

**ARAHURA**  
CHARITABLE TRUST

A Society Of Respect And Inclusion

# Your Guide to providing Services for Tangata Whai Ora

**A manual** Prepared for

# Staff Kaimahi

**July 2006 Edition**

Review July 2007

Please read this edition in conjunction with all and any amendments.  
Amendments will be added into the next edition.

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# Who are we?

## 1.1 Introductions

This package has been designed to maximise the benefits you will receive at Arahura, and the contribution you will be able to make to support the improvement of the quality of life of consumers/Tangata Whai Ora of Mental Health Services. 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. It is important that as a team we work towards this goal.

## 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 25<sup>th</sup> 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 28<sup>th</sup>, effective April 1<sup>st</sup>. 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. Preparation for new contracts is well underway at the time of writing this update. (July 2006)

## **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

### **1.7 What our vision means in terms of the work you do with Arahura**

- 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 counselling and 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, vision and planning by way of advocacy, acts or any other relevant opportunity.

### **1.8 Respecting peoples culture at Arahura**

At Arahura you are required to provide services which meet people's cultural needs. We understand you may have cultural needs of your own; you also have the right to have these needs respected within the workplace. In 2005 a Cultural Assessment and survey will be completed, further developing our ability to meet people's needs.

Arahura acknowledges the Bi-cultural nature of New Zealand and the cultural differences are represented in its service user and staff makeup. Arahura further strives for active Maori participation and partnership in all aspects of service delivery. This is done through all staff and Service User interactions as well as having a designated staff member who has a role of cultural liaison.

Staff are expected to have been 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 when necessary.

## **1.9 Some definitions for your consideration. Do they fit with your understanding and/or experience?**

**Wairuatanga** – is reflected in the belief that there is a spiritual existence alongside the physical

**Whanaungatanga** – underpins the social organisation of whanau hapu and iwi and includes rights and reciprocal obligations consistent with being part of a collective.

**Manaakitanga** – is behaviour that acknowledges the mana of others as having equal or greater importance than one's own through the expression of aroha, hospitality, generosity and mutual respect.

**Rangatiratanga** – is expression of the attributes of a rangatira (weaving the people together) including humility, leadership by example, generosity, altruism, diplomacy and knowledge of benefit to the people.

**Kotahitanga** – is the principle of unity of purpose and direction.

**Tangata Whai Ora** – a person who is seeking health

**Tangata Whaiora** - a person who has well being

**Tangata Hiwi-Ora** – people inspiring and motivating others to well-being

**Tangata Motu Hake** – people who determine their own lives, well being and recovery

**Cross cultural skills:** skills in communication with another culture without necessarily claiming knowledge of that culture – such as, knowing which assumptions need to be checked.

**Multi-cultural skills:** skills and knowledge in a number of other cultures and the ability to operate within these cultures.

**Bi-Cultural skills:** skills and knowledge in another culture. Members of minority groups within a dominating culture tend to be bicultural, but members of the dominant group are not often bi-cultural.

**Cultural safety:** attitudes and skills in limiting your intrusion into another's culture. Your success is monitored by members of the cultural group at risk, not by your own group. As a result you interact as equals, neither dominant nor dependent.

*(Living Justly in Aotearoa. Auckland Justice Peace and development).*

Arahura staff are not expected to have extensive cross cultural skills; however, development of multi cultural skills in respect to Maori and Pacific people should be part of your ongoing skill development. In all instances staff need to act in a culturally safe manner. If in doubt ask.

# **About the leadership and management**

## **2.1 Governance, what does it mean to be a Charitable Trust.**

We are a Charitable Trust, which means all of the resources of the Trust must be used towards meeting the objectives of the Trust. There are no 'owners' who earn profits! Rather we are governed by a group of extremely skilled volunteers, the 'Trust Board', who have received specific training in line with their role at Arahura.

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 for the strategic direction of Arahura, what this means for staff is usually clear in the business plan, presented annually. The important aspect of governance is that it is not management, the Trust Board do not work operationally at Arahura.

## **2.2 Management**

The CEO is delegated the responsibility for the overall management and organisation of the service. Essentially, support staff are supervised by their Team Manager, who is supervised by the Service Manager, with the CEO having overall supervisory responsibility.

# **What we want to offer you at Arahura**

## **3.1 To pay you**

Wages are calculated weekly, ending on a Sunday. You need to complete a timesheets by Monday Morning each week. Wages are paid by direct credit to your account of choice overnight on the following Tuesday. For holidays and special leave refer to the I.E.A and the administration manual.

On the time sheet you complete for your Team Manager, indicate any special leave taken and on call allowances you are entitled to. The Team Manager puts together a summary from the time sheets and faxes to administration as soon as possible Monday morning. Please have your time sheet ready for this. The Team Manager is not responsible for working out entitlement to paid leave. This is as per your employment agreement and the CEO's discretion.

After initial orientation (in section four) a review will be held to address any further training requirements not indicated already. This will also be the first opportunity to have your wage rate discussed. You are not guaranteed a wage rise at this time.

Arahura strives to uphold an internal promotion policy that sees people develop their skills within the service. Any vacancies within the service will be advertised. Current staff are well supported and encouraged in any application for promotion within the service.

Wage rates are relative to the person’s responsibility and length of service with the Trust. This is also reflected with additional holidays granted for long term employees.

### **Basic Wage Structure at Arahura**

<b>Tier</b>	<b>Base Rates</b>	<b>Additions</b>
1st Tier Support worker	28000.00 37000.00	prepaid phones
2nd Tier Middle management	37000.00 45000.00	as above contract phones vehicles/computers
3rd Tier Management/leadership	45000.00 plus	As above health

### **3.2 To offer you training**

Ongoing relevant training is a part of your employment. We want to help you reach your personal goals, and enable higher standards of support services. Training is provided through the service-training budget. All staff are expected to participate in at least two relevant professional development opportunities per year.

Refer to your I.E.A. for the training clause. Agreed training days are paid at the employees pro rata basis. The minimum daily pro rata is 3 hours.  
Refer staff orientation

Your training needs can also be identified from the annual staff appraisal as well as supervision sessions throughout the year. As a staff member please feel free to raise training issues as you see them. Be aware that some training is planned well in advance and we may have a course that suits you coming up, so check first.

Some flexibility around training needs does exist, however after the initial orientation further training is asked of you against the following headings:

- Strength based recovery
- Complaints procedure
- Risk assessment
- Medication and adverse effects
- Challenging behaviour
- Working with colleagues who are consumers
- Direct training from Service Users
- Informed consent
- Infection control
- Hazardous waste management

### **3.3 To offer you the opportunity to attend professional conferences**

As Arahura develops both strategically and organisationally, the need to attend forums for learning becomes more important. There is a growing need to have some guidelines to support the attendees and also to support the expenditure allocated to conference attendance. The requirement to share learning with peers and the organisation further ensures staff are receiving opportunities for professional development, and that there are areas of benefit for Arahura.

#### **Before a conference**

1. Dates, time and place are known by the attendee including any pre conference material, time and place of registration.
2. All travel issues have been resolved. This includes parking for local conferences.
3. Food requirements have been arranged.
4. Attendees have met with admin to finalise the above.
5. If more than one person is attending a conference then they will meet before the conference and discuss how best to cover the workshops etc of the event.
6. The attendee has read conference material and identified areas relative to
  - a) Professional development
  - b) Specific areas of strategic organisational developmentThe attendee needs to have an idea of questions likely to be answered by attending specific workshops/presentations and plan how to obtain that information.

#### **During a conference**

1. Attendees will take notes and make observations that enable the presentation of areas of learning and development, how the material is

presented depends on the audience, i.e. reports for distribution, verbal presentations for groups etc.

2. Network and make contact with people who may be able to support you in your professional goals or support Arahura in strategic or business goals. Collecting business cards is a good resource for follow up.
3. If more than one attendee, then the people will meet at the beginning of each day if possible and continue through the day to check in with each other at every possible opportunity to offer support and ideas.
4. Attendees are challenged to be present at as many different activities (workshops etc) as possible.

### **After a conference**

- Each attendee will make presentations/or distribute reports on the information gained from the event and present back to staff and or Service Users who they directly work with.
- All conference Reports will be collected via the monthly audit system and may be submitted to the Board.
- All receipts/expenses are submitted to admin within the week following the conference.
- If more than one attendee, people will meet together after the event to debrief and share information.

### **3.4 To offer you the opportunity to participate in special service activities like our annual trip to 'Kuratau'**

#### **If you attend trips like these, you can expect the following**

Firstly please read the CEO report titled **Kuratau Report Spring 2004**. It is hoped that this report will assist you in your understanding of what the trip is all about. Be aware that as a staff member you are there to work. You will also find personal challenge and reward when you fully participate.

The existing job descriptions that you normally work under apply for the week away.

Take your direction from the event coordinator, they have done this before and know what to expect.

Your pay for a normal week is your remuneration for the week. You are not paid extra for this week away. You will however receive one extra days leave to be taken directly after your return plus one day in lieu. The extra day will be taken on the Monday directly after your return from your week away or by arrangement if this is not possible.

The following is a list of activities and approximate costs that we will cover:-

- days food and basically no personal costs to you
- 1/2 days fishing (max 4 hours on the water)
- 1 ride in a Jet boat
- Skiing with Service Users if you choose and Service Users ski
- Hot pools every night
- Waiouru Museum
- Rotorua sightseeing and rides if time and weather permitting

The total approximate cost for the above is \$300 pp, plus the day off on return and the day in lieu.

There will be a pre and post trip meeting for Service Users and staff attending the week away.

### **3.5 Professional supervision**

As a staff member of Arahura you are provided with access to an external supervisor. This is a professional person you agree to meet with for the following purposes:

- Look at and seek solutions to improve work performance
- Find ways to resolve ethical and professional dilemmas
- Develop strategies for professional development
- Improve support practices and provide a sounding board to look at issues in working with consumers
- Look at self care and personal issues which affect job performance
- Provide support for finding and pursuing ways of dealing with personal and emotional issues.
- Provide a safe place for venting emotional issues with a view to gaining clarity in those situations
- Look at issues relating to dealing with the employing organisation, with a view to working more effectively with the employer
- Provide a safe place to look at issues in relating with work colleagues.

Most staff really value external supervision and you are encouraged to use a supervisor who can bring about real benefits for you.

### **External supervision for overnight on call and part time workers**

Up to two supervisions per year are paid for by Arahura for part time staff. More may be negotiated with CEO, depending on circumstances motivating request e.g. crisis, sudden trauma etc. there is an additional option for staff to utilise external supervision for personal reasons and pay for it themselves.

While the supervision session costs will be covered by the service staff will not be paid to attend. Appointments need to be made and attended in the staff members own time.

## **The current supervisor's majority of staff use.**

Anthea Randell, Grey Lynn, ph: 360 0472

Graham Ure, Wilcott Centre Mt Albert ph: 815 5560

Marion Hammond, Ponsonby Therapy Centre: 360 8861

### **3.6 Reimbursements**

#### **Travel during places of work in your own vehicle**

Mileage is calculated monthly and is paid at .62 cents per kilometre for the first 250k's per month (3000 per year) and 19 cents a km after that (within same month). This is inline with IRD allowances, and their requirement that anything up to a maximum of 3000 km's per year is acceptable in terms of reimbursing the driver, beyond that it becomes a matter of earning potentially taxable income from your vehicle. To claim mileage you need to have travel recorded in a log book, figures are to be provided to your Team Manager, which are sourced from your log book. The Team Manager puts together a summary which is supplied to administration along with supporting records. Mileage will be paid by direct credit within five working days of receiving mileage summary. Mileage summary can be submitted from the first working day of the next calendar month.

- Appropriate travel in the course of Support Worker tasks
- Expected amount per month is relative to accepted averages
- Exceptions to averages can be pre arranged with the CEO via The Team Managers (special events etc). In the case of some special events, we will provide staff with a petrol voucher rather than calculating actual kilometres.
  
- Record your individual kilometres in your vehicle logbook.
- Calculate monthly at month end.
- Transfer totals to mileage logbook after end of month.
- Payment will be issued within five working days

## **Acknowledgement of increasing fuel costs, for people using their own vehicle for work.**

As discussed at the Staff meeting held on Thursday the 4<sup>th</sup> of May 2006.  
To acknowledge the increased fuel cost to people using their own vehicles at work. Arahura will subsidise your Registration costs in acknowledgement of your increased fuel cost.

### **Policy is in place from May 2006 to May 2007**

#### **Three tiers have been created:**

##### **One**

For average monthly kilometres over 240 – 12 months registration paid

##### **Two**

For average monthly kilometres under 240 – 6 months registration paid

##### **Three**

For average monthly kilometres under 160 – 3 months registration paid

New staff will be acknowledged after their first month of work at 3 months registration paid and then it will be reviewed for that person after 6 months

Payment will be made directly (via chq) to the authority issuing your registration i.e. NZ Post.

### **Being on Call**

If you are working in a support team, you will be rostered to be on call for one week from Monday 9am to 9am the following Monday. Public holidays are considered as weekend days.

Supported independent housing is \$8 week night and \$14 weekend day and night, 24hr supported housing is \$5.33 weeknight and \$10.66 weekend day and night

### **Physically attend a call out**

- 1)** First hour: Two times hourly rate of pay
- 2)** After first hour: Normal rate of pay

## **Use of Personal mobiles for work related calls**

Staff who are required to use their own mobile phones for work will be reimbursed at \$20.00 per month. 24hr supported housing mobile phones are for the use of staff at 24hr supported housing during normal working hours. IEA contract mobile phone usage is subject to the terms and conditions of staff IEA. The user acknowledges personal usage outside normal work related activities by indicating personal usage monthly to administration. The user acknowledges the responsibility for insurance excess in the event of damage occurring outside normal work related activities. There is an expectation that the phone user will respond to any messages as soon as possible.

It is also expected that staff use Arahura phones (both mobile and landline) for work usage only. Exceptions for personal emergencies are understood. Please be aware that the misuse of Arahura landlines and mobile phones may result in disciplinary action being taken.

## **3.7 Provision of Arahura property for use out of the work site**

### **Team vehicles**

These vehicles are for the use of staff during the hours of work, for purposes related to the work being done. It is allowable for other staff to use them by arrangement.

### **Individual employment agreement (IEA) contract vehicles'**

Subject to terms and conditions of staff IEA's. The driver acknowledges responsibility for expenses incurred with personal usage outside normal work related activities i.e. weekends and holidays.

The driver acknowledges the responsibility for the insurance excess payable (\$400) in the event of damage occurring outside normal work related activities. Normal work related activities are inclusive of the act of travelling to and from work.

### **Usage of vehicles out of work time**

Forms relating to above to be signed by any staff member borrowing work vehicle in own time. Please note your liability to pay the excess on any insurance claim.

## **Please Note! Regarding unauthorised use of Trust property**

No unauthorised usage of any Trust property will be tolerated. This includes the unauthorised usage of phones, vehicles, computers, whiteware, etc and includes the Service Users personal belongings. If you have doubt about the usage of items, check with your Team Manager to avoid possible disciplinary action being taken. Trust property is to be used for the purposes of the trust. Please refer to Arahura Charitable Trust Deed clauses section 4.

## **What we expect from you**

### **4.1 Attitude!**

- 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 relative 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.

### **4.2 To complete an orientation so you can find your way around!**

The following is a list of key points and activities. Please tick them off as you go. Once completed, provide administration with a copy.

- Initial orientation should be completed within the first month.
- Orientation will be followed up through internal supervision.
- Please photocopy and return a copy to administration once completed.
- Responsibility for orientation being completed is with the Team Manager. The Team Manager can delegate team members to do the training for individual areas but has ultimate responsibility for the quality of the orientation.

## Staff orientation

Date Started:

Date Completed:

Your Name:

Sign Off by Team Manager:

TASK	DATE	Trainer Initial	Trainee Initial
<b>Reading</b>			
Employment Agreement			
Staff manual			
Service User manual			
Trust Deed			
administration manual			
Everyone's job description			
<b>Workshops</b>			
Treaty of Waitangi			
Hearing Voices			
Workplace First Aid			
<b>Physical</b>			
Office Layout			
Fax machine			
Phone System			
Internet protocols			
Fire Evacuation procedures			
Location of First Aid Kit and procedures			
Safety precautions and Hazards			
File storage – privacy/confidentiality protocol			
Civil Defence Kits			
<b>Local Area</b>			
Crossroads Clubhouse			
St Lukes CMHC			
Taylor Centre CMHC			
Cornwall House CMHC			
Winz Offices			
Local GP's			
Pharmacy			
Kaupapa Maori services			
Pacific Island Services			

<b>organisational Physical</b>			
All Arahura Houses			
admin Office			
<b>organisational Policy and Culture</b>			
Service Overview from a Service User			
Service Overview from a Staff member			
Service Overview from administration			
Staffing Structure from CEO			
Management Structure from CEO			
Financial Structure from CEO			
<b>Knowledge Attained</b>			
Internal Communication			
organisational Structure			
Safety Procedures and Equipment			
Code of Conduct			
Pay, additions and reimbursements			
Holidays and Special Leave			
Timekeeping Procedures			
Modals of Work			
Personal Problems (who to see)			
House Rules			
Smoking Policy			
Alcohol Policy			
Reporting absences (medical certificates if applicable)			
Facilities (including phones, car parking etc)			
Sexual Harassment/abuse policy			
Medication (including use of PRN's)			
House Food Policy			
Computer System			
Civil Defence system			
OSH manuals and compliance			
Accessing Interpreters			
The role and access for Service Users to independent advocacy			
Emergency procedures			

**Notes:**

### 4.3 To be present at work

It is expected that if you can not attend any rostered day of work that you contact your Team Manager as soon as possible, within three hours of your rostered start time. Please do not expect other staff to inform your Team Manager on your behalf.

## Training and Appraisal System

### 4.4 We will train you and support your development

This system has been developed to create more transparency within the wage and training system and connect the two together. In 2006 it will be introduced to all staff. It is considered that the first 12 months will be a time to test the system and make alterations as required. As a staff member of Arahura your feedback will be appreciated as we put this system into place. Thank you.

#### First Year

##### Induction

Administration paperwork

Orientation

In sections/training modules (written form)

##### 3 months after starting starting

- First appraisal
- Team Manager

##### 6 months after starting

- Competency test

##### 9 months after

- Second appraisal
- Team Manager

#### Year Two (repeats every year after)

In four month sections

First section  
April

competency and training review

completed by 30<sup>th</sup> of

Second section 360 appraisals

completed by 31<sup>st</sup> of July

Third section  
Dec

competency and training review

completed by 31<sup>st</sup> of

## **TRAINING**

In house training modules.

These training modules will be completed by all staff annually and reviewed when necessary. It may be decided that some modules are completed using outside agencies.

- Boundaries
- What is Mental Illness?
- Strengths
- Recovery
- Health / Diet
- Legal – ACTs
- manual P & P

Please note that overnight and weekend staff will be asked to complete an appraisal and competency test every 6 months

Staff can request a wage increase with their Team Managers support. Requests should be in writing and submitted to the Service Manager via the Team Manager or Director.

### **4.5 To practice safe boundaries**

#### **What are boundaries**

Boundaries may be defined as the highly personal translations of moral codes in our relationships with others. They are intrinsically neither negative nor positive, but they exist in all relationships, expressed overtly or covertly by symbols and behaviour (Bervera & Harper, 1992).

The cornerstone of the client-staff relationship is the helping process, and management of the delicate balance between knowing when to help and when to refrain from helping is the key that supports the therapeutic relationship. If this balance is upset, boundaries become distorted and the therapeutic relationship becomes difficult to manage.

When we work we need to be aware of influence and power attributed to our position as staff. That we need to be careful that power and our position is not used to the disadvantage of others.

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?

### **What blurs boundaries?**

We need to keep our personal needs and life separate. There are two common behaviours that blur boundaries. The first is when the relationship slips into a social context, so if you are lonely you don't establish friendships with clients based on your need to have friends or to be liked. The second is behaviour reflecting your need at the expense of the client's need. The predominant motive for working with a client should be to serve the Service User and facilitate their recovery.

Examples of needs and/or actions which blur boundaries:

- going beyond the wishes or needs of the client
- asserting authority and assuming control of clients "for their own good"
- narcissism (having to find weakness, helplessness, and/or disease instead of aligning with the person's healthier, stronger, and more competent features)
- offloading about your life
- proving that you are a good worker by manipulating clients
- believing that you are the only person who can work therapeutically with the client.
- not recognising or deliberately ignoring issues of cultural safety because of one's own anxieties or preconceived notions.

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.

Examples of these are:

- clarification of the staff-member's role
- reviews of current policies
- balance emotional leanings with clinical judgements
- use supervision and collegial support
- documentation of dual relationships and steps taken to minimise

Of course, there is a mixture of motives when working, but the predominant motive should be to meet the needs of the person and not one's own.

Therefore the staff should not:  
give out their own personal phone numbers  
take clients to their homes  
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 the client, as long as it happens in a context of mutual respect and genuine caring. If in doubt, ask.

#### **4.6 To advocate safely**

##### **Advocacy by staff**

As part of our normal support for Service Users, you will at times advocate in consultation with people 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 you are not the appropriate support for advocacy and where this occurs you need to direct the person to the appropriate advocacy source.

Please consult with your Team Managers where doubt exists as to whether you should be acting as advocate.

##### **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

Other sources and information: [www.mhc.govt.nz](http://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

# Your Participation

## 5.1 Meetings

In accordance with a philosophy of consensus and a high level of information sharing, staff and Service Users have been a part of the development of systems, processes and goal setting that epitomises the objectives of the Trust. A large part of enabling this process is meetings.

The Trust Board, Service Users and staff operate under a consensus model for meetings. While the Trust Board has the overall policy decision making role, all major policy development will go primarily through Service Users and staff. Vision and planning meetings are held six monthly to discuss future direction and achievements to date. Service User planning meetings, Family Meetings and Staff meetings (more formal and organization orientated) happen three monthly and six monthly respectively.

Please note our organisational chart which indicates the structure of decision making and how decisions are acted on in terms of delivery and the flow of resources.

### Staff meetings

Meetings and events are scheduled as early as possible. They are indicated most often on the Arahura calendar distributed in January of each year.

Notices of meetings go out to the relevant groups at least one week before the meeting. Administration can be contacted if copies of previous minutes are required. If you are invited to a meeting please RSVP to administration or your Team Manager, this assists in venue and catering planning.

The meeting will be opened in a manner respectful of the attendees. The meeting guidelines, process and objectives noted below will be observed at meetings.

Attendance at meetings is always recorded by way of your signing either the meetings book or separate signing sheet. Support workers are to encourage people's attendance when appropriate.

After the meeting, minutes will be distributed to Team Managers, or their availability indicated in the Arahura newsletter.

## **Guidelines**

- 1) Agendas will be set at the end of each meeting for the next meeting. The time and place of the next meeting will also be set.
- 2) A member will be responsible for keeping time for each agenda topic and let us know when we are getting close to the end of time allocated.
- 3) We will have respect for other people's point of view and ideas. All ideas have merit and allow creativity.
- 4) Agenda topics will have a facilitator who is responsible for holding the conversation to task and finding conclusions to the topic.
- 5) Reimbursement for meetings will be at the person's hourly rate.
- 6) Meeting times are set for 1.5 1 hour, unless there is a decision to have a meeting longer for specific topics.
- 7) Confidentiality.
- 8) Fun.

## **Process**

- 1) What's on top (clearing round)
- 2) Work issues. (peer support only)
- 3) Facilitator organises agenda topics / times / time keeper and person who is running each topic.
- 4) Facilitation sits with the Team Manager.
- 5) Decisions will be reached by consensus.
- 6) Closing round

## **Objectives**

- 1) Movement on and action from agenda topics will be seen at each meeting.
- 2) Each member has equal opportunity to be heard about each topic and feel that they have been heard.
- 3) We will be aware of conflict and be able to voice our opinions with respect. If conflict arises that can not seem to be concluded, then a separate meeting for the people involved could be held with a facilitator or any such other process established that would draw the conflict to a conclusion.
- 4) Members should be able to come away from meetings with more information than before the meeting.

## **Terms of reference - internal meetings.**

This section gives Roles, Responsibilities and processes for participants involved in the following meetings.

### **Service User planning meetings**

Participants

Service Users with low to moderate needs

CEO and or Service Manager

Service Users are asked to raise any issues regarding the running of the service including any complaints or system problems. Service Users are asked to represent to the best of their ability the views and issues of other Service Users not present.

The CEO and Service Manager present current and future development plans as well as develop plans from the Service User input.

This is an opportunity for Service Users to directly affect the service development path and operations manual of Arahura. Notes are taken and distributed to the relevant houses.

Confidentiality is maintained by a group acceptance of notes taken and by acknowledgement of confidentiality at the beginning of each meeting. RPM's are held formally every 6 months or when there is a highlighted need either from the Service Users or CEO.

Refreshments provided.

### **Vision and planning meetings**

Participants: All Arahura Stakeholders

This is an opportunity for all stakeholders to hear what activities Arahura is currently conducting as well as our position with the Service development Path. 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 CEO along with the Service 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 Service development path. 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

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.

All members will receive payment for their time.

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, how ever it will be an expectation that the information provided is read.

## **Family meetings**

Participants: Family members, CEO and Service 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's an opportunity for family to meet with the CEO and Service Manager and confirm Arahura's processes and policies for themselves. Meetings are held 6 monthly with light refreshments available

## **Senior staff meeting**

Participants: Assistant Team Managers, Team Managers, Service Manager, CEO.

A forum for senior staff to explore, develop and implement developmental strategies of Service Delivery.

Members bring their collective knowledge from their areas of responsibility. The group reports directly to the Board. The group acknowledges the need for true consultation at all levels of stakeholder interest. Meetings are 6 monthly or when required.

### **Executive Meeting**

Participants: CEO, Service Manager, development Manager, Clubhouse Coordinator

The purpose is to explore possibilities and develop professional and consistent leadership of the service through excellence in communication and professional development. It is considered that any time the Exec Team is together it is a meeting. Formal meetings are held monthly. The full Exec Team signs off on all major proposals and expenses. The Exec Team reports directly to the Board, gains information from and shares information with Service Users, Members, Staff, Families and the wider Community.

### **Management meeting**

Participants: Team Managers, Service Manager, CEO.

This meeting addresses the Services operational issues, including but not limited to expenditure, rostering, Service Users and staff events. Meetings are held weekly where tasks are allocated and reported on in this meeting.

### **Staff Team Meetings**

Participants: Support staff and their Team Manager  
May also include: CEO, Service 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.

This meeting reports to the Service Manager. Weekday staff meet weekly. Weekend, overnight staff and on call staff meet two monthly – first week of the month.

## **5.2 Communication**

Communication is a fundamental part of the functioning of the service. **It's what we do.**

Not only does communication ensure the different stakeholders and staff teams work as a coherent whole, it also enables staff to manage their own workloads within their team in a safe and progressive manner. Information sharing is a major part of meetings.

Arahura uses many forms of communication, verbal, electronic and written. Below are some of the guidelines in respect to some of the mediums we use. When you need to communicate with people, please use the best medium for the task at hand. Remember, people's safety and relevant confidentiality must be primary considerations.

### **Team meetings**

All staff participate in daily, and or weekly meetings within their teams. Other teams should know when this happens and consider this when they have items they want the team to consider.

### **Team diary**

- 1) Used for staff to communicate with each other.
- 2) Check diary daily.
- 3) Doctor's appointments and meetings are entered when possible.
- 4) No personal notes about any Service User or staff member are to be entered.
- 5) If you need to write personal notes about a Service User please enter ...Name & ref. notes.

### **Staff trays**

- 1) This is a form of communication that requires constant attention.
- 2) Minutes of all relevant meetings and important communications will be channelled through the trays.
- 3) Please check these daily and clear them.
- 4) Use the trays to communicate with other staff and give feedback.

## **Email**

Arahura has a domain name and its own email system. We are working towards all staff having Arahura email addresses but at the time of writing we do not have enough work stations to fully utilise electronic communication.

Meanwhile, the general email address for Arahura is [admin@arahura.org.nz](mailto:admin@arahura.org.nz). In conjunction with the email system, Microsoft outlook is used for shared appointment making, and individual planning. Please check the phone line protocols before going on line at your work site.

## **Faxes & memo's**

Fax machines are a prime means of distributing memo's, minutes and notices to staff teams. Please follow the protocols of your team when clearing faxes. It is assumed that those to whom the message is addressed receive the fax and all pages accompanying it.

## **Mail**

Regular post is used for bulkier items. If a mail out goes to Service Users, a copy is also forwarded to the relevant team.

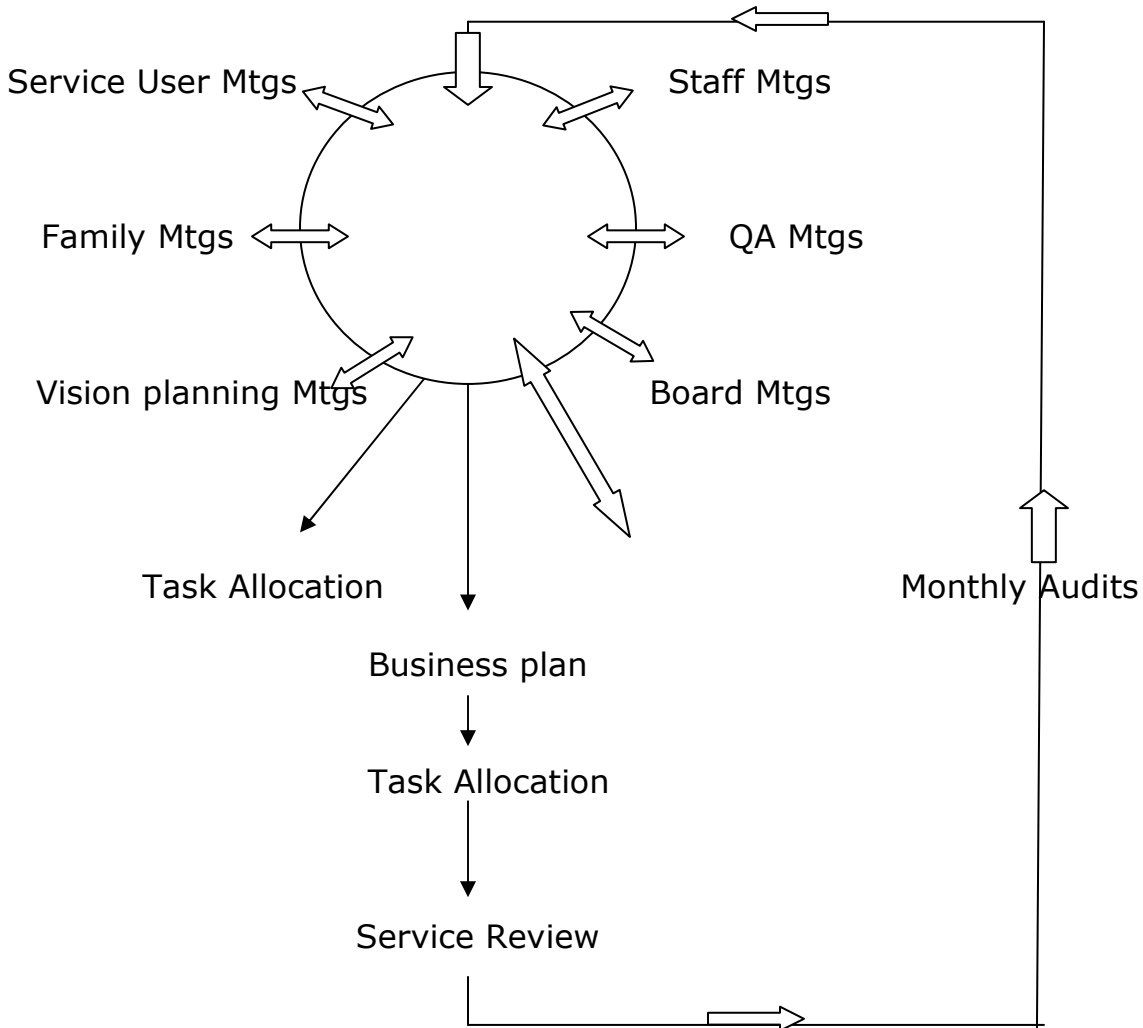
## **Telephone**

Landlines are the preferred means of contacting staff to control costs, however, 90% of staff do have a mobile and can be reached throughout the working hours. Please ensure you have voice mail for times when your phone is off. Messages should be acknowledged promptly.

### 5.3 Your participation in development of our services

#### Service Development Path (SDP)

The SDP is the primary process of development within the service. It incorporates the main meetings held in the service and ties them together in a written form. Your contribution and participation at meetings will therefore feed into this important process.



#### Task allocation from this process

##### Process

- Tasks are taken from action points raised within the Service development path.
- Task sheets are drawn up and allocated to the appropriate staff team member, this may be provided manually or electronically via outlook.
- An over view of the task is listed as well as outcomes and due dates.
- Once complete the Task Sheet is returned to the originator with any recommendations or requirements for the task to be complete.

## **Monthly audits**

These are completed by Team Managers at the end of each month and returned to administration. Regular internal auditing allows the service to continually review our operational and strategic development.

## **Service review**

The review is held every 18 months. Questionnaires are sent out to Service Users, Family Members, and staff and external stakeholders.

The management meeting will address the collated information and implement any immediate action required.

Service Users and Family will have the opportunity for feedback at the vision and planning meetings, Service User 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. Staff have the opportunity for feedback and follow up through staff meetings as well as implementing the action points through 'Task' allocation.

## **Service review process**

- Review questionnaire sent out to all stakeholders
- Questionnaires returned to external collator. Results are then forwarded to the Management Team for initial review.
- Results sent to individual groups (stakeholders) for comments and further action points
- Action points added to Service development path and / or operations manual.

## **Working within Arahura Trust**

We have protocols and processes which we need all staff to use to ensure the safety and well being of all who use and visit Arahura sites. We ask that all team adhere by the policies.

### **6.1 Info sharing policy**

Information regarding any Service User or staff member is considered confidential under the IEA and is not to be given to any person outside the service with the exception of medical emergency and disclosure of medical conditions or medication.

Arahura is committed to the Privacy Act (1993) and the Health Information Privacy code (1994) in terms of confidentiality, collection, sensitivity, ongoing

use and disclosure as specified by these Acts of information collected for a specific purpose by this organization.

## **6.2 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. Please be aware of your vehicles Terms and Conditions regarding the 'work use' and accident reporting with your current insurance provider.

## **6.3 Civil Defence**

Each house will have a Civil Defence Kit available to Service Users. 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.

## **6.4 Infection control and waste management**

At Arahura every endeavour is made to create and maintain a clean and safe working and living environment.

Any toilet and bathroom area that has 5 or more people using it is considered to be a public toilet as far as hygiene is concerned and to this end commercial cleaning contracts will assist in the maintenance of those facilities.

Needles and related blood product waste is disposed of via the contract waste removal of a 'sharps box' and isolation of hazardous waste disposal.

It is part of Arahura's policy that all Service Users and staff indicate any medical condition of potential condition upon entry into the service. This along with the ongoing relationships with clinical staff will secure any future event requiring ongoing support or general notification.

## **6.5 Restraint of people using the service**

The Service does not approve or endorse the use of any form of restraint.

## **6.6 Incident and accident reporting**

Any incident or accident will be recorded in the appropriate book. When this relates to staff or Service User injury the record will be entered in to the ACC Accident registry and OSH folder. Recording of breaches of Service User or staff protocol will be separately reported and processed using the operations manual or Individual Employment Agreement accordingly.

After an event both Service Users and staff will go through a debriefing with the appropriate people i.e. Service Users with support worker, staff with Team Manager. Additional supervision will be offered where appropriate.

## **6.7 Enabling other language users to access our services**

Arahura's policy means that speakers of other languages can access our services. An interpreter should be used whenever a lack of ability in the English language could restrict an understanding of a person's needs, rights and obligations.

A Team Manager, with the Service Managers approval, completes a 'Request for an Interpreter form'. Every individual has the legal right to an interpreter when dealing with the law, with health service providers or during elections.

CMHC's should book an interpreter for a Service User in most instances, particularly at entry or exit stage. If however we have a need for an interpreter for reasons that do not fall into the scope of the clinical services the following should be considered.

Interpreters should be trained professionals. Although relatives, friends and neighbours can be capable interpreters, incorrect or misleading information may be given. Untrained interpreters can lead to inaccurate interpretation, bias and distortion, no confidentiality, no explanation of cultural differences, a misunderstanding of roles, and a lower standard of service. For this reason, Arahura will request professional interpreters through the ADHB.

The ADHB are able to organise an interpreter and will invoice administration for the cost. The process is as follows,

- 1) Discuss the need with your Team Manager
- 2) The 'Interpreter Request Form' which can be obtained from administration.
- 3) This is faxed to the ADHB within at least 24 hours prior to the interpreter being required.
- 4) The staff member organising the interview prepares the following to maximise the benefit of the interpreter being used.

### Before the Interview

- Brief the interpreter about the purpose of the interview
- Discuss how the communication process should proceed during the interview
- Ask the interpreter how to pronounce the clients name correctly and the proper form of address
- If appropriate, ask the interpreter to indicate some general cultural factors that the staff member should be aware of

- Allow sufficient time for the interview so there is no pressure either on the staff member or the client to conclude it prematurely
- Be aware of the pressure the interpreter is under
- Organise a seating arrangement that enables clear eye contact between all.

#### During the interview

- Allow for initial introductions
- Speak clearly and directly to the client as if they understand, do not address communication to the interpreter
- Use plain English and avoid jargon
- Be sensitive to non verbal communication and possible need for breaks

These notes are taken from 'Lets Talk' a publication produced by the Office of Ethnic Affairs. Administration holds a copy electronically and a printed version. Staff working with interpreters are strongly encouraged to look at this guide prior to working with an interpreter to fully appreciate the process and what might jeopardise its effectiveness.

## **6.8 Financial protocols**

**Please refer to the administration manual for a more comprehensive understanding. Reading the admin manual is part of your required orientation.**

### **Financial processes**

At Arahura the policy is that two signatures are required to authorise a cheque. Due to the many sites at Arahura, and the requirement of two signatories, actually getting to the point of purchase can take some coordination. It is also policy to not issue a cheque unless we know to whom the cheque is to be written and for what amount, that is why we have fund request forms that list this sort of information to be supplied. Management meet weekly to plan expenditure for the month to come and any purchase requests must pass through that meeting. Exceptions granted by CEO.

### **Petty cash**

Petty Cash is for staff and office expenses. The Team Manager is responsible for Petty Cash and generally it will be run on a reimbursement basis, the 24hr supported housing has a different system. Receipts must be provided for purchases with an explanatory note on them if necessary, this is so we can record spending properly i.e. recovery activities, stationery etc. Petty cash will be topped up weekly, timed with PA cheques. Reconciled monthly petty cash sheets are returned to the admin office at the end of the month. Please ensure Team Manager has all receipts by the end of the month.

## **Office expenses**

The Admin Manager over see's office expenses. Most office expenses will be met by administration. Specific requests for purchases should be by way of an expense request form submitted at a management meeting.

## **6.9 Recovery activities, team building activities, and training**

If staff have an idea or a request regarding activities or training they should discuss it with the Service Manager to raise at the Management Meetings. With the Service Managers support, approval and authorisation will be sought from the CEO. Please also see 'Grants/Fundraising' in the admin manual.

### **Definition of recovery activities in terms of monthly reporting**

Each month, Team Managers 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 people 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 the citizenship and social inclusion in community life so that a social and participatory dimension in social and community life exists.

## **7.0 Internal grants and finance advances**

### **Grants (non recoverable)**

Grants are given to Service Users, members or clients (Tangata Whai Ora) of Arahura who make successful submissions to the Board. 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.

## **Finance advances (recoverable)**

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 CEO. Any requests above \$1000 will be presented to the Board with CEO approval. Service User advances are understood as personal allowance advances and staff advances are understood as wage advances.

## **Provision of support services**

**There will be variations on the aspects of support you are engaged in within your role. This section has been prepared as an overview of what support services are provided over all at Arahura by staff. Further reading of the Service User manual is crucial for staff providing support services.**

Arahura has been involved with supporting people with mental health difficulties in Central Auckland for over 35 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.

Staff training is a crucial component of a recovery based philosophy. Monthly 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 Ellen 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. This package, along with counselling with our trained counsellors, and/or externally sourced counselling, has proven to be effective.

### **8.1 Developing Tangata Whai Ora's 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. You will assist in identifying areas of strength and areas that need work. You need to promote a positive attitude towards this, and any area identified can be included in goal setting. The goals will be updated as required, always with the person's input and will be started within one month of receiving Arahura support services. There is an expectation that you fully engage people in their recovery. If participation becomes an issue, a support meeting can be held with you, the person and your Team Manager to clarify options.

Support goals will be timelined, and reassessed should the consumer experience any dramatic change in their life circumstances i.e. start working.

### **8.2 Involving Family/Whanau**

Arahura encourages the involvement of Family/Whanau or an elected support person throughout the provision of service. In terms of Tangata Whai Ora support, Family/Whanau can often provide valuable input in terms of the recovery plan. However, they will only be involved with the person's consent. If they withhold consent, please revisit this 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 any consent provided.

We do have a specific referral form for Families to SF (Supporting Families) please request this form from administration if you know of a Family member who needs support.

### **8.3 When will people move from Arahura?**

An exit plan from Arahura will be part of people's individual plan and will be open to review as changes happen, or their goals change. You will work out what supports i.e. community resources will be needed, other people likely to be involved, and work on building these links. You will ensure arrangements are organised before they exit and that they are leaving for somewhere safe.

## **8.4 Ensuring positive health outcomes at Arahura**

You need to know that what you do is working for the person. Administration will collect feedback and monitor how Arahura Support workers are doing from the perspective of the person. From time to time, we will canvas Service Users via meetings with the CEO and Service Manager to check that how we monitor, and what we are monitoring, are actually meaningful measurements for people.

## **8.5 Tangata Whai Ora – a holistic approach (physical, mental, spiritual, cultural)**

It is important that Service Users understand their medication, its benefits and side effects, and take part in decision making about this, and all other medical care. Information will be provided in the form of teaching sessions and literature.

We are to facilitate the creation of social ties and leisure time for people. The provision of support over 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.

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

## **8.6 Community integration and inclusion**

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.

## **8.7 Medication management**

As support staff we are not the experts on a person's medication. The person themselves knows how the medication is effecting them. Listen and talk with people about their medication and over time rapport will aid you in supporting the person effectively. Each person signs a residency contract that indicates that they will raise medication issues with you and is considered a breach of

conduct if they have issues i.e. non compliance and failure to raise this with staff.

All medication is constantly under lock and key. All and any medication taken to a person is signed for by the staff member taking the medication to the person. The medication signing sheets have a full signature for each staff member as well as initials for medication taken to the person. All signing sheets are stored after their completion. **The safe management of medication is everyone's responsibility.** Mistakes or errors can have significant consequences. If you are not completely sure about any aspect of the management of a person's medication you must raise it with your Team Manager. Failure to do so could endanger the lives of people and affect your ability to work at Arahura. Be cautious and practice due diligence. You will be assessed on medication management through training and competency testing. Part of your training will involve understanding adverse reactions to medication.

## **8.8 PRN**

To be given out as required with due consideration to clients history of substance abuse, and in accordance with clinical guidance and safety issues. L3 PRN system as instructed by Team Manager. Records are kept on the levels of PRN held at any Arahura site.

## **8.9 Self medication**

In our endeavours to assist people to be more independent it is hoped that some people can self medicate. That is to say that the person themselves takes the responsibility of taking their medication over a week or other period indicated in their individual plan. Again due diligence must be practiced by staff. If you have any thoughts that the person may be non compliant you must raise it with your Team Manager.

## **8.10 Adverse effects of medication**

Medications of all natures whether psychotropic or general medical can affect different people differently.

It is important to note any negative changes that you may see, especially after a medication change (addition/alteration). Having an awareness of change in a person is the first step. Again raise it with your Team Manager and collectively look at the options available. The most obvious one will be to address the issue/problem with the prescribing doctor, also notification to other clinical staff such as the person's mental health nurse. Please note that at no time do you have the authority to say to a person that can stop taking their prescribed medication.

## **8.11 Emergency treatment**

In the case of suspected medical emergency, ring 111 for ambulance attention (N.B. do not transport people in your own vehicle).

In a crisis situation, if the crisis team is not available, staff on call must assess the situation and call a Taxi or the Police if necessary. Consideration of safety for all people involved must be the primary concern. If in doubt seek support / advice from your Team Manager.

## **8.12 24 hour Support**

### **Call out responsibilities**

#### **Responsibilities relevant to the team providing services for people in independent housing**

Make sure call out phone # (3600745) is properly transferred to relevant cell phone.

To Auto divert:-

- 1) Ring 083215 from any phone.
- 2) When requested dial 09 3600745
- 3) When requested dial 3600 (pin #)
- 4) To access service dial 1
- 5) When you hear the tone dial enter 3 digit code relevant to callout person.  
The responsibility for returning the callout phone to the office lies with the callout person.

The responsibility for diverting the phone is with the on call person.

If for any reason you are unable to take calls until later in the evening please let your backup person know.

On call person diverts phone from 8pm to 8am. 24 hours on for Saturday and Sunday and public holidays. Please work with a backup person for covering the time. Week runs from Sunday to Sunday.

On normal weekday mornings please divert to code 160.

It is your responsibility to know when you are on call.

Know who is on call. Check roster.

If you are not available during some part of your shift you must ensure sufficient backup

## **Deciding appropriate action related to the phone call:**

- 1) Deal with it over the phone
- 2) Go in
- 3) Get person to call crisis
- 4) Call crisis yourself **3664287/0800800717**
- 5) Call police
- 6) All of the above.

Be aware of danger to yourself and danger to others.

Does the situation **feel** right at the end of your intervention? If not get support from backup. Unload as soon as you can.

## **24hr supported housing callout responsibilities**

The 24hr supported housing area of this service has an on call phone available for support of staff and service users outside of normal business hours. As this service provides 24 hr, 7 day on site staff support, the on call phone is available to on site staff only. Service users can discuss issues arising with on site staff, who can utilize the on call service.

The on call phone is attended by weekday staff on a revolving Monday to Sunday basis e.g. each weekday staff member has the on call phone for 1 week, then passes the phone on to the next staff member.

The phone is operating Monday to Thursday from 5.15pm to 8.15am, and from Friday 5.15pm to Monday 8.15am.

Should issues arise for service users or staff outside of normal business hours, on site staff should ring the on call staff, and seek advice on how to proceed. In the case of emergency, (fire, physical injury, immediate danger) call 111, then ring on call phone.

To be on call for one week from Monday 9am to Monday 9am **\$5.33** per week day and **\$10.66** per weekend day. Amounting to \$47.85 per week (gross). Public holidays are considered as weekend days.

## **8.13 Holiday handover**

### **Residential support worker.**

Establish who is taking responsibility for house operations before holidays start. Spend time with that person or persons and discuss what takes place and when. Complete the paperwork required.

### **Support worker.**

Establish who is taking responsibility for your support work keywork people before holidays start.

Spend time with people and discuss current issues and goals that are being worked on. Complete the paperwork required.

N.B. Completing the paperwork and keeping it as current as practical allows other staff to fill in if you are sick or can not come to work for any reason.

### **8.14 Support work funding**

If special funds are required for support work please talk to your Team Manager.

24hr supported housing project money is targeted at recovery related expenses for 24hr supported housing Service Users. E.g. bus fares, other travel related expenses of short term duration.

## **Providing accommodation support**

**Please refer to the accommodation section of the Service User manual, the manual for Service Users is required reading.**

### **9.1 House maintenance and furnishings**

Household items are referred to as either chattels or assets. Chattels usually cost less than \$500 and last a year or so. For example, linen, cutlery. Larger items, for indoor and out are called assets and are listed by administration under an asset schedule for that house. Maintenance of that master list is important and subject to external audit for accuracy. We need to know details of purchases (usually the receipt provides this), or assets that need to be removed because they no longer exist due to damage, theft or disrepair.

**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.

## 9.2 Purchasing policy

### Purchasers are responsible for the:-

- level of quality
- Cost
- administration requirements

### Quality:-

To be based on 'comfort and durability'. (Not cheapest, but actual quality).

### Levels:

Stock levels	per monthly audit levels (NAR)
Maintenance	up to \$200 (NAR)
Chattels	up to \$500
Asset	above \$500

	<b>Stock Levels</b>	<b>Maintenance</b>	<b>Chattel</b>	<b>Asset</b>
<b>Purchaser</b>	Team Manager	T/M - S/M	T/M - S/M	CEO - S/M
<b>Approval</b>	Monthly Audit Reconcile	M/ Mtg over \$200	M/Mtg over \$100	CEO / Board
<b>Method of payment</b>	Petty Cash Account	Petty Cash Account Chq	Petty Cash Account Chq	Chq Account

### Abbreviations:

NAR - No authorisation required  
 T/M - Team Manager  
 S/M - Service Manager  
 M/Mtg - Weekly Management meeting

## 9.3 Maintenance

Houses are maintained to a high standard. As soon as you are aware that an item needs to be purchased, discuss this with your team then fill in an expense application. If for some reason the purchase cannot be approved or authorised, a reason and possibly a solution, will be provided.

## **9.4 Food and personal allowance for people in supported accommodation**

Each Tuesday Service Users receive via their house supporter, shopping money and personal allowances. The House Supporter is responsible for ensuring these allowances are recorded as received and are signed for. The keeping of receipts for food etc is at the discretion of the House Supporter and takes into account the particular arrangements of that house. Service Users receive \$25 on their birthday on top of normal allowances. The allowances vary for entry dinners, holidays from the service etc.

## **Providing support for participation in the community**

### **10.1 Working for Arahura**

Arahura currently has a lawn maintenance unit. People are offered the work at realistic wages. People are paid weekly on a Monday. The hours worked and hourly rate do not put people over the WINZ threshold and therefore there should never be any deduction from the person's individual WINZ benefit.

When a Service User gets work it can be a time of positive movement with associated stress. The staff aim here is to support the movement and reduce stress where possible or needed. WINZ will reduce Arahura's income relative to the workers income. The reduction needs to be acknowledged. The simple approach is to ask the Worker to reimburse what ever amount is reduced from Arahura's contracted daily rate, with the exception of the first \$25. The stages below indicate the steps.

### **10.2 Support for working in the open employment market**

If a person is working in open employment and earns over the benefit threshold then WINZ will deduct money from Arahura. We will then ask that the person acknowledges this in their personal allowance, paid by Residential Support Workers weekly.

It is acknowledged that starting work again can be stressful. Arahura will support your transition. Please talk with your Keyworker. The stages below can help you understand the process.

#### **Stage One.**

If a worker earns more than the weekly WINZ threshold for their benefit and their income to Arahura is reduced by up to \$25. Then we reduce the person's weekly personal allowance by up to \$25. At this stage the person need not pay anything back to Arahura.

## Stage Two

From the \$25 to \$75 stage the person must repay \$0 to \$50 to cover food costs accordingly.

## Stage Three

\$75 plus, we ask that the person covers the \$50 food money plus the equivalent of any additional reductions.

# Critical procedures and policies

## 11.1 Staff guidelines for responding to allegations of sexual abuse

### OVERVIEW

The following is a set of guidelines if you have reason to believe that a person using the service may have been sexually abused.

### These guidelines include:

#### Introduction

- Procedures to follow if it is clear that the person has been sexually assaulted or raped.
- Specific procedures to follow when the alleged offender is one of the following:
  - another staff member
  - a member of the public
  - a family member
  - another person with a disability
- Possible indicators of sexual abuse.

### 1) Introduction

If it is the person (resident) who informs you of the alleged sexual abuse, remember to:

- believe them
- inform them that you are sorry that this has happened to them
- tell them you will do something about it
- tell them that it isn't their fault that this has happened
- tell them you are pleased that they have told you

Contact with families following the allegation of sexual abuse should only be made by the Co-ordinator or designated representative.

You must also ensure that the client is safe.

### **A definition of safe in terms of sexual abuse is:**

"the client is not put in a situation where abuse could happen again or that they have any contact with the perpetrator"

Do not investigate allegations of sexual abuse any further than ensuring the client's safety and reporting the matter to a staff member. Your line manager will contact the appropriate agency, e.g. Police, Children & Young Persons Service, and Rape Crisis Centre.

Do not approach the alleged offender. This is the job of the Police Sexual Abuse Team (SAT).

It is recommended you develop a network of support for yourself and for the victim. Supports can be found through such agencies as Women's Refuge, Rape Crisis Centre, HELP, Lifeline, Parentline, Mensline, Family planning, DSW, the Sexual Abuse Team (SAT), the Samaritans.

You will be required to prepare a written report of the allegation to give to a staff member. This report should include the following:

your name and address and relationship with the client

the name, gender, address and age of the client

the present residential address and phone number of the client

the names and addresses of the parents/guardians for the victim

A brief description of any physical injuries, of any medical attention that was sought and the name of the medical practitioner/hospital used if there is a suspicion that other clients may have been abused then include

their names, ages and addresses the name, gender, address, age and present location of the alleged offender, his/her role and/or relationship to the client (e.g. staff, stepfather, other resident) and whether he/she has immediate access to the client. The time, date and location of the incident(s) - if known

Important contacts in your area include:

Women's Refuge

Rape Crisis Centre

HELP

Lifeline

Parentline

Mensline

Family planning

DSW

The Sexual Abuse Team (SAT)

## **2) Procedures for rape or sexual assault complaints**

All incidents of sexual abuse reported to you must be reported to the CEO

If the police are informed, immediate action will take place through the Police SAT. **Ensure the client is safe**

Do not shower or bath the client, wash his/her hands, brush his/her teeth or let them use the toilet (if possible). Don't change or destroy clothing. You may destroy important evidence if you do.

Get medical attention as soon as possible to determine if any injuries and have them recorded as they may be needed.

If the client has to talk to the police, make sure that he/she has someone caring and supportive there; either yourself, a friend, family member or a person from the Rape Crisis Centre or other appropriate agency.

If the client has to go to the police station, you may be there for 2 - 5 hours. At the police station the client:

May be required to give a verbal statement. May be examined by a doctor

### **3) Specific procedures to follow when the alleged offender is one of the following:**

**When the alleged sexual abuse is by a staff member.** If you have reason to believe that the client was sexually abused by a staff member, then: Notify contact person immediately and provide a written report (this must be completed within 12 hours of the initial disclosure)

The client must be informed that the report is being submitted

The contact person then determines what action is to be taken

Disciplinary procedures should be followed through along with the gathering of evidence from the police. A three-day suspension usually takes place while the allegation is being investigated.

The contact person will determine who will be involved in the investigation and it should involve an independent person/agency. The agency will determine the future of the alleged offender following the results of the investigation. You must ensure the ongoing safety of the client.

#### **When the alleged sexual abuse is by a member of the public**

If you have reason to believe that the client was sexually abused by a member of the public, then:

Inform a staff member and give a written report of the incident

#### **When the alleged sexual abuse is by a family member**

If you have reason to believe that the client was sexually abused by a family member, then:

Inform a staff member and give a written report of the incident

The Police Sexual Abuse Team (SAT) will then be informed and they will approach the family member. You must not approach the family member yourself.

Ensure (as far as possible) that the client is safe.

#### **When the alleged sexual abuse is by another person with a disability**

If you have reason to believe that the client was sexually abused by another client, then:

Inform a staff member and give a written report of the incident

In this case, there will first be an internal investigation with possible Police involvement

It will need to be determined whether the offender understands what they have done. If there is serious sexual or physical abuse, there will invariably be an external investigation. If the allegation consists of sexual or physical assault, you and the client may be consulted as to whether or not you want police

involvement. If it is determined that the offender does not understand what she/he has done, then the CEO will determine the appropriate steps to take.

#### **4) What to be aware of concerning sexual abuse**

The following may occur as a result of sexual abuse. It is important to remember that these are indicators only:

Complaints of pain while urinating or having a bowel movement, indicating infection.

- Exhibiting symptoms of genital infections such as offensive genital odours or symptoms indicating a sexually transmitted disease.
- Having symptoms including evidence of physical trauma (abrasions or lesions) to the genital area Bed wetting.
- Loss of appetite or other eating problems including gagging without a logical explanation.
- An unusual fear of being in a particular area of the house, or some other place. If a person with a disability is suddenly afraid of the bathroom or his/her bed, it can indicate that something disturbing happened there.
- Waking up during the night - sweating, screaming or shaking or having nightmares.
- Masturbating excessively.
- Showing unusually aggressive behaviour toward family members, friends, pets, and staff.
- Engaging in persistent sexual play with friends, flatmates, pets, toys
- Experiencing unexplained periods of panic which may be flashbacks to abuse episodes
- Initiation of sexual behaviour not normally portrayed in usual setting such as caressing another person's genitals, sticking his/her tongue into the mouth of another when kissing, preoccupation with his/her anus, wanting another person to rub the genital area
- Sudden reluctance to be alone with a familiar person
- Self-mutilation such as cutting themselves
- Withdrawing from usual community activities that were previously enjoyed
- Developing an extreme fear of males or females, or a fear of men, i.e. with moustaches or of men/women wearing a certain colour, etc.
- Expressing thoughts about death or suicide or display suicidal actions
- An extreme fear of undressing at swimming pools, etc., or for a medical examination
- Frequent unexplained health problems.
- The burden of carrying the abuse can stress the person into being unhealthy. Recurring stomach ache, headaches and pains in muscles and bones that have no logical cause are possible indicators
- Abuse of drugs or alcohol
- Becoming dependent on others when usually quite independent and becoming withdrawn and moody

## 11.2 Staff disciplinary procedure.

### Requirements for procedural fairness:

1. The employee must receive notice of the specific allegation of misconduct or poor performance and of the likely consequences should the allegation be established.
2. There must be a real opportunity to explain or refute the allegation, or an opportunity given to improve performance.
3. There must be an unbiased consideration of the explanation.

### Steps to be taken:

- **Investigate the situation.**

Check facts, interview witnesses, review personal file.

Consider what extent company management has contributed to situation.

- **Interview the employee, seeking an explanation.**

Forms part of the investigation process.

Employee responds to a simple question of why.

No judgement or opinions from the employer at this stage.

In some situations employee may need to have the problem explained precisely. Which standards breached etc and corrective action required.

If future disciplinary action is possible the employee should be made aware of this.

This interview does not constitute part of a disciplinary process.

- **Investigate further if necessary and decide appropriate action.**

Decide if the problem requires disciplinary action.

Other action may be taken, such as further training, counselling, re-allocating duties, further monitoring, warning, suspension, dismissal.

Considerations of the employees age, length of service, training, employee's record, policies, responsibilities, whether actions were from ignorance or disobedience and any extenuating circumstances.

- **Meet with employee again and communicate decision taken.**

The employee has the right to representation or a witness to ensure procedural fairness.

The employer may have a witness and / or Trust Board representation at any disciplinary meeting.

All allegations should be put to the employee.

The employee should be given a real opportunity to explain.

The meeting should be adjourned while the matter is given objective consideration. The meeting should resume and the employee be advised of any decision reached.

## **Warnings**

Unless the matter is serious enough to warrant instant dismissal, employees are entitled to be warned about disciplinary breaches and told of the manner in which their performance or conduct must improve. Warnings may be either written or verbal with the employer ensuring any warning is recorded. Two written warnings are generally appropriate, although some circumstances may call for one final warning.

### **Warnings should include**

- A statement of the specific problem
- the house rule or company standard breached
- reference to the meeting and the employee's explanation
- reference to prior warnings (where appropriate)
- the correct action required
- the time period the action must be corrected within (where appropriate)
- the employers decision (e.g. This is the final warning)
- the results of any further violation (e.g. ...shall result in dismissal)
- time frame for warning to be active.

## **Suspension**

In some circumstances the employer may insist that an employee cease work while an investigation is carried out. This may be on the grounds of safety. It is considered that suspensions are on full ordinary pay. Any suspensions should be for a minimum duration necessary for a proper investigation and should be used sparingly.

## **Dismissal**

An employee should always be warned in advance if the employee's job is on the line and should be given an opportunity to be represented and allowed to offer an explanation. Dismissal should only occur in cases of serious misconduct or after the appropriate warning procedures have been followed.

In a case of instant dismissal the employee shall be paid up to the date of dismissal, including any holiday pay owed. In a case of instant dismissal the employer must investigate the problem and consider the employee's explanation as in any other disciplinary situation.

### **Serious misconduct**

Acts of serious misconduct are those which are inconsistent with the due and faithful discharge by an employee of the duties of service – dishonesty, inability to carry out work due to consumption of non-prescription drugs or alcohol, breach of confidence, insubordination, insolence, violence, unauthorised use of service equipment.

Serious misconduct could include failure to follow an employer's or supervisor's lawful and reasonable instruction – ignoring safety procedures could qualify.

No fixed rule can be laid down regarding misconduct – it is a question of degree in each individual case.

In general the misconduct should be such as to interfere with and prejudice the safe and proper conduct of the employer's business or be serious enough to destroy or deeply impair the basic confidence and trust essential to an employment relationship.

Misconduct may involve elements such as: - Neglect (habitual or repeated neglect of duties),

Incompetence (poor performance), absence (habitual absence and lateness), failure to obey lawful and reasonable instructions. Breach of house rules and/or code of conduct.

## **Notes:-**

## **Critical considerations for providing services for Tangata Whai Ora**

Walk beside people.

Your self care is the most important thing.

Know your personal and professional boundaries.

You're not an expert on drugs.

You're personal opinion must remain your opinion.

You're not an expert on how someone else feels.

You can be friendly, but if you're paid to support people can you really be their friend?