

SERVICE STANDARDS

KEY CHARACTERISTICS OF EFFECTIVE SERVICES (SCODA, 1997)

- Clearly stating and identifying the target service user group – and those the provider is not able to offer a service to (e.g. people with a history of particular criminal offences or those with specific mental health problems – Dual Diagnosis).

- Providing a clear written programme which includes the service's:
 - Rationale
 - Structure
 - Timetable
 - Through care systems (from assessment and care planning to aftercare)
 - Minimum quality standards
 - Induction process
 - Outcome targets
 - Code of conduct and behavioural boundaries

- Offering a health care check on admission.

- Using a Care Co-ordinator or nominated worker system.

- Providing care planning which involves the service user fully in its formulation and regular review.

- Ensuring appropriate consultation with other providers when service users are involved in multiple care interventions (such as those of Probation Orders or the Health Service's Care Programme Approach).

- Delivering harm reduction sessions on safer drug use and safer sex (including detailed information about HIV, hepatitis and TB).

- Ensuring access to hepatitis B vaccinations.

- Having a clearly defined approach to relapse management.

- Recognising and responding flexibly to the need and circumstances of service users with dependents (usually children).

- Ensuring access to appropriate services in order to assess and treat co-morbidity of (i.e. simultaneous) mental health and substance misuse problems (i.e. "dual diagnosis").

QUALITY STANDARDS FOR STRUCTURED DAY PROGRAMMES (SCODA, 1996)

- A minimum client completion rate of one third of clients should be achieved.

- An attendance rate of at least 75% for each programme is maintained.

- Minimum referral, internal assessment and acceptance response times are set and audited.

- Service users should be involved in individual care planning, service review and development.

- High quality staff skills and expertise should be ensured.

- Staff handover systems should be established to provide programme continuity.

- Good communications, sound liaison and effective working arrangements are established with other agencies and collaborators.

- Reporting requirements should be agreed with collaborating agencies at the outset and good recording and monitoring procedures should be established.

- Systems of individual care planning (or equivalent) are used, including discharge planning and aftercare services.

- A manageable timetable should be set (given staffing and any other resource constraints).

A CLIENT HAS THE RIGHT TO:

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- A specialist assessment of need.
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- Access to a specialist service.
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- Full information about treatment options and informed involvement in making decisions concerning treatment.
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- Respect of privacy, dignity and confidentiality, and an explanation of any circumstances in which information will be divulged to others.
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- Referral for a second opinion, in consultation with a General Practitioner, when referred to a consultant.
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- A written statement of his/her rights as client of the service.
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- Information about self help groups and client education groups.
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A CLIENT HAS THE RESPONSIBILITY FOR:

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- Observing conditions as stipulated in a treatment programme, including; keeping to appointment times and agreed medication regimes.
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- Observing service “house rules”, including; refraining from using illicit substances or alcohol on the premises, and not acting in a verbally or physically aggressive manner.
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- Treating other clients and staff with dignity and respect whilst observing equal opportunities and no smoking policies.
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