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Health and Wellbeing Policy

Summary: The Health and Wellbeing Policy consolidates all health related policies, including health planning, nutrition, medication, chronic disease, epilepsy, advance care planning and decision making, under one overarching assembly.

Specific guidelines and procedures for each health area are contained in the Policy and Practice Manual for use by support workers when implementing the policy.





Health and Wellbeing Policy

Document name	Health and Wellbeing Policy
Policy	Health and Wellbeing Policy
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Policy manual	Health and Wellbeing Policy and Practice Manual, Volume 1
Approved by	Deputy Secretary, ADHC
Summary	<p>The Health and Wellbeing Policy consolidates all health related resources, including health planning, nutrition and swallowing, medication, health promotion, chronic disease, epilepsy, and end of life care planning, under one framework.</p> <p>Specific guidelines and procedures for each health area are contained in the Health and Wellbeing Policy and Practice Manuals for use by support workers when implementing the resources.</p>
Replaces document	Health Care Policy and Procedures, 2012 and Attachments 1 - 13
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Version control

The first and final version of a document is version 1.0.

The subsequent final version of the first revision of a document becomes version 1.1.

Each subsequent revision of the final document increases by 0.1, for example version 1.2, version 1.3 etc.

Revision history

Version	Amendment date	Amendment notes
V1.0	November 2014	Replaces Health Care Policy, April 2012
V1.1	January 2016	Amended to incorporate feedback

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1 Health and Wellbeing Policy

1.1 Background

The Health and Wellbeing Policy (the Policy) embodies the principles of legal and human rights found in the New South Wales Disability Service Standards (the Standards), and the commitment to deliver culturally responsive services to Aboriginal and Torres Strait Islander people under the Aboriginal Policy Statement (the Statement).

The Policy defines how people with disability and their families exercise their rights and entitlements, under the Standards and Statement, to make informed decisions about health services, including health promotion opportunities, treatments, therapy and rehabilitation.

The Policy presents a basis for planning, to achieve the best possible health and wellbeing outcomes for all people with disability in ADHC operated and funded accommodation support services.

The Policy highlights the importance of identifying symptoms of illness and changes in health status early, and of communicating and recording health information. The Policy recognises that establishing clear pathways for referral is fundamental to achieving the best possible health and wellbeing outcomes, and requires the development of key partnerships between the person, family, carers and health professionals.

Establishment of these partnerships is articulated in the National Disability Strategy NSW Implementation Plan 2012-2014. Partnerships with health providers in the mainstream health system are key elements of the NSW Ministry of Health's response to the *Service Framework to Improve Health Care of People with Intellectual Disabilities and Future Directions for Health in NSW*.

1.2 Purpose

The Policy applies to ADHC operated and funded accommodation support services, and aims to streamline the health and wellbeing support system. Under the Policy framework the existing ADHC health, nutrition, medication, epilepsy, palliative care and death policy principles, are assembled to reflect the health and wellbeing support continuum for people with short and long term health conditions.

A Policy and Practice Manual, founded on evidence-based best practice, accompanies the Policy, and includes procedures, guidelines, tools, templates, and other resources. The purpose of the Manual is to streamline the Policy framework by reducing the duplication and recording of health and wellbeing information that has previously been imposed by the separation of health related policies.

The procedures are a requirement for ADHC operated accommodation support services to follow when they are applying the principles of the Policy. ADHC

funded non-government accommodation support services may adopt the procedures, or develop their own.

Tools and templates are provided as aids for gathering and recording information, and other resources support health planning and other policy activities.

2 Person centred guiding principles

Health, nutrition, chronic disease, medication, epilepsy, end of life care planning and death.

2.1 Person at the centre

1. The person is central to health planning and is supported to understand health related discussions and to make healthy lifestyle decisions.

2.2 Considering culture

2. Health planning and management takes culture and religion into account as they relate to health and wellbeing.

2.3 One health plan

3. Every person has one health plan which incorporates all health and wellbeing assessments, reports, plans and recommendations.

2.4 Health assessment

4. Every person has an annual health assessment, conducted by a medical practitioner, which informs the health plan.
5. Health planning advice is provided by the medical practitioner during the annual health assessment with input from other health and wellbeing practitioners.
6. Health planning includes at least an annual dental and oral health check, conducted by a health professional, which informs the health plan.

2.5 Regular review

7. Health and related plans are reviewed every three months with the person and support workers, and with input from the family, others important to the person and other health and wellbeing practitioners where it is required.

2.6 Communication

8. The person is encouraged to self-advocate, and is supported to communicate health needs and treatment preferences to health care professionals.

9. Health care professionals are supported to understand the person's health and wellbeing needs, and given the means to communicate health information in a way the person understands.

2.7 Inclusion of others

10. In accordance with the person's wishes, health planning and support is provided wherever it is required by the family, person responsible or guardian, health professionals and support workers.

2.8 Service access

11. Every person is supported to access mainstream health services of their choice, as well as disability specific specialist health services where they are needed.

2.9 Continuity of care

12. Relationships are established with health care professionals and providers to promote continuity of care and to enhance mutual understanding of people's health care preferences and needs.

2.10 Access to skilled supports

13. Each person receives services that optimise their health, wellbeing and quality of life.
14. Services are delivered by a range of support workers and health professionals who have, or will acquire, the necessary skills.

2.11 Nutrition

15. Every person has access to good quality and nutritious food, and is supported to enjoy long-term health and wellbeing.
16. Each person has an annual assessment to identify risks associated with nutrition and swallowing.
17. Risks identified in the assessment are addressed using mealtime management plans developed by a qualified health professional.
18. Any person who requires a special diet has it prescribed by a qualified health professional.
19. Mealtime management plans and diets are reviewed regularly as part of health planning.
20. Food preferences and mealtime support are documented in a nutrition profile and reviewed as part of health planning.
21. Nutritional support is provided in the context of a person's health needs, culture, religion and personal preferences, and includes family and other people important to the person.

22. Each person is encouraged and supported to engage in good nutritional practices through participation in social and physical activities that promote good eating and a healthy lifestyle, and include regular exercise.
23. Support is provided to access mainstream nutrition promotion strategies to reduce the risk of developing some common chronic health conditions.

2.12 Medication

24. Medical needs are determined by a treating practitioner, and prescribed medications are administered according to the practitioner's orders.
25. Medication reviews are conducted during regular health assessments and include medications prescribed by other health providers.
26. Predicted risks and benefits of prescribed medication are explained to the person in a way that meets her or his communication needs.
27. A record of prescription and non-prescription medications is documented in a medication chart by the treating practitioner or is supplied by the pharmacist using medication management software.
28. Suitably skilled workers are available to support people with disability to administer their own medications independently, or to manage and administer medications and maintain accurate and current medication records.
29. Processes are in place to ensure that all medications are administered safely, and stored securely.
30. Systems exist for auditing medication supplies, and for recording and managing any irregularities in medication supply, administration and consumption.

2.13 Chronic disease

31. Annual health assessments identify and monitor long term physical and mental illness.
32. Referrals are made to appropriate mainstream chronic disease management programs or specialist disability services.
33. People are supported to access mainstream or disability-specific specialist disease management programs as appropriate.

2.14 Epilepsy

34. The *person with epilepsy* is supported to access quality health care and to have full involvement in decision making and exercising choice about support and treatment.
35. Each *person with epilepsy* has a plan that records the type of epilepsy, seizure description, treatments, management and risks associated with the condition, and is reviewed during regular health assessments.
36. Each *person with epilepsy* is supported by workers who are appropriately trained and skilled in seizure response and management.
37. Management of chronic health conditions such as epilepsy requires regular auditing of environmental and other risks to the *person with epilepsy*, and identification of triggers that can prompt a seizure.

38. A *person with epilepsy with ongoing seizures* is supported to understand how 'duty of care' is considered before 'dignity of risk' around activities involving water.
39. Attempts to reduce risk for the *person with epilepsy* should avoid compromising other aspects of safety and dignity, or impairing quality of life, as much as possible.
40. Monitoring and supervision of the *person with epilepsy* is as discreet as possible, minimising disturbance to the person, and promoting the person's health and safety.

2.15 End of life care planning and death

41. Planning for the person's health and wellbeing support needs towards the end of life is a positive process that represents the person's values, beliefs and choices, and guides future decision making if the person is unable to communicate a preference.
42. Each person who has a life-threatening illness is supported to plan for the treatment or illness management that reflects their own end of life support wishes.
43. The support plan is reviewed regularly to align with changes in the person's care and support needs for the duration of the illness.
44. The person's wishes about advance care planning, end of life support, death and post-death, are recorded in the health plan and followed, with the involvement of the family, person responsible or guardian.

3 Application of principles

The Policy's person centred guiding principles are the basic mandatory requirements for ADHC operated and funded accommodation support services when planning with people to achieve good health and wellbeing.

4 Legislation

The Policy is consistent with the objects and principles of the *Disability Inclusion Act 2014* (the Act). The objects and principles of the Act require the State and community to support people with disability to exercise their rights, choice and control in pursuing their goals, to promote their independence and social and economic inclusion, and to realise their physical, social, sexual, reproductive, emotional and intellectual capacities. The Policy embodies the objects and principles of the Act by supporting people to be actively involved in achieving the best possible health and wellbeing outcomes throughout their lives.

The Policy's person centred guiding principles align with the principles of the United Nations *Convention on the Rights of Persons with Disabilities* (ratified by Australia in 2008) relating to health and wellbeing outcomes.

5 Aboriginal and Torres Strait Islander people

Cultural sensitivity is fundamental in a person centered approach to health and wellbeing, and without it, health and wellbeing outcomes of Aboriginal and Torres Strait Islander people are compromised.

The traditional Aboriginal perspective of health is holistic, and encompasses land, environment, physical body, community, relationships and law. Health is connected to the social, emotional, and cultural wellbeing of the whole community, and the sense of being indigenous¹.

In addition to the person centred health principles featured in the Policy, the following culturally sensitive matters should be considered when supporting Aboriginal or Torres Strait Islander people to manage their health and wellbeing:

- recognising the person's culture is a way of acknowledging and valuing the person's identity
- acknowledge the history of difficult relationships with government services
- recognise family, kinship and friend relationships and the person's connection to community and the land
- determine who in the family or community should be approached for decisions and consent about health support and treatment
- ask how and where the person would prefer to receive services
- confirm whether the person or family would prefer to work with the health system through an Aboriginal Liaison Officer
- determine which health issues or practices are sensitive or taboo and who to refer to if they are.

6 Cultural and linguistic diversity

People bring their values, beliefs and experiences with them when they relocate to another country. The person and family's behaviour, attitude, preferences and decisions about health and wellbeing, are influenced by culture and religious practices.

A person's cultural and religious preferences for health and wellbeing should be ascertained early in support planning. Demonstrate respect and sensitivity by considering:

- the person and the family's perspective on health and illness
- the person and the family's perspective on health management and treatment

¹ Health Facts _Info Net – Health Status 2012

- the person and the family's views about Western health care practices and their use of alternative traditional practices
- the role of spiritual and religious beliefs and practices in health care
- how the person and the family communicate, for instance, through an interpreter
- the person's own role in the process of problem solving and decision making.

7 Policy and Practice Unit contact details

You can get advice and support about this Policy from the Policy and Practice Unit, Contemporary Residential Options Directorate.

Policy and Practice, Service Improvement
Contemporary Residential Options Directorate
ADHC
policyandpracticefeedback@facs.nsw.gov.au

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