



# Supply of Welfare Assistance Procedure

## 1. Guiding Principles

Effective: 02 November 2020

In general, welfare assistance is not provided to patients of the Great Southern Mental Health Service (GSMHS).

The principles that govern exceptions to this are:

- Welfare assistance is short term and provided within a management plan that aims to assist clients to develop the skills to effectively manage their lives and their finances
- Welfare assistance is provided as it is the best option to promote or protect client health and safety.

## 2. Procedure

### 2.1 Provision of Taxi Vouchers

Taxi vouchers can be provided to clients in the following instances:

- To support access to appropriate treatment when all other options for transport are unavailable or inappropriate (e.g. no family or friends available, public transport after ECT).
- To ensure client safety in crisis when other options are not available (e.g. to assist parent and children to reach safe accommodation if threatened by a violent family member).

### 2.2 Provision of Fuel Vouchers

Fuel vouchers can be provided to clients in the following instances:

- To support access to appropriate treatment when all other options for transport including taxi vouchers are unavailable or inappropriate (e.g. no family or friends available, public transport after ECT).
- To ensure client safety in crisis when other options are not available (e.g. to assist parent and children to reach safe accommodation if threatened by a violent family member).

### 2.3 Provision of Food Bank

Food bank support (or similar) can be provided to clients in the following instances:

- As a short term arrangement whilst working on a program to develop longer term self-management strategies (e.g. while learning budgeting skills)
- To protect physical health of a client (e.g. to ensure adequate nutrition).

## 2.4 Approval Process

- Approvals are to be granted for a maximum of six (6) months
- If an extension is required the Team Manager is required to consult and gain approval from either the Clinical Director or the Manager GSMHS.

## 2.5 Delegated Authority

### Community Mental Health

Approval for any form of welfare assistance for patients must be discussed with and approved by the Team Manager or Service Manager. Supply of welfare assistance that exceeds six months must be approved by the GSMHS Clinical Director or GSMHS Manager.

### Acute Psychiatric Unit (APU)

Approval for any form of welfare assistance for patients must be discussed with and approved by the APU Clinical Nurse Manager (CNM) or the treating psychiatrist. Supply of welfare assistance that exceeds six months must be approved by the GSMHS Clinical Director or GSMHS Manager.

## 3. Definitions

<b>Welfare assistance</b>	Includes provision of taxi/fuel vouchers, bus tickets, clothing, payment of food or other household expenses.
<b>Food Bank</b>	A non-denominational charity that uses donated and surplus food from the food and grocery industry to do distribute to welfare and community agencies that provide food assistance to people in need.

## 4. Roles and Responsibilities

The **Delegated Authority** is responsible for:

- Assessing whether patients met the criteria for the provision of welfare assistance with the treating clinician(s)
- Approving any applications for welfare assistance what exceeded the approvals that can be made by the treating clinician(s)
- Approving up to six months' worth of welfare assistance and keep a copy of the approval form (see Appendix 1) for entering into the register
- Seeking approval via the GSMHS Clinical Director or GSMHS Manager for the supply of welfare assistance that exceeds six months

**The Treating Clinician:**

- **Must** complete an approval form for each instance of welfare assistance provided or requested
- Is to provide welfare assistance within the criteria outlined in this procedure
- Is to liaise with the Delegated Authority if recommending that a patient be supplied with welfare assistance

**Administration:**

- Check of Welfare Request to ensure completion of delegated authorisation
- Maintain a record of authorised Welfare Requests
- File original authorised Welfare Requests in the individual clients medical record.
- Reconciliation of Welfare Requests to invoices

**All Staff** are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

## 5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

## 6. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

## 7. Evaluation

Monitoring of compliance with this document is to be carried out by the Great Southern Mental Health Business Administration as correctly completed Welfare Forms are reconciled with accounts prior to payment.

This procedure is to be reviewed at least every two (2) years.

## 8. Standards

[National Safety and Quality Health Service Standards](#) – 1.1, 1.25, 1.10, 1.15, 1.11, 2.3, 4.2

[National Standards for Mental Health Services](#) – 1.1, 1.2, 1.3, 1.4, 1.8, 1.9, 1.17, 2.1, 2.13, 6.5, 8.7, 8.10, 10.5.6

[National Standards for Disability Services](#) – 1.1, 6.2

## 9. Legislation

[Mental Health Act 2014](#)

## 10. References

Nil

## 11. Related Forms

Application for Supply of Welfare Assistance (Appendix 1)

## 12. Related WA Health System Policies

Nil

## 13. Policy Framework

[Mental Health Policy Framework](#)

**This document can be made available in alternative formats  
on request for a person with a disability**

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**Appendix 1**

<b>WACHS Great Southern Community Mental Health Service</b>  <b>APPLICATION FOR SUPPLY OF WELFARE ASSISTANCE</b>	<b>[affix patient sticker if available]</b>  <b>Patient name:</b>  <b>DOB:</b>
<b>NAME OF STAFF MEMBER:</b>	<b>DATE OF APPLICATION:</b>
<b>RATIONALE FOR APPLICATION:</b> Provide details of welfare assistance required:  Provide rationale for supply:	
<b>Taxi Vouchers:</b> Requested number? _____	<b>Out of town? – Yes / No</b>
<b>Foodbank</b> Requested number? _____	<b>Plan in place per policy? – Yes / No</b>
<b>Other Assistance (outline details below)</b>	
<b>Applicant’s signature:</b>	<b>Date:</b>
<b>TEAM MANAGER SIGN OFF</b>	
<b>Signature:</b>	<b>Date:</b>
<b>Name:</b>	Application Supported Application Not Supported
<b>Comments</b>	
<b>APPROVALS OVER SIX MONTHS – CLINICAL DIRECTOR OR REGIONAL MANAGER APPROVAL</b>	
<b>Name:</b>	Application supported Application not supported
<b>Signature:</b>	<b>Date:</b>
<b>Comments from Clinical Director/Regional Manager:</b>	
<b>Date for review of supply:</b>	

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