

P031 – ACCESS TO SERVICE POLICY & PROCEDURES

1. Scope

This policy applies to:

- participants receiving services from District 360
- all staff, including managers and supervisors; full-time, part-time or casual, temporary or permanent staff; job candidates; student placements, apprentices, contractors, sub-contractors and volunteers

2. Definition

Access refers to the processes utilised to determine eligibility and access of people to available services and resources within the organisation.

3. Policy Statement

District 360 will ensure that each person seeking a service has access on the basis of relative need and available resources. We will ensure that access decisions are made on a fair, equitable and non-discriminatory basis. All people seeking a service will participate in an assessment process that will assist in identifying their eligibility to receive a service and their relative priority for a service in relation to other people seeking a service. The organisation will ensure that all people seeking a service will be informed of eligibility criteria for each program of support and all assessment and eligibility decisions will be transparent and documented.

4. Procedures

Equal Access

We undertake that people will be given equal access to the organisation's services, taking into account people's individual and relative level of need, their resources, their culture and their geographic location.

We will ensure that services are available to all eligible people living WA without discrimination.

People will not be excluded from the service because of their gender, marital status, religious or cultural beliefs, political affiliation, particular disability, ethnic background, age, sexual preference, inability to pay, geographical location or circumstances of their carer.

Promotion of services

District 360 will promote their services in a manner which makes sure that people have and equal chance to get service. The service will be responsible for

- developing easy to read promotional material and ensuring it is printed in a clear format;
- developing and maintaining community brochures which give information about the organisation's services and how to access them;
- making information available in other languages if requested. We will offer and use bilingual staff and professional interpreters where required. Printed material (privacy policy, agreement, pamphlets) will be translated where required.
- distribution of material through all major health and welfare agencies in the region, including government and non-government services and agencies providing services for special needs groups and minority groups, and public places such as shopping centres, libraries and chemists;
- promoting the organisation and its activities through appropriate media releases;
- appointing relevant staff as guest speakers to talk about the organisation's services to interested groups of people;
- providing culturally sensitive and appropriate services for people from culturally and linguistically diverse backgrounds;
- maintaining a list of relevant organisations and for ensuring they have adequate supplies of promotional material.

Planning and Evaluation

We will collect information and statistics about people living in the local areas we service. We will compare this demographic information with those people who use the service. This will help us to ensure that the service is available to all groups in the community who qualify for the service and that no particular group of people misses out.

We will monitor our service provision to ensure that people of Aboriginal and Islander descent receive equitable access to our support considering the disability and need characteristics of Aboriginal people.

Records

Records will be kept to monitor all requests for services, the outcome of the request and if service is refused, the reason for refusal.

Eligibility

People are eligible to receive support, through one of our programs if they meet the criteria for access as determined by funding guidelines for that program. District 360 will;

- use clear measures to determine participants' needs over time;
- · assess their need in relation to our other participants;
- determine how important it is for participants to be helped with organising their support;
- assess participants' ability to obtain service from other organisations;
- consider particular difficulties people may have because of their disability, lack of community supports, problems with housing, availability of other options, isolation and their cultural and language needs;

- take active steps so that disadvantaged groups have an equal chance to get service; particularly if they are a member of the Aboriginal and Torres Strait Islander community, if English is not their first language, if they have dementia, live in an isolated rural area or if they are financially disadvantaged;
- refer people, who fail to gain access to District 360's support, to other appropriate agencies if they ask us to do so.

People with the highest level of need may not be given highest priority to come on to a particular program. For example, a person's needs may be very high, but they may have enough other resources, for example support from relatives, other community members or services. Alternatively, the organisation's resources may be insufficient to make a significant difference to meeting the person's support needs. This is what we mean by relative need.

Referrals

Different programs may have different referral pathways depending upon the criteria for access as determined by the funding body. For example referrals for NDIS services must come from NDIA or other support services provider to be eligible for support.

Referrals can be accepted from anyone, provided they are made with the express consent of the person being referred or their representative. We will refer participants and people enquiring about services who are ineligible, or we are unable to assist, to other appropriate organisations, if the person wishes this and agrees to this.

Referral Processing

Administrative Staff

- transfer telephone enquiries to relevant Manager or leave phone message;
- receive and date stamp written referrals;
- enter details of the referral on to the referral data-base;
- allocate a referral number;
- attach a notes page and a prioritisation tool to the referral;
- place the referral in the intake pigeonhole.

<u>Manager</u>

- responds to telephone enquiries as a matter of priority;
- investigates written referrals and contacts the referred person and/or the carer and/or others as appropriate and with the referred person's consent to discuss their needs;
- completes progress notes after each contact or action;
- enters data in the participant data base;
- determines whether referral meets eligibility criteria for the District 360' services
- prepares information for review by Intake Panel (Participant Services Manager, Program Manager and Support Planner);
- Intake Panel will review referral at earliest convenience and determine whether eligible. All intake decisions will be clearly documented, and outcomes clearly communicated back to the person making the referral. Will also determine priority in comparison to other referrals where there is a waiting list for services, using the prioritisation tool (in line with the 'prioritising requests for support' policy), enter data

into the data base and write letters to the referred person and/or the carer and/or others to advise that the referral has been accepted and is on the program's waiting list;

- if a non-standard letter is required (either for a declined or accepted referral) then submit this to Management for approval and enter date letter sent into data base;
- archive declined referrals in the declined referrals folder;
- place accepted referrals in waiting list referral folders per program, per area, per priority;
- review all referrals whenever there is a vacancy;
- review referrals at least quarterly if there is no vacancy;
- follow up with the potential participant and/or the referrer to find out if support is still sought and if there are any changes in the person's situation which may affect their priority;
- inform the person referred of their status and of the outcome of their referral;
- note in the participant data base any contact made, action and outcomes;
- contact the person to ascertain if they still wish to have our support and to arrange a time for an assessment to be done.

Prioritising Requests for Support Principles

Our financial resources may not be enough to meet the needs of all those people who need our help. That is why we have to make difficult decisions about whom we can offer a service. We consider;

- a person's needs and compare these with the needs of other people who also ask us for help;
- if our help can make a significant difference to the way the person lives. For example, are they able to continue living in their own home rather than having to move into group or shared home;
- if we can we give people enough help to maintain or improve their quality of life;
- the priority accorded by the referring agency;
- our organisation's resources;
- whether we can provide services safely to the person;
- the issue of geographic equity

Priority Criteria

We give priority to people who;

- have a culturally or linguistically diverse background;
- belong to the Aboriginal or Torres Strait Islander communities;
- are the carer of a participant of the organisation, at the time of the participant's death, and meet in their own right, the conditions of eligibility for one of the programs.
- are financially disadvantaged.
- cannot be adequately supported by other services, their family or the community.

- need an independent advocate to help them access adequate and sufficient support.
- live alone;
- have social contacts, which are limited, non-existent or under strain;
- are unsafe or insecure, possibly because of their home environment or physical, emotional or financial abuse or neglect;
- have been under significant stress or are emotionally distressed;
- live in a rurally isolated area.

We also give priority to people whose carers;

- are unable to cope with the burden of care;
- are sole carers with limited support networks or dependent children;
- are frail, ill, stressed, have a disability or are getting little sleep;
- have extensive commitments;
- are socially, culturally or geographically isolated;
- are financially disadvantaged;
- experience strain in their relationship with the person for whom they are caring or with other significant people;
- are likely to have difficulty negotiating and obtaining the range of necessary supports.

Refusal of Service

If a person is denied access District 360 will;

- explain, in writing, its reasons for refusing access to the participant;
- record the reasons for refusing access so that trends and unmet needs can be reported to the Board of Management, to the community and to government and can be fed into any planning about unmet needs;
- with their consent, refer the person to other appropriate agencies, according to normal referral procedures or provide contact information of relevant agencies.

5. Other relevant policies

Staff, especially managers and supervisors, are encouraged to read this policy in conjunction with other relevant District 360 policies, including [

• Participant Decision Making and Choice Policy

Relevant legislation;

- Disability Service Standard Standard 5 Service Access
- Disability Services Act 1993
- The National Disability Insurance Scheme Act 2013 (NDIS Act)
- NDIS Practice Standards
- WA Disability Services Act 1993
- VIC Disability Amendment Act 2017

6. More information

If you have a query about this policy or need more information, please contact the management team at info@district360.com.au

7. Review details

Approval Authority	Tanya Johnston
Responsible Officer	Vi Nguyen
Approval Date	14 April 2021
Last updated Date	21 April 2023
Next Review Date*	21 April 2024
Last amended	 Changed company logo. Updated company trading name from District 360 Supports to District 360.

* Unless otherwise indicated, this procedure will still apply beyond the review date.

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