ARAHURA
CHARITABLE TRUST

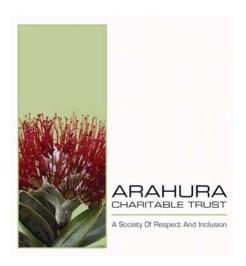A Society Of Respect And Inclusion

Providing community based
support for people
experiencing mental health
difficulties

Operations
Manual
2009

Providing community based support for people experiencing mental health difficulties

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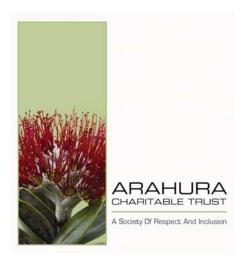
A Guide to the Services of Arahura Charitable Trust

Operations Manual

Prepared for: Arahura Worksites and Trustees

Contents
1. Service Users/Tangata Whai Ora Manual
2. Staff/Kaimahi Manual
3. Administration Manual

July 2009 Edition
Please read this edition in conjunction with all and any amendments.
Amendments will be added into the next edition.

Providing community based support for people experiencing mental health difficulties

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Table of Contents

Who we are

1.1 Introductions

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

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

1.2 Our vision

A society of respect and inclusion

1.3 Our purpose

A quality life for Tangata Whai Ora

1.4 Arahura and Pounamu

The name Arahura has been described as meaning a:
'Pathway to the light'.
The founder of Arahura in Auckland came from Arahura on the West Coast of the South Island, about 9 kilometres north of Hokitika.
We have a connection with the people of Arahura and the Arahura River which is famous for its greenstone or Pounamu.

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

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

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

If you would like to know more about Maori mythology you might like to:
- Google search "Maori Mythology"
- Or try the National Library:-

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2009 A new Kaumatua joins the Arahura community.

1.6 Our philosophy for service provision

We believe that each individual has the right to be treated with dignity and respect.
That the individual has the right to live as they see fit, without infringing on the rights of others.
That without regard to gender, sexual orientation, religion, or race, each person has the right to be recognised as a unique individual in their own right and should be respected accordingly.
Arahura supports and encourages the clubhouse model.

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

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

1.8 Culture and Spiritual Expression

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

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

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

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

1.9 Maori Health

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

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

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

Arahura CharitableTrust staff demonstrate knowledge of, and practice in a manner that is consistent with the principles of the Treat of Waitangi in the provision of treatment and support for tangata whai ora, whanau, hapu and iwi. This is evidenced by:
- bi-cultural training for all staff.
- The employment of culturally compatible/ appropriate staffing where possible.
- Maori staff will have access to culturally appropriate supervision
- Availability of kaumatua for staff and tangata whai ora – details here
- Tikanga Guidelines including Te Whare Tapa Wha and other community models of mental health treatment and support
- The Maori Health Plan will be evaluated yearly by the Manager via quality indicators incorporated in the quality assurance surveys.
- Services provided to Maori clients and Whanau will be evaluated via Satisfaction Surveys (and hui?)which will include a cultural aspect.

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

Established relationships/ MOU with local iwi, members

About the Staff
2.1 Staff

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

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

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

2.2 Employment

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

About the Leadership and Management
3.1 Governance

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

3.2 Management

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

3.3 Your participation

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

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

Family/whanau are also entitled to support from Arahura.

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

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

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

Annual general meeting (AGM)
Participants
All Arahura Stakeholders
Any person with a vested interest, i.e. community members, funders.
The primary role of this meeting falls to the trustees who table their annual reports along with the annual audited accounts. Any positions vacant on the board can be filled at this time. For further information please refer to the Arahura Trust Deed.
At the end of the official part of this meeting there is an opportunity for people to talk directly with the board. Full refreshments provided.

Quality assurance group
Participants
Service users with low to moderate needs
Family member
Staff members
Maximum of 10 people.
The purpose of this group is to draw together stakeholders and evaluate the conditions of quality within Arahura. Service users are asked to represent their own points of view and those of other service users. Family members are asked to represent their points of view on behalf of all family members and staff are asked to represent other staff not present. It is considered that this group will have the ability to represent the key stakeholders in the service. Recommendations from this group can go directly to the board or staff teams. The group meets 2 or 3 times per year and works out how to define quality through a set agenda and the group's membership. Also with the use of the risk management tools currently being finalised. The executive team will also forward material for the QA group.

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

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

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

Team meetings
Participants: support staff and their Team Manager
May also include: GM, Admin Manager, casual staff

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

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

3.4 How do we know how well we are doing?

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

Service review

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

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

3.5 How will we improve what we do? Quality assurance

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

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

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

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

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

Grants – non recoverable

Grants are given to service users, members or clients (tangata whai ora) of Arahura who make successful submissions to the board via administration. Grants are non refundable, non sustainable and given toward vocational and educational submissions that will support the person's recovery.
1. Grant submissions can be made at any time throughout the year.
2. The board may at anytime throughout the year publish requests for submissions based on a 'Theme' or 'Objective' set by the board.
3. An annual budget will be set by the board at the beginning of our financial year.
4. The board or sub-committee of the board will view all submissions and make the final decisions.
5. The board may request further information regarding the submissions before making a final decision.

Financial advances

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

Our commitment to you: Protocols for provision of services

4.1 We will respect your right to confidentiality and privacy

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

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

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

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

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

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

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

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

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

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

4.4 We will care for and respect your individual files

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

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

4.5 We will follow procedures and policy to ensure your safety

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

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

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

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

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

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

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

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

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

Therefore the staff should not:

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

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

4.7 Staff will advocate for you when you need it

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

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

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

Other sources of advocates

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

The Health and Disability Commission have a free advocacy service

ph: 0800 555 050

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

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

4.8 We will provide and respect the complaints procedure

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

- Complaints should always be in a written form and presented to the GM. The complaint will be acknowledged in writing within 5 working days.
- On receipt of your complaint the GM will ensure the appropriate staff are involved in thoroughly investigating the issues you have raised.
- Following investigation a written response will be sent to you. This will be within a timeframe of 10 working days from the written acknowledgement of the complaint.
- It may be appropriate to have a meeting between yourself and the appropriate staff.
- If corrective action is required it will be discussed by all parties and put in place as soon as practical.
- This policy is taken directly from the 'Code of Health and Disability Services Consumer Rights' put out by the 'Health and Disability Commissioner and as such Arahura will follow the steps listed under 'Right 10' *Right to Complain.* If you do not have a copy please ask a staff member or phone the office and one will be sent directly to you.
- Below is a list of contacts that may be beneficial.
  1) Talk to staff or the GM: 360 0745.
  2) Bring your complaint up at the weekly house meeting (Service users).
  3) Approach your P.D.N. or someone you feel comfortable with at our local CMHC i.e. St Lukes, Taylor Centre, Cornwall house (Service users).
  Health Advocates Trust (Independent free advocacy)
  Phone: 525 2706
  Health and disability Commission: Akld 373 1060.
  Auckland Regional Consumer Network. Deb Christensen 623 1762

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

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

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

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

Complain of breach of rights.

Adequate notice of termination of residency.

Understanding of different ethnic, cultural and religious practice

Be free from abuse and reprisal.

Be treated with reasonable care.

Not be abandoned.

Prompt emergency treatment.

Be informed about proposed treatment.

Confidentiality.

Have access to your personal house file.

Not to be discriminated against.

Have access to adequately qualified health personnel.

Be free from mental and physical abuse.

Dignity and privacy.

Seek legal advice about treatment.

Respect for your beliefs.

Withdrawal of signed consent for information sharing.

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

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

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

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

4.12 We will ensure Arahura spaces are safe (OSH)

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

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

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

4.14   We will provide and respect this sexual harassment policy

Introduction

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

Process

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

It is against the rights of any individual to be sexually harassed.
The process as planned is:

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

Contact People: A list of contact people is available from the office –phone 360 0745.
As we are a medium sized organisation, the role of the contact people will include:
Publicity and education about sexual harassment. Being able to be approached for advice and information about sexual harassment and be personally supportive.

Choosing options for the complainant to follow:

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

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

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

Self help methods could include:
• telling the person that their behaviour is offensive and asking them to stop
• writing to the person advising them that a complaint may be made if the behaviour does not stop
• speaking to the person alone or in the company of a friend

2) Informal intervention
Where the complainant does not see the "self help" option as appropriate, it may be they need someone to intervene on their behalf without a formal complaint having been made. The contact person should discuss with the complainant who should intervene. The person intervening should make a practical attempt to sort the problem out on the spot without having to get into a formal complaints process.
This process would involve the harasser or group of harassers knowing what the allegations are, and answering them, and involving all the parties making a decision on a working solution to the problem. Any agreement made as a result of an informal intervention would have to be monitored. It needs to be checked with the complainant and the respondent that they are comfortable with the new situation.

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

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

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

Entry criteria and procedure

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

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

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

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

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

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

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

Criteria

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

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

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

Process:

1) One verbal warning

2) One written warning

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

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

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

House rules

No form of violence will be tolerated

!

No verbal abuse is acceptable

!

No threatening behaviour is acceptable

!

No behaviour that threatens the safety of others is acceptable

!

No theft is acceptable

!

No abuse of drugs or alcohol is acceptable

!

No smoking in any areas other than designated smoking areas

!

Individual's privacy must be respected

!

Respect must be extended to family, friends and visitors

!

No sexual harassment will be tolerated

!

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

!

House rules apply to service users and staff

5.3 Residency contract

1) Right to residency.

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

    (a)   the person may wish to leave, or,

    (b)   when the person is in breach of house protocol as stated in this document, or,

    (c)   when through financial restraints, or the actions of governing bodies, it becomes necessary to terminate business, or

    (d)   through fire or Act of God the premises become uninhabitable.

2) Notice of termination

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

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

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

3) Service users obligations

    a) The person agrees to refrain from wilfully or recklessly damaging the premises, fittings, furniture and goods. Whilst occupying the home will extend to the GM, the staff, and all other people in the home, so far as they are capable, the same type of rights as are given to the service users in their Code of Rights.

    b) The person will be treated with respect and have the right to have language, sexual and emotional needs and choices accepted, except to the extent that the public, physical and verbal expression of such needs would clearly and unreasonably offend, or infringe upon the rights of the public, staff and other service users.

    c) House and room keys are the responsibility of the service user. If more than two keys are lost and subsequently replaced, then the third key and subsequent keys will be replaced at a cost to the service user.

4) Medication

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

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

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

5) Departure policy

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

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

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

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

o decision on their medication.

o Failure to comply with medication requirements and failure to report to staff on any problems will affect the service user's ability to remain within the service.

o Failure to inform staff of medication problems will be considered an abuse of drugs under Arahura rules.

6) House alcohol policy

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

7) Smoking policy

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

8) Drug abuse

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

instant loss of residency

directed to suitable drug/information – treatment group

counselling

notification to the police

9) Acknowledgement

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

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

Service user sign:

Date of signing:

Staff member:

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

Service user orientation

Service user: **Date started:**

Signed off by: **Date completed:**

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

- Initial orientation should be completed within the first month.

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

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

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

5.5 How do you go about laundry and cleaning?

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

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

5.6 How does the communal shopping work?

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

5.7 What about your personal effects

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

The standard for home heating is to use 'Oil Fin Heaters' with thermostatic control.
- This means that in Arahura we **do not use** 'Bar Heaters' or 'Portable Gas Heaters'.
- Wall mounted gas heaters are accepted where already fitted.
- Electric fan style heaters need to have thermostatic control to be accepted.

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

5.8 Does Arahura provide any insurance?

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

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

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

Please note that as in any insurance policy there are policy exclusions as follows, including but not limited to:
- Unexplained disappearances or shortages
- Mechanical breakdown
- Cost of repairing/replacing faulty material
- Jewellery, precious stones, furs, bullion

5.9 Will your visitors be welcome?

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

5.10 What sort of activities can you expect?

The home, its practices and procedures have been designed to maximise people's involvement, for example people are fully involved in running their own home and decisions affecting their lives.
Cooking and meal planning, gardening, budgeting, public awareness, goal setting, self care, hygiene, social skills and communication
House meetings are held on a regular basis and can be called by anyone to discuss any issue, which may arise. A weekly roster is drawn up to cover such things as are relevant to the day-to-day maintenance of the community, i.e. cooking, cleaning, dishes, floors ,toilets etc
Meals are planned for the week at community meetings. The shopping list will then be made up.

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

Citizen's advice bureau (CAB)
Lists of the nearest CAB can be found in the phone book or ask your support worker.

In case of a Fire

FIRE SAFETY RULES

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

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

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

ACCOUNT FOR EVERYONE FROM THE HOUSE

CONTACT THE CALLOUT STAFF MEMBER AS SOON AS POSSIBLE

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

Support services

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

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

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

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

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

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

6.1 Your strengths and abilities

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

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

6.2 What about your family/whanau?

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

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

6.3 Discharge planning

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

6.4 Ensuring you have positive health outcomes at Arahura

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

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

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

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

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

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

6.6 Community integration

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

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

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

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

6.8 What about Will and Testament

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

6.9 In the event of death/Tangihanga

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

6.10 What happens when people leave?

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

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

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

TANGATA WHAI ORA/SERVICE USERS
NEEDS:
Staff who are knowledgeable on recovery models
Basic needs met: food, shelter, furnishings
Attention and time, to be consulted, forums provided
Delivery of service in a safe manner
Security and stability of service
Effective support with attaining a higher Quality of Life
Recreation, Life Experience
Individual support and community living support

SUPPORT WORKERS
Deliver above
NEEDS:
Ongoing training ensures best recovery options.
Good Team Management, ensuring ability to support consumers with
Individual Recovery Plans and bringing about a higher quality of life for
Tangata Whai Ora
Resources available to provide service
Time available to deliver service

TEAM MANAGER'S: Management
Co-ordinates above, rosters, resources getting to who needs them. Link between 'hands on' and 'admin'. Organizes service delivery so staff 'freed up'.
NEEDS:
Strong Executive Support as Team Managers work on the assumption
that resources and appropriate systems are in place.

GENERAL MANAGER: Executive
Overall responsibility for practical delivery of service. Attends to detail. Addresses 'shortages'
- Ensures staff team full, HR
- administration of budget
- critical incidents - managing calendar
- establishing quality control systems i.e. standards
- trouble shooting - ensuring staff supervision happens
Ensure there is funding to continue service provision
Develop networks, contacts that will provide further community support for support team.
Risk Management.
Aim for higher quality service. Recruit and Orientate staff as
necessary. Listen and seek to serve other groups whose needs fall into the scope of objectives of the Trust.
NEEDS:
To provide leadership and
ensure resources are available to
enable fulfillment of responsibilities

TRUST BOARD
Provides GM with the Mandate to deliver services.
Provides the GMwith a strategic plan in line with the needs of Tangata Whai Ora and the objectives of the Trust.
The Trust Board is charged with the guardianship of the Trust

CONSUMERS IN WIDER ENVIRONMENT
NEEDS:
To have their needs listened to and articulated by 'voices' with strength.
For resources in the external environment to be matched to their needs.

QUALITY ASSURANCE COMMITTEE: STAFF, SERVICE USERS, FAMILY, TRUSTEE
Ensures feedback from service review is followed through on, monitors implementation of the Business Plan

Executive Management Team
Respective Managers provide project and 'task relevant support' across the service

Arahura Charitable Trust, section of deed about our objectives.

For a complete version please ask a staff member or
call the office 360 0745
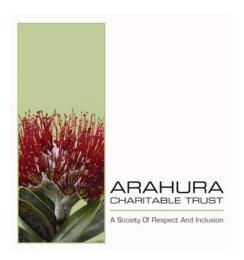
4. Objects: (Part 'A' clause. Unchangeable)

The objects for which the trust is established are:

(a) To provide support to people who have experienced mental health difficulties that fit within the nature and context of this trust.

(b) The trust will provide support to people initially and primarily, but not exclusively in the Central Auckland area, who need housing and support to deal with everyday life.

(c) The trust is a vehicle to improve the quality of life for people who have been assessed by Mental Health professionals as needing the services the Trust provides.

(d) To give people choices of accommodation and support.

(e) To continually strive to improve each individual's quality of life through "life experience" and "education".

(f) To provide access to counselling and support to enable people to meet their needs.

(g) To empower people by basing management on individual choices and needs.

(h) To encourage the initiation and creation of positive home environments.

(I) To involve people and their support staff to establish and utilise standards for their control, monitoring and evaluation of the service and effect change where needed.

(j) To promote independence through "life experience", "education" and integration into the wider community.

(k) To involve people in the decision making process through "due consideration" by the trustees in all their decision making processes.

4.1 Objectives: (Part 'B')

(l) To join and co-operate with and maintain communication with persons or corporate bodies in New Zealand or elsewhere (including membership of other bodies corporate) for the purpose of promoting directly or indirectly the objects of the trust.

(m) To purchase, erect, build, take or lease or otherwise obtain the use or occupation of and to manage, extend, improve, develop, alter, modify, pull down, demolish, maintain and repair and to sell, exchange, let, lease, donate or otherwise dispose of real and personal property of every description.

(n) To accept the custody, control and management of any real or personal property which may be bequeathed or donated to the trust or to the board for the benefit of the trust?

(o) To accept and carry out any trusts attached to gifts or bequests to or for the benefit of the trust.

(p) To invest any and all moneys held by the board on the trust hereof in and upon such investments as the board may from time to time decide notwithstanding that any such investment may not be authorised by law for the time being in force in New Zealand for the investment by trustees of trust funds.

(q) To adopt such means as the board may from time to time determine for the purpose of raising money and for obtaining property for the furtherance of the objects of the trust and to accept contributions, collections, donations, legacies, devises, gifts, grants and subsidies.

(r) To borrow or raise money for the furtherance of the objects aforesaid.

(s) To secure in such manner as the board shall think fit the repayment of any moneys borrowed or raised by the board and in particular by the issue of debentures or debenture stock perpetual or otherwise charged upon all or any of the property of the trust both present and future and to give and execute in the prescribed manner mortgages, debentures, and other instruments as security for such payment and to pay off, redeem or purchase any such securities.

(t) To draw, make, accept, endorse, discount, execute and issue promissory notes, cheques, bills of exchange, warrants and other negotiable securities or transferable instruments.

(u) Subject to the provision of the Charitable Trusts Act 1957, to enter into, seal, execute and perform all deeds, documents, instruments, agreements, papers and writing and to do all such things, acts, deeds and matters as shall be necessary, incidental, or conducive to the attainment of any of the foregoing objects.

(v) To institute, initiate, or take and to defend, compromise, or abandon legal proceedings involving the property or affairs of the trust.

(w) To employ staff in the work of the trust at such wages and on such terms as may be deemed expedient and to obtain and pay for professional and other advice and services.

(x) Subject to these rules to exercise all or any of the powers conferred on trustees by the Trustee Act 1956 or any statutory modification, variation or re-enactment thereof.

(y) To do all such other acts and things as are incidental to or will further or conduce to the attainment of the foregoing objects or any of them **PROVIDED THAT** nothing herein before contained shall authorise any object that is not charitable in law.

(z) Subject to these rules to exercise all or any of the powers conferred on trustees by the Charitable Trusts Act 1957 or any statutory modification, variation or re-enactment thereof.

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.

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Who are we?
1.1 Introductions

This package has been designed to maximise the benefits you will receive at Arahura, and the contribution you will be able to make to 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 CharitableTrust staff demonstrate knowledge of, and practice in a manner that is consistent with the principles of the Treat 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 supervisers 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 out side 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
Reading			
Employment Agreement			
Staff Manual			
Service User Manual			
Trust Deed			
Administration Manual			
Everyone's job description			
Workshops			
Treaty of Waitangi			
Hearing Voices			
Workplace First Aid			
Physical			
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			
Local Area			
Crossroads Clubhouse			
St Lukes CMHC			
Taylor Center CMHC			
Cornwall House CMHC			
Winz Offices			
Local GP's			
Pharmacy			
Kaupapa Maori services			
Pacific Island Services			
Organisational Physical			
All Arahura Houses			
Admin Office			
Organisational Policy and Culture			
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			
Knowledge Attained			
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 <u>person</u> 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 mananger 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.

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)

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?

Providing community based support for people experiencing mental health difficulties

A Guide to the Services of Arahura Charitable Trust

Administration Manual

July 2009 Edition
Please read this edition in conjunction with all and any amendments.
Amendments will be added into the next edition.

Administration Manual
Addition to Staff Manual for Management and Administrative Staff:
*Familiarity with Service User and Staff Manuals is required

This manual aims at describing all the processes yet due to ongoing quality improvement and service development the role of administration is not exclusively limited to what is included in this manual at time of production.

Introduction
1.1 Role of administration

This manual is primarily written for staff in the admin team to understand the objectives of their tasks. It is relevant to other staff in terms of understanding what Admin is trying to achieve and their role in supporting that. This manual constitutes part of the operations manual.

1.2 Office Management

Managing the work space falls on administration, that is the ordering of supplies and making sure we have all the services we need.
Monthly audits are used to maintain stock levels.

1.3 Leadership and management

The Arahura Trust Board provides overall leadership and has overall governing responsibility for the service. The GM is responsible for the overall management and organisation of the service.

The organisational chart shows the structure of Arahura and defines lines of Accountability and how the resources get allocated. The role of administration is to record and enable the flow of resources consistent with this chart, and consistent with external standards such as accounting standards. Administration also has an enabling role; that is the provision of information for decision making.

Administration is also responsible for assisting or organising everything not specifically linked to direct service provision, such as service meetings, notices to family members, project development and support.

Prime areas of work and responsibility for administration are as follows,
- Staff Related
- Financial Accounts and Reports
- End of Financial Year Processes
- Communications
- Events
- Fundraising
- Office Management
- Management Support
- Family/Whanau, Service Involvement
- Service Users

1.4 Executive and Management Support

The Admin Manager will often be called on to help with current projects and tasks ie moving houses.
The key to managing this well is to save work effectively, feedback to the person who gave you the task, aim to meet any deadlines, and keep any notes/drafts/supporting information you were given with the completed work.

1.5 Accounting and financial structure overview

Arahura has arranged its financial systems to minimise duplication of accounts- at this point in time, Main account, Clubhouse account, savings and funds limited GM imprest account. This means the flow of expenditure is recorded and managed easily. All income is received through a 'main' account.

Source documents (receipts/invoices) for any financial transaction need to be 'allocated' through our accounting system(MYOB)   The responsibility of recording and processing all financial transactions under the Trust's umbrella is the responsibility of the Admin team, in respect to generating data for financial reports, IRD etc.

1.5a Authorising and Approving Expenditure
All service cheques/transfers require approval prior to payment. The chairman /treasurer signs off on all invoices cheques and transfers for the entire service prior to payment. These payments require 2 signatures or authorisations in the case of electronic transfers.
The authority and overarching power to approve spending ultimately comes from the Trust Board. How this relates to everyday operations occurs in two primary ways
- The Trust Board set a budget for the financial year that indicates how income will be allocated. This information is the basis for the cash flow forecasting and variances indicate if we are off track with the budget.
- The GM receives a mandate from the Trust Board to authorise payments to a certain level to enable GM to meet the objectives communicated in the budget.

Specific expenditure, which is not captured in the mandate, will be authorised via special recommendations being presented to the Trust Board and minuted as accepted.
From the above the GM is able to delegate approval authority in line with the organisational structure. How this occurs operationally (in most instances) is captured in the purchasing policy, please see the staff manual. Systems for the accounting and financial administration of the Trust needs to be in accordance with the organisational chart.   In practice the actual decisions made within the roles and responsibilities outlined in the chart should be in accordance with the budget.

1.5b Participation
Service users, staff and whanau have the opportunity to feedback on how they felt about the budget when the annual accounts are available at the AGM. Their contributions can affect future financial decisions and people are strongly encouraged to voice their concerns or support for areas of spending. People can always make submissions to Trust Board through the monthly Trust Board meetings. Written notifications should be sent to chairman by the second Wednesday of a calendar month, ref to clause (5)g of the Trust Deed. Notice should also be given to the chairman if someone wishes to make a verbal submission so it can be entered in the agenda.

Staff related
2.1 Recruitment and selection of new staff

The job descriptions included in this manual, and the organisational chart indicate the positions at Arahura. The processes listed below ensure we maintain the staff team in the best interests of the Trusts needs.

2.1a Advertising
A new position will be advertised with an application period of at least two weeks. The recruitment of new staff enables us to get closer to the composite cultural and social cultural needs of those we provide services for. Therefore we are mindful to recruit in areas likely to meet any needs we have in this regard.

2.1b Applications

As applications are received, suitable applicants will be scheduled for an interview with GM, Team Manager and relevant staff. Prior to the interview applicants fill in the standard application which covers basic information needed to assess someone. GM will notify successful first interview applicants.

Unsuitable applicants will be advised in the manner in which they applied and their CV's returned to them.

2.1c Interviews

The General Manager is responsible for forwarding on the successful applicants from the first interview to the Team Manager/Director in order for a second interview to be arranged. The Team Manager will wish to involve other members of that team and clients in the interview process. The Second panel should have copies of the applicants form. In the case of clubhouse recruitment the second panel has clubhouse member representation.

The timing of this second interview should be within 3-5 working days of initial interview and be arranged by those conducting the interview. To respect those that have entered the selection process, interviews should take place as soon as possible and decisions reached. The GM and Clubhouse Director will check referees and references.

2.1d Decision

After the second interview administration will be advised of the outcome. Whether it be a no, or that the person is still under consideration pending more applicants. Similarly as soon as a preference is decided, administration should be told as soon as possible so they can get the paperwork etc ready.

The GM will then make an offer to the successful applicant after considering the decisions and opinions of both interviewing panels.

2.2 Employment offer and agreement

GM/Team Manager/Director will make initial call and verbally advise of the offer that administration will send by post. Only the GM can sign off employment agreements.

This includes

- An IEA and job description which is part of the offer.
- Two copies of the employment agreement Two copies of the offer of employment letter
- letter
- An Arahura return addressed and postage paid envelope

On receipt of the signed copy of the agreement letter, the new staff member can start their induction and orientation process.

2.3 Standard for inducting and orientating new staff

Once an agreement has been entered the new staff member needs to receive

- A letter of appointment
- A list of required information
- A staff manual

- A Trust Deed to be available to them
- An operational manual available to them
- An orientation sheet

Administration needs to start a file which will hold
- Original information provided at application stage
- Application and assessment
- Copy of job offer
- Copy of agreement entered into
- Tax form
- Copy of police report
- Copy of First Aid Certificate
- Copy of Drivers Licence
- A training log
- Completed orientation sheet

Administration needs to do the following office related tasks
- Create profile for ipayroll and ensure all the relevant details are forwarded. Name, birth date for birthday entitlement, address etc. All this information should be contained in the original application and IEA.
- Will need to receive from the person their bank account details and tax form, details of next of kin.
- Enter key qualifications in the master file of Arahura staff 'staff qualifications and experience'
- Add the cultural groups that staff member can work within to the cultural resources list
- Add them to the phone list and provide all sites with updated lists

Administration needs to follow up on these things
- Advise Social Club secretary that a new staff member has begun and what Arahura location they can be contacted at.
- Whether business cards need to be printed or blanks provided
- Confirmation from Team Manager that orientation has been completed
- That the new staff member will be introduced to an external supervisor

2.4 Staff files

Monthly checks on staff files will occur via the monthly audit system to ensure we have all records we are meant to have, and request from individual staff what is outstanding. If it remains unresolved, notify the GM in writing. Also, admin needs to receive from Team Manager an update as to internal training their staff have received. This needs to be entered in the staff training log. The profile of Arahura staff will also need updating as contained in the organisational profile.

2.5 Standard for payment of wages

At an agreed time, simply collate and check time sheets that are sent through from staff. Any discrepancies checked with relevant Managers.

2.5a Calculating and Paying Wages

Open the wage system and process pays (ipayroll).

Ensure: That the pay allocation distinguishes between birthdays, leave days, and annual leave etc.

Alternative Holidays

Actual date awarded must be entered in employee notes. Ensure you are not awarding alternative holiday day incorrectly i.e. for a staff member who works a stat that was not normal working day for them.

Print for checking

Pay summary and pay slips and original time sheets

Make adjustments as necessary

Processing Payments

After all checks have been done, load the payments and transfer your workings onto a copy of the pay summary. There should be two pay summaries 1) with wage records 2) with wage account source documents (receipts etc)

Subsidised workers

Each week copy the hours worked by placements to their claim form.

2.5b Entitlements: Special Leave, Benefits and Allowances

Staff are entitled to a minimum of **5 sick leave** days as of their anniversary. The anniversary for entitlements is six months after the anniversary of the day they started. Five sick leave days become available for use. Once these have all been used, leave days become unpaid.

Leave usage can be checked by printing relevant report. Make these available to staff who have queries.

2.5c Holidays

Full time staff accrue holidays on a pro- rata basis over a year so that on their anniversary date if they have not taken leave they will have 4 weeks (20days) due.

Holidays accrue and show on their time sheet in the form of hours/days –i.e. after 6 mths a full time 40 hr staff member will have 10 days leave accrued.

All leave must be applied for on the designated leave form and signed off by their line manager before forwarding to the admin office for final approval.

(Also refer to www.ers.dol.govt.nz)

End of Month processing and filing of wages and payroll
3.1 Last pay of the calendar month

Total deductions for the month to be itemised and to be listed by date, giving a total that will be transferred to relevant account.

Bank Statement

Ensure you have a source document for each transaction passing through this account, excluding internal transfers.

File together 1) Source documents 2) MYOB Print Out 3) Summary page that you have done a reconciliation/check

Wage records

Put together by month, pay summaries and time sheets, archive with copy of PAYE and monthly printouts.

Deductions: taxable and non-taxable
All deductions are ledgered as wages (except tax) when they are withdrawn from an Arahura account. Because, distinguishing between our payment of wages and how an employee uses them, ie to pay fines etc.
Paye
PAYE is paid by ipayroll on a monthly basis.
PAYE schedules are printed from the ipayroll program and kept in the PAYE file.
Social Club
Each month print a report of the Social Club contributions made by staff. This serves as a notice for the Social Club treasurer of a) money to be paid b) money that will equally be matched by Arahura c) individual contributions of members.   Pay the deductions from the main account to the Social Club. The amount that Arahura contributes is drawn from the main account. Ledger as staff benefits.
Staff Advances
These transactions must be updated manually on individual's loan balance sheets, noting amount and date. Staff advances must be backed up by a form filled out and signed by the GM which states repayment conditions. This acts as an advisement to set up the deductions, and will similarly note an end date.
Miscellaneous i.e. Courts, WINZ
These deductions are paid by ipayroll, same as wages.

3.2 Subsidies: Taskforce Green, Job Plus etc
From time to time we will seek to utilise these programmes to fund a new staff member. Each month the placement will have an anniversary date, this is to be entered in the accounts outlook programme. At this time there will be four weeks worth of hours to be claimed. Post or arrange delivery of this form to the staff member for signing, also requires managements signature. Keep a copy for our records, return original to processing centre for reimbursement.

3.3 Supervision
As it is a condition of employment that staff receive regular internal and external supervision, as invoices come through for external supervision the log needs to be filled in, date and staff member and supervisor.
If a Staff member is noticeably missing supervision, administration needs to advise GM.

3.4 Training
Like supervision, logs need to be maintained for any training. Internal training needs to be advised by Team Managers, external training will be indicated by invoices, update people logs. Often admin will need to book training, ensure staff are advised in writing of the details and keep a copy. If a working year passes by without the staff member receiving any training (excluding First Aid) the GM is to be advised in writing. Please refer back to checking staff files.
Administration also maintains the annual first aid calendar so we can see what staff are due for first aid refreshers.

3.5 Mileage
Staff are reimbursed for kilometres travelled during the course of doing their jobs in their own vehicles.
- Per year up to 5000km at .70 cent per km

Financial accounts and reporting
4.1 General accounting and record keeping

Overview. We use MYOB accounting. Essentially, through the month as withdrawals are made from the busiest accounts, a source document (receipt or electronic transfer page) is filed in firstly cheque order, or date order, in a ring binder folder labelled by the account name.

During the first week of the calendar month bank statements for the preceding month are processed. Every transaction needs a piece of paper to 'back it up' ie. receipts, expense approvals etc. These are referred to when entering transactions.

Opening and Closing Balances.

The electronic accounts system and bank statements will have matching balances at beginning and end of processing as they relate to the same period.

Transaction code

This is our point of referral to the source document. A cheque number is preferred. In the instance of electronic payments, use Direct Link number. The date entered electronically needs to match the processing date. Codes need to be consistent.

Payee Codes

This code identifies who we are paying/receiving funds from.

Ledger Code

This is important. Ledger codes are as per the chart of accounts.

The groupings of ledger codes enable us to distinguish between the different costs and income for each area of the organisation.

It is important to breakdown receipts properly ie watch for delivery charges – they need to be separated from ie the cost of a piece of furniture. Similarly, when a power account has had the vector credit credited against it, we need to record the energy dividend as income and introduce the true cost of energy. Also to ensure GST is calculated properly.

After Processing

The monthly statement for the account is printed off to go with the monthly receipt to audit.

4.2 Internal check on receipts

Ideally this is done by the Administration Manager. The purpose of this exercise is to ensure

- We have a receipt
- The receipt matches a) amount noted on chq butt b) the amount withdrawn c) allocation in electronic cashbook system
- Steps to conduct the check (written to serve as a guideline for somebody doing the audit)
- Manually go through the month and write in details off receipt into the column. This being 'receipt' 'amount noted on receipt' and 'allocation on cashbook'. For this, use an educated guess. Tricky ones can be, weekly PA schedules, check for a petty cash or mileage amount that needs to be accounted for separately. Please do this for electronic payments as well as manual.
- Mileage/assets/petty cash all require an indication on 'other account affected'. This reminds us we must go back and check that ie $150 did actually get entered in the petty cash book.
- Go through the cheque book. Fill in 'amount on cheque' and ensure the description on cheque butt accords with that on the receipt.
- Summarise 'follow up required' as you work through the process

When you finish a stage, note follow up that is required on the bottom of the audit page. The month won't be signed off until follow up is done.

After the electronic accounts check, fill in front completion page.

The file should contain
- receipts
- electronic accounts print out
- your check
- summary page

4.3 Payments: accounts payable

Through the month, accounts payable are loaded into the transfers spreadsheet and MYOB – purchases daily. These are paid by the 20th of the month following. Much caution needs to be used around distinguishing between electronic and manual payments.

Before making payments, print off the associated page of the transfer's spreadsheet ie Level Three. Ensure accounts being paid are only those noted. Payments above that amount need to be noted separately as they effectively fall out of what was budgeted, there is a separate excel workbook for noting income and expenditure out of budget.

The payments for accounts are both authorised and approved by the two signatories who sign the cheques. Automatic payments are authorised and approved by those who sign for the setting up of those payments.

As chargeable costs are incurred, they are entered into the electronic accrual accounts as soon as specific notice is received. This ensures our current position is accurate and takes into account current liabilities.

4.4 Receipts: accounts receivable

At time of writing, the following invoices are generated by Arahura.

Ministry of Health, fax and post a copy first working day following the 1st of the month. Fully complete in terms of service users entry and exit dates.

Talk to the Team Manager if unsure about any of this. When payment is received, note any discrepancies specifically ie name, day rate, qty etc and carry forward to next month.

NDSA, invoice standard Clubhouse amount, also invoice for rent.

Make sure you retain payment advises for a) the MOH file and b) source documents for Main account. All income gets received by the main account.

As chargeable receipts are acquired, they are entered into the electronic accrual accounts as soon as specific notice is generated. This ensures our current position is accurate and takes into account current assets.

4.5 Reports for the Trust Board

Once bank statements are processed, and internal checks completed, print off a cash flow variance for the Trust Board by second Friday of the Month. Also complete expense approval which notes cheque series and total dollar value presented for the preceding calendar month.

It is imperative all accrual accounts are up to date at time of generating 'Profit and Loss' and 'Balance Sheet Reports'.

On the second Friday of the month, collate and post the following to Trust mailing list. These should be provided electronically to the Admin Manager for binding.

- Agenda
- Last Minutes
- Expense Approval and Variances
- Savings balances to be noted on bottom of Expense Approval & total of Grant Funds we are holding for specific (non running cost) reasons.
- GM Report
- Other reports indicated for inclusion by Trust Board Chairman
- Any items required for general business

Keep two master sets for the GM and Chairman

4.6 Petty cash

The accounts administrator is responsible for ensuring reconcilable receipted petty cash records are kept for all the offices. This means, you need to collect monthly statements and physical receipts from other worksites at the end of each month and check ie receipts. Also, put that which has GST receipts into categories ie recovery, general etc. Run this transaction through the cashbook on MYOB to collect GST.

Example.

Level Three Petty Cash spent for one month = $200. $50 food, $50 recovery, $100 general. This would result in the following cashbook transactions.

- Petty cash $200
- + $50 food L3,

This lowers the YTD petty cash balance and more accurately represents how money has been spent. Ensure all cheques that have been cashed for petty cash have been entered in their monthly petty cash records.

4.7 Budgets and cash flows (currently we are transitioning to calendar month budgets).

Monthly Transfers Spreadsheet

Our largest source of income, Ministry of Health payment appears in the main account on the 16th of the month. Once that money is in, it gets transferred to the accounts that will draw on it. Transfer amounts are calculated on a spreadsheet that records any income and expenses against the accounts those transactions occur within. Any new financial information preceding that period needs to be accounted for in this spreadsheet ie expenses

Checklist for accuracy of what's on the spreadsheet

- all AP's ie rent, power, phone, fuel cards
- Winz income is dated for receipt properly ie week one is matched up with correct Winz payment week, and, individual's winz payments are correct.
- Payments and income match current invoices/bills
- Public Holidays are taken into account
- Be very clear as to how you have identified ie 'week one' as timing is crucial.
- Include 'buffers', income and expenditure not noted on this spreadsheet needs to be entered on an 'adjustment sheet' which accounts for your transfers seeming to be miss calculated.

Essentially, all transactions for a month will appear in the forecasting spreadsheet, or the adjustments spreadsheet.

Cash flows

Most of what a cash flow would achieve is captured in the transfer's spreadsheet. Alternate to that, we use the annual budget and cash flow variance spreadsheet to plan longer term cash flow.

Budgets

As a standard, amounts which are in the budget are what we would normally expect to spend in a given month. However, the transfer spreadsheet also serves as a budget. One off expense requires an expense approval to be filled in, that is if it is not recorded as being approved in the management meeting minutes. Read the management meeting minutes each week so budget can be updated accordingly.

Annual Budget

The GM works out the annual budget based on spending the year before and clearly anticipated new or increased expenses/income.

The Trust Board in conjunction with GM's recommendations works out how any surplus is to be used, or deficit to be recovered.

Once this budget has been accepted, monthly breakdowns are entered into the budget programme in the Electronic Accounts System which is compared to monthly actuals via cashbook processing. A variance report will show the difference between what was planned and what actually happened. The Trust Board note the total Year to Date Variance and will comment if it is reaching a level that requires questioning.

4.8 Day to day financial transactions

Banking

Daily

- Check via direct link balances are in accordance with your MYOB data entry
- Transfers: Prepare any electronic payments for authorisation that are due for payment, fill in cover sheet for this.
- Receipts: These are received constantly, prepare cover sheet for eftpos – ensure GST receipt accompanies eftpos receipt. File others with ie expense approvals, update adjustment spreadsheet if necessary.
- Payments: organise payments ahead of time, that is, if a transfer is necessary, ensuring signatories available, ensuring you have supporting paperwork ie expense approval, PA schedule etc
- Deposit miscellaneous payments ie donations. These need a handwritten receipt with our GST number on it, and a brochure and possibly a Newsletter to be sent to person donating. The mailing list for donors needs to be updated with their details.
- Grants need to be deposited straight away and a grant accountability form generated that notes gross amount and what it is to be spent on, along with any terms and conditions indicated by the funder. Sometimes, if the money is for Clubhouse, that money needs to be transferred to their account.

End of year financial processing
5.0 Cashbook processing

(During April we check March itself)

In February, work needs to be started for end of Financial Year.

Firstly, ensure sign off for all bank accounts, for all months, for the Year to date. This includes

Main: All receipts and payments (not transfers)

Clubhouse: Payments and possible Grants.

Once this has been done for up to including February, an annual print out is done by ledger code.

From this, the following can be checked, as each task is done it needs to be marked off.

Payments for Petty Cash (all work sites) are entered in manual Petty Cash Records.

All Assets appear in Asset Books

The Balance on the Staff Advances Ledger, plus carried forward balance for year before, is represented by individual Staff Advance balance sheets.

The PA amounts, for Level Three are entered consistently accurately ($28 level three per week).

There is a Vector Credit showing for each premises.

There are twelve accounts showing for each worksite (one for each month, cost allocated to correct site) for things like Telecom, Electricity, Fuel Costs. Previously there have been allocation errors so this needs to be checked.

Check all bank fees are not interest payments/receipts.

The GST ledger should show a payment for each month that matches our GST returns. If not, reprint GST returns for each period, attach a copy of original return, then give to the GM to manually reconcile.

Repeat with PAYE

Reconcile the MOH account, that is, ensure actual invoices for each month for a level have been recorded properly.

Once all these corrections/checks have been done, reprint the annual ledger code report for GM to check. Most of the tasks listed above are substantial and warrant time and notes to be taken showing your checking/reconciliation.

5.1 Assets

Purchases and disposals are recorded throughout the year in a journal, each site has its own page. These details are entered during month of purchase/disposal.

Register of physical assets

Minimum information to record in that book.

- Date
- Transaction number (i.e. cheque or directlink code)
- Type of item i.e. 'couch' and make if a warranty applies.
- Purchase Price, do not include delivery costs or i.e. insurances or GST

During the March preceding Year End, adjust the computer file which lists physical items in houses. This is not an account prepared for the accountant, rather it is a simplified picture of what is in the house that Residential Support Workers (RSW) can check off for accuracy. And Office Teams.

File: Admin/YE*/Assets

Distribute the updated page to Team Manager for RSW's to check and update. This is the time they can indicate which rooms items have gone into.

Adjust the files to reflect changes when you get them back. File the originals House Supporter returned with marked changes in the House suspension file.

5.2 Preparation of records for the accountant

This is separate set of tasks from that noted above. In March, type up the contents of the hand written book into a format for the Accountant to enter in our accounts schedule. Include manual adjustments like disposals and sales of assets.

Do this in Excel and calculate the total dollar value.

Print Asset Accounts from Electronic Accounts Programme for the Year, these must equate exactly to the total you typed up. Reconcile!

Concluding Year End

When the Accountant returns Asset Schedule, this needs to be checked against the records we provided him with. The primary focus here is the physical assets, that they are recorded as being at the correct address. For that reason, check the asset schedule against the computer file RSW's checked. Report any errors in a typed up form and provide a copy to the Development Manager. And put a copy with the Asset Schedules, and the handwritten asset book for correction following year. Do this within one month of having accounts back from the Accountant.

5.3 Accrual accounts

During March, start building a list of accounts payable and receivable. Note if we are paying for services in advance as these appear as prepayments in our assets. Special calculations need to be done for:

WINZ payments
Rents
Holiday Pay
Alternative Holidays
Rates

Communication

Admin ensures all work sites have up to date phone lists, and site addresses as they change. Keep copies of written communications to staff and service users and family/whanau and Trustees in suspension files. Please observe word processing standards ie alphabetical or site ordered lists for phone lists and correct layout for ie letters. The GM can provide guidance and direction with this.

6.0 Email

Arahura has a domain and its own email system. Staff have Arahura email addresses, however, 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. When people are away for an extended time their email is checked by a nominated co-worker.

6.1 Faxes

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. Memos - as above

6.2 Mail

Regular post is used for bulkier items. If a mail out goes to service users, a copy is also forwarded the relevant team. Service users do receive monthly reports akin to that sent to Trustee's. The Admin Manager collects and sorts Trust Boards and manager's mail from the rest, then bulk of mail is sorted.

6.3 Calendar

Administration prepares the annual calendar for distribution by January to Trustees, service users and Family.

6.4 Families/Whanau

All communication with families/whanau needs to be recorded and logged. Information such as date/reason/type of communication. This book is kept in the 'family' suspension file.

6.5 Events & Community

Events are calendared through the year; primary ones would be Vision Meetings, Annual General Meeting (AGM). Our community is defined by the local communities we work within, the mental health, cultural and social services we work with, the family and whanau of the service users, staff, Trustees , service users, and those who support the Trust by way of sponsorship and donations. We aim to include all these groups by way of invitation to events and including them in our newsletter mailing list.

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. People invited to a meeting RSVP to administration or their Team Manager, this assists in venue and catering planning.

The meeting will be opened in a manner respectful of the attendees. The meeting Guidelines, Process and Objectives noted below will be observed at meetings. Attendance at meetings is always recorded by way of signing either the meetings book or a separate signing sheet. House Supporters are expected to encourage Service Users attendance when appropriate.

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

6.6 Guidelines for meetings

Please refer directly to staff manual

Fundraising

Administration is responsible for fundraising, yet cannot do this alone. Needs of the Trust have to match opportunities and this requires help from the team.

7.1 Key elements for fundraising

- Either a project, or type of expense, that will benefit or provide opportunity to a marginalised group. And that those costs are not being met by any other person or organisation.
- The ability to accurately cost what we want funded.
- The ability of Team Manager to articulate the benefits by way of a report.

The role of administration is to find opportunities when all the above elements are present. As admin find different sources, these should be entered on the outlook calendar as to opening dates for the funding rounds.

When grants are received, care must be taken to fulfil the funder's requirements. If this does not happen future funding is jeopardised from that group. When we receive funding we need to follow the receipting process, and update ie the website.

Everything to do with fundraising gets filed, even rejections.

Family/Whanau

8.1 Family/whanau role

At Arahura, families have defined roles and are able to participate via the following forums

- Vision Meetings, Annual General Meeting, Quality Assurance Team, Specific 'Family' meetings: Information Sharing and ability to participate in service delivery and development.
- Recreational Events ie Founders Day
- Receipt of an introduction pack, Arahura Newsletter and Annual Report
- The 18 monthly service review, as a specific event aimed at collecting feedback
- Activities and meetings initiated through individual recovery planning work between service user and support staff.

Family contacts are requested upon entry, it is crucial this information is collected with specific accurate relationship and contact details. This is so we can be respectful of people and address them correctly, and so we can contact them regarding their ability to participate in what we do.

Family is not just the people service users originated from, other meaningful relationships are also included. Meaningful in terms of the role they play in the service users lives. However, we must remain mindful of the fact that even if a service user names an outside person as their 'family', the biological/legal family still has some legal rights to service.

When consent is not provided, support staff should endeavour to seek the names of prime family members with which communication is not consented to. A review date for this decision should be scheduled. Excluding family from 'the room' will not get rid of the problems the service user may have experienced with that family member.

Families/whanau are often well placed to provide important historical information, and can contribute to an improvement in outcomes and prevent relapses. They can also provide information useful in identifying early warning signs. Alternatively, issues around family may need resolving or addressing consistent with an individual recovery plan.

Service users must be asked for consent as to what information can be shared with family. However, we need to remember that for many families there is a desire for comprehensive information so that they might be able to offer their perspectives on treatment, support, planning, implementation and review. Family should similarly (with service users' consent) receive information about illness, support plans and prognosis. Within our service we can facilitate this by directing families to sources of information such as SF (Supporting Families) and CMHCs. The aim is 'connection' so both families and service users can function effectively.

This statement has been formulated with the assistance of attendance at MHWD 'Involving Families/Whanau' Training 2004.

Tangata whai ora occupancy

When a service user leaves or enters Arahura, admin are advised so we can adjust our records. For example, ones related to family/whanau and NDSA occupancy stats.

9.1 When tangata whai ora enter service

When a person enters Arahura WINZ and MOH via admin and service coordinators are notified, and staff at the office attached to the relevant residence inform admin via fax of all relevant information pertaining to that person.

9.2 During occupancy

During a person's stay at Arahura staff will keep admin updated with information relative to that person's residency.

9.3 When tangata whai ora exit service

WINZ and MOH are again notified by admin and service coordinators and staff at the relevant residence inform admin via fax of all relevant information pertaining to that person's moving on.

Job descriptions

At time of writing the following are the different positions at Arahura.
General Manager
Administration Manager
Team Manager
Arahura Residential Support Workers RSWs
Over Night On Call
Floating support worker
Recreation Officer
Maintenance

GENERAL MANAGER

Adopted GM Job Description relative to the initiation of Delegations in September 2005.

The GM of Arahura Charitable Trust will do all such things as to support the Objectives and Constitution of the Trust and to take the direction and goals as well as the delegations directed by the Board.

These delegations indicate packages of work that the GM is delegated. The GM is to structure the organisation to enable and facilitate the attainment of delegated responsibilities

Current delegations the GM is appraised against are as follows

DELEGATION NAME	ACTUAL RESPONSIBILITY DELEGATED
Leadership	To promote and represent the purpose and vision of Arahura Trust externally and internally
	To create and provide the Business Plan for Arahura trust
	To create and provide Contingency Plans for Arahura Trust
	To report on quality and risk management
Innovation: Research and Development (linked to Strategic Goals)	To research new methods of fulfilling delegations, this means, to identify and posit higher standards of quality and effectiveness in terms of individual delegations.
	To consult with, and encourage participation of, other stakeholders affected by the innovation. For example, consumers, cultural representatives, staff, and any other stakeholders from the community.
	To develop implementation of innovations
	Which will include:
	To progress the strategy to packages of work for staff of Arahura Trust
	To create an organisation based on 'team' operations
Delivery	To oversee delivery of services and programmes
Consumers	To provide access to services for consumers
	To provide services for consumers
	To survey quality of services for consumers
Human Resources	To identify and meet HR needs for current activity
	To forecast HR needs for activity and to train or recruit in line with needs
	To ensure staff 'wellness' is created and maintained
	To comply with relevant employment legislation
	To report on quality and risk management
Financial	To prepare the budget
	To fundraise
	To manage cash resource
	To manage cash reserve
	To manage investment
	To meet accounting standards
	To maintain current asset to liability ratio

	To report on quality and risk management
Administration	To systemise activities into policies, processes and protocols
	To facilitate organisational wide compliance
	To survey stakeholders as to organisational performance
	To respond to feedback
	To report on quality and risk management
Culture	To promote the Arahura brand
	To produce a calendar of events that sustains and celebrates Arahura's vision and purpose
	To report on quality and risk management

TEAM MANAGER

ACCOUNTABILITY TO: GENERAL MANAGER

RESPONSIBILITY TO: RESIDENTIAL STAFF, ADMIN MANAGER

PRIMARY OBJECTIVE

To manage and maintain an effective residential support workers team through co-ordinating and guiding staff who directly provide residential support.

Staff will be able to provide support in accordance with the standards of residential recovery as specified externally, by monitoring bodies, and internally as set out in Arahura staff and residential process manuals, the Trust Deed and Mission Statement.

To report and work on quality and risk management

SOME OF THE KEY TASKS INVOLVED IN THESE PROCESSES ARE:

Key Task: Ensure smooth running of Staff team
- Liaise with General Manager
- Facilitate team meetings and attendance at full staff meetings
- Ensure appropriate information sharing occurs
- Monitor recovery and safety strategies
- Monitor staff workload morale
- Monitor training needs
- Set agenda for meetings with GM
- Orientate and guide new staff in their residential support role

Key Task: Complete administration procedures required for the operation of Arahura
- Ensure all house communications are processed
- Ensure communications between the residential team and service/administration support occur in a timely and effective way i.e. reporting of staff hours, petty cash etc
- Assist in the completion of administration procedures for the entry of service users to accommodation at Arahura and the termination of their residency

Key Task: Access information about events and issues from other shifts
- Read information in staff diary
- Read and follow through on information from GM and admin
- Ensure your team clear their trays and are informed of events

Key Task: **Information sharing**
- Inform other staff of all-relevant information and events occurring while on shift
- Record in staff diary all relevant information
- Record in individual service user files all important events or information relating to the individual resident as appropriate

Key Task: Complete critical incident reports when necessary
- Critical incidents are recorded on pre-printed critical report form
- Occurrence of critical incident noted by staff/service users
- Report form is placed in the relevant resident's file

Key Task: **Event preparation**
- Attend and participate in staff meeting, calendar events, relevant training
- Ensure the teams know about events and prepare for them
- Own preparation for events

Key Task: **Oversee operations and procedures**
- Oversee weekly and daily operations and procedures in relation to Arahura, service users and staff
- Ensure medications for service users are received on schedule and are correct for each individual
- Oversee minor expenditures needed for the functioning and up-keep of Arahura residences. Ensure all expenditure is recorded properly and does not exceed budget. Know budgets and recording requirements.
- Understand and comply with privacy requirements in accordance with current legislation

Key Task: Identify needs and develop plan to address needs.
- Identifying needs of an individual staff member, i.e. professional or interpersonal skills, induction or orientation short fall, boundaries, self-care. Work with GM to meet needs.
- Identifying needs within team relationships, i.e. communication skills. Use own skills to address needs or seek assistance from GM.
- Ensure service users' needs, which accord with support we aim to provide, are met through their support workers.

Key Task: To manage staff and provide support and guidance on their performance
- Share and apply knowledge and skills in regard to staff performing in their jobs
- Feedback to staff in a constructive and supportive manner
- Seek out support and information for yourself from others if assistance required
- Ensure staff are receiving supervision
- Ensure staff are aware of procedural requirements, i.e. updating training log, and meet these requirements.
- Act as the link between the residential team and administration as required i.e. mileage and PA advances etc, booking training

ACTING TEAM MANAGER (2 IC)

The acting Team Manager is also a support worker whose role is to fill in during the absence of the Team Manager, so will take direction from the Team Manager and General Manager. See Team Manager job description for indication of roles and responsibilities (subject to discussion and direction from senior management).

RESIDENTIAL SUPPORT WORKER

ACCOUNTABILITY TO: TEAM MANAGER, GENERAL MANAGER

RESPONSIBLE TO: SERVICE USERS

HOURS OF WORK: 8.15am to 5.15pm on any day between Monday and Sunday

Primary Objective

To promote independent living skills

To provide recovery focused support to service users

Prepare and implement individual recovery plans in consultation with service users and other stakeholders

To provide daily living support for individuals living in a group environment

To support the development of service users' skills, and participate at the level required in domestic services (cleaning, meal preparation, cooking, purchasing household provisions, laundry etc.)

To ensure a home like environment is created and maintained in liaison with service users, other staff and management

Close observation and support emphasising the development of skills to optimise recovery and whanau ora

To report and work on quality and risk management

Purpose of job

To provide clear and accessible support for mental health consumers who are receiving 24 hr residential support.

To provide general and individual support to residents, including mental health and recovery support

To provide a therapeutic, safe and stable environment, encouraging service users to engage effectively in their recovery and community

To follow recovery, risk management and management plans relating to service users, and use to provide best possible support

Some of the Key Tasks involved in achieving these objectives are:

Key Task – Provide support in Daily Living Skills (DLS)

- Support the assessment and development of DLS within the individual and group context
- Support the development of individual and group plans in consultation with other staff and service users
- Provide support in practical DLS skills such as cooking, shopping and personal hygiene in accordance with DLS. Assist at appropriate level
- Be responsible for maintaining health and safety standards
- Maintain keynotes relative to DLS support
- Provide some company, and weekday staff provide access to transport for service users in their use of community services

Key Task - Recovery plans

- Develop and implement recovery plans in consultation with service users, significant others, involved treatment teams and Arahura staff
- Support the development and implementation of Long and Short Term Recovery plans

- Maintain keynotes/daily notes/management plans regularly and keep them updated
- Ensure keynotes are updated weekly at the minimum
- Recovery plans to be reviewed 3 monthly

*Sleepover, part time and weekend day staff follow through from weekday recovery and individual plans as directed and may work on/develop plans relating to entertainment, leisure and DLS in consultation with other staff

Key Task – Medication
- Giving out of medication as required
- Supervision of medication (see medication supervision process on office walls)
- Awareness of individuals' medication
- Safety and diligence regarding medication Liaise with other staff and clinical services regarding medication changes, issues etc.

Key Task – Maintain awareness
- Information sharing with staff where appropriate
- Provide support in a manner that is respectful, empathetic and considerate
- Use common sense and observation when interacting with service users
- Liaise with clinical and community support providers and resources
- Recording of information in individuals files
- Constant liaison with colleagues to ensure all information, observations and concerns are shared

Key Task – Apply positive conflict resolution and support
- Research avenues of support by available means
- Liaising with community and health professionals as appropriate
- Appropriate information sharing
- Be aware of promoting positive relationships in the residential support environment. Know how to intervene where necessary in a manner appropriate to each individual
- Act in an emergency situation and dispense first aid and/or crisis procedures

Key Task – Access support from other staff regarding best approach
- Regular supervision
- Seek peer support where necessary
- Attend regular meetings
- Attend to ongoing training needs
- Develop own awareness of stress levels and take appropriate coping measures

Key Task – Effective in a team
- Liaise with other staff to provide best possible support for service users
- Fulfil requirements and maintain all documentation pertaining to individual and house support
- Meet administrative requirements to ensure effective functioning of the Trust i.e. accounting for expenses, early advisement of upcoming house expense, providing information to maintain staff records
- Maintain and keep up to date appointments and follow team appointments using the office diaries.
- Use communication books and office diaries to ensure all staff are informed and up to date with events, concerns and anything pertaining to staff and service users.

ON CALL OVER NIGHT STAFF

ACCOUNTABILITY TO: TEAM MANAGER

RESPONSIBILTY TO: SERVICE USERS

JOB PURPOSE: To provide support to residents including assisting with the administration of medication, completion of documentation and to be on call during overnight hours.

To be readily available to work with residents between the hours of 5.00pm and 9pm and from 7am to 8.30am. To be available for crisis situations, on call on site, between 9pm and 7am. To do these things effectively we require you to partake in a handover with day staff at 5.15pm and 8.15am

Some of the key tasks during periods of work
Key Task: Complete appropriate documentation as required including the hand-over of care with the day staff
- complete appropriate documentation eg communication book, daily notes, faxes and incident/accident reports and sign for medication
- all communications are legible and completed on time
- Full verbal handover

Key Task: Assist in administering the appropriate medication to residents as directed/required
- maintain an understanding and knowledge of all the medications and their associated side effects
- residents receive their correct allocation of medication
- side effects of any medication are appropriately managed
- Keep second on call person informed of PRN requests

Key Task: Aware of individuals' level of health
- Observation, discussion with the individual
- Recording of appropriate information in individuals file
- Know how to intervene where necessary in appropriate manner for each individual – previous training and experience

Key Task: Apply positive conflict resolution and support
- Individual Appropriate information sharing
- Information sharing with staff as appropriate
- Staff training will be given in positive resolution of conflict
- Staff to be aware of building positive relationships in the house

Key Task: Give support in community living tasks
- Support in practical life skills such as cooking. Assist at appropriate level
- Provide assistance and knowledge to empower people in self-care in liaison with appropriate staff
- Assist in the organisation and smooth running of the house tasks
- Be responsible for maintaining health and safety standards

Key tasks related to being on call

Key Task: Ensure a safe environment
- Respond in emergency and crisis situations with appropriate first aid and/or crisis procedure
- Be aware of call out process and use appropriately
- Access support of other on site staff
- You are responsible on your shift, be familiar and confident with procedures
- Contact second on call staff member when required
- Help to maintain a friendly and safe environment for residents by taking into account individual recovery plans
- Day staff are fully informed as appropriate on issues including client observations
- Role model healthy communication and relationships and boundaries

Key Task: Effective team member
- attend meetings as agreed with Team Manager or Service Manager
- Participate in skill development and training as agreed with Team Manager or Service Manager
- Assess own wellness and take steps to maintain
- Attend supervision when required
- Utilise peer support options

FLOATING RESIDENTIAL SUPPORT WORKER

ACCOUNTABILITY TO: Team Manager

DIRECTION FROM: Team Manager

HOURS OF WORK: 11.30am to 2.30pm Saturday, Sunday and public holidays

RESPONSIBLE TO: Service Users, Weekend day staff

Primary Objective
To liaise between different supported accommodation locations relieving staff for lunch breaks, and supporting staff and service users in meeting the objectives of the day.

Purpose of job
To maintain the level of support offered to service users during the week.
To provide general support for people, this can include mental health support, recovery support, problem solving and working one on one with clients.

Some of the Key Tasks are

Key Task - Need awareness
- Work with the service users to establish a therapeutic relationship
- When appropriate, have discussion with the individual to agree on the level of support required
- Use common sense and observation when interacting with people
- Information sharing with staff where appropriate

- Work with the residents in terms of a group house situation
- Listening and acting on house needs in liaison with others as appropriate
- Observation and common sense in regards to house needs and environment

Key Task – Apply positive Conflict resolution and support
- Appropriate information sharing
- Information sharing with staff as appropriate
- Staff training will be given in positive resolution of conflict
- Staff to be aware of promoting positive relationships in the house

Key Task – Awareness of individual's level of health
- Observation, discussion with the individual.
- Recording of appropriate information in the individuals file
- Know how to intervene where necessary in appropriate manner for each individual – previous training and experience
- Giving out of medication as required. Be safe and diligent. Know individuals medication.

Key Task – Give support in Community Living Tasks
- Support in practical life skills such as budgeting and cooking. Assist at appropriate level.
- Provide assistance and knowledge to empower people in self-care in liaison with appropriate staff
- Assist in the organisation and smooth running of the house tasks
- Be responsible for maintaining health and safety standards.

Key Task – Access support from other staff regarding best approach
- Uses appropriate systems of support
- Seeking peer support where necessary
- Attend regular meetings
- Attend to ongoing training needs
- Development of own awareness of stress levels and take appropriate coping measures

Key Task – Effective in a team
- Fulfil requirements and maintain all documentation pertaining to individual and house support (all documentation pertaining to support work roles and tasks is at relevant offices)
- Act in an emergency situation and dispense first aid and/or crisis procedures
- Is aware of call out process
- Uses call out support in appropriate manner
- Attend supervision when required

RECREATION COORDINATOR

POSITION: Recreation Coordinator

ACCOUNTABILITY TO: General Manager

DIRECTION FROM: GM, Team Manager, Full time staff

Primary objective:
To provide positive life experience for service users of Arahura.
To maintain personal safety and boundaries for people.

Key task: Provide life experience

- Through weekly events
- On the same day each week if possible

Key task: Establish a calendar of events

- Contact and record providers of life experience opportunities
- Liaison with service users regarding areas of interest

Key task: Liaison with service users

- Be aware of service user choice of activities preferred

Key task: Liaison with staff

- Attend regular staff meetings
- Be aware of individuals levels of ability
……what your movements are…..!!!!!

Key task: Liaison with General Manager

- Meet weekly regarding budget and upcoming events……..!!!!
- Monthly supervision

Key task: Record usage of recreation service

- Create and maintain a record of people who use the service
- Acknowledge positive and negative use of service

Key task: Administration

Return Receipts on a weekly basis for reimbursement
Receipts not to exceed $50 in any one week

MAINTENANCE

ACCOUNTABILITY TO: GENERAL MANAGER

DIRECTION FROM: GENERAL MANAGER, TEAM MANAGER, SUPPORT STAFF

PRIMARY OBJECTIVE

For all property of Arahura to be maintained to a safe standard. To utilise carpentry and landscaping skills as required in the trust. To apply basic knowledge of electrical, plumbing and building requirements when needed within the Arahura Organisation.

SOME OF THE KEY TASKS INVOLVED WITH THIS ROLE

Key Task: **Maintain all work premises, grounds, tools, equipment**

- Understand established standards
- Schedule work to ensure standards are maintained
- Submit costings of work ahead of time so funds are available
- Maintain inventory systems in accordance with service needs and audit requirements. Fill in Warranty paperwork when relevant.
- Liaise with support workers to organise time work should take place in residences

Key Task: Ensure the service is complying with external standards i.e. osh

- Establish, implement and maintain standards
- Ensure paper work and information sharing occurs in accordance with standards
- Potential problems/non-compliance is identified and remedied before the situation deteriorates
- Vehicles are maintained and serviced according to external and internal standards i.e. external Vic, internal log books

Key Task: Manage work effectively to meet trusts objectives

- Arrange tasks and working week in accordance with maintenance budget. Some projects may be eligible for external funding: liaise with admin manager for this.
- Accurate and full job costings are prepared prior to work for authorization, when indicated as necessary.
- Use most cost efficient means of completing work, either by way of suppliers or subcontractors when necessary.
- Costs are linked to each residential house or admin or special project or clubhouse
- arrange work according to priorities as indicated by GM, on the basis they are aware of urgent health or safety issues that may have arisen

Key Task: Effective in the Arahura team

- Attend meetings and trust activities when required
- Participate in skills development and training as agreed GM

ADMINISTRATION MANAGER

Direction From: General Manager

Accountable to: Above and GM

Primary Objectives

- To meet all Administration needs of the Trust which relate to financial operations
- To support Arahura Staff in communications internally and externally
- To facilitate the effective and efficient flow of resources within the Trust
- To facilitate compliance with the National Mental Health Standards and Accounting Standards
- To be responsible for, and manage, the Office space

This Job Description indicates processes and groups of work rather than listing specific tasks.

Administration Managers Responsibilities in line with Organisational Delegations

Accounts/Financial
- Management of Trusts Bank Accounts
- Reporting of activity
- Producing accurate Balance Sheets and Profit and Loss Monthly
- Operational Budgets and Management of Cash flows
- All supporting processes ie obtaining receipts, asset logs, petty cash records
- Debtors/Creditors
- IRD compliance
- Payroll

Secretarial: Support for following delegations

Human Resources
- Administration supporting recruitment, induction, training logs, file management processes, pay roll, IRD requirements, ER legislation

Delivery of Services
- Maintenance and collation of statistics

Services for Consumers of Mental Health Services
- Maintenance and collation of statistics
- Facilitating participation of stakeholders

Culture
- Regular Event Management assistance

Administration
- Maintain current systems and policies, update as required
- Facilitate organisational compliance
- Editing, word processing documents
- File Maintenance
- Document services, laminating, binding, copying etc
- Survey preparation, distribution and reporting

Delegation Specific to the Role

Office Management
- Reception/phones/visitors
- First line query management
- Mail
- Kitchenette maintenance
- Refreshments
- Security/Privacy
- Health and Safety
- Meeting preparation