

ARAHURA CHARITABLE TRUST

A Society Of Respect And Inclusion

Providing community based
support for people
experiencing mental health
difficulties

*Your Guide to providing
Services for
Tangata Whai Ora*

**Service User
Manual
2009**



Providing community based support for people experiencing mental health difficulties



ARAHURA
CHARITABLE TRUST
A Society Of Respect And Inclusion

A Guide to the Services of Arahura Charitable Trust

Service Users/Tangata Whai Ora Manual

July 2009 Edition

Please read this edition in conjunction with all and any amendments.

Amendments will be added into the next edition

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Who we are

1.1 Introductions

This package has been designed to maximise Service User involvement in the running of the service. With our policies in place, we will be able to continually improve the service and continue to create a positive environment for improving the quality of life for people who use the service.

Arahura provides its service for people aged between 18 and 65 years of age, with some flexibility based on emotional, physical and social maturity, to accept those younger than 20 should their needs be deemed appropriate, and suitable alternatives are not available (65 plus subject to ADHB approval). Every effort is made to provide a high quality service in a cost-effective way.

1.2 Our vision

A society of respect and inclusion

1.3 Our purpose

A quality life for Tangata Whai Ora

1.4 Arahura and Pounamu

The name Arahura has been described as meaning a:

‘Pathway to the light’.

The founder of Arahura in Auckland came from Arahura on the West Coast of the South Island, about 9 kilometres north of Hokitika.

We have a connection with the people of Arahura and the Arahura River which is famous for its greenstone or Pounamu.

The following has been compiled from stories and conversations about Arahura and Pounamu

The most valuable commodity in Aotearoa was Pounamu or greenstone (nephrite or jade). It's a very hard stone and was fashioned into prized ornaments and weapons. It was also an important article of barter. Around its origin and discovery there are many fabulous legends.

A South Island legend talks of Ngahue (or Kahue) who was seeking a new home. He sent the green fish Poutini, the son of Tangaroa, to follow him. Darkness fell as Ngahue reached the mouth of the Arahura River. The only light by which he could see came from the mountain Taraotama at the head of the river, (hence the 'Pathway to the light'). He travelled up the river with Poutini following, but the fish was unable to ascend the cascade and fell into the pool below, where it was turned to stone and found by Ngahue in a lifeless state.

If you would like to know more about Maori mythology you might like to:

- Google search “Maori Mythology”
- Or try the National Library:-

<http://www.natlib.govt.nz/mi/services/6innzapais.html#top>

1.5 History of health service provision provided by Arahura Charitable Trust since 1971

1971 Initially established as a boarding house with 2 staff and 30 residents in one three storey house in Herne Bay. The home was for men coming out of Carrington and Oakley Institutes. The service provided was primarily that of food and shelter and a basic support service.

1987 The house was named 'Arahura House' in memory of the founder who was born in Arahura. Translating to 'pathway to discovery' or 'pathway to the light'. (Arahura is a small settlement on the West Coast of the South Island, close to Hokitika).

1993 The large 30 bed house was closed and the service moved to Ponsonby Rd. The service gained registration under the DPCW Act and the professionalisation of the service truly began with the structure of a Limited Liability Company and the ability to provide support services via Government Health contracts to provide mental health support.

1994 Early in the year the service took on its first flat, which was a one bedroom half house. Soon we took on the other side of the house and had 2 flats in the one house. By the end of the year we had turned those two flats into one house in Sandringham with the support of Community Housing Limited (CHL).

1997 We took on our second four bedroom house in Grey Lynn again with CHL.

1998 Became a Charitable Trust on 25th February. Moved out of Ponsonby Rd into two four bedroom houses, still with the support of CHL.

2001 The service now had four/four bedroom, high quality houses in Central Auckland, each with a maximum of four people per house. The service had been established for 30 years and operating as a Charitable Trust for three years.

2002 Became the auspice agency for Crossroads Clubhouse Arahura's stated goal and outcome is to support the creation of Crossroads as a freestanding Clubhouse. Clubhouse became Arahura's first formal opportunity to provide day services. The Clubhouse model greatly aligned with Arahura's philosophy of service and proved to be a rewarding and successful relationship for both Clubhouse and Arahura.

2002 Blue Water Services (BWS) approached Arahura to takeover its residential provider contracts. The numbers Arahura supports increased by 26. The prime challenges became ensuring Service users are safe, merging staff teams and ensuring Arahura's philosophy is maintained. Physical aspects such as replacing the BWS boarding houses and creating a shared office space were also important.

2003 The Chairman and CEO of the Trust visit Arahura Pa on the West Coast. Arahura and Blue Water sign sales agreement for transfer of services March 28th, effective April 1st. From this point Arahura's services extended to those with a Level Three assessment.

2004 Housing New Zealand and ASB Trusts supported us in replacing the eight bedroom boarding houses in Kakariki Avenue and Onslow Ave with two four bedroom homes with new furnishings.

2005 The Arahura Trust Board and the Executive Team began a programme of renewal and restructuring in preparation for the July 2006 replacement of some supported accommodation services with specialised support or accommodation services.

2006 The renewal project from last year continues as we enter a time of contract change and restructuring.

2007 Level 1 & 2 services are closed by ADHB. Current CEO resigns after many years of service. New General Manager takes over.

2009 A new Kaumatua joins the Arahura community.

1.6 Our philosophy for service provision

We believe that each individual has the right to be treated with dignity and respect.

That the individual has the right to live as they see fit, without infringing on the rights of others.

That without regard to gender, sexual orientation, religion, or race, each person has the right to be recognised as a unique individual in their own right and should be respected accordingly.

Arahura supports and encourages the clubhouse model.

1.7 What our vision means in terms of the services we strive to provide for Tangata Whai Ora (objectives of the Trust)

- To give people choices of accommodation and support.
- To continually strive to improve each individual's quality of life through "life experience" and education.
- To provide support to enable people to meet their needs.
- To empower people by basing management on individual choices and needs.
- To offer support to encourage the initiation and creation of positive home environments.
- To involve people and their supporting staff to establish and utilise standards for their control, monitoring and evaluation of the service and effecting change when needed.
- To promote independence through life experience, education and integration into the wider community.
- To involve people using the service in the decision-making processes. This will be achieved by participation of those people in the planning processes used, e.g. vision and planning meetings, Service User planning meetings.
- To support the attainment of Arahura mission and vision and planning by way of advocacy, acts or any other relevant opportunity.

1.8 Culture and Spiritual Expression

At Arahura you have the right to receive services which meet your cultural needs. To ensure that we can meet your needs all staff are trained to practice in a manner that is consistent with the Treaty of Waitangi and to have an understanding of the different cultures in our community. Staff are supervised to ensure they have the relevant knowledge and are able to access links in the community. Arahura acknowledges the bi-cultural nature of New Zealand and we strive for active Maori participation at all levels to ensure we deliver services that are safe in terms of cultural needs. We recognise that cultural and spiritual diversity exists among our residents.

Our policy is to provide a service which acknowledges and respects the cultural and spiritual needs of each individual resident in our care. We recognise the principles of the Treaty of Waitangi - partnership, participation, and protection - which must underpin any health strategies we develop. We acknowledge taha wairua (spiritual), taha hinengaro (mental), taha tinana (physical), and taha whanau (family), as the cultural basis for provision of services to Maori.

Each resident's cultural and spiritual beliefs and practices are recognised and respected, and reflected in their care plans. Family/whanau consultation, and participation, in care is welcomed.

Reasonable efforts are made to enable special cultural and spiritual beliefs and practices in relation to diet, dress, and special events to be fulfilled. Spiritual and cultural beliefs and practices are recognised and respected in relation to death, dying, and grief.

1.9 Maori Health

Arahura Charitable Trust acknowledges the inequalities of health faced by Maori, and upholds the principles of the Treaty of Waitangi, in the provision, protection and improvement of treatment and support for tangata whai ora, whanau, hapu and iwi.

Arahura charitable Trust will collect data on how many clients identify as Maori.

Arahura Charitable Trust will integrate the following principles into service delivery:

- Recognise and protect the link between tangata whai ora, whanau, whakapapa and turangawaewae.
- With the informed consent of tangata whai ora, incorporating the perspectives of whanau, hapu and iwi in all aspects of assessment, planning and provision of services.
- Training of staff in cultural awareness and understanding of community models of mental health treatment and support e.g. Te Whare Tapa Wha.
- Involving representatives of relevant Maori groups in the development of Arahura Charitable Trust services

Arahura Charitable Trust staff demonstrate knowledge of, and practice in a manner that is consistent with the principles of the Treaty of Waitangi in the provision of treatment and support for tangata whai ora, whanau, hapu and iwi. This is evidenced by:

- bi-cultural training for all staff.
- The employment of culturally compatible/ appropriate staffing where possible.
- Maori staff will have access to culturally appropriate supervision
- Availability of kaumatua for staff and tangata whai ora – details here
- Tikanga Guidelines including Te Whare Tapa Wha and other community models of mental health treatment and support
- The Maori Health Plan will be evaluated yearly by the Manager via quality indicators incorporated in the quality assurance surveys.
- Services provided to Maori clients and Whanau will be evaluated via Satisfaction Surveys (and hui?) which will include a cultural aspect.

Arahura Charitable Trust recognises and protects the important link between Tangata whai ora, whanau, whakapapa and turangawaewae, which are crucial to the mental wellbeing of Tangata whai ora:

Established relationships/ MOU with local iwi, members

About the Staff

2.1 Staff

As a person using the services of Arahura you have access to qualified and experienced staff. You will receive a support worker who has the primary responsibility to provide you with 'individualised support'. You have the right to change your support worker, to enter this process please contact the Team Manager. Arahura also has management and administration staff who are responsible for coordinating all aspects of the service.

Communication with the Arahura Trust Board can be made through your support worker and/or administration staff. For further information on contact with the Trust Board please refer to the Arahura Trust Deed (ref. Clause 5g). For job descriptions or other general information concerning staff roles and responsibilities, please contact the office on 360 0745.

Service users are able to participate in the selection of new staff and evaluate staff through the staff performance appraisal system.

2.2 Employment

- Staff are employed for their ability to provide professional support and skill development for people in the service, along with a positive attitude towards mental illness and an understanding of individual cultural needs.
- All staff work within a team – with actions and decisions being decided upon on a consensus basis.
- Through orientation staff will develop their skills and knowledge e.g. Treaty of Waitangi and Hearing Voices workshops.
- Staff participate in a planned education programme, with a requirement of at least two relevant workshops or courses completed every year, this workforce development is provided for in the annual budget.
- Staff are required to be involved with peer support, internal and external supervision.
- The staff team makeup will reflect the cultural diversity of the service users and the service as a whole.

About the Leadership and Management

3.1 Governance

The Arahura Trust Board provides overall leadership and has overall governing responsibility for the service. The Trust Board meets monthly and discusses current strategic issues. The Trust Board has the ultimate responsibility to ensure your rights to services are met at Arahura.

3.2 Management

The General Manager is responsible for the overall management and organisation of the service. Essentially, your support worker and/or residential support worker is supervised by their Team Manager, with the GM having overall supervisory responsibility.

3.3 Your participation

As a service user at Arahura, we need your participation at all levels of service development, delivery and evaluation. Training and support is available to enable your participation.

Service users have the opportunity to participate at the 6 monthly vision and planning meetings and the annual AGM.

Family/whanau are also entitled to support from Arahura.

Family members are invited to meet with the GM and Team Manager at six monthly meetings.

At the time of entry you will be asked for the details of your family/whanau and you can consent to our contacting them and providing information about our service. That is, they will receive Arahura newsletters, be invited to events and the AGM, vision and planning meeting and family meeting. The staff who work with you will discuss with you their role in your individual plan.

We endeavour to have Maori participation in our service meetings.

Vision and planning meetings

Participants

All Arahura Stakeholders

This is an opportunity for all stakeholders to hear what activities Arahura is currently undertaking as well as our position with the business plan and strategic plan. Not only is this an opportunity to hear where things are up to but also to have a say in how the development should occur. The GM along with the Team Manager, present the current picture and ask of participants input in the form of ideas, acknowledgement or alteration. This is an opportunity for stakeholders at all levels to affect the business plan and strategic plan. Vision and planning meetings are held 6 monthly with refreshments provided.

Annual general meeting (AGM)

Participants

All Arahura Stakeholders

Any person with a vested interest, i.e. community members, funders.

The primary role of this meeting falls to the trustees who table their annual reports along with the annual audited accounts. Any positions vacant on the board can be filled at this time. For further information please refer to the Arahura Trust Deed.

At the end of the official part of this meeting there is an opportunity for people to talk directly with the board. Full refreshments provided.

Quality assurance group

Participants

Service users with low to moderate needs

Family member

Staff members

Maximum of 10 people.

The purpose of this group is to draw together stakeholders and evaluate the conditions of quality within Arahura. Service users are asked to represent their own points of view and those of other service users. Family members are asked to represent their points of view on behalf of all family members and staff are asked to represent other staff not present. It is considered that this group will have the ability to represent the key stakeholders in the service. Recommendations from this group can go directly to the board or staff teams. The group meets 2 or 3 times per year and works out how to define quality through a set agenda and the group's membership. Also with the use of the risk management tools currently being finalised. The executive team will also forward material for the QA group.

The key will be the agenda and that participants read the information being sent to them prior to the meeting. The amount of reading will need to be monitored as not to create a sea of paper that will not be digested by the group, however it will be an expectation that the information provided is read.

Family meetings

Participants

Family members

GM and Team Manager

Family meetings offer the opportunity for family to find out more about Arahura and the services provided. It is not a meeting to discuss individuals, their diagnosis or medication. It is a forum for general discussion around diagnosis and medication if needed. It is an opportunity for family to meet with the GM and Team Manager and discuss Arahura's processes and policies for themselves. Meetings are held 6 monthly with light refreshments available. Families are part of the full service review.

Executive meeting

Participants: - GM, Clubhouse coordinator, Team Manager

This meeting addresses the service's over-arching operational issues, including but not limited to expenditure, service users and staff events. Meetings are held weekly where tasks are allocated and reported on in this meeting. Risk management/quality improvement is covered at this meeting.

Team meetings

Participants: support staff and their Team Manager

May also include: GM, Admin Manager, casual staff

This meeting is for staff to discuss issues relating to service users i.e. DLS (daily living skills) and IRP (individual recovery plans), the organisation i.e. upcoming meetings, and staff i.e. provision of peer support. It is also the opportunity to consider information pertaining to external organisations i.e. the coordination and assessment services, clinical teams, and community mental health centres. It is also the forum to share any information relative to the functioning of the team providing direct support services and to structure the day to meet service requirements. Risk management /quality improvement.

This meeting reports to the General Manager via the Team Manager. Weekday staff meet fortnightly (where practicable). Weekend, overnight staff and on call staff meet two monthly (where practicable) – first week of the month.

3.4 How do we know how well we are doing?

Ongoing monitoring and evaluation

Through all the management tools described, our performance and progress will be able to be evaluated internally and externally. The staff have an annual appraisal and the service itself is reviewed every 18 months by all service users, staff, family members and where possible ex-service users. Findings are summarised and recorded. In every area, service user choice and need is the prime objective. This, we feel, is reflected in our philosophy, which is based on the human right to dignity, and respect as an individual of merit. Your input about how you prefer to feedback is welcome, whether it be participation in consumer forums, to feedback via satisfaction surveys or to contribute within the internal meetings noted above. Risk management and subsequent improvement is tabled and minuted at all meetings.

Service review

The review is held every 18 months. Questionnaires are sent out to service users, family members and staff. Service users and family will have the opportunity for feedback at the Vision and planning meetings, in house meetings and family meetings with a goal to establish action points which will then be put in place either immediately if called for or through the service development path and operations manual. Staff have the opportunity for feedback and follow up through staff meetings as well as implementing action points through 'task' allocation.

Service review process

- Review questionnaire sent out to all participants
- Questionnaires returned to an external third party and results collated
- Results sent to individual groups (stakeholders) for comments and action points.
- Action points added to service development path and/or operations manual

3.5 How will we improve what we do?

Quality assurance

The overall quality of the service is evaluated internally and externally. Quality assurance is ongoing and addressed at all meetings. Some of the most valuable comments in the past have come from service users after they have left the service and we continue to ask for comment from service users as they move on to more independent living situations.

Service review responses are collated with the end results being provided to the GM. The management team will initially respond to the feedback. Results will be tabled for the Quality Assurance Team (QA Team). If the team considers issues outstanding or unresolved, they have the ability to direct the management team to seek better quality resolutions.

3.6 How does Arahura organise its finances? What about your finances?

As a Charitable Trust, our annual financial accounts are audited to ensure the management of finances accords with the Trust's objectives. On an operational level, every effort is made to provide a high quality service in a cost effective manner.

People have access to their own financial accounts. Financial advice in the form of budget planning or general information is available to all service users. When the person responsible is in control of your money, that person must account for the spending of that money. Wherever possible, you will have control of your money. If this is not possible, an advocate of your choice can be nominated. In this case, we will require that the advocate be trustworthy and have knowledge of the "Protection of Personal Property and Rights Act". When you are in transition between services, or starting paid employment, we will endeavour to assist you in maintaining continuity of income.

Grants – non recoverable

Grants are given to service users, members or clients (tangata whai ora) of Arahura who make successful submissions to the board via administration. Grants are non refundable, non sustainable and given toward vocational and educational submissions that will support the person's recovery.

1. Grant submissions can be made at any time throughout the year.
2. The board may at anytime throughout the year publish requests for submissions based on a 'Theme' or 'Objective' set by the board.
3. An annual budget will be set by the board at the beginning of our financial year.
4. The board or sub-committee of the board will view all submissions and make the final decisions.
5. The board may request further information regarding the submissions before making a final decision.

Financial advances

Financial advances can be requested by service users or staff of Arahura either to support their recovery or assist in their ability to maintain their employment. Advances are fully recoverable and understood to be the advance payment of monies anticipated as being due to the individual in the medium term future. Financial advances are made at the discretion of the GM. Any requests above \$1000 will be presented to the board with GM approval. Service user advances are understood as personal allowance advances and staff advances are understood as wage advances.

Our commitment to you: Protocols for provision of services

4.1 We will respect your right to confidentiality and privacy

All staff are legally bound to respect your privacy and the confidential nature of their work. This means during the course of work, out of work hours, and even after leaving Arahura they have agreed to a clause in their employment agreement stipulating utter confidentiality.

Confidentiality is monitored through internal supervision and monitoring from our privacy officer. Your files are locked in filing cabinets in locked offices.

If you are receiving accommodation from us, we will ensure your privacy is maintained by ensuring that all service users have their own lockable rooms with cordless phones available for personal calls. While Arahura take all care with security service users are responsible for securing their own personal items and locking their bedroom. You will have access to a private space to meet visitors.

Staff are requested to knock before entering someone's room or house. Under our philosophy staff are required to treat each person with respect and are fully expected to do so. This includes not discussing a person's details or issues in front of unauthorised people.

If you believe your privacy has been breached then in the first instance please contact Arahura's privacy officer: David Breen on 360 0745 or leave a message at the office on 360 0745. If this avenue does not feel right, you can make contact with advocates; refer complaints section.

4.2 We will provide a conflict resolution process and abide by it

Individuals are enabled to exercise independence and freedom of choice, where this does not infringe on the rights of others. If any unacceptable behaviour arises, it will be dealt with, where this is possible, by our community in accordance with "House Rules" and "Code of Service users' Rights". However, each situation must be sensitively handled. The person may best respond to a one-on-one discussion with staff, or a staff facilitated discussion with parties concerned.

Resolution could come from a community meeting, which may be called by anyone, verbally in writing by way of the GM. External help may be required if the conflict cannot be resolved to the satisfaction of all concerned. In cases where conflict cannot be resolved and the person leaves, Mental Health Services will be notified beforehand. Staff and service users will have access to information on these unacceptable behaviours. Through their orientation, they will be required to express knowledge of what is available to our community by way of support.

4.3 We will use effective information systems that have your interests at the Centre (records and files)

- Staff also have a diary which is used to record doctor's appointments, staff communication and general notes.
- A personal file will be kept for each person, containing all relevant information. Any notes in your file will be initialled and dated by the person making the notes. We endeavour to ensure note taking is done in collaboration with service users.
- A personal file will be kept for each staff member and service user.
- Medication records are strictly controlled - daily notes, time, medication, and dose.
- Visits from PDNS, doctors, psychiatrists will be noted where appropriate.
- Medications are stored in a locked cupboard and administered by staff. Records are kept on medications coming in and their administration. A medication manual is available.
- All records will be stored in such a way as to protect service user and staff privacy.
- These files are not duplicated.
- Staff are aware of people's rights to confidentiality.
- All records and files are updated on a regular basis.
- A privacy officer is in charge of confidentiality of records and files.

4.4 We will care for and respect your individual files

All service users and staff have individual files that are stored in a safe and confidential manner in locked cabinets. Both service users and staff have access to their own files. Please let us know when you want to see them. Ask your staff member and a time will be arranged for you to view your file. At this time you may make your own notes within your file and have the right to ask the staff member about anything that comes up from your file.

Your files are able to be taken with you when you leave. A copy of the file will be kept for no more than 10 years after the date of departure. The same policy exists with staff. Please note that for financial/legal reasons financial records will be kept for 7 years then destroyed.

4.5 We will follow procedures and policy to ensure your safety

Safety is ensured by staff through observation and daily notes. Clear procedures and protocol help to protect people from any excessive behaviours and mental stresses that may threaten their well being or the well being of others.

Also such practical applications as:

- Regular practices of the evacuation drill;
- Designated smoking areas;
- Staff who have received basic CPR training
- Evacuation procedures;
- Smoking policy;
- Medical emergency procedures;
- A list of emergency phone numbers;
- House Rules

You will not be referred to any unsafe space. Spaces that Arahura provides will meet external standards of safety and will be clean and safe; they will also reflect your personal preferences in terms of furniture arrangement and selection.

4.6 We will practice effective and professional boundaries when working for you

The following is taken directly from the staff handbook and will assist you in developing your understanding of Arahura's staff and how they work. If you're unclear about boundaries please talk with staff.

A margin is a boundary; it fixes a limit. The boundaries of a professional therapeutic relationship are complex and at times unclear. For the staff-member working with a client boundaries define what is 'too far' and what is 'not far enough'. However, it may be necessary for the staff-member's boundaries to be flexible in order to meet the individual changing needs of the client.

The core question is 'whose needs are we meeting'. Central boundary questions are:

- What is too helpful?
- What is not helpful enough?
- What facilitates a healthy independence and what enables an unhealthy dependency?

Most, if not all, violations of boundaries are unwitting, subtle and unconscious and there are some preventative interventions and safeguards that staff should routinely use. Of course, there is a mixture of motives when working, but the predominant motive should be to meet the needs of the service user and not one's own.

Therefore the staff should not:

- give out their own personal phone numbers
- share personal problems with the client
- lend or borrow money to/from a client
- practice differential 'limit setting'
- work individually rather than as a team
- initiate intimate physical contact
- accept or give gifts to Service users
- buy or sell anything to/from Service users
- use personal items for the benefit of Service users: shavers, radios etc
- take service users to their homes, or have social meetings outside of what their working day entails.

Staff, however, acknowledge the role of reciprocity and it's value in helping establish a more balanced relationship with people, as long as it happens in a context of mutual respect.

4.7 Staff will advocate for you when you need it

As part of our normal support for service users, staff will at times advocate in consultation with service users on their behalf (Please also refer to the section above on boundaries when providing support/advocacy). An example of this would be support at WINZ and at clinical appointments where appropriate.

There are times when we are not the appropriate support for advocacy and where this occurs we will direct people to the appropriate advocacy source.

Staff will consult with their Team Manager where doubt exists as to whether we should be acting as an advocate.

Other sources of advocates

Community mental health services i.e. Taylor Centre and St Lukes have consumer advocates available

The Health and Disability Commission have a free advocacy service

ph: 0800 555 050

Other sources and information: www.mhc.govt.nz

Community Law Centre – Grey Lynn Law Office, available at many Community Centres at set times i.e. Wesley Centre in Sandringham

4.8 We will provide and respect the complaints procedure

If there is a situation where you feel you are not being treated with respect or that your rights have been infringed upon, or for any other reason, you have several ways to make complaints: this includes Arahura's service users, staff, family members and members of the public.

- Complaints should always be in a written form and presented to the GM. The complaint will be acknowledged in writing within 5 working days.
- On receipt of your complaint the GM will ensure the appropriate staff are involved in thoroughly investigating the issues you have raised.
- Following investigation a written response will be sent to you. This will be within a timeframe of 10 working days from the written acknowledgement of the complaint.
- It may be appropriate to have a meeting between yourself and the appropriate staff.
- If corrective action is required it will be discussed by all parties and put in place as soon as practical.
- This policy is taken directly from the 'Code of Health and Disability Services Consumer Rights' put out by the 'Health and Disability Commissioner and as such Arahura will follow the steps listed under 'Right 10' *Right to Complain*. If you do not have a copy please ask a staff member or phone the office and one will be sent directly to you.
- Below is a list of contacts that may be beneficial.
 - 1) Talk to staff or the GM: 360 0745.
 - 2) Bring your complaint up at the weekly house meeting (Service users).
 - 3) Approach your P.D.N. or someone you feel comfortable with at our local CMHC i.e. St Lukes, Taylor Centre, Cornwall house (Service users).

Health Advocates Trust (Independent free advocacy)
Phone: 525 2706
Health and disability Commission: Akld 373 1060.
Auckland Regional Consumer Network. Deb Christensen 623 1762

4.9 We will ensure access to an interpreter to assist your understanding of our service

Interpreters are available if required. Please contact staff for access to the most appropriate interpreter for you.

4.10 We will respect and adhere to your rights You have the right to:

Residency upon approval from health professionals with assessment by the Team Manager and other service users

Complain of breach of rights.

Adequate notice of termination of residency.

Understanding of different ethnic, cultural and religious practice

Be free from abuse and reprisal.

Be treated with reasonable care.

Not be abandoned.

Prompt emergency treatment.

Be informed about proposed treatment.

Confidentiality.

Have access to your personal house file.

Not to be discriminated against.

Have access to adequately qualified health personnel.

Be free from mental and physical abuse.

Dignity and privacy.

Seek legal advice about treatment.

Respect for your beliefs.

Withdrawal of signed consent for information sharing.

4.11 We will support you in exercising your personal rights and support you enabling others to have these same rights

- You have the right to make mistakes.
- You have the right to say “no” and “yes”, without feeling guilty.
- You have the right to say “I don’t know” or “I don’t understand”.
- You have the right not to take responsibility for solving other people’s problems.
- You have the right to express your feelings and opinions.
- You have the right to be treated with respect, listened to and taken seriously.
- You have the right to ask for what you want (recognising others have the right to say “no”).
- You have the right to be successful.
- You have the right to privacy, to be alone and to be independent.
- You have the right to relate to others without being dependent on them for approval.

Remember – if you have these rights, so do other people!

Please Note: You may have other legal rights which are not listed here. If you have any problems, please bring them to the attention of the staff, or to the attention of your advocate.

4.12 We will ensure Arahura spaces are safe (OSH)

All houses and offices have OSH manuals freely available with regular update reminders loaded onto the appropriate computers for checks (microsoft office). All staff will have a full working knowledge of these manuals and their use and is part of initial staff orientation.

4.13 We will ensure you know what to do in an emergency (Civil Defence)

Each Residential house will have a Civil Defence Kit available to service users and staff. Initial orientation for service users and staff regarding the kits will be done upon entry into the house. Civil Defence kits are maintained 6 monthly and the content list of kits reviewed annually. (Pandemic kits are also on each of our work sites-further information ask staff)

4.14 We will provide and respect this sexual harassment policy

Introduction

- Sexual harassment is a form of discrimination
- Sexual harassment is against the law
- The effect of sexual harassment in the work place* can be very disruptive
- (* In this context, "the work place" is considered the Home and all who live and work there)
- Sexual harassment is usually misunderstood. It has little to do with sex, and a lot to do with bullying.
- Sexual harassment is sexual behaviour directed at someone who does not welcome it and who is not easily able to stop it.

Process

In this process we want to not only deal with the potential problem of sexual harassment between staff members, but also harassment between service users, including service users and staff.

It is against the rights of any individual to be sexually harassed.

The process as planned is:

- 1) A statement from management advising that sexual harassment will not be tolerated in our home. Those found to have harassed others will be disciplined.
- 2) Description of sexual harassment.
- 3) Explanation of the procedure including the contact people to who staff and service users can come with any enquiries or complaints of harassment.
- 4) All discussions and any investigations conducted will be done in the strictest confidence.
- 5) Anyone can discuss any issue, big or small, relating to sexual harassment, whether or not they have a complaint to make - they will not be victimised for doing so.
- 6) No-one whatever they wish to discuss, will be required to make a complaint if they don't want to.

Contact People: A list of contact people is available from the office –phone 360 0745.

As we are a medium sized organisation, the role of the contact people will include:

Publicity and education about sexual harassment. Being able to be approached for advice and information about sexual harassment and be personally supportive.

Choosing options for the complainant to follow:

1) Self help

Where the complainant feels able to deal with the problem themselves after talking it over and receiving advice, suggestions and support from the contact person.

This allows the complainant to -
 remain in control of the process,
 keeps the problem at a local level, and
 gives the respondent an opportunity to correct their behaviour

Sometimes the respondent will allege that they were unaware their behaviour was offensive to the complainant. Some complainants will feel too scared of the harasser to tackle the problem themselves. Sometimes the matter will be of such a serious nature that it has exceeded "bad behaviour" which can be corrected and needs to be reported for the protection of others and for possible disciplinary action.

Self help methods could include:

- telling the person that their behaviour is offensive and asking them to stop
- writing to the person advising them that a complaint may be made if the behaviour does not stop
- speaking to the person alone or in the company of a friend

2) Informal intervention

Where the complainant does not see the "self help" option as appropriate, it may be they need someone to intervene on their behalf without a formal complaint having been made. The contact person should discuss with the complainant who should intervene. The person intervening should make a practical attempt to sort the problem out on the spot without having to get into a formal complaints process.

This process would involve the harasser or group of harassers knowing what the allegations are, and answering them, and involving all the parties making a decision on a working solution to the problem. Any agreement made as a result of an informal intervention would have to be monitored. It needs to be checked with the complainant and the respondent that they are comfortable with the new situation.

3) Making a formal complaint

If the informal approach does not help, complainants themselves may wish to make a formal complaint. If this process is to be followed, the contact person must get a detailed complaint, in writing. This may be forwarded to the Human Rights Commission if warranted.

4) Resolutions and settlement

In serious cases, where the complaint is substantiated, dismissing the respondent may be appropriate. In other cases, it will be appropriate to transfer the respondent so that the respondent is no longer in the same areas as the complainant. In all cases where a complaint is substantiated, the contact person must immediately ensure that the behaviour ceases and that the complainant is not made to suffer in any way for having made the complaint. The respondent must be disciplined by management and advised that. Their behaviour will not be tolerated and must stop

***Accommodation**

5.1 What are the criteria for using Arahura residential services? What procedure will you need to follow?

Entry criteria and procedure

The potential service user should be between 18 - 65 years of age, and able to manage some daily activities of living, but would find it distressing and to the detriment of their well-being or others, to live in a non-supportive environment.

People may require direction and focus to attain goals and improve their quality of life. Some insight into their illness and a willingness to work on their recovery process (as they define it) using a strengths based model, WRAP is expected. There is an expectation that when a person enters the service they acknowledge and participate in the strength based recovery model.

Please observe, Arahura has a full service ban on alcohol on any and all premises operated by Arahura. Breaches of this rule will be the same as breaches of other policies.

To be accepted for Arahura's supported accommodation service you will need to work through the following entry process. This process should identify the likelihood of us meeting your needs, and the continuation of services for others sharing accommodation with you.

1) Service Coordinators will contact us if they think the services we offer are appropriate for you. If we have a vacancy they will post your Transitional Care Plan to us so we can conduct a risk assessment and needs assessment between your situation and the placement we are able to offer.

2) Service Coordinators then contact the Team Manager to organise a meeting with you, having provided you with a copy of your code of rights. We will talk about what we offer and your needs, and any special considerations that came up from your TCP. You can see the house and discuss your expectations with us. At this time a follow up referral meeting will be diaried, so that should you decide to accept the accommodation, we can organise a move in date etc.

3) An Arahura Community Support Worker will be assigned to you in consideration of your needs and staff availability to work on your individual plan.

Criteria

Once transition has been initiated, we do require you to enter a tenancy contract (including the healthy eating program) with us and consider our request for consent to liaise with others about you on medication and relevant health matters. We strongly encourage you to complete your orientation and your community support worker will support you with that. It is further essential you familiarise yourself with your Arahura manual so you fully understand our service. It is very important we know who your family/whanau are and the extent you involve them in your recovery. Likewise, we need to be clear about your cultural needs so we can ensure we provide the right supports for you.

5.2 Service users have the right to choose who they live with

In each house a service user can be voted out by a majority vote by the other service users.

Process:

- 1) One verbal warning
- 2) One written warning

Each of these to be given at house meetings with at least one RSW being present

N.B. The service user must be given notice of the meeting

The service user may have a personal advocate or support person present

House rules

No form of violence will be tolerated

!

No verbal abuse is acceptable

!

No threatening behaviour is acceptable

!

No behaviour that threatens the safety of others is acceptable

!

No theft is acceptable

!

No abuse of drugs or alcohol is acceptable

!

No smoking in any areas other than designated smoking areas

!

Individual's privacy must be respected

!

Respect must be extended to family, friends and visitors

!

No sexual harassment will be tolerated

!

House meetings can be called by anyone
if problems arise within the community

!

House rules apply to service users and staff

5.3 Residency contract

1) Right to residency.

The right of occupancy includes the right of quiet enjoyment of the bed and location allocated and the right to use the facilities and services provided by the house until such time as:

- (a) the person may wish to leave, or,
- (b) when the person is in breach of house protocol as stated in this document, or,
- (c) when through financial restraints, or the actions of governing bodies, it becomes necessary to terminate business, or
- (d) through fire or Act of God the premises become uninhabitable.

2) Notice of termination

Refer 1(a) Notice to administration should be at least one week.

Refer 1(b) Notice to people shall be no less than three weeks, unless a breach is so severe that it requires immediate termination of residency at which time all service users and health professionals will be consulted.

Refer 1(c)/(d) The Team Manager will initiate steps to find alternative accommodation as quickly as possible and will fully consult with service users and health professionals.

3) Service users obligations

- a) The person agrees to refrain from wilfully or recklessly damaging the premises, fittings, furniture and goods. Whilst occupying the home will extend to the GM, the staff, and all other people in the home, so far as they are capable, the same type of rights as are given to the service users in their Code of Rights.
- b) The person will be treated with respect and have the right to have language, sexual and emotional needs and choices accepted, except to the extent that the public, physical and verbal expression of such needs would clearly and unreasonably offend, or infringe upon the rights of the public, staff and other service users.
- c) House and room keys are the responsibility of the service user. If more than two keys are lost and subsequently replaced, then the third key and subsequent keys will be replaced at a cost to the service user.

4) Medication

The person agrees to take the medication which is prescribed by the Mental Health Authorities, whether it be through the local CMHC, Taylor Centre or any other Mental Health facility.

If any person has problems with medication then they must inform staff of their problem.

Every effort will be taken by staff to support people in making an informed choice.

5) Departure policy

For the violation of house rules, or general inappropriate behaviour, up to two verbal warnings will be given. These will be documented in the individual's personal file. Following this, if necessary, up to three written warnings will be given, also to be documented in the personal file.

After the first written warning, the person's actions will be brought into house meeting discussion, unless this is inappropriate at the time. Mental health services will be informed of written warnings as they occur. If more than five violations of house rules occur, then the person will be asked to leave.

If an offence is so extreme as to warrant instant dismissal, then all parties concerned must discuss the incident. People have the right to choose who they live with.

Upon the first written warning, counselling will be discussed with all concerned. For further information refer to "residency contract".

- decision on their medication.
- Failure to comply with medication requirements and failure to report to staff on any problems will affect the service user's ability to remain within the service.
- Failure to inform staff of medication problems will be considered an abuse of drugs under Arahura rules.

6) House alcohol policy

Arahura has a full service ban on alcohol on any and all premises operated by Arahura. Breaches of this rule will be the same as breaches of other policies.

7) Smoking policy

Smoking cigarettes is banned inside all service houses and office facilities that Arahura operate. This is in response to health as well as fire safety issues.

8) Drug abuse

No abuse of drugs will be tolerated – recreational or otherwise in this residence. This includes smoking marijuana etc. Failure to comply may result in one of the following instant loss of residency

directed to suitable drug/information – treatment group
counselling
notification to the police

9) Acknowledgement

I have read, and to the best of my ability, understand the information in this document relating to:

- My right to residency
- The requirements of notice of termination of residency
- My obligations as a service user of Arahura, and medication requirements.
- I accept that Arahura management may contact my family from time to time, initially for introduction and later with a view to co-operation between my family and Arahura .

Service user sign:

Date of signing:

Staff member:

5.4 You have signed up, now how will you find my way around the service?

Service user orientation

Service user:

Date started:

Signed off by:

Date completed:

The following is a list of key points and activities. Please tick them off as you go.

- Initial orientation should be completed within the first month.

Responsibility for orientation being completed is with the support worker. They will keep a copy of your completed orientation in your individual file.

TASK	DATE	Trainer Initial	Trainee Initial
<i>Reading</i>			
Service User manual			
Code of rights received			
<i>Physical</i>			
Phone system			
Fire evacuation procedures			
Location of first aid kit and procedures			
Safety precautions and hazards			
Civil defence kits			
<i>Local Area</i>			
St Lukes CMHC			
Taylor Centre CMHC			
Cornwall House CMHC			
Winz Offices			
Local GP's			
Pharmacy			
Kaupapa Maori services			
Pacific Island Services			
Crossroads Clubhouse			
<i>Organisational Policy and Culture</i>			
Service overview from a Service User			
Service overview from a Staff member			
Staffing structure from Support Worker			
Management structure from Support Worker			
Financial structure from Support Worker			
<i>Knowledge Attained</i>			
House rules			
Smoking policy			
Alcohol policy			
House Food policy			
Civil defence system/ pandemic			

Accessing interpreters			
The role and access for Service users to independent advocacy			
Emergency procedures			
Support			
Your understanding of your WRAP Plan developed			
Your need for family/whanau involvement discussed			
Your need for cultural support discussed			

5.5 How do you go about laundry and cleaning?

Laundry and cleaning procedures may vary from house to house. Basically it is to be considered that all service users are able to complete their own laundry tasks with assistance if necessary. Cleaning routines are established and followed up in weekly house meetings. Everyone plays their part in maintaining a safe clean environment.

The labelling and storage of household chemicals will be undertaken in a safe and effective manner. No unlabeled or incorrectly labelled bottles will be used for chemical storage.

5.6 How does the communal shopping work?

House standard for communal shopping is with input from each service user at \$50 per person to provide enough food for one week of in conjunction with the healthy eating programme.

5.7 What about your personal effects

Each person may have their own belongings in their room including electrical devices. Grooming, laundry and purchase of clothing can be included within "goal setting". This may include teaching sessions and/or trips for "hands on" experience where necessary

The standard for home heating is to use ‘Oil Fin Heaters’ with thermostatic control.

- This means that in Arahura we **do not use** ‘Bar Heaters’ or ‘Portable Gas Heaters’.
- Wall mounted gas heaters are accepted where already fitted.
- Electric fan style heaters need to have thermostatic control to be accepted.

If you are unsure about how the heater standard affects you please ask a staff member or staff ask your Team Managers.

5.8 Does Arahura provide any insurance?

Arahura holds insurance for each of our houses. Part of this insurance covers Service users for ‘material damage’. The main purpose for this insurance is if we ever have complete loss of a house. That is to say that if you lose all of your possessions we can claim against the insurance.

The excess payable per claim is \$500 increasing to \$1000 in respect to burglary or theft. As a service user making a claim it is expected that you pay the excess. In the event of total loss of house and contents, Arahura would pay the excess.

To make a claim you must inform administration immediately and then make a formal police complaint. A full copy of the police complaint must then be forwarded to admin upon receipt of complaint number.

Please note that as in any insurance policy there are policy exclusions as follows, including but not limited to:

- Unexplained disappearances or shortages
- Mechanical breakdown
- Cost of repairing/replacing faulty material
- Jewellery, precious stones, furs, bullion

5.9 Will your visitors be welcome?

Visitors are welcome during the normal course of the day by invite or announcement. Visitors are asked to respect that the houses are people's homes and to treat the house and people in it accordingly. Visitors are asked to sign the visitor's book or indicate their visit in the house diary. Service users and staff have the right to refuse entry to visitors if they feel threatened or intimidated.

5.10 What sort of activities can you expect?

The home, its practices and procedures have been designed to maximise people's involvement, for example people are fully involved in running their own home and decisions affecting their lives.

Cooking and meal planning, gardening, budgeting, public awareness, goal setting, self care, hygiene, social skills and communication

House meetings are held on a regular basis and can be called by anyone to discuss any issue, which may arise. A weekly roster is drawn up to cover such things as are relevant to the day-to-day maintenance of the community, i.e. cooking, cleaning, dishes, floors ,toilets etc

Meals are planned for the week at community meetings. The shopping list will then be made up.

Practical cooking is assisted by staff and is part of our programme. To develop responsibility, we have a semi-structured day, aiming at normalisation and community integration. Techniques used in recovery have been taken from "The Strengths Model", "The Wellness Recovery Action Plan (WRAP)", and other researched models of Recovery.

Citizen's advice bureau (CAB)

Lists of the nearest CAB can be found in the phone book or ask your support worker.

In case of a Fire

FIRE SAFETY RULES

HOUSE EVACUATION PLAN
IN CASE OF FIRE, HUMAN LIFE COMES FIRST!

ON THE SOUND OF THE FIRE ALARM:
EVACUATE THE HOUSE BY THE NEAREST SAFE EXIT MEET ON THE FOOTPATH AT
THE FRONT OF THE HOUSE

ALERT FIRE SERVICE BY DIALLING 111
(nearest public phone or neighbours)

ACCOUNT FOR EVERYONE FROM THE HOUSE

CONTACT THE CALLOUT STAFF MEMBER AS SOON AS POSSIBLE

WAIT OUTSIDE UNTIL "ALL CLEAR" GIVEN BY A FIRE OFFICER

Support services

Arahura has been involved with supporting people with mental health difficulties in Central Auckland for over 30 years, primarily through supported accommodation – the goal is recovery. Our aim is to improve the quality of life for people experiencing mental health challenges through community based support in the most relevant form.

The Trust is a vehicle to improve the quality of life for people who have been assessed by mental health professionals as needing the services of the trust. We believe that each individual has the right to be treated with dignity and respect and that the individual has the right to live as they see fit, without infringing on the rights of others. That without regard to: gender, religion, or race, each person has the right to be recognised as a unique individual in their own right and should be respected accordingly. We believe recovery is an individual journey that we can help facilitate. We are committed to using a researched model of recovery, the strengths model and the Wellness Recovery Action Plan (WRAP).

Staff training is a crucial component of a recovery based philosophy. Meetings are held by the staff focusing on strength/recovery and the best ways to facilitate this process with the service users. Multi media methods of training are used at these meetings i.e. video's/internet/presentations etc. Our paperwork is based on Charles Rapp's strength and goal planning. In addition we also use Mary Copeland's WRAP (Wellness recovery action plan).

Support work is based on these researched models of recovery (staff also have considerable knowledge of the Clubhouse model of recovery). We believe that a belief in recovery – maintaining hope and developing trust are essential components for this process.

Each month the Team Manager report on activities that facilitate the psycho-social dimension of recovery that have occurred within the month's work of that team. As much as all the work with you is focused on individual recovery, the reporting is aimed at capturing exceptions that stretch a bit further and are of value to share and note.

Also –

Recovery activities can be activities that promote citizenship and social inclusion in community life so that a social and participatory dimension in social and community life exists.

6.1 Your strengths and abilities

Each person assesses their own individual abilities and strengths and together with staff, work on their own goals. It is recognised that each person has the potential for personal growth regardless of current level of ability, and a recovery plan is used to acknowledge and promote this potential. With staff assistance you can identify areas of strength and areas that need work. To promote a positive attitude towards this, any area identified can be included in goal setting. The goals will be updated as required, always with your input and will be started within one month of residence. There is an expectation that you fully participate in your recovery. If participation becomes an issue, a support meeting will be held with you, your support worker and Team Manager to clarify options.

Support goals will be time lined, when you become disengaged in your plan we will meet with you and reassess your plan. Similarly should you experience any dramatic change in your life circumstances i.e. start working, we will reassess your plan with you.

6.2 What about your family/whanau?

Arahura encourages the involvement of family/whanau or your elected support person throughout the service. In terms of your support, these people can often provide valuable input in terms of your recovery plan. However, they will only be involved with your consent. If you withhold consent, we will revisit this with you at a later date. Families are also able to use our complaints procedure and it is important we are very clear as to the nature of your consent.

Please be aware that you also have the right to remove consent.

6.3 Discharge planning

An exit plan from Arahura will be part of your individual plan and will be open to review as changes happen, or your goals change. Ongoing consultation with the service user, family/whanau, clinical team and Arahura support staff help to determine the best timing for discharge. This is an individual process. We will assist you with what supports i.e. community resources you need, other people likely to be involved, and work on building these links. Your preparation for leaving the service will become part of your 'work' while with Arahura. We involve the ongoing package of care service in a timely fashion. We will ensure arrangements are organised before you exit and that you are leaving for somewhere safe.(see also 5.3 residency contract)

6.4 Ensuring you have positive health outcomes at Arahura

We need to know that what we do is working for you. We will collect your feedback and monitor how we are doing. From time to time, we will canvas service users to check that how we monitor, and what we are monitoring, are actually meaningful measurements for you.

6.5 Your health – a holistic approach (physical, mental, spiritual, cultural)

It is important that you understand your medication, its benefits and side effects, and take part in decision making about this, and all other medical care. Information is available in the form of teaching sessions and literature.

The creation of social ties and leisure time is achieved by regular social contact outings and networking existing social facilities. The week is divided up to reflect the working week and weekend with people being offered challenges through the week toward their personal growth. The weekend is seen as a time of social and recreational pursuits.

People are encouraged to have normal relationships - both physical and spiritual. Contraception advice and safe sex information can be accessed through staff and clinical support.

When you enter Arahura we will ask you about your cultural needs, and/or if there is a specific cultural group you identify with. Staff will be available to assist with these needs, and aim to provide support in a manner that is safe for you culturally.

6.6 Community integration

We see integration as an integral part to the personal development of all service users. We strongly promote social activities outside the service and without staff involvement where practical. Local community network contact is already established and utilised. People are encouraged and facilitated to have social and consumer contact with the supports available to us. Significant others are welcome to take part in any way that is mutually acceptable. If the person wishes, advocates can be selected by them or a consumer group. This may help with developing social ties.

6.7 What if you have to leave and want to come back?

If a person is admitted to hospital for a long period of time, or has to leave Arahura due to unforeseen circumstances staff will liaise with service coordinators and clinical teams to ensure that every possibility is considered. Return may not always be possible or practical, but we will work to ensure the best possible outcome for the service user.

If a person leaves to resume independent living and wishes to return, the usual assessment and referral process initiated by your clinical team and service coordinator would take place. (This is the process you were part of when moving in to Arahura accommodation).

6.8 What about Will and Testament

Staff can indicate several different sources that service users may go to if they wish to have a Will & Testament made up.

6.9 In the event of death/Tangihanga

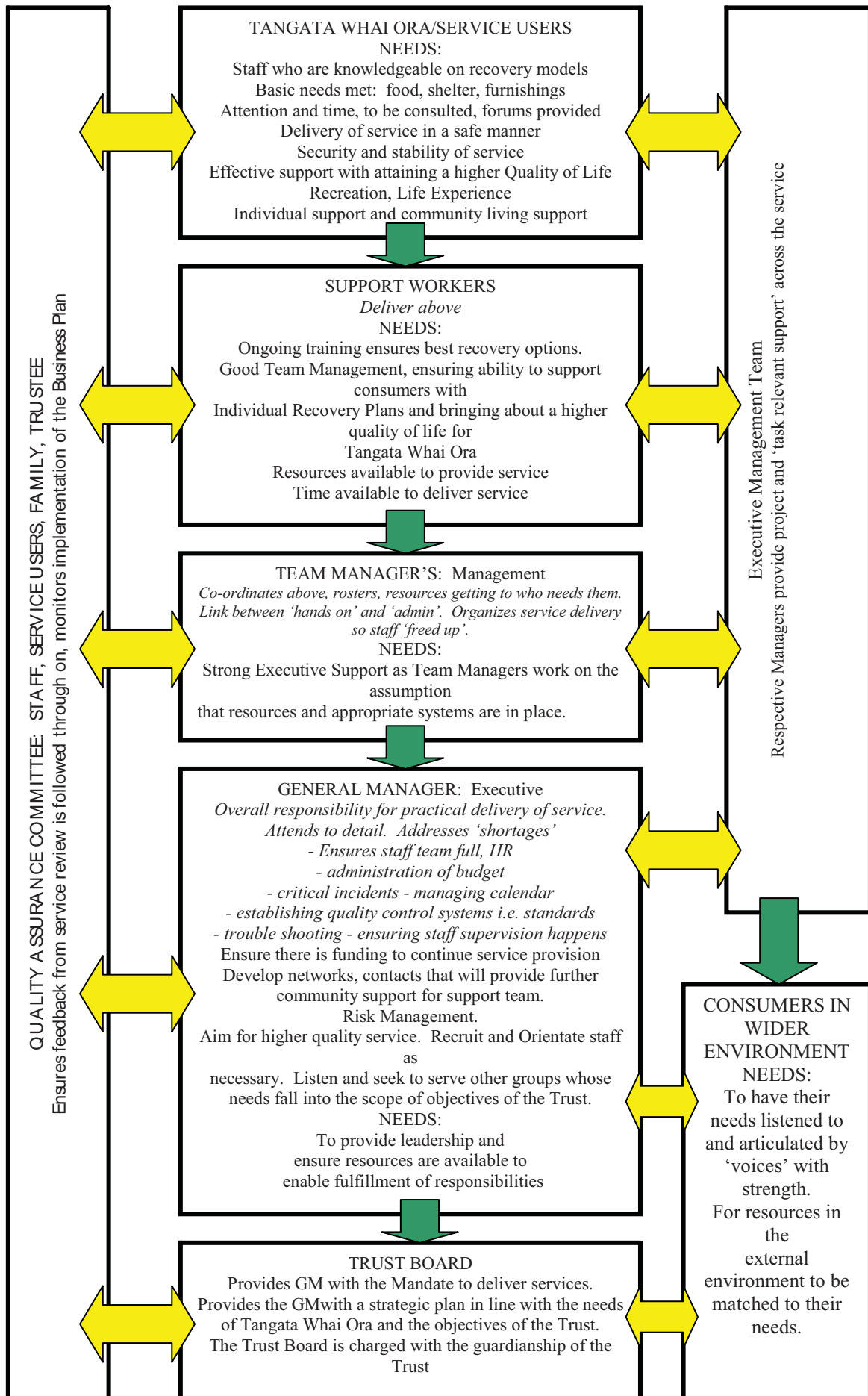
In the event of death while in residence at Arahura, emergency services and the person's next of kin will be contacted immediately. Arahura will work with a person's family/whanau, and in the event of no family/whanau we will work within established culturally and socially accepted norms to enable the persons passing.

6.10 What happens when people leave?

In saying goodbye to a service user or staff-member of Arahura, closure acknowledges the role the departing person has played in the history of the trust and in the lives of other service users and staff. It is important, therefore, to have a process that allows both staff and service users to come together and affirm the person who is leaving and their time with Arahura.

Once a departure date is established other service users and staff should be informed that the person concerned is leaving Arahura. This should be done by support workers. An informal farewell (e.g. coffee, card to be signed, ritual etc.) is to be organised by Arahura at the office, at which attendance is optional (including that of departing service user or staff) and those who are interested encouraged to come along.

Arahura Charitable Trust: Structure for Providing and Proposing Services for Tangata Whai Ora



Arahura Charitable Trust, section of deed about our objectives.

For a complete version please ask a staff member or call the office 360 0745

4. Objects: (Part 'A' clause. Unchangeable)

The objects for which the trust is established are:

- (a) To provide support to people who have experienced mental health difficulties that fit within the nature and context of this trust.
- (b) The trust will provide support to people initially and primarily, but not exclusively in the Central Auckland area, who need housing and support to deal with everyday life.
- (c) The trust is a vehicle to improve the quality of life for people who have been assessed by Mental Health professionals as needing the services the Trust provides.
- (d) To give people choices of accommodation and support.
- (e) To continually strive to improve each individual's quality of life through "life experience" and "education".
- (f) To provide access to counselling and support to enable people to meet their needs.
- (g) To empower people by basing management on individual choices and needs.
- (h) To encourage the initiation and creation of positive home environments.
- (I) To involve people and their support staff to establish and utilise standards for their control, monitoring and evaluation of the service and effect change where needed.
- (j) To promote independence through "life experience", "education" and integration into the wider community.
- (k) To involve people in the decision making process through "due consideration" by the trustees in all their decision making processes.

4.1 Objectives: (Part 'B')

- (l) To join and co-operate with and maintain communication with persons or corporate bodies in New Zealand or elsewhere (including membership of other bodies corporate) for the purpose of promoting directly or indirectly the objects of the trust.
- (m) To purchase, erect, build, take or lease or otherwise obtain the use or occupation of and to manage, extend, improve, develop, alter, modify, pull down, demolish, maintain and repair and to sell, exchange, let, lease, donate or otherwise dispose of real and personal property of every description.

- (n) To accept the custody, control and management of any real or personal property which may be bequeathed or donated to the trust or to the board for the benefit of the trust?
- (o) To accept and carry out any trusts attached to gifts or bequests to or for the benefit of the trust.
- (p) To invest any and all moneys held by the board on the trust hereof in and upon such investments as the board may from time to time decide notwithstanding that any such investment may not be authorised by law for the time being in force in New Zealand for the investment by trustees of trust funds.
- (q) To adopt such means as the board may from time to time determine for the purpose of raising money and for obtaining property for the furtherance of the objects of the trust and to accept contributions, collections, donations, legacies, devises, gifts, grants and subsidies.
- (r) To borrow or raise money for the furtherance of the objects aforesaid.
- (s) To secure in such manner as the board shall think fit the repayment of any moneys borrowed or raised by the board and in particular by the issue of debentures or debenture stock perpetual or otherwise charged upon all or any of the property of the trust both present and future and to give and execute in the prescribed manner mortgages, debentures, and other instruments as security for such payment and to pay off, redeem or purchase any such securities.
- (t) To draw, make, accept, endorse, discount, execute and issue promissory notes, cheques, bills of exchange, warrants and other negotiable securities or transferable instruments.
- (u) Subject to the provision of the Charitable Trusts Act 1957, to enter into, seal, execute and perform all deeds, documents, instruments, agreements, papers and writing and to do all such things, acts, deeds and matters as shall be necessary, incidental, or conducive to the attainment of any of the foregoing objects.
- (v) To institute, initiate, or take and to defend, compromise, or abandon legal proceedings involving the property or affairs of the trust.
- (w) To employ staff in the work of the trust at such wages and on such terms as may be deemed expedient and to obtain and pay for professional and other advice and services.
- (x) Subject to these rules to exercise all or any of the powers conferred on trustees by the Trustee Act 1956 or any statutory modification, variation or re-enactment thereof.
- (y) To do all such other acts and things as are incidental to or will further or conduce to the attainment of the foregoing objects or any of them **PROVIDED THAT** nothing herein before contained shall authorise any object that is not charitable in law.
- (z) Subject to these rules to exercise all or any of the powers conferred on trustees by the Charitable Trusts Act 1957 or any statutory modification, variation or re-enactment thereof.