the BMVHV Co-ordinator should ensure that the information in the Clients Handbook and information regarding the assessment, review, client care plan and services are clearly explained and understood by the client. Audio tapes/CDs from Vision Australia are also available for use by people who have visual impairment.

- For people who have physical impairments that restrict their movement, most social support is offered in the client's home. The BMVHV offices, however, are located in accessible buildings, providing disability access for clients to administration offices, meeting rooms, toilets and Neighbourhood Centre reception.

People Exiting the Criminal Justice System

The needs of people exiting the criminal justice system to be treated with dignity and respect, have their rights respected and be free from harassment or intimidation are acknowledged. BMVHV service will work actively to provide service that is sensitive and responsive and supportive of the rights and welfare of the individual and the broader community. In the event that BMVHV's is working with clients or carers who have recently exited the criminal justice system, we will work with them in assisting them to connect within the broader community by ensuring we assist them to access information, any required referrals to other community services & activities.

Client Safety

The Organisation views client safety as of paramount importance, to that end the Service Coordinator, staff and volunteers will:

- Ensure Police checks are completed for all volunteers and staff working with the client

- Ensure Universal Precautions are used by all staff when caring for a client
- Complete the required Home Safety Assessment to identify any issues with the clients home that may impact on their safety of the safety of KVHV staff and volunteers, and other services engaged in the clients care and encourage clients to rectify any identified risks for the benefit of clients, carers and staff
- Provide information on services to assist client with rectifying identified risks
- Assess the client's potential vulnerability during an Emergency or Natural Disaster and include in Care Plan
- Ensure that all circumstances around the clients care that may impact on their individual rights and freedoms are assessed if an issue or concern arises and that all reasonable measures are taken to resolve any such circumstance including the involvement of agencies such as the police, in the event of abuse, fraud or domestic violence

Client Contributions

- To ensure financial equity of access for all clients, BMVHV does not charge a fee for their routine one to one social support service provided by volunteers.
- A client contribution will be requested for attendance at a special social event outside the routine service delivery parameters
- Client contributions are requested for the Blue Mountains HACC program service types Domestic assistance and Social Transport, which are offered to BMVHV clients as the priority
- No client will be refused service for inability to meet a requested client contribution.
- Clients will be billed directly for any agreed to client contribution for Domestic Assistance or social transport services

Service Access

Client Services Policy #001.2

Katoomba Neighbourhood Centre's Access and Equity Policy applies to Blue Mountains Volunteer Home Visitors Service. Please refer to the KNC Manual for full policy details. Below outlines specific policies and procedures that must be met by the service in relation to that policy.

1.0 POLICY STATEMENT

The purpose of this policy is to ensure that each client's access to a service is based on program eligibility, equity and relative need, within Blue Mountains Volunteer Home Visitor's available resources and capacity to respond.

It is the policy of Blue Mountains Volunteer Home Visitors that clients and/or their carers or advocates participate in entry and care planning consultation processes and be given all relevant information to assist them in making informed choices from available service options.

2.0 SCOPE

This policy applies to all programs and services of Blue Mountains Volunteer Home Visitors.

3.0 ACRONYMS

4.0 DEFINITIONS

Eligibility refers to the specified criteria for access for each program type, as determined by the relevant funding agreements.

5.0 PHILOSOPHY

This policy reflects the commitment of Blue Mountains Volunteer Home Visitors to the social justice principles of equity and access and the application of these principles organisation-wide to eliminate any form of discriminatory practice. It acknowledges our social and ethical obligations to all clients and prospective clients to respect their individual human rights to be treated with equality and dignity.

6.0 PROCEDURES

Eligibility for Entry

The National Program Guidelines for the Home and Community Care Program 2007* define the HACC target population as:

(a) persons living in the community who, in the absence of basic maintenance and support services provided or to be provided within the scope of the Program, are at risk of premature or inappropriate long term residential care, including:

- older and frail persons aged over 65 years with moderate, severe or profound disabilities;
- an older Aboriginal person i.e. 50 years of age and over younger persons with moderate, severe or profound disabilities;
- Adults under 65 years of age (50 years and over for Aboriginal or Torres Strait Islanders) suffering from an age related illness. and
- such other persons as are agreed upon by the Commonwealth Minister and the State Minister; and

(b) The unpaid carers of people assessed as being within the National Program's 'target population'.

Therefore, clients must be considered HACC eligible to receive BMVHV services or services operated by the Blue Mountains HACC Program. Eligibility for services is based on the level of functional needs and or disability the individual is living with. Program eligibility includes the following:

- The client is living in the community
- They are a frail older person (over 65 years of age, 50 years for ATSI clients) or a person living with a disability (under 65 years of age), who finds independent living difficult, specifically related to:-
  - performing the tasks of daily living without help or supervision (i.e. dressing, preparing meals, house cleaning & maintenance, using or accessing public transport),
  - engaging in social activities and maintaining community connections
  - accessing information and or referrals to other services or supports, due to their disability and or frailty and resulting isolation
- their capacity for independent living is at risk or they are at risk of premature or inappropriate admission to long term residential care

- ❖ They are assessed as having basic needs requiring maintenance & support services within the scope of the CSP (formally HACC program) to be maintained safely in their home
- ❖ This service is also available to carers. Carers are defined as the family members or friends who assist the older person or the person living with a disability to live independently

If the client is found to be ineligible for a particular service type, they will be provided with information about other services that may be able to assist you.

The program also recognises that there are several groups within the HACC target population that find it more difficult than most clients to access services. These special needs groups are:

- People from culturally and linguistically diverse (CALD) backgrounds;
- Aboriginal and Torres Strait Islanders;
- People with dementia;
- Financially disadvantaged people; and
- People living in remote or isolated areas.

Prioritisation

Priority for access to services is based on the clients level of need, relative to other people referred for the same service. Priority for available services will be given to those clients with the highest level of need. The service uses the "Assessed Priority Rating Scale" at the point of referral to determine each client's priority. If a client is placed on a waiting list, they will be kept informed regarding their progression on that list, and when they can expect their service to commence.

The following factors will be used to determine relative need:
Client's situation

- The family support structure which is available to the client, and the realistic level of assistance available from family members;
- The client's living arrangements, considering if they live alone, or with a carer, also assessing the needs of the carer;
- The client's ability to carry out normal daily living tasks, and the degree of difficulty they may have;
- The client's social contacts, the extent to which assistance is provided by other individuals and how reliable or appropriate this assistance is;
- Whether the client is socially or geographically isolated;
- Whether the client is financially disadvantaged;

- Other services in place such as Home Care packages.

Carer's situation:

The relative need for a break for the carer will be based on the following factors:

- Is the carer caring for a person with a severe disability?
- Is the carer the sole carer?
- Does the carer have limited support networks or have dependent children?
- Is the carer frail, ill, stressed or does he/she have a disability?
- Does the carer have extensive commitments which may include employment?
- Is the carer socially or geographically isolated?
- Is the carer financially disadvantaged?
- What are the general health needs of the carer, including emotional health?

Other factors - When considering the level of need of each request for assistance, the following factors will also be taken into consideration:

- The difference the service will make to the person's circumstances;
- The availability of other appropriate services which could meet the client's needs. It should be noted that clients who are receiving other services, whether from HACC or not, are not discriminated against, based on their access to these other services.

BMVHV's assessment of clients and carers is currently undertaken using the Client Information and Referral Record Form (CIARR). Client information gathered on the CIARR form includes social and family details, relevant health details, home safety and access issues, individual client / carer needs, referral actions and client consent section. At the point of assessment, carers of a HACC eligible client will be offered referral to appropriate carers or available support groups locally e.g. Men's Carers and Men's Group, Dementia Support groups.

It must be noted that when a client is requesting re-entry to the service this is handled as a new referral/assessment and decisions are made based on current prioritised needs. If a client has previously been refused a service, this will not prejudice future attempts to access BMVHV services. Again, this is treated as a new referral, and decisions based on prioritised need.

Initial Home Visit

When eligibility has been determined, the client will be contacted to make an appointment to visit with the potential client and his/her carer, family member, advocate or support person.

Information will be provided to assist the client through the service entry process, including their right to have an advocate or support person present, and how they may access an advocate. The initial consultation visit will be planned as soon as it is feasible and convenient to the client and his/her nominated primary carer/advocate.

Inability to Respond

Where it is determined that Blue Mountains Volunteer Home Visitors cannot provide a service due to inability to respond effectively, capacity issues or the client's ineligibility for service, a referral to other more appropriate services will be discussed with the client and/or carer/advocate, and written information will be provided on alternative service and support options. In the provision of information, consideration will also be given to addressing the needs of the carer. When requested, referrals will be made on the client and/or carer's behalf (see also *Referral Protocols)*.

Reasons for refusal of entry are to be explained to the client and documented on the assessment record.

Referral Protocols

Once eligibility has been determined, the relevant Service Coordinator or, at the point of intake if appropriate, the Blue Mountains HACC Program Intake Worker, are to ensure that all incoming and outgoing client referrals are recorded on the HACC Program Client Referral Record .

The *Referrals Register* will record:

- The date the referral was received
- The source of the referral
- The date of home visit/assessment
- Identified special needs
- The priority needs rating
- The date services actually commenced
- Outgoing referrals made on behalf of the client
- The date the outgoing referral/s was made
- The due date for client follow up/review/reassessment

Entries are to be monitored against the anticipated response times identified in this policy (see also *Response Times)*. Any identified timeline deviations are to be analysed to determine whether patterns are arising that represent a reducing capacity to respond as a result of increasing demand, with results reported to management to inform ongoing service planning.

No incoming referrals will be accepted without the express consent of the potential client/representative.

Referrals made by Blue Mountains Volunteer Home Visitors to other service providers and agencies may only be made with the client's informed consent. Consent to share information in the form of referral to other services at the point of intake, or registration is to be indicated on the CIARR. Once a client has been assessed and is receiving service, a signed client consent form (see Client Consent), is required before referral can progress.

Where regional protocols have been established for internal or trusted source use for support & care coordination, those protocols are to be followed.

Response Times

When a client has been referred to Blue Mountains Volunteer Home Visitors it is anticipated that an initial contact call to the client will be made within 3 working days and that the home visit/assessment will be conducted within two working weeks of initial contact, or as soon as is convenient for the client. In the event the relevant Service Coordinator is on leave and not replaced, the client, their carer or representative will be given the expected return date of the Coordinator and informed that contact will be made within 3 days of their return to work. The client and their representative will be given the HACC Intake phone number and asked to call if their needs change during the period of Service Coordinator leave. At this point any appropriate referrals to other services will be made. If the period of leave is in excess of one moth, the Blue Mountains HACC Intake worker will contact the client,

The anticipated response time for actual commencement of Blue Mountains Home Visitor services will be determined by the Priority Rating allocated as a result of the assessment and the availability of an appropriately trained and matched Volunteer Home Visitor. It is expected that service delivery for clients with a rating of 2-3 (extremely urgent or urgent) would be initiated within 5 days (1 week) of the home visit/assessment. Clients with a rating of 1-2 (moderate need) should expect services would commence within 2-3 weeks of the home visit/assessment if an appropriate volunteer is available.

Clients with a zero priority rating (non-urgent) may be placed on a waiting list. Contact is to be made with them at least every 30 days to keep them informed of their progress on a waiting list.

Alternative support service options are to be discussed with each client on a waiting list for which access to services within 30 days is unlikely. With the client's consent, every effort is to be made to refer the client to alternative support services for the short-term.

The Right to Refuse

Any potential client has the right to refuse an offer of support from the BMVHV Services; such a refusal will not prejudice any future attempt to access any of Blue Mountains Volunteer Home Visitors or any relevant Neighbourhood Centre general services or HACC program services.

Should a client refuse care, the relevant BMHVH Service Coordinator or the HACC Intake worker is to contact the referring agency and explain the reason for refusal of service. The HACC Program Client Referral Record will reflect that the client refused service & the date of refusal. The refusal of service by the client will also be noted in either the initial intake/assessment record or the clients file.

In the event a client's needs progress beyond the ability of BMVHV or the Blue Mountains HACC program to adequately provide basic service to the client, the relevant Service Coordinator will discuss with the client and or carer/representative referral to more appropriate services for their level of need. The relevant Service Coordinator will also clearly identify through review of the client's care plan with the client, the level of care that can be offered under their existing program. A notation of the client refusal is to be made in the client file.

Where a client's care and support needs escalate beyond the capacity of the respective program to respond, or impact on Blue Mountains Volunteer Home Visitors' compliance obligations for ensuring worker safety, Blue Mountains Volunteer Home Visitors reserves the right to refuse or withdraw services to that client.

Service Interruptions or Closure

Where a client is temporarily absent from home in hospital, overnight respite or on holiday, the agreed service support hours will be held and reactivated on the client's return, provided that the client has provided Blue Mountains Volunteer Home Visitors with appropriate notification.

If the client is absent for a period of more than six weeks, a formal reassessment will be undertaken in consultation with the client and his/her carer/advocate/representative , to decide what continuing services, if any, may be required.

In the event of service closure, the client will be given the longest possible notification and assistance to source appropriate options for care.

Service Exit and Transition

If the clients care needs change to the extent that the service cannot provide the level of care and support needed, a review will be conducted with the client and their representative/s (where appropriate), to discuss alternative care and to provide information on higher-level support options.

Depending on individual circumstance and our capacity, the service may be able to continue to provide some support, to supplement that being offered by another provider, in the transition phase.

The service does reserve the right to discharge the client from the service once alternative, more appropriate support is arranged. The client has the right to appeal service provision decisions, and may do so by contacting the Service Coordinator to arrange a meeting to re-negotiate potential alternatives

The client has the right to refuse service and may choose to leave the service at any time. This is facilitated by notifying the Service Coordinator, who will then negotiate service termination with you and any other contracted services or service volunteers.

The Right to Appeal

During each individual assessment and review meeting, clients will be informed of the services Blue Mountains Volunteer Home Visitors agrees to provide with the care plan reflecting the agreed to services and activities, and the circumstances in which the agreed service/s may need to change. Clients will be informed that should they wish to appeal a service provision decision about service changes or closure, the procedures for raising a complaint are to be followed.

Assessment and Review

Client Services Policy #001.3

1.0 POLICY STATEMENT

The purpose of this policy is to ensure that each Blue Mountains Volunteer Home Visitors client participates in assessment and review processes that are appropriate and responsive to their individual needs, respectful of their individual rights, and encourage maximum independence and autonomy.

Holistic approaches will be adopted in conducting assessments, which acknowledge the interdependence of socio-economic, psychological, physical, cognitive and environmental indicators in determining individual wellbeing, as well as the role and place of the individual's culture, customs and beliefs.

2.0 SCOPE

This policy applies to all programs and services of Blue Mountains Volunteer Home Visitors.

4.0 PHILOSOPHY

In supporting our client-focused service delivery model, the community development principle of empowerment drives our operational practices. In accordance with this philosophy we will act to ensure clients and/or their carers/advocates are provided with relevant and appropriate information to enable them to make informed choices from the service options available to them, and that assessment and review processes are conducted in a manner designed to facilitate participation in decision-making processes.

5.0 PROCEDURES

Individual Needs Assessment

Clients will be assessed to determine individual needs, and any service provided will occur in consultation with the client and carer, advocate or guardian where appropriate. The needs of each client are recognised as being individual, and options for service delivery will be provided based on these expressed individual needs.

Holistic client assessments are undertaken by appropriately trained staff. The assessment tools and processes used will reflect the specific needs of the individual client and the requirements of the relevant program guidelines. Specialised assessments will be conducted as required to clearly identify the individual care needs and level and type of support required. Should this involve referral to external clinical specialists, a written consent is required to be obtained (see the attached Client Consent form).

Approved assessment tools are considered to be controlled documents, accessed by staff responsible for conducting assessments. These documents are version controlled and cannot be altered without administrator approval and access

Each individual assessment forms the basis for determining the relative needs and priorities of the client. The Assessed Priority Rating Scale is to be completed, using the assessment information. The "Priority Rating" allocated as a result of this process will determine the frequency and composition of services which may be offered, and is to be recorded in the *HACC Program Client Referrals Record.*

Client Representatives

All clients are to be encouraged to have a representative/advocate or a support person with them during the home assessment. When conducting the individual assessment in the client's home, the relevant Service Coordinator is to also consider the needs of the primary carer, and in consultation with him/her, plan a range of agreed support strategies which may include referral to other services, these needs will be noted in the Carer Support section of the Client Care Plan. Carers with more complex needs due to their circumstances or the complexity of their care recipient will have or an individual full Carer Support Plan developed collaboratively with them (see attached Carer Support Plan).

The client and their representative/support person will be encouraged to actively participate in the assessment process and to express their preferences for how their support needs, including any special needs, may best be met.

Home Safety Assessment

During the initial phone assessment, the phone home safety checklist will be completed with the referrer, the initial phone safety assessment is designed to indicate issues that the worker needs to be aware of prior to the first home visit when the full Home Safety Assessment will be undertaken (see attached the phone home safety checklist and the home safety & risk assessment form). The full home safety and risk management assessment will be undertaken by the relevant Service Coordinator at the initial home visit and face to face assessment for each client. If hazards or safety issues are identified in the home environment which require some improvement actions to protect both the safety of the client and care staff, the problem and possible solutions will be discussed with the client.

Where a safety hazard is identified, a risk assessment using the Risk Assessment Guide is utilised and a Risk Management plan developed and noted on the home safety assessment form and the clients care plan.

No action may be taken to minimise risk from identified hazards without the client's agreement. Blue Mountains Volunteer Home Visitors reserves the right to refuse services

to a client if the environment is considered unsafe for our staff as this represents a breach in our Duty of Care to the workers.

Development of the Client Care Plan

From all the information gathered during the assessment processes, an individual *Client Care Plan* is to be developed by the relevant Service Coordinator, in consultation with the client and his/her chosen representative or support person, to address the clients identified care & support needs. The *Client Care Plan* will document any special needs, record the agreed risk management plans to address any issues of concern, acknowledge and document any agreed carer support strategies, and articulate the client's personal goals for maintaining his/her independence and quality of life.

To support goal attainment for the client, the agreed *Client Care Plan* will explain the client's desired outcome from the service intervention, exactly what type of support will be provided and how frequently, how progress will be measured, and how frequently the care plan will be reviewed. The *Client Care Plan* is to be signed by the client or his/her representative as confirmation of his/her agreement.

A copy of the individual *Client Care Plan* is to be provided to each client as an attachment to their Blue Mountains Volunteer Home Visitors Service *Client Agreement.* The *Client Agreement* has been designed as a generic information support tool, with relevance for clients of all Blue Mountains Volunteer Home Visitors program areas. On acceptance of the agreement, all clients are to sign the Declaration of Acceptance of the conditions.

Should the offer of a copy of the *Client Care Plan* and *Client Agreement* be refused by the client (for example if the client is homeless or at risk of homelessness), the date of offer and refusal is to be recorded on both the care plan document and the agreement, adjacent to the signed confirmation.

Development of the Carer Support Plan

It is acknowledged that for many clients, their capacity to remain living at home is directly related to level of informal support able to be provided by the primary family carer, and the carer's capacity to maintain a safe and supportive environment.

As a standard procedure during each client assessment, the Assessing Officer/Program Manager will discuss the carer's personal support needs with the primary carer, and collaboratively plan an appropriate range of carer support strategies, which will be documented on the *Client Care Plan.*

Where the carer requires a more comprehensive level of support due to high stress, physical or emotional exhaustion or failing personal health (or a combination of these stressors arising from the intensity of the caring role), longer term and/or more intensive interventions for carer support may be appropriate. In these circumstances, the Assessing

Officer/Program Manager is to document the agreed plan for supporting the carer, using the *Carer Support Plan* form.

Consideration of the primary carer's psycho-social and physical support needs is integral to the safety and wellbeing of the client. Where identified risk factors combine to constitute a potential risk of harm, the procedures specified in the individual neighbourhood Centres Workplace Safety Policy are to be followed.

Non-response by Clients to a Scheduled Visit

All clients living alone are to be considered vulnerable. The *Client Care Plan* will document the Risk Assessment, and the Plan to Manage Risk. The *Client Care Plan* is to be attached to the *Client Agreement.*

When a client does not respond to a scheduled visit, the volunteer will:

- Note the date and time,
- Contact the Coordinator /Neighbourhood Centre to inform them,

The Coordinator will:

- Attempt to contact the client,
- Contact the noted Next of kin,
- In some instances contact the police to gain entry to the home

Monitoring and Review

Once registered as a Blue Mountains Volunteer Home Visitors client, the Coordinator from each Neighbourhood Centre is responsible for ensuring a formal reassessment of the client's needs is undertaken twice a year.

Depending on the level and complexity of the client's needs, formal re-assessments may be scheduled more frequently, such as three-monthly. Reassessment can occur at any time as the client and or carers needs change

The specified timeline for each formal care plan review will be documented on the individual Client Care Plan.

Volunteers providing direct client support are responsible for continually monitoring the client's progress and for reporting any changes in health status or support needs to the relevant Coordinator. Services may be modified or changed in response to this informal monitoring, and may lead to a formal assessment review.

Informal Reviews of ongoing service provision are conducted by the Coordinator in the form of phone contact with the client, carer and volunteer, and with the volunteers through regular administrative contact.

It is recognised that different options should be offered to clients/carers and their advocates to encourage feedback on whether the service is meeting the clients/carers' needs and enable them to be actively involved in decisions made about changes to their service provision.

Informal options undertaken by BMVHV include the following:

1 The BMVHV Co-ordinator maintains regular contact with clients either over the phone or through home visits. The BMVHV Co-ordinator will check the following:

- If the needs of the client are changing;
- If the client needs to be referred to other services;
- If the service BMVHV is providing is suitable and relevant for the client;
- If the arrangement made between the client and the volunteer is satisfactory;
- If the day and time the service is provided is still convenient.

Any requests for changes and follow up actions are to be noted in the client's file.

2. The BMVHV Co-ordinator maintains regular contact with the volunteer to obtain feedback on the agreed visiting arrangements. Volunteers informally monitor the client's care and alert the Co-ordinator to the need for changes to the service, or to any risks or issues in relation to the clients' situation. This information is also recorded in the client's file. Where the volunteer does have a concern, the BMVHV Co-ordinator will contact the client directly to follow up the issue or to reassess the client.

3. If a volunteer is receiving complaints about the service from a client/carer or advocate they should contact the BMVHV Co-ordinator and notify them of the nature of the complaint. The volunteer can provide the client with information about making a complaint to the service. The process will follow the individual Neighbourhood Centres procedure

4. Information is provided to the client/carer and family through service literature, which provides updates on BMVHV and information about other services available. The information also offers an opportunity for client/carer input and this is encouraged and supported by the BMVHV Co-ordinator.

5. The BMVHV Co-ordinator consults with other agencies that are involved in the client's care.

Formal review of ongoing service provision

1. BMVHV facilitates a bi annual review of the service provided to every client. This review involves the client/carer, advocate (where relevant) and BMVHV Co-ordinator:
2. Revisiting the initial assessment process to determine any changes to the client needs or situation. Where appropriate, a referral to other service e.g. ACAT for a re-assessment may be relevant;

3. Reviewing the Client Care Plan and the Client and Volunteer Agreement to see if arrangements are still meeting the clients/carers needs;

4. Reviewing input received from the volunteer in terms of the client's needs and the Client and Volunteer Agreement;

5. Discussing various options to meet the needs of the client and reaching an agreement on any changes required to service provision.

Organisation of the review includes the following processes:

1. At the time of initial assessment and the development of the Client Care Plan, the BMVHV Co-ordinator provides details on the bi annual review process;

2. A few weeks prior to the anticipated review date, the BMVHV Co-ordinator contacts the client to organise a review time, date and venue, that is convenient for the client/carer and advocate. A confirmation letter is sent to the client/care and or advocate about the review details. The volunteer is also informed that a review has been arranged.

3. The review process and agreed outcomes are documented in an updated Care Plan. Copies are given to the client/carer and advocate and a copy is held in the client's file

Client Survey

On an annual basis, a client satisfaction survey is either sent out to clients, carers, or conducted with the client over the phone. The process may differ between Neighbourhood Centres. Clients are also given a Tell Us What You Think feedback form, able to be completed at any point.

Reinforcement of Client Rights and Responsibilities

During each formal assessment review, the client is to be reminded again of his/her rights and responsibilities and of the range of services available. The Client Information Checklist can be completed to ensure that the client understands the process and outcomes of review, and then retained in the client file.

Particular attention is to be given to ensuring clients understand and are encouraged to exercise their rights in relation to:

- Receiving a quality service
- Autonomy and choice in decision-making
- Protection of their confidentiality and privacy
- Access to information held about them
- Processes for raising a complaint
- Nominating an advocate

Care Coordination and Delivery

Client Services Policy #001.4

1.0 POLICY STATEMENT

This policy establishes operation guidelines to ensure that each client of Blue Mountains Volunteer Home Visitors receives coordinated and reliable services that respect their individual rights, are responsive to the client's specific needs and preferences, and are delivered in a way that promotes and encourages maximum independence, participation and community integration. Services and programs both within and external to the organisation are coordinated to facilitate a seamless delivery of cross-disciplinary services and community supports.

2.0 SCOPE

This policy is to be applied across the social support services of Blue Mountains Volunteer Home Visitors.

3.0 DEFINITIONS

Coordination is defined as delivery of services in a harmonious and seamless combination.

4.0 PHILOSOPHY

Our primary focus is on achieving positive client outcomes, consistent with the Blue Mountains Neighbourhood Centre's Quality Objectives. It is therefore a strategic priority for us to ensure services are coordinated across the scope of the community care continuum and across the breadth of available community supports to accrue maximum individual benefit and quality of life outcomes.

5.0 PROCEDURES

Coordination of Care

In situations where there is a requirement for Case Management due to the complex needs of the client, the client will be referred to the appropriate agency able to undertake ongoing case management. In coordinating care, and where case management is required by a "Primary agency" the following procedures will be implemented, if not already done so by another agency:

- The BMVHV Co-ordinator will identify the services to be provided by BMVHV;
- The BMVHV Co-ordinator will identify other agencies already providing services, or which may need to provide services to the client;
- The BMVHV Co-ordinator will identify referrals that need to be made to other services;

- With the permission of the client, the BMVHV Co-ordinator will contact the agencies identified above to discuss a Client Care Plan;
- All services involved will identify which agency is the principal service provider;
- Permission will be sought from the client/carer and advocate from the principal service provider to take on the role of case manager;
- The principal service provider will take responsibility for discussing the Client Care Plan with the client/carer and advocate, negotiating any changes required and gaining the acceptance of the plan by the client;
- Client Care Plans should be reviewed at least every twelve months at a meeting convened by the principal service provider;
- The BMVHV Co-ordinator will discuss any change to the level of service provided to a client with the principal service provider;
- Details of the Key Worker and principal service provider who is undertaking the Case Management role will be noted on the Client's file.

Interagency Cooperation and Collaboration

Coordination of care in collaboration with external service providers may be required in order to develop effective responses for clients with complex care needs, for example, arranging required mobility equipment/aids, supplies of continence aids, home modifications to maintain safety and/or independence, home delivered meals, or personal emergency alarms. Staff are expected to utilise the resources and range of services available across the region to plan, coordinate and implement care plans that achieve positive client outcomes.

Where applicable and with the client's consent, staff are to cooperate with external agencies in joint assessment activities (for example, with bi-lingual workers, occupational therapists conducting home modification assessments), sharing of referral data sheets and assessment records between other agencies involved in the client's care, and participation in case management meetings.

Blue Mountains Volunteer Home Visitors staff are expected to establish and nurture close collaborative relationships with other providers across our region to contribute to a more effective use of resources and to avoid unnecessary and inefficient duplication of services. We acknowledge these relationships are consolidated through participation in interagency group meetings, special interest groups, and regional planning forums. It is expected staff will give priority to attendance at these networks to share information and develop collaborative working relationships.

Relationship with Blue Mountains Volunteer Home Visitors Service

As part of the HACC Funding Agreement*, Blue Mountains Volunteer Home Visitors service (BMVHV) is committed to work in co-ordination with other HACC social support services in

the Blue Mountains local government area. In particular, each individual BMVHV will consult and work together across the group of social support services operating out of and auspiced by 4 Neighbourhood Centre's in the Blue Mountains including:-

- Katoomba Neighbourhood Centre
- Mid Mountains Neighbourhood Centre
- Springwood Neighbourhood Centre
- Lower Mountains Neighbourhood Centre.

BMVHV services believe that by working collaboratively, the best outcomes for clients and carers can be achieved in the Blue Mountains, including:

- Clearly defined service delivery catchment areas within the Blue Mountains local government area for each service,
- Prompt and timely referrals across services,
- Sharing of knowledge and skills,
- Shared volunteer training and support for volunteers,
- Improved planning and evaluation processes particularly taking into account special needs groups in the Blue Mountains,
- Cost and time effective promotion and publicity for the service,

PROCEDURES

KVHV will work with BMVHV in the following ways to achieve positive outcomes for clients and their carers in the Blue Mountains.

1. Service Co-ordination - BMVHV meets every second month to report on activities in each of the four services, to share information received from other sources relevant to service provision, to review progress towards planned outcomes and targets, to ensure compliance against ADHC guidelines, and to coordinate joint activities, including service promotion and volunteer recruitment and training.
2. The BMVHV Coordinators play an active part in the Blue Mountains Community Care Interagency attending all monthly meetings as standing members
3. Service Planning and Evaluation and Program Development – Coordinators of each of the four services use the regular second monthly meetings to conduct ongoing planning and evaluation. In the first quarter of each financial year a Planning Day will be held to evaluate progress and plan for the year ahead.

Representatives from other BM HACC services are invited to contribute at this annual planning day.

4. Volunteer Recruitment and Training - Promotion of the Service to potential volunteers is a joint undertaking of the BMVHV. Advertising is placed in the local media at least twice per year. Orientation training is conducted by a HACC funded or other suitable qualified trainer. A joint BMVHV training schedule is compiled each year to address other training needs identified in each of the four services.
5. Shared promotion and publicity - The BMVHV service, via the meetings of coordinators, design and maintain standard pamphlets and flyers for distribution to clients and potential volunteers. There is a coordinated approach to networking with other services, including attendance at monthly HACC and Community Care meetings. Other promotion and publicity activities are discussed and planned at coordinators meetings and implementation is shared between the four coordinators.

Brokerage and Outsourcing

Where a Blue Mountains Volunteer Home Visitors' Coordinator believes it to be in the best interests of an individual client to enlist the support of another service provider to address a client's special needs, we assert our right to establish brokerage arrangements with that provider to deliver services on our behalf (for example, for provision of a bi-lingual, bi-cultural care worker). This strategy is designed to strengthen our service delivery capacity in provision of individually responsive and flexible services. Similarly, where a particular qualification, competency and skills set exist within our own staff team, their services may be brokered to other providers to enhance their service options in delivering an optimum client outcome.

Formal agreements are to be entered into for all brokerage situations to provide confidence in the delivery of continuous, sustainable, high quality services. Individual service agreements or contracts will be developed for each brokerage agency covering the period of brokerage or service provision, as per the policy of the individual neighbourhood Centre or a program's Lead Agency (e.g. Katoomba neighbourhood Centre for the Blue Mountains HACC program). A brokerage service agreement will clearly state the expected deliverables in relation to the type and frequency of service and anticipated quality of output, agreed payment arrangements, responsibilities of each party, review mechanisms, and processes for dispute resolution.

Where a service or part of a service is outsourced to a third party (for example, provision of catering for a community education program), it is the responsibility of the respective Coordinator to ensure that the product or service provided by the third party is monitored

and evaluated against specified quality criteria (for example, through use of the *Training Evaluation* form to assess participant satisfaction).

Principles of Service Delivery

Blue Mountains Volunteer Home Visitors provides only social support services and does not provide medical or health services. For clients with complex care needs, where support is not already in place, referral processes to appropriate services are followed. Gaps and issues relating to special needs groups are discussed at HACC (also referred to as Community Care) Forum meetings, and at Blue Mountains Volunteer Home Visitor Service Co-ordinators' meetings.

Blue Mountains Volunteer Home Visitors is committed to the ongoing professional development and training of staff and volunteers to ensure an appropriate range and level of skills and competencies in delivering planned services (refer to Human Resource Management Policy #002.4 *Strategic Performance Management* for further information). Wherever possible, staff rosters and allocation of volunteers will consider the best possible match of skills against individual client needs. The Coordinators are responsible for ensuring relevant volunteers are kept informed of care plan changes or modifications in response to progression in goal attainment or changing health status. Volunteers are responsible for immediately notifying the relevant Coordinator of any client concerns or changes in health status (refer to Information Policy #006.1 *Internal Communications* for further information).

The social and emotional needs of clients are also taken into account in care planning and delivery. Within the capacity of Blue Mountains Volunteer Home Visitors to deliver support, clients are to be encouraged and assisted to maintain their preferred community involvements and personal social networks, to enable an optimal level of independence, community participation and integration. We acknowledge each client as an individual, and care planning and delivery processes are to be as flexible and responsive as possible to individual needs and circumstances. The coordination of service delivery activities is directed towards achieving this goal.

Client Assistance in Exercising their Rights

All staff and volunteers of Blue Mountains Volunteer Home Visitors are expected to acknowledge the rights of each individual client and to support him/her in exercising those rights. Staff and volunteers will be provided with information on client rights and responsibilities during their induction program. This is a mandatory training requirement. The induction program includes familiarisation with all operational policies, and each member's responsibility to understand and comply with documented procedures. All staff

are required to sign an *Induction Checklist* to verify completion of the induction program and their acceptance and understanding of the information provided.

Clients of Blue Mountains Volunteer Home Visitors services will be assisted by staff in exercising their right to:

- Decline an offer of service without penalty
- Be treated with dignity and respect
- Have their individual customs, culture and religious beliefs respected without discrimination or prejudice
- Have a support person or advocate of their choice present during any care-related discussions
- Have their personal information, and/or their personal images or photographs protected in accordance with our legal obligations to them, and only released with their written consent
- Request access to any personal information we hold about them
- Make a complaint without fear of retribution.

We acknowledge that with rights come reciprocal obligations which may impact on the rights of others. Staff and volunteers will ensure clients are informed of their responsibility to:

- Treat staff and other clients of Blue Mountains Volunteer Home Visitors with respect and courtesy
- Provide a safe work environment for care workers coming into the client's home
- Accept responsibility for the results of any decisions or choices they make in relation to the care and support they receive.

Client Records

The Coordinator is responsible for ensuring that a new client file is established within five working days of the initial home visit. The standard data collection is to include a complete record of referrals, assessed priority rating scale, completed assessment tools, safety checklists and risk management plans, signed care plan and agreement, signed consent form, client profile and entry data, emergency contacts and next of kin details, and signed information checklist.

Where relevant, a copy of the *Carer Support Plan* and *Notification of an Advocate or Support Person* is also to be included in the client file, as well as other applicable records *Feedback Forms* submitted by the client. Progress reports and/or instructions from external agencies (for example, from ACAT) are to be included in the relevant section in the client's file.

The Coordinator is responsible for ensuring client file updates of progress notes, formal review documentation, and outcome assessments are promptly recorded in the client file.

Progress Notes

The progress notes are to document the individual client's progression in reaching his/her personal goals and/or changing care and support strategies to enable goal attainment, and results of care plan monitoring processes. All entries are to be dated, clearly legible, and include the designated position title and signature of the staff member making the record entry.

The Coordinator involved in the individual client's care is required to record details of the client's progress and changes on a regular basis in the progress notes.

Matching Clients to Volunteers

The BMVHV Service Coordinator is responsible for matching the client to the most appropriate Volunteer Home Visitor. All care will be taken to match the client and volunteer to best meet the stated needs of both the client and the volunteer. Volunteer selection and recruitment processes facilitate identifying and understanding the strengths, backgrounds, interests experience and qualities of prospective volunteers and clients. The Coordinator endeavours to find the best fit between client and volunteer that will result in the development of a meaningful, social supportive care relationship.

After the Service Coordinator selects the client volunteer match, an initial visit is arranged between the volunteer and the client as a preliminary social visit. After the initial visit the Service Coordinator will contact both the client and volunteer and discuss the visit to assess:-

- Ease of visit for both parties
- Levels of client comfort with the volunteer
- Areas of shared interest
- Likelihood of an on-going match

If both the client and the volunteer indicate willingness for an on-going match the Service Coordinator will formalise the Client and Volunteer Home Visitor Arrangement outlining:

- The purpose of the regular visits
- The frequency of the regular scheduled visits
- Summary of the volunteer home visitors primary roles and responsibilities when working with the client
    - Provision of company, support, respite
    - Engagement in conversation and time sharing with client

    - Assistance with support tasks e.g. library book pick-ups/delivery from the home library service; supplementary shopping
    - Client outings (following discussion with Service Coordinator and assessment of risks)
- The agreed availability of the volunteer and the tasks/activities to be supported
- Volunteer requirements around privacy of their contact details including phone contacts

Clients will be informed at the initial home assessment undertaken by the Service Coordinator of the limitations of the volunteers' role including:

- Volunteer Home Visitors cannot assist with personal care needs, medication administration or medical transport
- Volunteer Home Visitors are not permitted to give advice on financial matters, access client bank accounts, pay bills for the client or accept money from the client
- Volunteer Home Visitors are not permitted to give advice or opinion on legal, religious, political or medical matters
- The Volunteer Home Visitor will not interfere or persuade the client in any matter or intervene in the clients family matters
- The Volunteer Home Visitor will not represent the client in any situation or circumstance or make decisions on behalf of the client, in the instance the client requests this support the volunteer visitor will notify the Service Coordinator to facilitate an advocate or guardian

The Rights of the Volunteer Home Visitor

The Volunteer Home Visitor has the right to:

- Be treated with dignity and respect
- Be available to the client only as agreed to in the Client Volunteer Agreement
- Refuse assistance requests outside the agreed conditions of service within the Client Volunteer Agreement
- Have time off due to sickness, holidays or other personal commitments. Holidays and time for personal commitments will be negotiated with the Service Coordinator who will arrange relief client support during these periods if required
- Maintain an opposing view to the client on matters of social context. In these instances the volunteer is coached around not engaging in the conversations , politely declining to comment
- Have access to education and training that will assist them maintain a therapeutic relationship when working with the client

The Service Coordinator is responsible for ensuring that the client fully understands the service being offered and the limitations of the service. The Coordinator has responsibility for ensuring that the Volunteer Home Visitor is provided with adequate support, supervision, education and training

to perform their role satisfactorily and within a person centred framework. The Coordinator will be available to negotiate, discuss or assist with any issues arising regarding the Client Volunteer Agreement, or any issue arising from regular visits. The Coordinator will actively deal with any issues which may place the Client or the Volunteer Home Visitor at risk trough the delivery of the service.

Complaints and Feedback

Client Services Policy #001.5

1.0 POLICY STATEMENT

The purpose of this policy is to establish an effective and consistently applied framework for the management of complaints and feedback so that Blue Mountains Volunteer Home Visitors services, activities, systems and processes can be continuously improved. Underpinning our Complaints and Feedback Policy and our procedures for resolution are principles of natural justice, and we support the right of clients and stakeholders to equal and fair treatment, to protection of confidentiality, to promptness of response, and to access to advocacy support. . This policy needs to be read in conjunction with the Katoomba Neighbourhood Centre (KNC) Complaints Management & Resolution Policy (Human Resources Policy #7).

2.0 SCOPE

This policy is to be followed by staff for all feedback, complaints or concerns received in relation to the provision of Blue Mountains Volunteer Home Visitors services.

3.0 PHILOSOPHY

Our organisational values confirm our commitment to quality in client services. Quality is ultimately determined by the client, and it is therefore critical that we encourage feedback from clients, and that the information received is linked into action planning cycles for continuous improvement. Any complaints, concerns or suggestions regarding the planning and operation of our service will therefore be welcomed as opportunities for improvement. Clients, their carer or advocate can nominate the KNC staff person they wish to have as the key contact regarding the complaint (where the staff member agrees). Where the client nominated staff person is considered to be part of the investigation of the complaint then the client will be given assistance to select another key contact.

4.0 PROCEDURES

Informing Clients

On entry to the service all clients are presented with an information package that includes a copy of the "Tell Us What You Think" *Feedback Form.* Clients and their representatives are advised that if they should need assistance in completing the form, such assistance will be provided. The processes for raising a complaint, and those for accessing external complaints resolution support mechanisms, are explained in the *Client Conditions of Service and the Complaints Flowchart.* Clients are informed of their right to access and be

supported by an independent advocate of their choice to assist them through the complaints process, or that a relevant KNC staff member will assist them to lodge a complaint, assist them to complete the KNC Complaints Record form, or complete and action a KNC Verbal Complaints form. Reminders of our complaints process are given at each formal review meeting. Clients will be provided with information on the NSW Ombudsman contactable on 1800 451 524; Aged Care Complaints Scheme on 1800 550 552, Aged Care Advocacy on 1800 700 600; the Commonwealth Ombudsman on 1300 362 072 and any other relevant agencies.

Clients are required to sign and date the Client Agreement & Consent form to confirm their understanding and acceptance of the information provided on their conditions of service including their rights and responsibilities, the right to make a complaint without fear of retribution, and to expect a fair and just resolution to their problem.

Clients, their carer or advocate can nominate the KNC staff person they wish to have as the key contact regarding the complaint (where the staff member agrees). The staff member nominated by the client as the key contact may not be the person carrying out the full investigation of the complaint, but they will have access to all relevant information and processes to be able to work with the client or their nominated advocate around the complaints investigation & resolution process. Where the client nominated staff person is considered to be part of the investigation of the complaint then the client will be given assistance to select another key contact.

Encouraging Feedback

All input from clients and stakeholders is valued, and we aim to remain open to positive change and development. Our quality commitment is verbally explained to clients on entry to any Blue Mountains Volunteer Home Visitors service, and is reinforced in writing in the *Client Agreement.* Clients are to be encouraged to raise any concerns or complaints if they are dissatisfied with any areas of service delivery. They are to be reassured that all complaints or concerns raised will be dealt with in a fair, prompt and confidential manner, and will not result in discriminatory treatment or retributive action toward them. Clients are to be assured that by raising their concerns or complaints they will be making a positive contribution towards assisting us improve services for themselves and others.

Processes for Raising a Complaint or Concern

Client/carer feedback is obtained both formally through bi-annual service reviews and surveys and informally on an ongoing basis to ensure accessibility and relevance of service provision. Feedback is also obtained from volunteers through an annual review process and informally at support meetings and individual phone calls. The feedback obtained from these processes will inform BMVHV Planning. Clients, carers and volunteers are also invited to participate in BMVHV Planning, Neighbourhood Centre Annual General Meetings and

representatives are invited to become members of relevant BMVHV's Service Advisory Group(s).

Our standard procedure for raising a complaint or concern is through completion of a "Tell Us What You Think"

Registering Complaints

All complaints received are to be documented on the relevant Neighbourhood Centres complaints forms for verbal and formal written complaints, the complaints will then be recorded in the relevant Neighbourhood Centres Complaints Register. The staff member receiving the complaint is responsible for ensuring the initial entry has been made and notifying the relevant manager

Anticipated Response Timeliness

Complaints received are expected to be dealt with promptly. A response to the complaint is to be initiated within two working days of its receipt. It is anticipated that the majority of complaints will be able to be resolved to the complainant's satisfaction within 30 days of the complaint being raised.