

ARAHURA CHARITABLE TRUST

A Society Of Respect And Inclusion

Providing community based
support for people
experiencing mental health
difficulties

*Your Guide to providing
Services for
Kaimahi*

**Staff Manual
2009**



Providing community based support for people experiencing mental health difficulties



A Guide to the Services of Arahura Charitable Trust

Staff/kaimahi Manual

July 2009 Edition

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

Table of Contents

Section	Reference No.	Header	Page
Who are We?			5
	1.1	Introductions	5
	1.2	Our vision	5
	1.3	Our purpose	5
	1.4	Arahura and the Pounamu	5
	1.5	History of health service provision	5
	1.6	Our philosophy for Service Provision	6
	1.7	What our Vision means in terms of the service we provide for Tangata Whai Ora	7
	1.8	Cultural and spiritual expression	7
	1.9	Some definitions for your consideration	7
	1.10	Maori health	8
About the leadership and management			8
	2.1	Governance – what it means to be a Charitable Trust	8
	2.2	Management	9
What we want to offer you at Arahura			9
	3.1	To pay you	9
	3.2	To offer you training	9
	3.3	To offer you the opportunity to attend conferences	10
	3.4	Professional supervision	11
	3.5	Reimbursements	11
	3.6	Provision of Arahura property for use out side of the work site	12
What we expect from you			12
	4.1	Attitude!	12
	4.2	To complete an orientation so you can find your way around	13
	4.3	To be present at work	15
	4.4	To practice safe boundaries	15
	4.5	To advocate safely	16
Your participation			16
	5.1	Meetings	16
	5.2	Communication	18
	5.3	Your participation	19
Working within Arahura			20
	6.1	Info sharing policy	20
	6.2	OSH	20
	6.2a	Risk management/quality control	20
	6.3	Civil defence/pandemic	20

6.4	Infection control and waste management	21
6.5	Restraint/seclusion	21
6.6	Incident and accident reporting	21
6.7	Facilitating access to translators	21
6.8	Financial protocols	22
6.9	Recovery activities, team building activities and training	23
6.10	Internal grants and financial advances	23
Provision of support services		23
7.1	Developing tangata whai oras' strengths and abilities	24
7.2	Involving family/whanau	24
7.3	When will tangata whai ora be ready to progress from Arahura?	24
7.4	Ensuring positive health outcomes	25
7.5	Tangata whai ora – a holistic approach (physical, mental, spiritual, cultural	25
7.6	Community integration and inclusion	25
7.7	Medication management (refer also to medication policies and procedures at residential sites)	25
7.8	PRN	26
7.9	Self medication	26
7.10	Adverse effects of medication	26
7.11	In the event of death	26
7.12	Emergency treatment	26
7.13	24 hour support	26
7.14	Holiday handover	27
7.15	Support work funding	27
Providing accommodation support		27
8.1	House maintenance and furnishings	27
8.2	Food and personal allowance for people in supported accommodation	28
Critical procedures and policies		28
9.1	Identifying neglect and or physical abuse	28
9.2	Staff guidelines for responding to allegations of sexual abuse	31
9.3	Procedures for rape or sexual assault complaints	32
9.4	Specific procedures to follow when the alleged offender is one of the following:	33
9.5	When the alleged sexual abuse is by a member of the public	33
9.6	When the alleged sexual abuse is by another person with a disability	33
9.7	What to be aware of concerning sexual abuse	33
Staff disciplinary procedure		34
10.1	Requirements for procedural fairness:	34
10.2	Steps to be taken	34
10.3	Warnings	35
10.4	Warnings should include	35

10.5	Suspension	35
10.6	Dismissal	35
10.7	Serious misconduct	35

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 improve the quality of life for 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. It is important we all work towards this goal.

1.2 Our vision

A Society of Respect and Inclusion

1.3 Our purpose

A Quality of Life of choice

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 support service that resembles the proposed supported landlord 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 actual contracts to provide mental health support.

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

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

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

2001 The service now has four/four bedroom, high quality houses in Central Auckland, each with a maximum of four people per house. The service has 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 is Arahura's first formal opportunity to provide day services. The Clubhouse model greatly aligns with Arahura's philosophy of service and proves to be a rewarding and successful relationship for both Clubhouse and Arahura.

2002 Blue Water Services (BWS) approaches Arahura to takeover its residential provider contracts. The numbers Arahura will be supporting will increase by 26. The prime challenges are 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 are also important.

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

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

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

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

2009 A new Kaumatua joins the Arahura community.

1.6 Our philosophy for service provision

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

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

That without regard to gender, religion, or race, each person has the right to be recognised as a unique individual in their own right and should be respected accordingly. **Arahura supports and encourages the Clubhouse model.**

1.7 What our vision means in terms of the 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
- To support the attainment of Arahura mission and 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 service users' 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. 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 Kaumatua .

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.

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 other instances staff need to act in a culturally safe manner.

1.10 Maori Health

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

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

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

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

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

- bi-cultural training for all staff.
- The employment of culturally compatible/ appropriate staffing where possible.
- Maori staff will have access to culturally appropriate supervision
- Availability of kaumatua for staff and tangata whai ora – Arahura has a kaumatua

About the Leadership and Management

2.1 Governance - what it means to be a Charitable Trust.

We are a Charitable Trust, that 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. Should staff or service users wish to contact the Trust Board as individuals, this should be done in writing, addressed to The Trust Board Chairman and delivered to head office or posted to Arahura Trust Board, PO Box 47 729, Ponsonby, Auckland. This will then be passed on to the Chairman to view and act upon.

2.2 Management

The General Manager is delegated the responsibility for the overall management and organisation of the service. Essentially, support staff are supervised by their Team Manager, with the GM 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 timesheet 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 allowance 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 GM'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.

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.

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, as the opportunity and availability arises.

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
- Hazardous waste management
- Clubhouse training

3.3 To offer you the opportunity to attend 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

- Dates, time and place are known by the attendee including any pre conference material, time and place of registration.
- All travel issues have been resolved. This includes parking for local conferences.
- Food requirements have been arranged.
- Attendees have met with admin to finalise the above.
- 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.
- The attendee has read conference material and identified areas relative to
 - a) Professional development
 - b) Specific areas of strategic organisational development

The 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

- 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.
- 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.
- If more than one attendee, then these 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.
- 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 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 supervisors should be affiliated to either MNZAC (Members of NZ counselling association), NZAP (NZ association of psychotherapy), MNZPS (Members of NZ psychological society)

External Supervision for overnight on call and part time workers

Up to three supervisions per year are paid for by Arahura for part time staff. More may be negotiated with GM, 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.

Current Supervisors majority of staff use

Anthea Randell, Grey Lynn ph: 360 0472
Graham Ure ph: 0800 101 000

3.5 Reimbursements

Travel during places of work in your own vehicle

Mileage is calculated monthly and is paid at .70 cents per kilometre. This is inline with IRD allowances, and their requirement that anything only to a maximum of 5000 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 the 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 GM via Team Manager (special events etc). In the case of special events, it is usual to 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

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. Full time staff take turns.

Public Holidays are considered as weekend days.

Physically attend a call out

1) First hour: Two times hourly rate of pay

2) After first hour: Normal rate of pay

Use of Mobile Phones

Full time 24hr support staff will have mobile phones provided. These are for the use of staff at 24hr supported housing during normal working hours and on call.

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.

3.6 Provision of Arahura property for use outside 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. Traffic offence's ie Parking tickets, speeding fines etc are payable by the driver who incurs the offence. Arahura are responsible for registration and warrant of fitness.**

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 current insurance excess payable 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.

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
<i>Reading</i>			
Employment Agreement			
Staff Manual			
Service User Manual			
Trust Deed			
Administration Manual			
Everyone's job description			
<i>Workshops</i>			
Treaty of Waitangi			
Hearing Voices			
Workplace First Aid			
<i>Physical</i>			
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			
<i>Local Area</i>			
Crossroads Clubhouse			
St Lukes CMHC			
Taylor Center CMHC			
Cornwall House CMHC			
Winz Offices			
Local GP's			
Pharmacy			
Kaupapa Maori services			
Pacific Island Services			
<i>Organisational Physical</i>			
All Arahura Houses			
Admin Office			
<i>Organisational Policy and Culture</i>			
Service Overview from a Service User			
Service Overview from a Staff member			
Service Overview from Administration			
Staffing Structure Admin			
Management Structure Admin			
Financial Structure Admin			
<i>Knowledge Attained</i>			
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			

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.

4.4 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 or 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 the influence and power attributed to our position as staff. We need to be careful that power and position is not used to the disadvantage of service users.

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, 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 support 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 patient'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 Service User 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.

4.5 To advocate safely

Advocacy by Staff

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

There are times when you are not the appropriate support for advocacy and where this occurs you need to assist the service user to the appropriate advocacy source.

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

Sources of advocates

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

The Health and Disability Commission have a free advocacy service

ph: 0800 555 050

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

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

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. Family meetings are scheduled six monthly, AGMs are scheduled yearly.

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.

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.

Attendance at meetings is always recorded by noting names of attendees. Support workers are to encourage service user's attendance when appropriate

Risk management will be reviewed at all meetings, along with quality control and improvement.

Objectives

Movement on and action from agenda topics will be seen at each meeting.

Each member has equal opportunity to be heard about each topic and feel that they have been heard. 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.

Members should be able to come away from meetings with more information than before the meeting.

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 GM, 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, Family Member, Staff members

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 quarterly and has currently defined that quality is acknowledged by this group when:-

- The majority of members agree
- External people notice
- Makes a positive difference to peoples lives
- Improved quality of service

Family Meetings**Participants: Family Members, GM and Team Manager**

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

Executive Meeting**Participants: General Manager, Team Manager, Clubhouse Director**

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

Team Meetings**Participants: Support Workers and Team Manager****May also include: Gm, and 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 General Manager via Team Manager. Weekday staff meet weekly. Weekend, overnight staff and on call staff meet two monthly (where practicable) – first week of the month.

5.2 Communication

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 it's 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. 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, a number of full time 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. Staff are encouraged to text when it is safe to do so (i.e. not when driving!) as this also reduces costs.

5.3 Your participation in development of our services

Monthly Audits

These are completed by Team Manager at the end of each month and returned to administration. Regular internal auditing allows the service to continually review our operational and strategic development. This audit system is part of our quality improvement. The system gathers information on business practice, training, Osh hazards etc and forms part of our risk management process.

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, 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. 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 exec team for initial review.
- Results sent to individual groups (stakeholders) for comments and further action points
- Action points added to Operations Manual.

Working within Arahura Trust

We have protocols and processes 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.

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. Under consideration is that staff be compensated for the insurance excess incurred in the course of a vehicle incident during the course of working. Should an incident occur staff should discuss this with GM.

6.2a Risk management /quality control

Arahura addresses risk management as an agenda item through its staff process meetings at all levels. This includes Team meetings, Executive Team and Trust Board Meetings. When a risk item has been identified appropriate action is taken- policy and procedure changes are enacted as deemed necessary. These are minuted according to privacy issues.

Each of these teams access risks in all areas from service user, financial, HR, Business Etc. An initial process was entered into whereby risks were identified and put on a matrix to familiarise teams with risk assessment and the various types of risk.

The above process forms part of Arahura's quality control. In addition to the above service users are encouraged at their house meetings to minute what is working well for them and what they think they think may need improving. These items are then forwarded on to the service through our system of meetings. The above process works robustly moving up and down our system of meetings ensuring communication works through-out the service. Risk and quality are also assessed through OSH and incident reports.

Any complaints form part of this system and may be made to any of the above structured meetings. These may also include input from family meetings and the Quality assurance group.

Monthly audits also form a major part of this overall risk management /quality improvement system. Items highlighted for attention feed through the same system of meetings. As part of our reporting system the General Manager also reports monthly delegations to the Trust Board including quality and risk management.

6.3 Civil defence/pandemic

Each location will have a Civil Defence Kit and a Pandemic Kit available to service users and staff. Initial orientation for service users and staff regarding the kits will be done upon entry into the house. Civil Defence kits are maintained 6 monthly and the content list of kits reviewed annually. Each location has pandemic kits that include extra food supplies. The admin office has pandemic extra supplies. Arahura have a pandemic plan which is 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.

Disposal of biological waste ie hair clippings etc - in accordance with health and safety regulations and Cultural Practice where appropriate.

6.5 Restraint/seclusion

The Service does not approve or endorse the use of any form of restraint or seclusion. The service supports de-escalation techniques. Staff are committed to completing the certificate in mental health which includes training in this method. Safety for all parties is paramount and should a situation continue to escalate staff are instructed to call the police if personal safety is at risk.

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 Facilitating access to translators

CMHCs 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.

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

- Discuss the need with your Team Manager
- Telephone 630 9943 and ask for Interpreting Services

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.

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 person 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/monthly to plan expenditure for the month to come and any purchase requests must pass through that meeting. Exceptions granted by GM.

Petty Cash

Petty Cash is for staff and office expenses. **Receipts must be provided for purchases** with an explanatory note on them if necessary, 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 then.

Office Expenses

The Admin Manager, Team Manager and GM oversee 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 any of the above they should discuss it with the Team Manager to raise at the exec meetings. With Team Manager's support, approval and authorisation will be sought from the GM. Please also see 'Grants/Fundraising' in the admin manual.

Definition of recovery activities in terms of monthly reporting

Each month, Team Manager reports 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 service users 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.

6.10 Internal grants and financial 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. .

Grant submissions can be made at any time throughout the year.

- The board may at anytime throughout the year publish requests for submissions based on a 'Theme' or 'Objective' set by the Board.
- An annual budget will be set by the board at the beginning of our financial year.
- The board will view all submissions and make the final decisions.
- 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 GM. Any requests above \$1000 will be presented to the board with GM approval. Service user advances are understood as personal allowance advances and staff advances are understood as wage advances.

Provision of support services

There will be variations on the aspects of support you are engaged in your given 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 30 years, primarily through supported accommodation – the goal is recovery. Our aim is to improve the quality of life for people experiencing mental health challenges through community based support in the most relevant form.

The Trust is a vehicle to improve the quality of life for people who have been assessed by mental health professionals as needing the services of the Trust. We believe that each individual has the

right to be treated with dignity and respect and that the individual has the right to live as they see fit, without infringing on the rights of others.

That without regard to: gender, religion, or race, each person has the right to be recognised as a unique individual in their own right and should be respected accordingly. We believe recovery is an individual journey that we can help facilitate. We are committed to using a researched model of Recovery, the Strengths Model and the clubhouse model.

Staff training is a crucial component of a recovery based philosophy. Weekly team meetings are held, where practicable, by the staff, part of which can be focusing on strength/recovery and the best ways to facilitate this process with the service users. 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.

7.1 Developing tangata whai oras' 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 Tangata Whai Ora 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 consumer and your Team Manager to clarify options.

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

7.2 Involving family/whanau

Arahura encourages the involvement of family/whanau or elected support person throughout the provision of service. In terms of tangata whai ora support, these people can often provide valuable input in terms of the recovery plan. However, they will only be involved with consumers consent. If they withhold consent, please revisit this with 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. Where appropriate Family/Whanau form part of our entry process and are encouraged to be a contributor to the recovery journey of the service user.

7.3 When will tangata whai ora be ready to progress 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.

(See also discharge planning.)

7.4 Ensuring positive health outcomes at Arahura

You need to know that what you do is working for the consumer. Administration will collect their feedback and monitor how Arahura support workers are doing from the perspective of the consumer.

7.5 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 should be provided in the form of teaching sessions and literature.

We are to facilitate the creation of social ties and leisure time for service users. 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.

If a service user needs a change or a break, arrangements can be organised with appropriate support network for respite care.

When service users 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 service user culturally.

7.6 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.

7.7 Medication management (refer also to medication policies and procedures at residential sites)

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 the rapport will aid you in supporting the person effectively. Each service user 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 ie. non compliance, and fail to raise it with you.

All medication is constantly under lock and key. All and any medication taken to a service user is signed for by the staff member taking the medication to the service user. The medication signing sheets have a full signature for each staff member as well as initials for medication taken to the service user. 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 ever 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 service users

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.

7.8 PRN

To be given out as required with due consideration to peoples history of substance abuse, and in accordance with medication management processes, clinical guidance and safety issues.

7.9 Self medication

In our endeavours to assist people to be more independent it is hoped that some service users 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. **Service users self medicating are instructed to secure their medication by ensuring their rooms are locked and medication stored out of sight.**

7.10 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.

7.11 In the event of death

In the event of death Arahura staff must immediately notify the police and ambulance and take instructions from these services. The General Manager must immediately be notified, and following that the Team Manager and clinical team (CMHC). Notification will also include ADHB contract manager and MOH. Arahura will work with a person's family/whanau, and in the event of no family/whanau will work within established culturally and socially accepted norms to enable the person's passing.

7.12 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 cab 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 call out person or Team Manager.

7.13 24 hour support

Call Out Responsibilities

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 will 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, and 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.

7.14 Holiday handover

Residential Support Worker.

Establish who is taking responsibility for house operations and individuals you keywork before holidays start.

Spend time with that person or persons and discuss what takes place and when. Complete the paperwork required. Spend time with that person or persons 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.

7.15 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, short courses, and are related to staff discussion regarding what expenses relate to each individual's recovery (these may vary from person to person). If in doubt as to the appropriateness of the expense discuss with Team Manager, Acting Team Manager, or senior staff.

Providing accommodation support

Please refer to the accommodation section of the Service User Manual, the manual for service users is required reading.

8.1 House maintenance and furnishings

Household items are referred to as either chattels or assets. Chattels usually cost less than \$500 \$100 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, 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 Manager.

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.

8.2 Food and personal allowance for people in supported accommodation

Each Tuesday service users receive via their house supporter food and personal allowances. The support worker is responsible for ensuring these allowances are recorded as received and are signed for. Receipts for food etc are kept by support workers, handed in to admin monthly with petty cash log, project money log and receipts, and take into account the particular arrangements of that house. Service Users receive \$25 on their birthday on top of normal allowances

Critical Procedures and Policies

9.1 Identifying neglect and or physical abuse

Things to look out for:

- There are repeated accident or emergency attendances of people from the same care setting.
- There are manifestations of inadequate care, including poor hygiene or nutritional status, poorly controlled medical conditions, frequent falls and confusion.
- Staff appears overly protective or controlling, or the person displays unexplained anger or fear towards staff.
- There is an apparent inability to afford food, clothing, housing or social activities, or questionable use of the older person's possessions/property/funds.

Questions to be asked of service users in related setting:

- How are things going at in residential care?
- How are you spending your days?
- How are you feeling about the amount of help you are getting at in residential care?
- How do you feel staff are managing?
- Do you have everything you need to take care of yourself?
- Has anyone ever failed to help you to take care of yourself when you needed help?
- When comprehensive assessment is undertaken, questions should explore:
 - the person's expectations of care,
 - previous family history,
 - information on recent crises and illness,
 - the level of social network and support.

Only relevant and pertinent information should be collected and information may not be able to be gathered all at once.

Where possible, this should include questions about resources and finances, feelings of loneliness, and stress, depression and anxiety in the person being assessed and (where relevant) their staff. Exploration of alcohol problems, drug use/abuse, possible enforced isolation or confinement, what happens when people disagree, behavior problems among household can follow.

If there is any doubt about the person's mental capacity, a comprehensive assessment should occur prior to detailed questioning, but do not delay any immediate action required to ensure the person's safety. Explanations for the need for such an assessment need to be given and consent obtained.

Note that persons are presumed to have capacity to make decisions for themselves unless proved otherwise

DO NOT discuss concerns or actions with a caregiver:

- if it will place either the person being abused, or you, the health care provider, in danger
- if an investigation by police is under way.

Telephone advice from abuse services may be helpful during preliminary risk assessment and can assist with referral decision-making.

Note: injuries or other evidence of abuse are not required for referral.

Immediate Risk Assessment

The purpose of risk assessment is to identify where immediate help is needed, make appropriate and timely referral, and lay the foundations for working with the person and the staff, so that solutions can be found that will help reduce the risk of abuse. The safety, wellbeing and rights of the person must always be the main focus.

The level of immediate risk and need for urgent referral will depend on the type and severity of abuse and the immediate situation of the person experiencing abuse. Assessment of the following factors can assist in danger assessment.

Immediate safety risk

- Is there evidence of life-threatening injuries or danger of significant harm, death or homicide?
- Is there a risk of suicide or significant self-harm?

High danger risk

- Is the abuser present?
- Is the person afraid to go home or to be left alone?
- Is the person unable to defend or care for themselves if left alone?
- Has a threat to kill or threat with a weapon been made?
- Has there been physical abuse increasing in severity?
- Has the abuser access to weapons, particularly firearms?
- Have threats of suicide or homicide been made?
- Is alcohol or substance abuse involved?
- Other factors to consider

Suicide risk

- previous suicide attempts
- stated desire/attempt to kill oneself
- a well-developed, concrete suicide plan
- access to the method to implement the plan
- planning for suicide (eg, putting affairs in order).

Taking action

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)

Warmline

Assessment for Maori

- Reassure people that there are support networks in place to assist them.
- Apply Te Whare Tapa Wha model to your assessment, and maintain respect for whanau processes and tikanga.
- Invite whanau involvement as guided by the person - do not assume involvement is the preferred approach.
- Ensuring Maori are not only supported but also empowered
- Provide support that is based on an understanding of the context for Maori
- and abuse.
- Recognise the diversity of Maori.
- Ask the person what plan they want.
- Offer referral to Maori advocates with expertise in abuse.
- Offer referral to ethnic-specific agencies

Safety planning for Maori

- Develop knowledge of Maori abuse advocates and services.
- Involve and offer referral to a Maori abuse advocate, where available.
- Do not assume that the whanau has the necessary skills and information to respond to the immediate or short-term needs
- What immediate and longer-term steps need to be taken to ensure the person's safety?

Assessment for Pacific and other ethnic elders

- Offer reassurance to persons from Pacific or ethnic communities that there are services that can help, and offer referral.
- Recognise the diversity of definitions and experiences of violence, and the barriers to asking for and receiving support.
- Ensuring people from Pacific and ethnic communities are not only supported but also empowered
- Start with some general conversation. Avoid an overly clinical/business-like approach.
- Respond with sensitivity to gender, and the dynamics of status in ethnic communities.
- Select interpreters with care and ensure the role of the interpreter is clearly defined and confidentiality is assured. Never use a child as interpreter.
- Provide support based on an understanding of the context for persons from Pacific and other ethnic communities, including the effects of migration, refugee resettlement, and religious or cultural conditioning.
- Recognise that for solutions to be meaningful to persons from Pacific and ethnic communities, other sectors may need to be involved.
- Provide advice on the resources available and legal protection and prevention systems.

Safety planning for Pacific and ethnic people

- Know your local community referral agencies with expertise in abuse.
- Offer the choice of a Pacific or ethnic-specific abuse advocate, where available.
- Do not assume the family, church or cultural community leaders should be involved; ask the person what plan of action they want.

9.2 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.

If it is the person (resident) who informs you of the alleged sexual

Abuse remembers 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.

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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)

9.3 Procedures for Rape or Sexual Assault Complaints

All incidents of sexual abuse reported to you must be reported to the GM. 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

9.4 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.

9.5 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.

9.6 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.

9.7 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

Staff disciplinary procedure.

10.1 Requirements for procedural fairness:

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

10.2 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.

10.3 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.

10.4 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.

10.5 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.

10.6 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.

10.7 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.

Critical Considerations for providing services for Tangata Whai O

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?