



# Access, Entry, Provision and Exit Policy

V2.1 | Last Reviewed: 3/04/2023

## Purpose and Scope

This policy relates to persons under the service provision of EnableOT and should be applied consistently to all clients. The aim of the policy is to remove barriers and to provide equal opportunities for all clients of EnableOT and outline the handling of entry and exit from our service.

Our procedures for ending service also ensure that clients are treated fairly and equitably, that service is ended in a systematic fashion, and that clients exit the service supported to access services that can assist them further. In addition, the policy helps to promote consistent practices that allow for diversity and individual needs of clients as well as considering the safety, health and well-being of our clients and workers.

## Legislative Requirements

### Disability Discrimination Act 1992:

This Act aims to eliminate discrimination due to disability in employment, access to facilities, provision of goods and services, legislation and promote equality and equity between persons with a disability and ensure they have the same fundamental rights and others within the community.

### NDIS Act 2013 (The Act):

The National Disability Insurance Scheme (NDIS) was developed to enable people with disability to live 'an ordinary life' as others in society do. The associated Act aims to provide for the National Disability Insurance Scheme in Australia, support the independence and social and economic participation of people with disability, provide reasonable and necessary supports, including early intervention supports, for clients in the National Disability Insurance Scheme launch, enable people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports, facilitate the development of a nationally consistent approach to the access to, and the planning and funding of, supports for people with disability, promote the provision of high quality and innovative supports that enable people with disability to maximise independent lifestyles and full inclusion in the mainstream community, raise community awareness of the issues that affect the social and economic participation of people with disability, and facilitate greater community inclusion of people with disability.

## General Principles

All individuals are eligible to access EnableOT's services. We have no entry criteria, only a single 'not-preferred' criteria for those whose impairments are entirely physical simply because their needs can be better met by other providers for whom physical disability is their core business. We welcome all comers who think the expertise of EnableOT's clinicians could be of benefit to them. We are only limited by our capacity to take on new clients due to our existing 'more than full' caseloads.

Even a lack of funding source for service delivery is not necessarily a barrier. We always try to find a way where a client can get our help and we get sufficient remuneration for that help to cover the basic needs for our clinicians to earn a livelihood for themselves and their families. There are many options that we have set in place for clients over the decades and we nearly always managed, creatively, to find a way.

All clients wishing to access EnableOT services will receive fair and equitable treatment in all aspects of the services provided without regard to political affiliation, race, colour, religion, national origin, sex, sexuality, marital status or disability. In our target group, barriers may commonly include people with a CALD background, ATSI peoples, people who cannot read or write and other special needs groups. The *Service Access, Entry and Exit Policy* follows the diversity, equity and inclusion principles outlined in the *Positive Supports Policy*.

EnableOT regularly identifies barriers in current and potential service users and through the continuous improvement plan and professional development plans every effort is made to ensure that services are delivered in an appropriate and sensitive way.

Staff are encouraged to proactively seek cultural awareness training for the variety of cultures and experiences exhibited in our clients and their stakeholders and to follow the principles of the *Positive Support Policy* during service access, entry, delivery and exit.

## Service Accessibility & Entry

EnableOT is committed to ensuring that service accessibility during entry, delivery and exit is maximized for the individual needs of each client.

We do this in the following ways:

- Non-discriminatory access for all clients enquiring or requesting access to our service
- Proactively communicate information about our supports and services as part of broad community engagement
- Identify and reduce barriers for NDIS clients who need our services
- Regularly review accessibility to improve access where possible
- Ensure advertised contact details are correct and accessible during working hours
- Ensure all enquiries by clients are responded to in a timely manner
- Provide accurate entry and exit information to aid in client decision making
- Make all reasonable adjustments to attend to the individual cultural and access needs of clients and their wider stakeholder network
- Monitor our accessibility to minority groups within the community and ensure we are providing service that meet the needs of minority groups with specific barriers – although, as small organisation we acknowledge there are still groups (such as the Deaf Community) whom we have not yet been able to build capacity to support
- Provide clients with informed choice and control regarding all options within their community that could benefit them and expand their choices in any aspect of their life
- Inform clients of complaints and advocacy procedures and uphold their right to make decisions regarding their services

## Service Agreement

Different funding sources require different forms of agreement with clients or funding bodies. EnableOT seeks to comply with each as appropriate.

In the case of NDIS clients, each person or their nominee is supported, if necessary, to make decisions about the appropriate allocation of their funding for services that EnableOT offers – taking into account the budget pool and other service providers needed in the mix. EnableOT strenuously seeks to negotiate for only that which is perceived as necessary (if there is plenty of funds available – leaving the rest untouched), or to recommend only their share (even if it is perceived there are insufficient funds to make progress on goals). It is our intent to have a reputation wherever we operate, that “if EnableOT has indicated that they need that level of funding for this client to accomplish that goal, it must be what is needed”. This is so that, when we have a severely impacted client who presents less disabled to a planner than they actually are (which often happens in psychosocial disability), that our recommendations for supports needed are taken powerfully and not dismissed as a service provider trying to line their own pockets.

We will often commence service delivery with a client without a service agreement, taking the risk that we will not be remunerated for those sessions. Ideally this would not happen, but in many of EnableOT’s clients, service delivery would never get underway if the service agreement had to come first. Some have been jaded by experience with other service providers who have used all their NDIS budgets without producing an outcome and need us to be willing to work for free until they see an impact. Some are too disorganised/unwell/overwhelmed to tolerate a financial discussion upfront and need our help first before we can organise the logistics of payment.

EnableOT's Service agreement is deliberately minimalist to facilitate readability – containing only identifying information, goals we're to work towards, costed items, potential conflicts of interest and any other terms/considerations discussed (travel/cancellations etc). It can be paper or digital in format, but a signed copy is always provided to the client or their nominee as soon as practicable afterwards (in the case of digital, immediately via email or SMS).

On occasion, signing is not feasible for a client or their nominee, in which case, the clinician dates the service agreement and notes when verbal consent was given. This is uploaded to the client's profile in EnableOT's clinical documentation platform (Halaxy).

A service agreement can be changed if the changes are agreed in writing and signed and dated. A service agreement can be terminated by providing 1 months' notice. In exceptional circumstances (i.e. there has been a breach of agreement by either party), this notice period may be waived by mutually agreement.

## Pricing

EnableOT will adhere to the NDIS Price Guide or any other NDIS arrangements and guidelines. Prices will not exceed the price level prescribed for the supports in the Pricing Guide. We will declare clearly relevant prices to clients through the service agreement including any notice periods or cancellation terms. We will allow enough time and space for clients to make decisions that encompass choice and control once prices and details have been explained in an accessible format.

EnableOT will not add surcharges, gap fees or late payment fees to their services when claiming from the NDIA. Cancellation fees will be clearly outlined in the service agreement agreed to by the client.

While a service booking can be made based on the service agreement, NDIA claims will not be made until after services have been provided and claims will be made within a reasonable time frame.

## Initial Client Review

Within six weeks of client commencement with their EnableOT Practitioner, the **Formal Client Review – Initial** will be completed within a regular supervision session, and documented using the template in **Halaxy** to ensure all administrative and clinical processes, critical for onboarding and quality care of EnableOT's clients, as specified in EnableOT's suite of policies, have been completed.

## Service Provision

EnableOT's approach, once engaged with a client, is to undertake in-depth gathering of information in a non-intrusive, natural manner in order to refine rigorous understanding of the best manner to build a client, child, family member's capacity. We carefully do this so that they feel empowered and engaged, versus critiqued, criticised or disillusioned by an initial formal assessment process. To all, it looks like we are just having a chat, but there is intense clinical effort going into making it look so.

Successful capacity building and behaviour support is dependent first on relationship. We want nothing to get in the way of that.

We use evidence-based, functionally-based assessments to give us clinical knowledge that is useful for shaping intervention, over psychometric tools that measure outcomes, but rarely help guide the most effective clinical approach.

We then develop a targeted approach on 1-2 functional or behavioural areas, according to the priority of the client or the family (if for a child), even if it doesn't seem a priority according to our clinical analysis. In addition to being client-centred, addressing something of significance to them builds confidence in us, the process and the relationship upon which we can tackle bigger and more challenging aspects without it causing relationship rupture.

We do our best to be spontaneously available 'in-the-moment', by phone or text, to support implementation of new strategies and being 'in-situ- at critical times outside standard working hours (eg. at a child's bedtime).

We embed information pertaining to our supports and the client’s legal rights within our service delivery on an ongoing basis (as we intentionally have not done this upfront) – with prompts for on our **Clinical Note TickFlick** to evaluate ourselves in weekly supervision sessions.

Discussions and interventions are adapted around client’s communication needs, health/illness, ability/impairment, culture, diversity and preferences based on the features noted in the **Client Support Profile**. Additional adaptations for a session are noted on the **Clinical Note TickFlick**.

We use a ‘living’ **Client Support Plan** as the tool for working towards goal accomplishment. It allows flexibility to engage with the client in their context and still shape service delivery towards goal accomplishment. With EnableOT’s client group, this is critical as they often are in crisis over a new goal every week. The **Client Support Plan** allows us to be client centred re: new goals, but keep working on existing goals to gain and outcome. We use it like a map, with separate paths reflecting the varied plans/goals over time, enabling us to pick up on any previous path with a client, from where it had been left of – all of them ultimately working towards to overall goals.

We often use **Session Summaries** at the end of a session to embed the strategies, check shared understanding and formulate the actions (client, supports, ourselves) in-between this session and the next.

We are rigorous in our clinical approach – constantly expanding our expertise and applying new evidence skills to being increasingly effective. We share this knowledge and skill with each other in supervision sessions and team weekends.

We grade our interventions up to develop capacity building, then grade them back out for independent functioning in the area we’ve been working on. This sometimes requires nudging at the edge of the client’s comfort – but in attunement to ensure we don’t overwhelm or push (which is counterproductive).

We use ourselves powerfully as a clinical tool (therapeutic relationship), and follow the Circle of Security tenet: “Whenever possible, meet the need. Whenever necessary, take charge”

We work developmentally – educating and equipping based on the questions asked or as the needs arise – in order to harness natural motivation in the direction of the goals.

We aim for real-life environments where possible, and ones where the client’s (adult or child) impairments have the least impact on full-participation so that relationships can form in the most natural way possible. This is the reason for our practice being intentionally ‘mobile’. We work in client’s homes, workplaces, schools, childcare centres, shopping centres, public parks... where ever is best.

We engage with social environments to:

- Minimise the barriers to functioning by hovering, or helping too much
- Maximise the opportunities and skills social supports can bring to facilitate capacity building

We assume that there is expertise all around us. That our clients, their carers and family have greater expertise than us in the ‘coal-face’ ‘lived-experience’ position. We bring additional clinical expertise to that. And together, we find a way forward. Neither expertise is more significant or important than the other. They are both needed to produce a great outcome.

## Ongoing Client Review

Every six months of a client’s involvement their EnableOT Practitioner, a **Formal Client Review – Ongoing** is be completed within a regular supervision session, and documented using the template in **Halaxy** to ensure all administrative and clinical processes, critical for ongoing quality care of EnableOT’s clients, as specified in EnableOT’s suite of policies, have been completed.

## Exit

A service relationship with a client may end in one of the following ways:

- Engaging with another clinician within EnableOT or changing to another service provider
- Making such progress as to no longer feel EnableOT's services are needed
- When the client decides that EnableOT doesn't best meet their needs as a provider
- [to date, EnableOT has never initiated the end to a service delivery. We do not have criteria for triggering an exit from our service. We will however, always in our attempt to support a client to accomplish their goals, change a relationship dynamic that, for some clients, is sufficient for them to decide to exit themselves]

We will undertake exit from our services under the following principles:

- clients have the right to exit our services at any time they choose, we will understand, learn from a decision to leave our service
- clients are supported to investigate more appropriate services to meet their needs according to an exit plan
- our exit procedure is fair and transparent and upholds the rights of the client
- if a client is dissatisfied with our service, they will be given the opportunity to provide feedback
- clients will be offered the opportunity of an exit interview and provided with information on how they can request to access our services in the future

Every transition from EnableOT to another provider is unique, so the processes for each person must also be uniquely crafted, in cooperation with them, their loved ones and new providers, for the least stressful process.

### Final Client Review

Within six weeks of all exit tasks being completed (which can be a longer period than six weeks after the final appointment as the timing of some steps are dependent on others outside of EnableOT) a client's EnableOT Practitioner, will complete the **Formal Client Review – Final** within a regular supervision session, and documented using the template in **Halaxy** to ensure all administrative and clinical processes, critical for exiting the client in a caring manner, as specified in EnableOT's suite of policies, have been completed.

## Referring On

There may be times where the scope of EnableOT means we cannot provide for the full individual needs of the client. Therefore, we may need to refer clients to relevant mainstream or other NDIS supports within our community. This may include advocacy services and capacity building supports as well as therapeutic or transport services. At the same time, other services may refer clients to the expertise and services that are provided by EnableOT.

The following principles apply when taking or completing referrals:

- Consent is sought from the client to discuss personal and support needs, schedules, plans and goals
- When screening potential services, just enough information should be shared to allow decisions from the other service
- We should be mindful of the network of service providers, the need for collaboration but with respect to privacy and confidentiality of other staff, services and the clients themselves
- All details of referrals are to be recorded for the clients' file

When identifying a need for referral, EnableOT will consider the risk involved, the client's wishes, the immediacy of the need, our own service's ability to meet some, or all, if the client's needs and the wishes of the stakeholder network. We will also consider if a service is the best match for the needs identified in discussion with the client and the stakeholder network.

We will encourage the success of a referred service by providing transitional support, encouraging feedback and openness and following up any issues raised in discussion with the client. Openness and transparency in communication and collaboration will assist in measuring success (or need for improvement) regarding outcomes for the client.

## **Advocacy**

At the time of informally assessing a person for access to the service, and again at the signing of the service agreement, the client and their stakeholder network will be informed of the role of an advocate, their right to use advocacy services, and the provided contact details of an advocate organisation if it is something they wish to pursue.

EnableOT will support an advocacy process if they choose to self-advocate, change advocates or withdraw consent from an advocate. If a client voices their wish to have an advocate, EnableOT will introduce them to an advocate of their choosing according to the referrals policy above. We will work with an advocate chosen by the client and involve the advocate in the areas of a client's service delivery and decision making. We will keep records of the clients' decisions made regarding advocacy and when an advocate is present.

## **Review**

This policy will be reviewed when required by changes to legislation or when organisation operations require it. Employees and clients will be consulted in relation to any proposed changes. It is recommended that this policy be assessed at 9 monthly internal review alternating with formal auditing processes.