[Reference: The Pitcairn, Henderson, Oeno and Ducie Islands, Immigration Control Ordinance. Pitcairn Islands Council, Sickness, Injury and Disability Policy.]

**Policy Statement**
To provide individualised Home Support Agreements for clients with care and support needs, to enable them to remain living safely at home and retain as much independence as possible. The Doctor, Nurse, FCA and Home Support Worker will work together to assess and deliver the client’s care and support needs. The client and their family must be involved in decisions about their health care and home support wherever possible.

The Divisional Manager, Community Services, will be involved and must be consulted to ensure provision within the Community Services Division budget is available or if further funding is required.

This policy provides guidance as to how individuals with care and support needs are assessed and, if required, how care and support packages are provided.

**Reason**
To ensure that community members who need medical or personal support remain living as independently as possible in their own home, or in a suitable alternative home environment. Some individuals will require assistance to remain living at home and this may mean that home adaptations are required and/or a home support worker is employed to provide assistance.

To provide care and support for those who have an injury, sickness or disability who may need home support assistance on a temporary or long term basis.

**To whom does this policy apply?**
This policy applies to any Permanent Resident of Pitcairn Islands (in accordance with the Pitcairn Islands Immigration Control Ordinance).

**Responsibilities for Assessing Care**

**Doctor:**
- The Pitcairn Islands Doctor will carry out an initial assessment of the client’s medical needs and ensure that immediate medical attention is given as required.
- The Doctor will call a meeting of the multidisciplinary team which consists of the Doctor, Nurse, FCA, Home Support Worker, Divisional Manager Community Services, individual and family (as appropriate) to discuss the client’s needs for home support. Following this meeting the FCA will draw up an individual care plan (Home Support Agreement) for the client.
The Doctor and Nurse will be responsible for drawing up and delivering a Health Care Plan for the client. This may take place before, during or after the multi-disciplinary meeting. The Health Care Plan will include an assessment of support needed in the home.

The Doctor will ensure that the Divisional Manager, Community Services, is consulted on the number of hours of support required in the home, so that provision can be made in the Community Division budget.

The Doctor will inform the FCA of the level of home support required. The Doctor will inform the FCA promptly of any change in the level of home support required. The FCA will inform the Home Support Worker(s) of any changes and revise the Home Support Agreement accordingly.

FCA:

The FCA will communicate the level of support required to the Home Support Team.

The FCA will be responsible for drawing up and delivering the Home Support Agreement for the client, in reference to the Health Care Plan and in consultation with the Doctor, Nurse, FCA, Home Support Worker, the client and their family.

The FCA will ensure that the Divisional Manager, Community Services, is consulted on the number of hours of home support required and any home adaptations deemed necessary after the formal assessments have been carried out.

The Divisional Manager, Community Services will review the formal home adaptation assessment for approval in consultation with the relevant Divisional Managers and or the Administrator. Adaptations will not be agreed until approval is granted.

Following the multi-disciplinary meeting, the FCA will draw up the Home Support Agreement, referring to the Health Care Plan and in consultation with the client and their family.

This will include:

Home adaptations assessment.
Personal care, practical support and other support required to enable the client to remain living as independently as possible at home.
The number of hours of home care support to be provided. The Divisional Manager, Community Services, must be kept informed on this point.
Whether volunteer community support is required, in addition to paid Home Support Workers.
Support required by the family of the client, eg respite care, counselling support, social outings, training/guidance etc.
The FCA will review the Home Support Agreement after one month, three months, then quarterly, or more regularly if required, in accordance with the Doctor’s recommendations regarding the health of the client. Reviews will take place in discussion with the Multi-Disciplinary Team.
Paid home support provision falls into two categories:
1) substantial support category and 2) critical support category.

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Levels of home support

There are two levels of support: Substantial Support and Critical Support. Substantial Support provides assistance with domestic and personal care in the home to enable the client to retain as much independence as possible. This will be delivered by GPI-employed Home Support Workers, up to a maximum of 22 ½ hours per week excluding waking night shifts, and (where appropriate and agreed by the client and family), by community members.

Critical support is a higher level of support, whereby a client requires someone to live with him/her full-time to provide ongoing support to ensure their safety and well-being, and where the support required cannot be given by family members. This will be delivered by GPI-employed Home Support Worker and, where appropriate and agreed by the client and family, by community members.

Home Support Workers living with a client in order to provide for their critical support needs will be paid at a flat rate of NZ$80 per day.

Substantial Support

The maximum amount of home support that a client falling within the substantial support category can receive is 22 ½ hours per week, excluding waking night shifts.

If the client requiring substantial home support lives with someone who is independent, support will be provided for personal care only and other members of the household will be expected to undertake domestic tasks. In such cases, the maximum amount of home support will be 12 ½ hours per week.

If a couple living together both require personal and domestic home support, personal support will be given to both persons as required and domestic support will be given to one of the couple.

The below is an example of what type of support may be needed. Needs will be determined on a case by case basis after formal assessment.

Personal Tasks
Personal hygiene – bathing, grooming, dressing
Toileting – assistance to use the toilet, change incontinence pads, additional personal hygiene needs

Domestic tasks
Meal preparation – preparing and cooking food, serving and washing up
Shopping
House cleaning, laundry
Critical Support Category

To qualify for ‘critical support’, the client must have significant health problems or a disability which impairs his/her ability to live independently and/or places him/her at high risk of harm or deterioration of health. In this case, the individual will be highly dependent on others to provide even the most basic care needs. It is not possible to quantify the number of hours of support needed for clients in the critical support category and all cases will be assessed individually. If a Home Support Worker is required to live with the client, according to the Home Support Agreement, the HSW will be paid a flat rate of NZ$80 per day.

The Community Division Manager must be consulted in all cases to ensure that provision is made in the Community budget.

The following criteria will be considered:

- Not being able to be left alone due to physical and/or mental incapacity.
- Bed-bound, needing bed baths daily, turning regularly.
- Frequent and persistent incontinence that cannot be managed with a toileting regime and/or incontinence pads and/or catheter.
- Requiring assistance overnight on a regular basis.
- Acute illness which causes increased physical and or mental impairment requiring continual observation or unpredictable medication administration. Once the client is no longer acutely ill the situation will be reassessed. Medical care will be administered by the Doctor or Nurse but Home Support Workers will alert them to any deterioration.

Where a client is assessed as needing critical support, the outcome of the multidisciplinary meeting and discussions with family, friends and carers will be used to determine how much home support is required.

While those in the critical support category will have high personal support needs, the primary carer (parent, spouse, civil partner or offspring) will be expected to attend to domestic chores, wherever possible. The type of personal support they will be expected to provide will be detailed in the Home Support Agreement.

If a friend or family member (other than a parent, spouse, civil partner or offspring) moves in with, or currently lives with a client who needs support, they will be expected to attend to domestic chores. However, as this caring relationship differs from that of a parent, spouse, civil partner or offspring, the client’s personal care support needs can be assessed. The type of personal and domestic support the carer is expected to provide to the client will be detailed in the client’s Home Support Agreement. If the carer also requires personal or domestic support, they will be eligible for a separate Home Support Assessment which will determine the type and amount of support they require. This will be detailed in their Home Support Agreement.

Overnight care

Care and support may be provided to clients overnight, if the Doctor considers it medically necessary. Overnight care and support falls into two categories, waking and non-waking, which will be determined by the Doctor according to the individual’s needs. The Doctor will
review the need for overnight care as appropriate and inform the FCA of any changes in requirement so that the FCA can adjust the Home Support Agreement.

Overnight shifts run from 8pm to 6am.

**Waking shift.** In these cases, the Home Support worker is required to remain awake and actively monitor and assist the client throughout the shift. The Home Support Worker undertaking these shifts will be paid at the GPI hourly rate, unless the shifts fall within the requirement for a Home Support Worker to live full-time with the client.

**Non-waking shift.** In these cases, support may be provided by Home Support Workers or community members. The person(s) providing the support do not need to stay awake through the shift but must be on hand to assist the client as needed. Payment for these shifts will be at a flat rate of NZ$50 per night.

**Medication**
Administration and supervision of medication will be undertaken only by the Doctor or Nurse and does not form part of Home Support.

**Care when in the Medical Clinic**
If a client is admitted to the Pitcairn Island Medical Clinic, family and close friends will be expected to attend to the patient’s non-medical needs. In exceptional circumstances a Home Support Worker may be assigned to provide ongoing support with personal support up to a maximum of 8 hrs per day. This will only apply in the case of sudden illness, accident or injury that cannot be treated in the home, or where family and close friends are unable to provide the support required. Care provided by the Home Support Worker(s) will be time-limited and will be subject to review by the Doctor as appropriate.

**Respite care**
A maximum of 10 hours of respite care per week may be given to enable a carer who is managing the personal and domestic care of a client to take a break. The FCA will discuss with the carer whether they require respite care and if so, how much. Factors such as other family support available will be taken into account for the assessment of respite care needs. If other family are unable to provide support the maximum numbers of hours will be available.

The Home Support Worker providing respite care will attend to the personal needs of the client, but not domestic tasks. The personal needs will be clearly set out in the client’s Home Support Agreement.

**Provision of Home Support**
Following the outcome of the multi-disciplinary team meeting, the FCA will establish the appropriate level of home support as soon as possible, calling on the services of the Home Support Worker(s) and community volunteers, as appropriate.

Budgetary and/or human resource constraints may mean that it is not possible to provide home support immediately. However, the FCA will endeavour to ensure adequate arrangements for Home Support are in place as quickly as possible.
Definitions

Assessment: a Comprehensive Assessment of Need. The client’s needs and capabilities will be assessed using appropriate tools and methodologies, including the Needs Assessment Tool, risk assessment matrix, Functional Independence Measure (FIM) and Rowland’s Universal Dementia Assessment Scale (RUDAS). A medical assessment by the Doctor will form part of the assessment process and a Medical Certificate will be prepared. The assessment findings will be discussed within a multidisciplinary team meeting.

Client: a person who is being assessed or who is receiving home support.

Critical support: the highest level of support, in which a client requires someone to live with him/her full-time to provide ongoing support to ensure their safety and well-being, and where the support required cannot be given by family members. A Home Support Worker who lives with the client requiring critical support will be paid a fixed daily sum to provide this support.

Disabled person: someone with a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

Home Adaptations: A formal adaptation assessment will be carried out by the FCA.

Home Support Worker: a GPI employee engaged to provide home support to a client, according to their identified needs.

Home Support Agreement: agreement between the FCA, Home Support Worker, client, family and/or carer and Divisional Manager, Communities, detailing the tasks to be carried out by the Home Support Worker and the number of hours of support to be given.

Home support: assistance required to remain living safely at home. This can be domestic support (cooking, cleaning, shopping), personal support (bathing, toileting, dressing, grooming) or supervision of a person who is at high risk of coming to harm as a result of mental and/or physical incapacity.

Multi-Disciplinary Team Meeting: a meeting called by the Doctor or the FCA, and also including the Nurse, Home Support Worker(s), Community Division Manager, client and family members, as appropriate, to discuss the client’s care and support needs and agree the need for a Home Support Agreement.

Referral: the initial contact with the relevant person that starts the process towards assessing the need for and, if required, provision of home support. Anyone can make a referral including the client.

Respite Care: Assistance for a sole carer (spouse or civil partner, parent, offspring) who is managing the personal and domestic tasks of the client but needs respite due to the demands of caring.
**Substantial support**: support with domestic and personal care in the home to enable the client to retain as much independence as possible. This will be delivered by a GPI-employed Home Support Worker, up to a maximum of 22 ½ hours per week.
Home Support Agreement Reviews
All Home Support Agreements will be reviewed after one month, or sooner if appropriate, for example if the Doctor considers the condition of the client has changed materially. Reviews will then take place every three months, or sooner if the Doctor or FCA considers this necessary. If the Home Support Package is provided on a short term basis, it will be reviewed as required, by agreement between the Doctor and the FCA. A new Medical Certificate will accompany each review.

The client and his/her family will reach agreement regarding the frequency of visits by the Family and Community Advisor and either the Home Support Workers or the Community Division Manager.

If the needs of the client cannot be met by the Home Support service, the FCA will review the case and consider alternative options to meet the client’s support requirements.

The client, his/her family members, Home Support Workers or others providing care must inform the FCA of any change in the client’s care needs and or family / carer’s circumstances. This will initiate a review and may lead to an increase or decrease in the care provided.

Communication
At all times, the FCA and the Doctor must communicate with each other about the client’s needs and ensure that relevant information is passed to their respective teams.

At all times, Home Support arrangements must take into account the needs and wishes of the client and his/her family members.

Appeals process
If there is a grievance with the implementation of this policy this should be raised with the Community Division Manager in the first instance.

If the concerns relate to a Home Support Worker this should be raised with the Family and Community Advisor and/or the Community Division Manager, who will address the concerns in line with the Complaints Policy and the GPI Employment Policy.

If the concerns relate to the Home Support Agreement offered, this should be raised in writing with the Family and Community Advisor in the first instance. If appropriate, the concerns will be referred to the Multi-Disciplinary Team for consideration.

If the matter is not resolved by these means, it will be referred to the Administrator, who will take appropriate steps to resolve the issue.
Procedure: Home Support Pathway

Referral (by anyone to Doctor or FCA).
Doctor provides Medical certificate.

Doctor or FCA instigates a Multi-Disciplinary Team Meeting (Doctor, Nurse, FCA, Home Support Worker, & DM Community Service, plus client and family if appropriate) to discuss support needs.

FCA assesses need for home support in consultation with Doctor, client and family.

Support needed
FCA draws up Home Support Agreement and agrees it with client/family

Support not needed
Assessment remains on file

FCA is responsible for delivery of Home Support Package via team of Home Support Workers and community volunteers.

FCA monitors and reviews package in consultation with Doctor at 1 month, 3 months, then quarterly. If circumstances change client is reassessed and Home Support Package adjusted.

FCA discusses rehabilitation and/or employment options as part of a return to work plan where applicable.