



## GPI POLICY - HOME SUPPORT

### **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.

Date Policy last reviewed: 21<sup>st</sup> October 2021  
Date Policy due for next review: October 2023



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- 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.

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### **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, e.g., 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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