

## Muiriosa Foundation

<b>Title: Policy &amp; Procedure on Access, Discharge and Transfers to and from Muiriosa Foundation Services.</b>		
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# Policy & Procedure on Access, Discharge and Transfers to and from Muiriosa Foundation Services

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## **1.0 Introduction**

- 1.1 The Muiriosa Foundation offer a range of services – residential, day, respite, clinical supports and individualised supports.

## **2.0 Access Criteria**

Services can be accessed by individuals with a moderate, severe or profound level of intellectual disability.

Each person seeking access to one or more services will be considered fairly and on the basis of need. In this regard, particular attention is drawn to the Vision and Mission which underpins the promotion of organisational goals and objectives. In considering any new admission cognisance must be taken of the need to protect individuals from abuse from their peers.

## **3.0 Purpose**

- 3.1 To ensure fair, equitable and timely management of referrals;
- 3.2 To ensure that applications are managed well;
- 3.3 To promote the transparency of the process;
- 3.4 To inform the applicant and general public about the process;
- 3.5 To standardise the process.

## **4.0 Scope of Policy and Procedure**

- 4.1 This policy and its related procedure applies to all services provided within the organisation.

## 5.0 Vision and Mission

### Vision Statement

- 5.1 Each citizen with an intellectual disability leading a meaningful and fulfilling life **deeply embedded** within and positively valued by their community, **confident of** their central involvement in determining their critical life choices and support arrangements, **and assured by** the active presence in their lives of a strong personal network of family, friends, supporters and advocates.

### Service Mission

- 5.2 Muiriosa Foundation facilitate citizens with an intellectual disability and their families to make choices that promote their best interests, choices that optimally capture the balance of empowerment and necessary safeguards through:
- Listening carefully and deeply to citizens with intellectual disability and their families;
  - Working in partnership with citizens with intellectual disability, their families, statutory agencies, and community groups;
  - A combination of direct and mediated support.

## 6.0 Values & Beliefs

As an agency we are interested in partnering with people with an intellectual disability and their families to plan, create and sustain customised supports that promote typical socially valued lifestyles.

1. Family and immediate community are the primary and irreplaceable supporters and advocates of persons with a disability;
2. The extent to which one can exercise choice in and direct one's life is a critical matter in securing a meaningful and fulfilling life;
3. We each come to know and express ourselves *in* and *through* relationships – the greater the apparent disability, the deeper the individual's dependency on the range, depth and quality of their relationships;
4. Bearing witness to and honouring the personal and spiritual value and dignity of each individual with the disability lies at the core of our work and commitment;
5. We acknowledge the uniqueness of each individual and recognise that some individuals will require more support to experience choice equal to others;

6. Society is enriched when it affords persons with a disability meaningful opportunities to contribute their abilities and talents and to express their full and equal citizenship;
7. Growth, development and engagement can be powerfully advanced by creating appropriate opportunities and supports;
8. The best interests of persons with a disability are served by simultaneously paying close attention to both the empowering and safeguarding dimensions;
9. The interests of all our stakeholders are best advanced and safeguarded by a Muiriosa Foundation which is vigilant, honest, self-critically reflective and committed to learning.

## **7.0 Responsibilities**

7.1 The Regional Director and Head of the Person-Centred wing are responsible for:

7.1.1 Ensuring that this policy and procedure is implemented.

7.1.2 Ensuring the review of this policy and procedure every three years or more frequently if required.

7.2 The Area Director is responsible for:

7.2.1 Ensuring that all staff are aware of this policy.

7.2.2 Ensuring the implementation of the procedure for accessing services within their area.

7.3 All staff are responsible for:

7.3.1 Ensuring that they understand and familiarize themselves with this policy and procedure.

## 8.0 Access Procedure

- 8.1 The Access Procedure will be activated when the Regional Director (or designate) receives from the relevant Disability Managers office (HSE) a letter of application *supported* by clinical and other reports where relevant (which may include psychology reports, social work reports, plus other current or previous reports) supporting the application.
- 8.2 The Regional Director (or designate) will issue a letter of acknowledgement within one week.
- 8.3 Prior to the Referrals Team meeting the Regional Director will appoint a lead person to meet with the applicant and their family in order to:
  1. Ascertain the service required,
  2. Explain the vision, mission and values of the organisation,
  3. Complete the Decision Making Framework for Accessing Services (see Appendix 1) with the individual and family. (Where a Family Support Service is sought).
- 8.4 Following receipt of a fully supported application, a meeting of the Referrals Team will be arranged within three weeks. The core membership of referrals teams will be: the Regional Director (or a designated person), the Manager of the local service, the Social Worker and Psychologist providing clinical support to the relevant service and a nominee from the Disability Managers office HSE).
- 8.5 The Referrals Team will meet to consider the application and will review the Decision Making Criteria (Appendix 2). Additional personnel may be invited to present further information, either in writing or in person.
- 8.6 The Regional Director will formally notify the nominee of the Disability Managers office of the outcome of the process.
- 8.7 The Referrals Team may conclude that:
  1. The requested service is suitable for meeting the individual's support needs and that it can be provided within the existing resource base.
  2. The requested service is generally suitable for meeting the individual's support needs but additional resources are needed before the individual can access the service.
  3. If the determination of the Referrals Team has been that the service is generally suitable for meeting the individual's support needs but that additional resources are needed before a service can be offered, the Regional Director will submit a costed proposal to the Disability Managers office (HSE). It falls within the discretion of the Regional Director to decide whether the individual can access the service before the specified resources are *in situ*.
  4. In certain circumstances individuals may be offered an assessment or trial period, the duration of which will be determined by the Referrals Team.
  5. The requested service cannot adequately address the individual's support needs, due to;
    - a) a lack of compatibility between the focus of the service and the nature of the individual's support needs.
    - b) the core competence to address the needs is not available within the service.
    - c) a lack of capacity within the service.

6. In the event of making a determination that the service is not suitable for meeting the individual's support needs the Referrals Team will set out the reasons for this decision. It may also offer suggestions as to the kind of arrangement which might better address the individual's needs.

**NB 1** The Social Worker and Local Manager will meet with the individual and family to carry out the "Decision Making Framework for Accessing Services". This report will then be submitted to the Referrals Team for considerations. (Family Support Service Only)

## 9.0 Emergency Admissions

- 9.1 An **emergency situation** is considered to exist when the person with intellectual disability cannot continue to reside in the carer/family household in the short or long term due to:
  - a) death or serious illness in the carer family or;
  - b) an individual with an intellectual disability being taken into protective care by the relevant statutory agency.
  - c) an acute situation that undermines the current arrangement.
- 9.2 Emergency referrals will be considered following contact by family members or relevant professionals.
- 9.3 The Muiriosa Foundation will seek to respond positively and flexibly where emergency situations arise. Our capacity to respond in this manner will be limited to contexts in which there is a clear understanding between Muiriosa Foundation and the local HSE office in respect of managing and co-ordinating the immediate responses to the acute events which triggered the emergency scenario, medium-and long-term planning implications (if relevant), on-going review processes, communication with families, and funding.

## 10.0 Discharge Process

- 10.1 The discharge process will be formally activated when the Regional Director (or designated person) receives from the relevant Area Director a letter of application for discharge with supporting documentation.
- 10.2 Before a meeting of the **Discharge Team** can be formally convened, there must be clear evidence that the issues underpinning the decision to formally activate the Discharge Process as outlined in the Discharge Criteria (Appendix 3) have been brought to the attention of the Regional Director.
- 10.3 Where a meeting to consider discharging an individual has been called, documented evidence of the range of interventions and supports which have been considered and implemented must be presented.
- 10.4 The formal Discharge Process will only be activated when it is clear that *all of the alternative measures* have been exhausted.
- 10.5 The Discharge Team has the same core membership as the Referrals Team. If the Discharge Team decides to ratify an individual's discharge from the service, there is an onus on them to clearly specify the grounds on which the decision has been made.



10.6 The Regional Director (or designated person) is responsible for informing the Disability Managers office (HSE) the individual and his/her family, and his/her support team of the decision of the Discharge Team.

### **11.0 Temporary Absence from Residence**

11.1 All planned temporary absences from residence for each service user will be recorded by staff on duty at the time on the Directory of Residence form held in each location/unit.

11.2 The local manager will review the Directories on a monthly basis for completeness and accuracy.

11.3 The Area Director will review the directory periodically and submit a signed and dated copy of same to the Regional Director at the end of each year.

11.4 The Regional Director will arrange for refunds for service charges/kitty expenses in accordance set out within the Financial Management Procedure Service Charges/Kitty Expenses.



## **DECISION MAKING FRAMEWORK FOR ACCESSING SERVICES**

### **MUIRIOSIA FOUNDATION FAMILY SUPPORT SERVICES for Children and Adults with \*Significant Intellectual Disability and Complex Support Needs**

The following decision making framework will guide access to family support services.

Each individual's access level will be reviewed yearly or, as and when an expressed need for review arises. Outside of formal meetings, the family, local manager and social worker will consult on this document

\* Refer to Policy & Procedure on Access, Discharge and Transfers to and from Muiriosa Foundation Services

## Introduction:

The Muiriosa Foundation views family supports as a critical component of a comprehensive and integrated range of services in the community for people with significant intellectual disabilities. Many parents, siblings and carers of individuals with intellectual disabilities experience challenges over extended periods as well as regular (and often severe) stress. Benefits of family support include stress relief for carers, improved family functioning, opportunities for the person with a disability to enjoy experiences outside the home.

Family support should reflect the specific needs of the person and family involved. Forms of family supports services can include:

- Informal help from family and friends;
- Access to evening social activities;
- Holiday breaks;
- In-home support;
- Overnight support in the natural environment of a family home (e.g. 'Share-a-Break');
- Formal overnight 'respite' support in a staffed house.

The Muiriosa Foundation is committed to facilitating and providing a broad range of person-centred and family-centred supports that are designed to facilitate the individual with an intellectual disability to build links in their local community. Our foremost aims are to support carers, while at the same time maintaining the individual within the family home so that he / she can lead a full, inclusive life. Such supports have the advantages of being flexible and more easily accessible.

We recognize that in some circumstances a family may be experiencing significant levels of stress and an 'out of home' overnight stay may be indicated for the individual with an intellectual disability. In such instances **we are committed, as far as possible, to providing such supports in natural family environments** through '*Share-a-Break*'. Such arrangements have the advantages of mirroring the environment of a family home, extending the individual's social network, allowing for increased opportunities for social inclusion in the local community, and enabling the person with a disability to develop valued, long-term relationships as opposed to being supported by a rotating staff team.

In exceptional circumstances an individual may have support needs of a complexity and / or intensity that 'out of home' overnight support needs can only be provided within the setting of a staffed 'respite house'. Such support needs may include medical issues (e.g. uncontrolled epilepsy, risk of aspiration etc.) or periods of severe behavioural distress (e.g. acute mental health difficulty or self-injurious behaviour).

In line with best practice guidelines (\*Child and Family Research Centre, 2007), we are proposing a single point of access for Muiriosa Foundation family support services. This document sets out an explicit decision-making process that will enable us to work in partnership with families to determine the most appropriate family support option available, prioritized on the basis of individual need.

## Personal Information

Name of individual \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Address: \_\_\_\_\_

Contact details: \_\_\_\_\_

I.D.D.B. Reference: \_\_\_\_\_

In receipt of Disability Allowance /  
Domiciliary Care Allowance: \_\_\_\_\_

### Does the individual avail of any of the following services currently?

Day Service / School How many days? _____	Y <input type="checkbox"/>	N <input type="checkbox"/>	Location: _____
Over-night respite / short break with another service provider? If so how frequently? Location? _____	Y <input type="checkbox"/>	N <input type="checkbox"/>	_____
Share-a-Break Frequency _____	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Home support/carers relief Frequency _____	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Community respite through HSE	Y <input type="checkbox"/>	N <input type="checkbox"/>	Number of hours weekly _____
Natural Supports ~ friends/family How frequent is this support? _____	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Volunteer / Buddy / PA	Y <input type="checkbox"/>	N <input type="checkbox"/>	Number of hours weekly _____

**Supporting documentation if available, current and relevant.**

**NOTE ~ all reports listed may not be required: ~**

Discussion with family	<input type="checkbox"/>	Date _____	Name: _____
Medical report (GP and other relevant medical reports)	<input type="checkbox"/>	Date _____	Name: _____
Social report	<input type="checkbox"/>	Date _____	Name: _____
Psychological report	<input type="checkbox"/>	Date _____	Name: _____
OT report	<input type="checkbox"/>	Date _____	Name: _____
Physio report	<input type="checkbox"/>	Date _____	Name: _____
Speech & Language report	<input type="checkbox"/>	Date _____	Name: _____
Report from Consultant Psychiatrist	<input type="checkbox"/>	Date _____	Name: _____
H.S.E. correspondence	<input type="checkbox"/>	Date _____	Name: _____
Early Intervention Team or School-age Team report	<input type="checkbox"/>	Date _____	Name: _____

### **Prioritising general family support needs**

Ask families to rank-order (in descending order of preference) their priority needs – encourage them to identify their top three priorities working from a menu of

- Individualised outreach support
- Evening social activity / access to friends
- Hotel break
- Investment of family time in other siblings
- In-home support to share the care of the individual
- Some dedicated time which parents can invest in maintaining their own social networks
- Out-of-home overnight respite so that parents / key carers can recover, renew their resilience

Plan for access to the first six supports (see immediately above) on an open non-prioritised basis.

## Information informing the prioritisation of access to out-of-home overnight respite

Rate the intensity and constancy of support required by the individual. Intensity of support is based on the complexity of the individual's support needs

### Intensity of support needs required by the individual

#### 1. Intensive support, constant

- An intensity of medical / nursing support needs which require the constant and intensive support of a caregiver throughout the day and night (e.g. palliative care, dysphagia, risk of aspiration, poorly controlled epilepsy).
- The individual is currently presenting with a constant level of <sup>1</sup>severe behavioural distress which prevents him/her from accessing ordinary community facilities. This level of distress necessitates an intensive level of caregiver vigilance and support (e.g. an individual with psychosis, self-injury that places the individual at risk of harm etc.).

#### 2. Intensive support, intermittent

- A complexity or intensity of medical / nursing support needs which require intermittent and / or occasional bouts of intensive support throughout the day and also perhaps during the night (e.g. peg-feeding).
- The individual, while not currently presenting with severe behavioural distress, has a history of intermittent episodes of severe behavioural distress over the past six months. The risk of severe behavioural distress is sufficiently high to warrant intensive caregiver support.

<sup>1</sup> Severe behavioural distress: Likely to cause injury to self or other (at the level of tissue damage).

### 3. Moderate level of support

- Significant medical and / or nursing needs requiring supervision and at time hands-on intervention
  
- The individual sometimes presents with <sup>2</sup>significant behavioural distress that is not deemed to be severe. There are appropriate support strategies in place and intensive caregiver support is not required.

### 4. Other

<sup>2</sup> Significant behavioural distress: Behaviour causing damage to the environment or more superficial injury / harm to self or other.

## USE OF THE SCALE

- ☞ Where individual raters fail to agree, or where they struggle to place the child or adult in one of the discrete categories, feel free to describe the child or adult as falling between two categories.
- ☞ Most individuals on respite / family support lists will not attract ratings of 1 or 2.
- ☞ The function of this scale is to differentiate between different categories of need. The burden of proof rests with those arguing in favour of the higher score. Ratings must be evidence based.

Rate the level of stress under which the family is currently operating.

<b>Rating Scale</b>	
A :	At or near breaking point
B :	Under constant, severely elevated pressure
C :	Under fluctuating levels of pressure, including periods of severely elevated pressure
D :	Other
Rating decision:	

Take account of

- The family's inherent stress-coping capacity;
- Additional stress factors impacting on the family – physical and mental health issues, presence of other dependent family members, financial issues;
- Other family-support providers / networks with whom the family may be involved.



- N.B.1** Families of individuals with the same level of intensity of support / complexity rating may fall at different levels on this A → D Scale.
- N.B.2** As applies in making the judgement call on “intensity of support”, raters may opt to place family stress as falling between two categories.
- N.B.3** It is imperative that this *process* – ratings of individual support need and the ratings of family stress – involves **a minimum of two people** from the Muiriosa Foundation, preferably three, who have direct knowledge of the service user and family. (Consistency of judgement will be best secured if the same group of 2-3 individuals complete the ratings for all candidates, if this is possible.)

Based on the above process the recommendations are:

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**Review date:**

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Information compiled by: (Signatures)

Family consultation process:

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Other people consulted:

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Persons involved in the ratings of

- a) Intensity of support required by the individual;
- b) Level of stress under which the family is operating:

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(Signatures)

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Date

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The completed document will be stored on the individual's confidential Master File.

**Review arrangements** as per above or prior to the established date if the need arises.

## Access Procedure

### ***Decision-Making Criteria***

Decision-Making Criteria which will underpin the determination of the Referrals Team;

1. The *compatibility* between the identified needs of the applicant and the focus of the particular service setting to which application has been made.
2. The *adequacy of the resource base/capacity* within the service setting to address the applicant's needs without unacceptably compromising the needs of individuals currently accessing the service.