



Assessment and Care

Principles:

1. The Tasmanian Council on AIDS, Hepatitis and Related Diseases (TasCAHRD) will:
 - ensure that the quality of services in relation to assessment and care of consumers is of the highest possible standard, by ensuring that all decisions made involve the individual consumer and may include other individuals or carers at the consumer's request;
 - encourage a consumer's independence, participation and informed choice;
 - provide opportunities for the early identification of health problems;
 - ensure equity for Tasmanians in respect of access to information and treatments for HIV, HCV and sexually transmitted infections.

Guidelines:

2. For Client Intervention Guidelines

Associated documents – see Forms

- Form – Record of Referrals
 - Form – Assessment and Planning
 - Form – Client Details
 - Form – Client File Writing Procedures
 - Form – Confidentiality and Exchange of Information Agreement
3. Consumers will be given an option to become Registered Clients where it is agreed following assessment that there is a need for ongoing care. (TasCAHRD requires registration only when clients access the Nigel Mallett Housing Project or the Andrew Shaw Foundation).
 4. Assessment will include physical, emotional, social, cultural, financial, sensory, and environmental factors of a consumer's life.

5. Assessment of the consumer's needs and enquiries regarding existing services being received should be made. An explanation of the range and extent of services available from TasCAHRD and by arrangement with TasCAHRD through other agencies will be given, and may culminate in an agreed contract for services between the consumer and TasCAHRD.
6. Where a service contract is established between a consumer and a TasCAHRD worker, the consumer, their loved ones and volunteers need to have a clear understanding of the agreed tasks and goals specified, and of the employee's/volunteer's job descriptions. Requests for contract alterations must be referred to the Program Coordinator, and the contract is to be reviewed at an agreed time interval.
7. Attempts should be made to gather information regarding any existing Guardianship, Powers of Attorney, Advanced Directives or Living Wills. Information regarding these issues should be made available to the consumer if requested.
8. Wherever possible, consumers will be informed during the initial contact with TasCAHRD of relevant policies.
9. Consumers should be informed of the system of referral to other professional workers outside TasCAHRD and that at times there could, with the consumer's consent, be a multi-disciplinary approach to care for the benefit of the consumer. This may include shared care with particular General Practitioners, Clinical Nurses or other professionals.
10. Where any referral is made, feedback may be sought from the consumer on the appropriateness and suitability of the referral. Consumers are not required to provide such feedback.
11. Staff are to prepare referral letters and, at the consumer's request, are to accompany consumers to various appointments with other workers.
12. An agreement should be reached with consumers about arrangements for breaking appointments. Consumers should be informed at initial contact that failure to notify TasCAHRD of their inability to attend an appointment will result in workers making follow-up contact.
13. Consumers should be informed of TasCAHRD's hours of operation including when workers may be on call.

Financial Counselling

14. Financial counselling arrangements should be advertised to TasCAHRD clients and be included in the relevant publication. Anglicare and Centacare are to be given priority when staff refer clients for financial counselling. Where a client is advised to declare he or herself bankrupt by any organisation, they should be referred back to TasCAHRD before any further action is taken.

Client Interventions

15. TasCAHRD's HIV/AIDS Program and Hepatitis C Program provides a range of support services to people living with and affected by HIV/AIDS and/or Hepatitis C in Tasmania. This document highlights the core goals and procedures of the support offered by staff in these Programs. It is meant to be used as a guide by all staff and is suitable for distribution to clients, other stakeholders and service providers in HIV or Hepatitis as a way of informing them of our current protocols and priorities. These guidelines are intended to be utilised in conjunction with other TasCAHRD policies.

Coverage of these Guidelines

These guidelines relates to the paid and unpaid contact between TasCAHRD staff of the HIV/AIDS Program and Hepatitis C Program and clients of the service.

Who is a Client?

For the purpose of this policy and related documents a client is;

- An individual who has agreed to have ongoing purposeful contact with either the HIV/AIDS Care and Support Coordinator or the Hepatitis C Coordinator; and
- a person who is either living with or is directly affected by HIV/AIDS or Hepatitis C.

Clients are required to work with a staff member to complete all necessary forms to register as a client of TasCAHRD in order to receive on-going service. Clients can choose to disengage with the service at any time and are encouraged to advise TasCAHRD of this. Clients who have not had contact with TasCAHRD for twelve months will be considered to be 'inactive' and the file relocated in the filing system. Clients who represent after 12 months will keep the same *Client Reference Code* but will be required to update his/her information using the same forms as an Initial Contact.

What is an 'intervention'?

The Oxford Dictionary defines *intervention* as the process of engaging in a situation 'in order to change its course or resolve it'. The importance of this definition is that it places emphasis on the notion that an intervention occurs for a purpose. Unlike 'contact' or 'interaction' which can occur without an agreed purpose or outcome, an intervention is a contact or series of contacts which aim to achieve something.

'Intervention' in TasCAHRD Programs

It is not enough for staff to proceed 'hopefully' in their client contact. This document outlines a number of procedures to be followed by TasCAHRD staff in order to ensure that

- client contact has a clear purpose,
- the purpose is understood by the client and staff member,
- boundaries are clearly articulated to each client, and
- contact is regularly and clearly documented and evaluated.

Such a process may sometimes be difficult because clients are unlikely to have thought about their issues in such a structured way. Encouraging clients to think in a structured manner about their issue can be therapeutic. Often client's hopes are more vague. For instance, a client might hope their life will improve in some way and have only one or two ideas about how that might occur. TasCAHRD staff play a vital role in supporting clients during initial contact to analyse the client's own issues and possible solutions, and consider the assessment and therapeutic ideas of the staff member.

Client Consent

All TasCAHRD staff provide support in a framework of client-centred service. The conscious consent of the client in any agreement is of paramount importance. TasCAHRD staff will ensure that a structured and agreed upon series of contacts is negotiated with all clients and that documentation is completed to further ensure this. The purposes of a staff member's intervention will always be:

- directed by the client
- agreed upon by the client, and
- have a *therapeutic outcome*.

Clients may choose to appoint an advocate and such an appointment must be acknowledged on the Confidentiality Agreement. Contact with a client advocate will be recorded in the same way as direct client contact.

This policy is to be read in conjunction with TasCAHRD's Privacy and Client Records Policies.

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