[insert organisation name/logo]

Service Entry Policy

Document Status: **Draft or Final**

Date Issued: **[date]**

Lead Author: **[name and position]**

Approved by: **[insert organisation name] Board of Directors on [date]**

Scheduled Review Date: **[date]**

Record of Policy Review

Review Date	Person Initiating/Leading Review	Other People Consulted

Triggers for Policy Review (tick all that apply)	
☐ Standard review is timetabled.	☐ Internal / organisational factors
☐ A gap has been identified	☐ A stakeholder has identified a need, eg by email, telephone etc
☐ Additional knowledge or information has become available to supplement the policy.	☐ A serious or critical incident has occurred, requiring an urgent review.
☐ External factors	☐ Need for consistency in service delivery across programs and organisations.
☐ Policy is no longer relevant/current due to changes in external operating environment.	☐ Separate, stand-alone policy is now warranted
☐ There are changes to laws, regulations, terminology and/or government policy.	☐ A near miss has occurred, requiring a review to prevent a serious/critical incident in the future
☐ Changes to funding environment, including requirements of funding bod(y)ies	
☐ Other (please specify).	

Additional Comments	[*for example, policy now covers details related to new legislation*].

Service Entry Policy

1. Purpose and Scope

This purpose of this policy is to ensure that:

- access to **[insert organisation name]** programs is reasonable and equitable
- entry processes to **[insert organisation name]** are made known to the community it serves
- entry processes are efficient
- people who approach **[insert organisation name]** for support experience a clearly defined pathway.

This policy applies to all **[insert organisation name]** programs and all staff involved in providing personal support.

This policy is implemented in conjunction with the Individual Supports Policy, and Personal Records Policy.

2. Definitions

Access is a way of approaching or entering a service.

Equity refers to fairness, impartiality.

An Entry Pathway is a clear process for approaching or entering a service.

Priority of Access refers to specific circumstances which, when demand for services is greater than the amount of services available, are taken into consideration to determine a person's relative priority for entering a service.

3. Principles

People with lived experience of mental illness/recovery:
- should have access to information in appropriate formats about the programs and services they use
- have the right to participate in all aspects of the community including the opportunity to contribute to its social, political, economic and cultural life
- have the right to participate in all decision-making processes that affect their lives.

[insert organisation name] should be clearly accountable for the provision of access to its programs, facilities and services for people with lived experience of mental illness/recovery. This includes specifying, and reporting on, outcomes.

Mainstream programs, services and facilities should be available to people with lived experience of mental illness/recovery.

The requirements of people with lived experience of mental illness/recovery should be taken into account at all stages in the development and delivery of **[insert organisation name]** programs and services

People who are not accepted into the organisation's services or programs, or who need a broader range of supports, are offered assistance to approach other services for the support they need.

The person referred for, or receiving, services should be central to all activities related to service entry.

4. Outcomes

Programs provided by **[insert organisation name]** are promoted in a manner which facilitates equity of access.

[insert organisation name] programs are accessible to people who seek and need them, and are provided in a manner that is equitable, appropriate and sensitive.

5. Functions and Delegations

Position	Delegation/Task
Board of Directors	Endorse Service Entry Policy.
Management	Endorse Service Entry Policy. Compliance with Service Entry Policy.
Staff	Compliance with Service Entry Policy.

6. Risk Management

Staff with responsibility for program entry and support are appropriately trained and/or qualified, and engage in ongoing professional development.

Intake and assessment identifies consumers at risk of suicide and/or self harm. Refer to Dignity of Risk Policy for further detail.

All staff with responsibility for consumer intake and assessment are introduced to this policy during staff induction/orientation.

7. Policy Implementation

This policy is developed in consultation with staff, consumers and carers and is approved by the Board of Directors.

This policy is part of staff orientation/induction processes and all staff are responsible for understanding and adhering to it.

This policy is reviewed in line with **[insert organisation name]**'s quality improvement program and/or relevant legislative changes.

8. Policy Detail

8.1 Consumer Access

Programs provided by **[insert organisation name]** will be promoted in a manner which facilitates equity of access.

 [insert organisation name] services and programs are accessible to all those who seek and need them, and are provided in a manner that is equitable, appropriate and sensitive.

Services and programs are open to people regardless of race, age, language, gender, marital status, country of origin, cultural background, political affiliation, religion, involvement with the criminal justice system, sexual preference, previous employment or employment status or disability, unless specific service and program eligibility criteria are established.

Where specific service and program criteria have the potential to restrict access to certain people, the eligibility and access criteria are clearly communicated, promoted and complies with anti-discrimination legislation.

Eligibility criteria for **[insert service and/or program name]** are as shown in Service Entry Information

Information about Access
The process of access to **[insert organisation name]** programs is made known to consumers, carers, advocates, applicable stakeholders (including employers), other agencies and service providers.

[insert organisation name] displays posters and brochures in public areas, making the information available through a website and through other means as appropriate to the needs of the catchment community.

Information about access to **[insert organisation name]** programs is available in plain English, other languages, and other formats appropriate to its primary service user target groups.

Access Barriers to **[insert organisation name]**
[insert organisation name] takes relevant steps to reduce physical, cognitive, behavioural and language access barriers for potential service users and carers.

8.2   Consumer Intake

Staff undertake intake processes with potential consumers to:

- determine eligibility
- identify participant's goals (personal, vocational and non-vocational)
- identify initial preferences and needs (including but not limited to training/employment, accommodation support and social/leisure/recreational needs))
- identify consumer's goals (personal, vocational and non-vocational)
- provide information regarding specific services and programs
- provide information about the intake and assessment process
- provide information about other requirements for entry to the service/program
- commence developing consumer rapport.

Those responsible for conducting consumer intake processes are **[insert relevant positions].**

[name of organisation] has a roster system for consumer intake with each **[insert relevant positions]** allocated intake duties**. [insert specific details about how intake occurs at the organisation e.g. by daily roster, or on certain days, by appointment only, with a single or a number of staff, whether a medical practitioner is on staff or a medical referral is required].**

The consumer intake is guided by a [**participant referral and/orconsumer intake form]** which records the following details:

- Consumer name, date of birth, gender
- Other Minimum Data Set information as required by the organisation and/or funders
- **[insert other details]**
- **[insert other details]**
- **[insert other details]**

8.3   Consumer Consent and Information Collection

Consumers must provide informed consent for the organisation to undertake an intake and assessment process. Consent is given verbally and/or in writing. Where the consumer comes into contact with the organisation through a third party referral, consent is confirmed directly with the consumer before commencing an intake and/or assessment process.

Consent is documented on participant referral and/orconsumer intake forms and consumer file notes.

When people apply for entry to **[insert organisation name],** information is sought in order to determine whether or not the particular program is equipped to respond to the person's particular situation and needs. The type of information collected by **[insert organisation name]** includes, but is not limited to:

[insert information … examples follow…
- *carer support arrangements*
- *level of risk the consumer presents to themselves and others*
- *the consumer's knowledge of how to maintain a healthy lifestyle and reduce the risk of mental health problems*
- *individual circumstances of the needs of the consumer and carers that may affect service delivery*
- *consumer's economic situation, social circumstances and level of education, employment history and any current employment.*
- *details of present health and medical history*
- *the consumer's diagnosis and history of previous mental health issues (where appropriate)*
- *functional and emotional status, including the consumer's ability to communicate and care for themselves]*

With the consumer's informed consent, contact will be made with health and other service providers involved in earlier stages or episodes of treatment, care and support to obtain applicable information as soon as practicable toward making an eligibility decision or after the consumer enters the service to facilitate service planning.

8.4   Pathway for Entry into [insert organisation name]

 [insert organisation name] has one entry point for the system of referral, entry and assessment for each program it delivers.

Information about this entry point is shown in Service Entry Information. Information about the entry pathway is provided to referring agencies.

[insert organisation name]'s target group is **[insert details, eg people living in xxxx who need mental health support]**. More specific target groups are described in each program's eligibility criteria.

[insert organisation name] has clear criteria for entry, and a process for allocating priority access, to services.

Eligibility criteria are described in <u>Service Entry Information</u>

8.5   Response to Enquiries

[insert organisation name] informs people making inquiries about its:
eligibility criteria;
waiting list procedures (if any);
protocol for determining priority of access; and
the type of information collected.

The **[insert organisation name]** service entry policy and procedure is made available to those inquiring about gaining entry to its programs.

8.6   Priority of Access

When demand for services exceeds available resources, **[insert organisation name]** uses priority access criteria to determine which individuals have priority.

Priority access criteria for particular programs are shown in <u>Service Entry Information</u> and include:
- Risk to others
- Risk to self
- Absence of, or diminished, natural support network
- Need for life skills (e.g., relationships, housing, self-care, finance, employment, education, health, leisure)
- Personal distress
- **[insert criterion]**

Priority access is clearly communicated, promoted and complies with anti-discrimination legislation.

8.7   Decisions about Service Entry

Where a potential conflict of interest may arise regarding whether or not to accept a person into the service, **[insert organisation name]** ensures that intake documentation processes and decisions are carried out by employees who have no

conflict of interest. If this is not possible, **[insert organisation name]** involves an objective external person to assist in making this decision.

It will be decided that, in relation to the applicant, **[insert organisation name]** will:
- provide a service
- provide a service in collaboration with another organisation
- make a referral to another organisation
- not provide a service
- place the request on a waiting list for an eventual service from **[insert organisation name]**

If a potential consumer is eligible for **[insert organisation name]** services and programs, **[insert actions, e.g. appointment made for assessment, admitted to the program].** Only consumers registered through the entry procedure receive services.

If a potential consumer is not eligible for **[insert organisation name]** programs or has a low priority for its services, or the potential consumer chooses not to continue with the process, a referral may be made to another appropriate service. Written reasons for decisions taken to refuse entry to the service are provided to the applicant. Where consumers are in distress **[insert actions].**

Potential consumers who are assessed as at risk of suicide and/or self harm will be responded to following the <u>Dignity of Risk Policy</u>.

8.8   Waiting list
Where demand for services/programs exceeds capacity, the organisation maintains a consumer waiting list.

[insert consumer waiting list management details, including requirements for potential consumers to maintain contact, maximum number of potential consumers on waiting list, interim support services, referral, etc].

Only eligible individuals are registered on the waiting list. The applicant is fully involved in the registration process, with support or by representation if necessary.

[insert organisation name] has a procedure for managing applicant inquiries to ensure a timely response and subsequent registration if appropriate.

8.9   Initial Discussion

An Initial Discussion will occur:

- for the consumer to indicate that s/he consents to **[insert organisation name]** providing support
- for the consumer and support worker to begin to get to know each other,
- to let the consumer know more about what to expect from **[insert organisation name]**
- for the consumer to tell the support worker more about what is needed,
- to find out if there is anyone the consumer would like **[insert organisation name]** to share personal information with.
- to begin to identify goals, to work towards (e.g., personal, vocational and non-vocational).
- To provide the consumer and their nominated support network with information (See Participant manual for more details).

8.10   Consumer Support on entry

[will vary according to the service type, size of the organisation, and staffing arrangements in the service]

[insert organisation name]   will appoint a key worker/Service Coordinator to coordinate services and liaise with others who are also providing services to the consumer. Consumers and carers will be advised who this person is and of any subsequent changes.

8.11   Documentation

All potential consumer intake information is recorded and filed **[insert location and process]**.

[if appropriate to the type of services being delivered] A personal file, incorporating a health record, will be developed when a consumer enters the service.

The personal file may include:
- consent forms signed by the consumer and appropriate service provider staff
- the consumer's service choices and recovery goals and how the consumer sees the services provided as contributing to the achievement of those goals
- information about the consumer's referral and service history
- training, education and employment history and/or consumer's résumé
- documentation of service links and coordination and communication with others who are providing, or have provided, services to the consumer
- details of the integration of the service with other providers and arrangements for collaboration
- the least restrictive environment within which services can be provided to the consumer
- consumer's exit plan.

All consumer assessment information is recorded and filed in individual consumer files and secured **[insert where files are kept and access procedure].** Further information is included in the Personal Records Policy.

Reports and information prepared for a third party are done with consumer consent unless it relates to a child protection concern (refer to the Abuse & Neglect Policy for further information) or concern for the person or another person's safety.

Third party reports are:

- to include only relevant and important information
- concise, clear, simple and objective
- avoidant of value statements
- exclusive of ambiguous terms, bias and jargon
- inclusive of the source of information noted
- marked 'strictly confidential'.

8.12   Assessment

Assessment is not seen as a 'one-off' event, but as a process which requires regular revisiting to reflect changes in consumers' needs, preferences and goals.

Evidence based assessment tools and methods are used as appropriate to the types of services provided. They may include values and support preference interviews, strengths worksheets, functional assessments, family input, suicide and other risk assessment, problem oriented assessment, formulation and mental status examination, skills assessment, vocational assessments.

Understanding Values
[insert organisation name] focuses on understanding people's values, beliefs and preferences, in order to assist with recovery planning.

Identifying Strengths
Consumers are supported to identify strengths in areas such as daily living, finances, work, education, leisure, social networks, health, spirituality and culture.

[insert other approaches to assessment by the organisation]

There may be assessment of:
- risk of harm to self and others
- the least restrictive environment in which supports can be provided
- the extent to which mainstream community services can be utilised to support the consumer's progress.

The person referred for, or receiving, services should be central to all activities related to assessment, including being present for assessment activities where possible.

When specific assessment tools require use by appropriately qualified staff, they are done so by staff experienced and trained in using the tool.

With the consumer's informed consent carers, other service providers and others nominated by the consumer are included in assessment.

Where possible, assessment will occur in a consumer's preferred setting with consideration of safety for all involved. Telephone and video technologies may be used when face-to-face assessment is not possible due to distance, or if it is the consumer's preference.

If the consumer withholds consent for an assessment considered important by **[insert organisation name]** there will be consideration of the risks to the consumer, staff and other consumers of providing the service without the necessary background information and considering necessary eligibility to services may be determined by an assessment.

[insert organisation name] has a procedure for appropriate follow-up of those who decline to participate in an assessment.

Assessments conducted during first and subsequent contacts are recorded in the consumer's personal file, including information about:

- who was involved in the assessment, including the consumer, the referrer, other service providers, and families and carers.
- the consumer's informed consent about what information will be shared by **[insert organisation name]**, and with whom and how it will be shared
- the consumer's informed consent for information to be obtained from others
- support choices offered
- initial recovery goals.

8.13   Review

Review practices have progress towards achievement of the consumer's recovery goals as the primary focus.

[insert organisation name] conducts a review of a consumer's ***[treatment, care and support]*** recovery plan at least every three months, and when the consumer:

- requests a review
- declines support
- is at significant risk of injury to themselves or another person
- receives involuntary treatment or is removed from an involuntary order
- is transferred between service sites
- is going to exit the organization
- any change in consumer's circumstances
- vocational changes, such as commencing employment or ceasing employment
- is observed through monitoring of their outcomes (satisfaction with service, measure of quality of life, measure of functioning) to be moving further away from their recovery goals.

Reviews may include:
- re-assessment of identified risk and the least restrictive environment in which services can be provided.
- the extent to which mainstream community services can be utilised to support the consumer's continued progress.

8.14 Individual Recovery Plan

The individual interdisciplinary *[treatment, care and support]* recovery plan, or <u>Recovery Plan</u>, is developed by, and in consultation with, the consumer.

The <u>Recovery Plan</u> commences development when a consumer enters the service. Consumers will be encouraged to self-determine recovery goals and strategies. Support for goal development will be provided as is needed. With the consumer's informed consent, their carer, will be involved in development and review of the <u>Recovery Plan</u> and copies of the plan are available to the consumer and carer.

 [insert organisation name] ensures that it collects, reviews and records information that is appropriate to the service type and consumer's individual needs and recovery goals.

See <u>Individual Supports Policy</u> for more information.

9.   References + Resources

9.1   Internal

Abuse and Neglect Policy
Dignity of Risk Policy
Feedback and Complaints Policy

Individual Supports Policy
Integration Policy
Participation Policy
Personal Records Policy
Participant manual
Promotion & Prevention Policy
Rights & Responsibilities
Service Coordination Policy

9.2   External

Mercy Community Services (2011). Service Access and Equity
Policy, http://www.mercyservices.org.au/images/stories/PDFs/Policies_page/E/E.02_
Service_Access__Equity.pdf   accessed 6th May, 2011

NADA Intake and Assessment Policy.
http://www.nada.org.au/index.php?option=com_content&task=view&id=236&Itemid=
44   accessed 6th May, 2011

Commonwealth of Australia (2010). Implementation Guidelines for Non-government
Community
Services http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-
i-nongov
accessed 6th May, 2011

Bird V, Leamy M, Le Boutillier C, Williams J, Slade M (2011) *REFOCUS: Promoting
recovery in community mental health services*, London:
Rethink. http://www.mentalhealthshop.org/products/rethink_publications/refocus_pro
moting_re.html   accessed 10th May, 2011

9.3   Quality and Accreditation Standards

EQuIP4

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 1.1: Consumers/patients are provided with high quality care throughout the
care delivery process.

Criterion 1.1.1: The assessment system ensures current and ongoing needs of the
consumer/ patient are identified.

Standard 1.2: Consumers/patients/communities have access to health services and care appropriate to their needs.

Criterion 1.2.2: Access and admission to the system of care is prioritised according to clinical need.

EQuIP5

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 1.1: Consumers/patients are provided with high quality care throughout the care delivery process.

Criterion 1.1.1   Assessment ensures current and ongoing needs of the consumer / patient are identified.

Standard 1.2: Consumers/patients/communities have access to health services and care appropriate to their needs.

Criterion 1.2.2: Access and admission/entry to the system of care is prioritised according to healthcare need.

Health and Community Service Standards (6th edition)

Provided by the Quality Improvement Council (QIC)

Standard 2.2: Services and programs are provided in an effective, safe and responsive way to ensure positive outcomes for consumers and communities.

Evidence Questions: What is the evidence that:

a) interventions and actions are based on assessment and planning?
b) services and programs are managed to ensure positive outcomes for consumers and communities?
c) information about the rationale, risks and effect of services and programs is routinely provided to consumers and communities?
d) consumers and communities participate in decision-making about services and programs they receive?
e) services and programs are safe and risks are identified and addressed?
g) intake is integrated and priority-based?

9.4   National Mental Health Standards

Criterion 6.1: Consumers have the right to be treated with respect and dignity at all times.

Criterion 6.3: Consumers have the right to receive a written statement, together with a verbal explanation, of their rights and responsibilities in a way that is understandable to them as soon as possible after entering the MHS.

Criterion 6.8: Informed consent is actively sought from consumers prior to any service or intervention provided or any changes in care delivery are planned, where it is established that the consumer has capacity to give informed consent.

Criterion 10.2.1: Access to available services meets the identified needs of its community in a timely manner.

Criterion 10.2.2: The organisation informs its community about the availability, range of services and methods for establishing contact with its service.

Criterion 10.2.3: The organisation makes provision for consumers to access acute services 24 hours per day by either providing the service itself or information about how to access such care from a 24/7 public mental health service or alternate mental health service.

Criterion 10.2.4: The organisation, wherever possible, is located to provide ease of physical access with special attention being given to those people with physical disabilities and / or reliance on public transport.

Criterion 10.3.1: The organisation has a written description of its entry process, inclusion and exclusion criteria and means of facilitating access to alternative care for people not accepted by the service.

Criterion 10.3.2: The organisation makes known its entry process, inclusion and exclusion criteria to consumers, carers, other service providers, and relevant stakeholders including police, ambulance services and emergency departments.

Criterion 10.3.3: The organisation has a documented system for prioritising referrals according to risk, urgency, distress, dysfunction and disability with timely advice and / or response to all those referred, at the time of assessment.

Criterion 10.3.4: The entry process to the organisation is a defined pathway with service specific entry points that meet the needs of the consumer, their carer(s) and its community that are complementary to any existing generic health or welfare intake systems.

Criterion 10.3.5: Entry to the organisation minimises delay and the need for duplication in assessment, treatment, care and recovery planning and care delivery.

Criterion 10.3.6: Where admission to an inpatient psychiatric service is required, the organisation makes every attempt to facilitate voluntary admission for the consumer and continue voluntary status for the duration of their stay.

Criterion 10.3.7: When the consumer requires involuntary admission to the organisation the transport occurs in the safest and most respectful manner possible and complies with relevant Commonwealth and state / territory policies and guidelines, including the National Safe Transportation Principles.

Criterion 10.3.8: The organisation ensures that a consumer and their carer(s) are able to identify a nominated person responsible for coordinating their care and informing them about any changes in the care management.

Criterion 10.4.1: Assessments conducted and diagnoses made are evidence-based and use accepted methods and tools, as well as Internationally accepted disease classification systems.

Criterion 10.4.2: Assessments are conducted during the consumer's first contact with the organisation by appropriately qualified staff experienced and trained in assessing mental health problems, and where possible in a consumer's preferred setting with consideration of safety for all involved.

Criterion 10.4.3: The organisation, with the consumer's informed consent includes carers, other service providers and others nominated by the consumer in assessment.

Criterion 10.4.4: The organisation actively plans as early as possible in the course of psychiatric inpatient admission, for the discharge of the consumer from inpatient care.

Criterion 10.4.5: The organisation conducts a review of a consumer's treatment, care and recovery plan when the consumer:
  • requests a review
  • declines treatment and support
  • is at significant risk of injury to themself or another person
  • receives involuntary treatment or is removed from an involuntary order
  • is transferred between service sites
  • is going to exit the organisation
  • is observed through monitoring of their outcomes (satisfaction with service, measure of quality of life, measure of functioning) to be in decline.

Criterion 10.4.6: The organisation conducts assessment and review of the consumer's treatment, care and recovery plan, whether involuntary or voluntary, at least every three months (if not previously required for reasons stated in criteria 10.4.5 above).

Criterion 10.4.7: The organisation has a procedure for appropriate follow-up of those who decline to participate in an assessment.

Criterion 10.4.8: There is a current individual interdisciplinary treatment, care and recovery plan, which is developed in consultation with and regularly reviewed with

the consumer and with the consumer's informed consent, their carer(s) and the treatment, care and recovery plan is available to both of them.

9.5 Recovery Oriented Service Self-Assessment Tool (ROSSAT)

Evidence items are:

Item 1.2f: Policy and procedures are accessible and applied in practice and describe the support, treatment, recovery plans and advance directives which are:
- Developed by the person, in partnership with workers and family and carers (with consent), based on the consumer's strengths, needs, desires and goals
- Reviewed collaboratively on a regular basis
- Owned and approved by the person and are available to them and others (with consent).

Item 1.2h: Policy and procedures are in place that describe how human rights inform service provision and:
- Safeguard all people against abuse and discrimination
- Outline processes for reporting abuse of workers and consumers
- Outline the ethical framework of the organisation
- Identify what language is inappropriate and stigmatising and should not be used in any level of the organisation.

Item 1.2j: Policy and procedures are in place that show how information should be disseminated to:
- Workers
- Consumers, carers and families
- External organisations.

Item 1.4:   A complaint process is in place and is promoted and easily accessible. Each complaint is respected, taken seriously and acted upon, and consumers and carers are protected from reprisals.

Item 1.8:   The organisation values the consumer's right to independently determine who will represent their views to the service, and links people to peer support, peer workers and other advocates in the area.

Item 1.10:   The organisation maintains an information system that facilitates the appropriate collection, use, storage, transmission and analysis of data to enable review of services and outcomes at an individual and service level. This is done in accordance with information management and related Commonwealth, State / Territory legislation and Acts.

Item 2.5:   Leaders advocate, champion and model:
- Human rights informing service delivery

- The consumers' voice as central to care and service provision
- The belief that recovery is possible and probable for every person
- Hopeful and optimistic attitudes in dealing with workers, consumers and carers.

Item 2.6:   Management:
- Is aware of Commonwealth and State policy directions around recovery orientation and integrates these into practice
- Identifies information relevant to the organisation to increase the knowledge base on recovery and recovery oriented practice, including information for consumers, carers and their families.

Item 3.1:   Shared hope and optimism for a consumer's future drives service provision.

Item 3.2:   Workers acknowledge their role in supporting a person's recovery rather than doing recovery for them.

Item 3.6:   When workers engage with people they:
- Respect them as equals and as experts by experience
- Value their voice and vision in informing their support
- Use strengths based language and everyday language (not clinical jargon).

Item 3.7:   Workers recognise that self-direction and self-responsibility are important in a person's recovery journey, and that providing them with choice and information inspires recovery and enhances control over decision-making.

Item 3.8:   Workers make information available in different formats to ensure that it is accessible to all people using the services.

Item 3.9:   Where required, interpreters and workers are made available to consumers, carers and families to communicate in their preferred language.

Item 3.10:   Workers respect a person's decision whether to involve carers and family, and acknowledge and respect carer and family participation and input.

Item 3.11:   Support / treatment, recovery plans and advance directives:
   a. Are developed by the person, in partnership with workers and family and carers (with consent), based on the consumer's strengths, needs, desires and goals
   b. Are reviewed collaboratively on a regular basis
   c. Are owned and approved by the person and are available to them and others (with consent).

Item 3.13:   A person's own interpretation of his or her illness is not used as a basis for discrimination or dismissed as untrue.

Item 3.14:   The person, their family and carers are provided with their rights and responsibilities in both written and verbal formats upon contact with the service.

Item 3.15:   Workers understand, and also support the person to understand, that recovery is not always linear and that:
- The person may need different levels of support at different points in time
- Relapse is an opportunity to develop resilience and insight and does not mean that a person is no longer on their recovery journey.

Item 3.16:   Workers support the person to reflect on times when they have been unwell, and what steps have helped in their experience each time.

Item 3.17:   Workers support the person, their family and carers to make informed decisions by:
- Sharing information on services, therapies and supports
- Supporting them to find information from other sources.

Item 3.20:   Workers seek to exchange information with other organisations and agencies to ensure continuity of care (with consent).

Item 3.21:   Where a person is not able to access the organisation's services (e.g. not eligible), a reason is provided along with supported referrals to other services.

Item 3.22:   Workers are aware of a person's physical health and are able to provide referrals to appropriate health care professionals.

Item 3.23:   Workers consider the whole context of a person, and support the person to develop and enhance links in their community (e.g. social networks, peer support groups, education/training, employment, community and rehabilitation services, physical activities, a person's hobbies).

Item 4.2a: Policies and procedures are in place that relate to privacy and confidentiality, the obtaining of consumer consent to share their information and communication techniques available.

Item 4.5:   Consumers, their families and carers are supported to access education and training on mental health, recovery and wellness.

Item 5.3:   Consumers are provided with the regular opportunity to evaluate relationships, respectful practice, perceptions of stigma and discrimination experienced from workers within the organisation, the consumer self-directed focus, the belief in consumer's recovery, the obtaining and sharing of knowledge and information, the quality and relevance of information provided and participation and social inclusion.

Item 5.3e: Consumers are provided with the regular opportunity to evaluate the obtaining and sharing of knowledge and information, the quality and relevance of information provided, the appropriateness of the format information is provided in and the ability to understand information that is provided.

9.6 NSW Disability Services Standards (DSS)

1.1: The service provider has developed written entry and exit policies and procedures.

1.2: The service provider's entry and exit policies are accessible by potential and current service users.

1.3: The service provider implements its own written entry and exit policies and procedures.

1.5: The service provider establishes clear entrance criteria for determining the priority for service for each person with a disability.

1.6: The service provider's entrance criteria provide for access to be given on the basis of relative need.

1.7: Other than relative need, the access of a person with a disability to a service is decided on a non-discriminatory basis.

1.8: Where a service provider is unable to provide a person with a disability access to its service, a referral to another similar service is made, where this exists.

1.9: The service provider targets its information activities to be accessible by all identifiable groups within the target population.

2.2: The service provider's policies and procedures on planned approaches to meeting individual needs, are made available to service users in appropriate formats.

3.2: The service provider's policies and procedures to maximise service user participation in decision making are made available to service users in appropriate formats.

3.4: The service provider informs each service user of other services that might met his/her needs.

4.2: The service provider's policies and procedures for protecting service user's privacy, dignity and confidentiality are made available to service users in appropriate formats.

4.4: Each service user is informed of the types of personal information that the service provider holds and the reasons for holding this information.

7.2: The service provider's policies and procedures on service users' complaints and disputes resolution are made available to service users in appropriate formats.

7.9: Each service user is provided with information on relevant complaints and disputes processes available in the community

8.11: The service provider has available, upon request, annual reports that demonstrate service user, service and financial outcomes.

9.3: The service provider's policies and procedures on promoting the maintenance of family relationships are made available to service users in appropriate formats.

10.6: Service users have adequate training and information so that they may access these procedures about self-protective behaviours.