

# **STANDARD EIGHT: SERVICE MANAGEMENT**

**Sound management practices are implemented  
by each service to maximise outcomes  
for people using those services.**

# **Standard 8.1**

## **POLICY DEVELOPMENT AND REVIEW**

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# Standard 8.1

## **POLICY DEVELOPMENT AND REVIEW**

### 8.1.1 Purpose and Scope

This policy guides Samaritans in strategies and mechanisms to ensure policies are developed and reviewed in consultation with, and meet the needs of service users, their families/advocates and staff.

This policy sets out the procedures for staff to follow when developing or writing and reviewing policies for the agency.

### 8.1.2 Definitions

**Consultation:** is the process of asking for and receiving advice, direction and feedback from key stakeholders via a clearly determined process.

**Policy:** is a general plan of action to guide an agency or person. It generally includes a set of principles that outline the philosophy and procedures that outline the actions required.

### 8.1.3 Principles

Samaritans is committed to the development and implementation of policies and procedures that reflect the aims and objectives of the service that is to foster the empowerment of service users. These policies provide a clear and consistent operational framework whilst being specific enough to respond to individual issues. The operational framework provides a baseline of practice standards for services offered by Samaritans. Policies provide the basis for decision-making, service delivery and development on a range of service provision and support issues. They also set out expectations with regard to culture and behaviour of staff.

### 8.1.4 Policy

Policy development and review, in line with the requirements of the Disability Service Standards, involves the participation of people using the service, families, advocates, staff members and management. The involvement of key stakeholders ensures that the policies developed and reviewed set an optimum standard of practice. Samaritans provides access to information and training on policies to service users. Samaritans develops systems and schedules for the regular review of policies as a result of an identified need.

Samaritans policies and procedures provide a formal mechanism of accountability to those involved in the service and to those who fund the service.

## **8.1.5 Procedure for development and review of Disability Services policies**

Disability Services policy development involves continually scanning the internal and external environments in order to identify the issues, which need to be reflected in policy in order to support quality service delivery.

Sometimes policies are developed because legislation requires services to be delivered in a particular way, sometimes because relevant internal and external stakeholders have identified a need for a policy relating to a particular aspect of service delivery, and sometimes because stakeholders have recommended that Samaritans operate in a particular way.

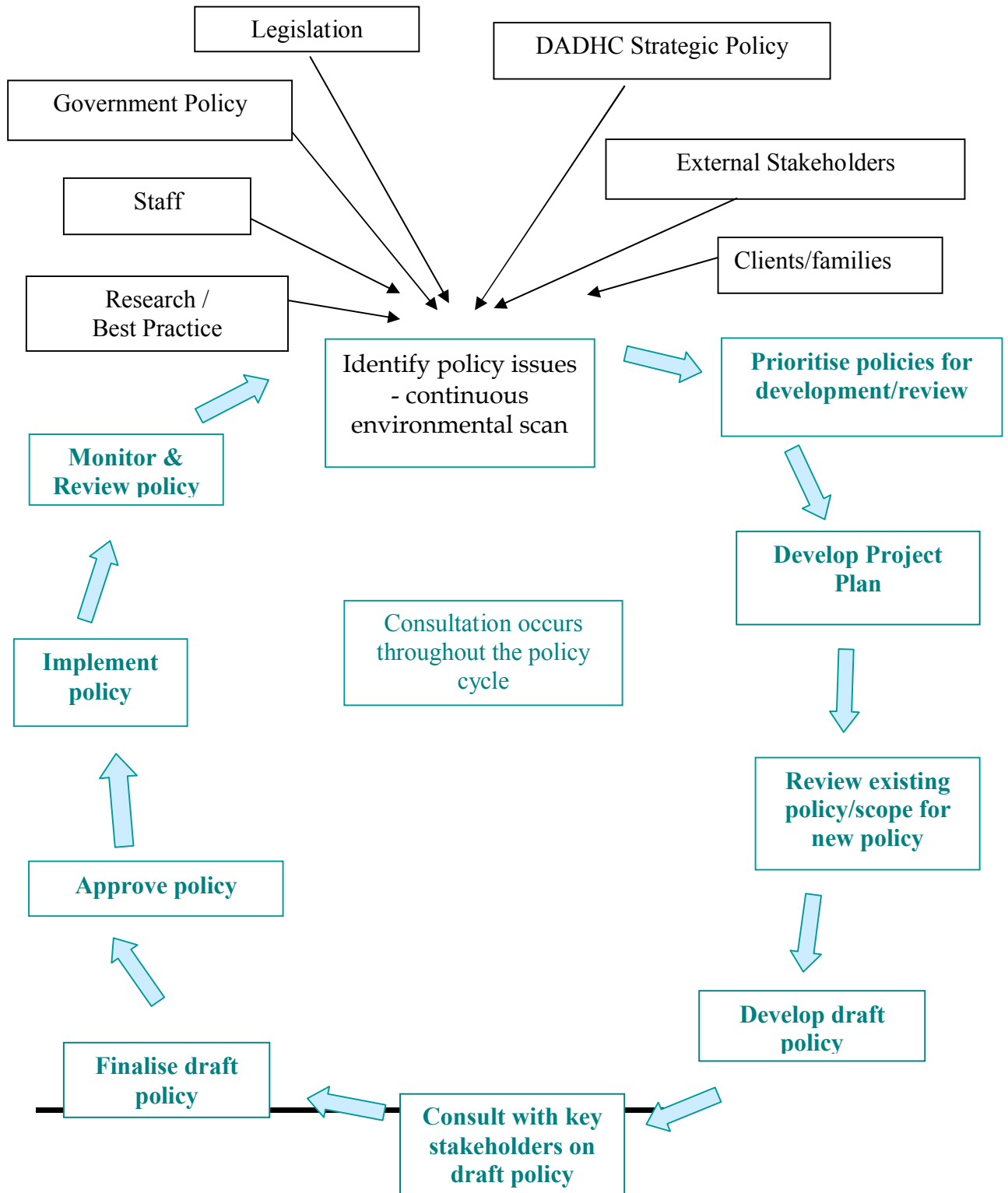
Disability Services policies are developed in a collaborative way, with stakeholders contributing to policy development. The agency has a commitment to conducting development and review activities in a manner that is meaningful and accessible to service users

Additionally, internal and external stakeholders can submit issues for consideration and inclusion in the policy development process to a Client Services Manager at any time.

The Senior Administration Officer in Human Resources organises for the policy to be formatted in accordance with the Samaritans prescribed policy format.

These procedures provide a consistent and transparent approach to policy development and review. They detail the process followed in identifying and prioritising new policies that need to be developed and current policies that need to be reviewed.

## 8.1.6 The Policy Development and Review Cycle



## 8.1.7 The Policy Development and Review Framework

There are 5 main steps in the Policy Development and Review Framework:

1. Identify the need for a new policy or review and revise an existing policy
2. Develop Policy
3. Endorsement/Approval
4. Implementation
5. Evaluation, Monitoring and Review process

### Identify the need for a new policy or review and revise an existing policy

Step	Process
1.1 Environmental scan	<p>This involves an investigation of current and potential issues that may require a policy response and should be conducted at least annually by DRAT (Disability Review Action Team) members. The scan should capture both current and potential issues within the Agency, Disability Services and broader environments.</p> <p>Sources of information include:</p> <ul style="list-style-type: none"> <li>• Feedback from service users and families</li> <li>• Feedback from the community</li> <li>• Reviews of relevant legislation</li> <li>• External reports eg NSW Ombudsman, Reviewable Disability Death Team, Health Care Complaints Commission</li> <li>• Internal reports eg incident reports, internal investigations</li> <li>• Strategic Plans</li> <li>• Audit and continuous improvement activities</li> <li>• Input/direction from Government departments eg DADHC, NSW Ombudsman</li> <li>• Current research, literature review</li> <li>• Monitoring the implementation and outcomes of existing policies</li> <li>• Emerging service models and tenders</li> </ul>

Step	Process
1.2 Analyse information	<p>Policy issues will be identified from sources such as those above on an ongoing basis.</p> <p>The DRAT meeting agenda contains a standing agenda item of Policy &amp; Procedures. DRAT members are required to raise policy needs and priorities from the identified information sources above.</p> <p>The need for the review or development of a policy can be raised by any service user, family/advocate or staff member at any time.</p> <p>The information is analysed and policy needs are defined.</p> <p>The analysis will balance the current needs with the strategic imperatives of the organisation.</p> <p>Consideration is given to whether there may be other more appropriate ways of responding to the issue. For example, training staff or greater clarity of staff roles and responsibilities.</p>
1.3 Draft a prioritised policy development and review timetable	<p>A prioritised policy development timetable for the upcoming year is drafted.</p> <p>Policies for review will be prioritized based on factors including:</p> <ul data-bbox="619 1503 1321 1861" style="list-style-type: none"><li>• Policy directive of DADHC</li><li>• The policy area is a requisite for strategic direction of the agency</li><li>• The policy will achieve maximum benefit for positive client outcomes</li><li>• The policy is required to address risks</li><li>• The availability of resources for the completion of the specific policies , development or review activities</li></ul> <p>Consultation will occur to ensure that the draft timetable reflects needs, priorities and available resources for review and consultation activities.</p>

## Develop policy

Step	Process
2.1 Project Plan is developed and endorsed by DRAT (incorporating points 2.1.1 – 2.1.2)	<p>A project team is assigned to coordinate the policy review/development process. Leadership of the project team is provided by a Client Services Manager or Senior Practitioner.</p>
2.1.1 Further analysis is conducted in relation to the specific policy issue	<p>A Project Plan is developed using the DRAT Project Planning Proforma.</p> <p>The Project Plan includes:</p> <ul data-bbox="619 860 1326 1137" style="list-style-type: none"><li>• Goal of project</li><li>• Project planning team members</li><li>• Action Plan</li><li>• Consultation strategy (including methods and timing related to each key stakeholder group)</li><li>• Resources required</li><li>• Timeframe for completion of project</li></ul> <p>Further analysis may include a literature review, data analysis and preliminary consultation with key informants. Analysis of the financial, staffing, risk management and industrial impacts of implementing the policy is also undertaken.</p> <p>Consideration is given to the applicability of the policy to the range of disability services types under the portfolio umbrella. The necessity for supplementary policies should be considered during the development phase.</p> <p>Consideration is also given as to whether the policy is specific to Disability Services or may have broader organisational impact and therefore require the input of other portfolios or departments within Samaritans. Where the policy area may have an impact on other portfolios, the Client Services Manager will table the policy for discussion at the Client Services Leadership Team (CSLT) meeting.</p>

Step	Process
2.1.2 Determine consultation strategy	<p data-bbox="619 383 1329 539">If the CSLT determines that the policy area requires input from other departments, the Client Services Manager will table the policy for discussion at the Manager's Forum.</p> <p data-bbox="619 577 1305 689">Consultation involves finding out the views of other people before making decisions that affect them.</p> <p data-bbox="619 745 1356 857"><u>Before consulting, a strategy is developed. The consultation strategy is transparent and is clearly documented in the Project Plan.</u></p> <p data-bbox="619 913 1350 1144">The consultation strategy considers the broader sector, organisational and local levels of consultation. It defines what to consult on, when to consult, the resources required, who to consult with, consultation methods and the timeframe for consultation.</p> <p data-bbox="619 1189 1302 1301">Consultation methods need to be inclusive for cultural and linguistic diversity, Aboriginal and Torres Strait Islanders.</p> <p data-bbox="619 1346 1289 1458">Augmentative and assistive communication techniques are used to support the inclusion of service users as required.</p> <p data-bbox="619 1503 1254 1615">The relevant methods of consultation for the specific policy issue are developed. Possible methods of consultation include:</p> <ul data-bbox="619 1626 1230 1872" style="list-style-type: none"><li>• Focus groups</li><li>• Survey</li><li>• Structured feedback on draft document</li><li>• Critical readers</li><li>• Structured interviews</li><li>• Workshops</li></ul> <p data-bbox="619 1906 1315 1984">Consultation occurs throughout the entire policy development cycle.</p>

Step	Process
2.2 Develop draft policy	<p>The draft document is prepared in the format approved by Samaritans.</p> <p>Consideration is given to other organisational and Disability specific policies that may be related to this policy area which may also require review and update.</p>
2.3 Draft policy is reviewed by DRAT	<p>DRAT provide feedback prior to the draft policy being consulted upon more widely.</p> <p>DRAT team members are provided with the draft policy at least 2 weeks prior to the DRAT meeting at which it is to be discussed.</p>
2.4 Conduct consultation	<p>Changes identified by DRAT are incorporated where agreed into the draft policy and it is then circulated to relevant internal and external stakeholders for comment.</p> <p>The draft policy is made available on the Samaritan's website.</p> <p>Consultation is conducted in a timely and transparent manner. Adequate time is provided to enable a considered response by stakeholders.</p> <p>Stakeholders are advised of any internal or external factors that will influence or impact on the policy development.</p> <p>The Project team ensures that all stakeholder views are considered. The Project Team also ensures that stakeholders are advised when their views cannot be reflected in the policy and provides a rationale for this.</p> <p>For potentially contentious issues or policies with no clear direction, the draft policy will be discussed at SMT and additional information or direction may be provided in this forum.</p>

Step	Process
2.5 Final draft policy developed	The feedback from the consultation process is considered for inclusion in the final draft document. Reasons for decision-making in relation to feedback are documented by the project team.

**Endorsement/Approval Process**

Step	Process
3.1 Policy is approved	<p>The final draft of the policy is submitted to DRAT (Disability Review Action Team).</p> <p>Once DRAT approval has been given, the Client Services Manager who is part of the project team prepares a briefing paper outlining the consultation process and the feedback received on the draft policy. The briefing paper and the final draft policy are sent to the Director Client Services for sign-off and endorsement by SMT.</p>

**Implementation**

Step	Process
4.1 Strategies for implementing/notifying policy is developed	<p>The strategies for implementing/notifying the policy are identified as part of the policy development process. Strategies include:</p> <ul style="list-style-type: none"> <li>• Computer/email distribution (including Intranet and Internet)</li> <li>• A notification is published in newsletter for families/clients</li> <li>• Spotlight (Samaritans staff newsletter)</li> <li>• Senior Worker/Programmer meetings</li> <li>• Team meetings</li> <li>• Staff training</li> <li>• Review at supervision</li> <li>• Discussion at client House/Service meetings</li> </ul>

Step	Process
4.2 Distribution and availability	Policies are to be accessible to staff on the Samaritans Intranet site and families and clients on the Samaritans website.
4.3 Update of Policy & Procedures Manual	<p>Service Supervisors are provided with two weeks to remove the old policy from the Policy &amp; Procedures Manual and insert the new/revised policy. Once this is completed Service Supervisors will email their Area Coordinator to advise that the new policy has been inserted.</p> <p>The Service Supervisor will then organise for the return of the old policy to their Area Coordinator who will sign off that this has occurred during the next supervision with the Service Supervisor.</p>

**Evaluation, Monitoring and Review Process**

Step	Process
5.1 Process evaluation	Completion of DRAT Project Plan Evaluation Proforma. This is to enable a reflection on the consultation process.
5.2 Planning for each policy to be reviewed in a 3-5 year cycle.	<p>This will involve:</p> <ul style="list-style-type: none"> <li>• Prioritisation of policies for review each year</li> <li>• Incorporation of priorities into yearly policy development and review timetable</li> <li>• Inclusion of prioritised policies in Disability Portfolio Strategic Plan.</li> </ul> <p>The policy review process will include the steps and processes detailed above.</p>

A Policy Development/Review Checklist is located on the M Drive of the Samaritans intranet. The checklist summarises the Policy Development/Review Framework and details the existing documentation to support the process. These documents can be accessed by Client Service Managers and distributed to other project team members as required.

## **8.1.8 Responsibility for development or review of Disability Services Policies in Samaritans**

Disability Services Policies are developed collaboratively between DRAT (Disability Review Action Team) and relevant internal and external stakeholders.

A DRAT project team coordinates the process. This project team involves a Client Services Manager.

Disability Services policies are reviewed on a three to five year cycle or as required.

Reviewing policies can involve determining that the policy is still current, making minor or major modifications as a result of environmental changes, or deleting the policy.

## **8.1.9 Approval of Disability Service policies**

The Director Client Services has final sign-off on all Disability Service policies.

The Director Client Services will ensure that the policies are endorsed by SMT.

## **8.1.10 Notification of policy change**

The Senior Administration Officer in Human Resources organises for an email to be sent to services notifying that the policy has been reviewed and is now finalised. This email also prompts Service Supervisors to replace the older version of the policy in the Policy & Procedure Manual.

Policies are then available to internal and external stakeholders via the Samaritans Intranet and Internet. Reasonable efforts should be taken to notify relevant external stakeholders.

## **8.1.11 Training and Accessibility**

- All persons involved with Samaritans are informed of policy guidelines as part of their initial induction to the service. Where necessary people have access to further assistance to fully understand the implications of these documents. This may also be an ongoing process of familiarisation.
- All Samaritans staff receive training and education on all new or amended policies.

- Samaritans policies and procedures are public documents, readily accessible at all times to everyone involved with the service.
- Policy guidelines are written in clear, simple language to ensure ease of application to practice.
- Policy guidelines are provided in a user-friendly version and in alternative formats to ensure service users and families/carers/advocates are fully informed of the policies of the service.

### **8.1.12 References**

Disability Services Act 1993 -Principles and Applications of Principles 1 (a, f & g), 2 (i & o)

Disability Services Standards - Standard 3 & 8

Samaritans Disability Services Policy and Standards

#### **Decisions Making and Choice**

'Framework and Guidelines for the development and review of Client Policies'

Department Ageing Disability & Home Care (2004)

Samaritans Policy Development & Review Policy (2008)

### **8.1.13 Person Responsible**

It is the responsibility of staff members to:

- participate in training in and have knowledge of Samaritans policies
- follow the policy and standards in all actions they undertake
- support service users to understand the policies
- identify issues relating to policy.

It is the responsibility of the Service Supervisor and Area Coordinator to:

- educate staff in existing and new policies
- educate families and carers in Samaritans policies and standards
- seek feedback on new or reviewed policies
- provide feedback to Client Services Manager on existing and new policies
- identify issues relating to policy.

It is the responsibility of the Area Coordinator to ensure older policies are retrieved and replaced by reviewed policies

It is the responsibility of the Client Services Manager to:

- provide leadership to DRAT project teams undertaking the review or development of a Disability Services policy
- arrange consultations and distribution of new and reviewed policies to stakeholders

- receive feedback on new or reviewed policies and advise Director Client Services.
- identify issues relating to policy.

### **8.1.14 Implementation and Evaluation**

Sound systems are established to develop and review policies. Policies are in a variety of formats for staff, family members, advocates and people using the service. Staff and stakeholders receive training and education on service policies. The Policy manual is reviewed every 3-5 years or as required due to a change in legislation or practice.

### **8.1.15 Documentation**

Policy consultation details are recorded.

Appropriate policy data is maintained on the Samaritans Disability Services Policy Review Register. The date of issue is recorded for all policies.

Disability Services policies are written and electronic versions are available via the Samaritan's intranet. A hard copy is also kept in the Disability Policy and Procedures Manual which is available at each service outlet for reference.

Specific service types may require the development of 'Supplementary Procedures'.

## **Standard 8.2**

# **SERVICE OPERATIONS**

### **8.2.1 Purpose and Scope**

This policy guides Samaritans in strategies and mechanisms to ensure the service operates in a safe and effective manner.

### **8.2.2 Definitions**

**Service Operations:** refers to the tasks, activities and mechanisms that promote smooth and effective running of the service.

**Programme Activity:** refers to daily activities such as Post School Options (ATLAS Programme), Day Placement and Active Linking and brokerage programmes.

### **8.2.3 Principles**

A clear and consistent operational framework exists to standardise activities, whilst being specific enough to respond to individual issues and needs. The operational framework provides a baseline of practice standards for services offered by Samaritans.

### **8.2.4 Policy**

Samaritans is committed to providing quality outcomes to people using the service. Samaritans recognises that quality outcomes can be enhanced by having sound guidelines for the operation of its services. In conjunction with household or programme activity procedures, the Service Operations Policy sets out clear procedures to guide the operation of the service.

## 8.2.5 Procedures

- People using the service are assisted to cooperatively develop service, household and programme activity routines and guidelines that meet their specific needs and are typical life patterns of the general community.
- People who use the service are involved in decisions about how their home or programme activity routines operate.
- Staff maintain an appropriate level of respect, akin to that of a visitor. This includes access, room privacy and personal choices.
- There is no differential treatment between the staff and the people using the service in terms of titles, behaviour, dress, food and so on.
- Samaritans do not impose unreasonable restrictions on the guests of people using the service. Where an issue arises it is discussed at the team or house meeting.
- People using the service are involved in all decisions regarding the selection and purchase of items for their home or programme activity.

### **Location and Appearance of the House or Programme Activity Venue**

- The selected property is located within close proximity to a range of community resources and public transport facilities where possible.
- The property is structurally sound, aesthetically attractive and well maintained so as to blend in with adjacent properties.
- The property is accessible to people with disabilities. Where necessary, this includes bathrooms and so on that are accessible to people using wheelchairs.
- Prior to moving into a premise a property inspection is carried out. It is expected that the people using the premises are assisted to maintain it to the level recorded in the inspection.
- The property is maintained to an acceptable standard of cleanliness and appearance. This is monitored by property inspections every six-twelve months, completed by the Disability Services Manager. Safety and health inspections are undertaken every six to twelve months by the Occupational Health and Safety Committee representative.

### **Cleanliness of the House**

- Where people using the service live in their own property or a rented premise they are encouraged and supported to maintain the cleanliness of their home.
- People who use a house for activities are also encouraged and supported to maintain its cleanliness.
- Where staff provide ongoing support to people in the care and maintenance of the house, tasks required are rostered and allocated to the staff.

The roster includes but is not limited to the following daily tasks:

- a) tidy and put away items
  - b) sweep kitchen floor
  - c) change tea towels
  - d) change hand towels
  - e) clean and wipe down kitchen benches.
- The roster includes but is not limited to the following weekly tasks:
    - a) bathrooms and toilets cleaned and tidied
    - b) floors vacuumed and mopped
    - c) fridge contents sorted (disposing of off or out of date food)
    - d) fridge wiped out
    - e) kitchen benches and cupboards wiped down
    - f) furniture dusted
    - g) bed and table linen changed.
  - The roster includes the following monthly tasks:
    - a) kitchen cupboards sorted and wiped over (dispose of out of date food)
    - b) interior windows of high traffic areas cleaned
    - c) mirrors cleaned
    - d) patio and/or verandahs swept and mopped
    - e) oven cleaned
    - f) microwave cleaned
    - g) walls and door frames of high traffic areas wiped down.

### **Maintenance of the House**

- Where a property is owned by the Department of Housing or privately leased, the landlord has the responsibility for repairs and maintenance. The service may act as an advocate to assist in the negotiations with the landlord to maintain the property to an acceptable level. Referrals are made to the Assets Officer in such cases and a determination is made concerning delegated responsibilities.

- Where a person is living in their own home and owns their own major appliances and furniture, staff support the person to budget and arrange for repairs and maintenance.
- Samaritans accepts responsibility for some minor repairs, maintenance and replacement of major appliances and furnishings, except where abuse or misuse has occurred. In such cases the person causing the damage is to be held responsible.
- The following procedure applies to the Coordinator when a maintenance request form is received, in consultation with the Disability Services Manager who:
  - a) assesses who is responsible for the repair i.e. the service, person using the service, landlord
  - b) obtains quotes for the repair or renewal
  - c) arranges for repairs within 48 hours
  - d) informs staff of action taken
  - e) arranges for payment of repairs
  - f) follows up to ensure repairs have been carried out.
- Where a person using the service has been identified as responsible for the repair, the Coordinator:
  - a) arranges a house or team meeting to discuss the issue further
  - b) assesses the need for the service to pay for repairs immediately
  - c) arranges for the identified person or person responsible to repay.
- Where the repair is urgent and is a health and safety risk (e.g. plumbing and power failure) the staff report the repair immediately to the Coordinator or on-call staff.

### **Burglary and Vandalism**

- In the event that a property is suspected to have been burgled or vandalised the staff manage the situation with the following procedure:
  - a) **DO NOT ENTER THE PREMISES** in case the person is still on site
  - b) ring **000** and request police assistance
  - c) wait for police to arrive before entering the premise
  - d) ring the Coordinator or Disability Services Manager to inform them of the incident
  - e) if a burglary has occurred at a time when people are using the service alternative arrangements are offered. This could be for them to attend another location or outing, until the police complete the gathering of evidence and declare the premise is safe to enter
  - f) complete an incident report as soon as possible following the incident
  - g) ensure that the Disability Services Manager receives the incident report promptly.

- Each house maintains an inventory of property including purchase dates and serial numbers. In the event of a burglary this inventory is given to the police. A copy of the inventory is provided to the Assets Clerk, as is identifying information of new purchases, above a purchase price of \$300.
- The Coordinator is responsible for contacting the Disability Services Manager re: processing insurance claims where property has been stolen or vandalised.
- The Coordinator makes arrangements as necessary to ensure the premise is secured and safe for the return of the people of the service.
- Staff and people using the service are offered critical incident debriefing.

### **Telephone Use**

- The telephone in the service is for the use of the people and for the purposes of management of the service.
- Staff members limit their personal use of the telephone for emergency purposes only.
- Where a staff member has had occasion to use the phone they reimburse the cost of the call to the service.

### **Staff Smoking Whilst on Duty**

- Samaritans is a non-smoking environment. No smoking is permitted in Samaritans buildings.
- Staff members are not to smoke whilst in the company of people using the service.
- Staff members are not to leave people using the service unattended or inappropriately supervised for the purpose of smoking.
- Whilst not in the company of people using the service staff are permitted to have a five minute break during the first half of their shift and a five minute break during the second half of their shift.
- Staff members who smoke are supported to reduce their dependency during work hours to reduce the time away from work duties. Staff members who are having difficulty managing their smoking according to these procedures are encouraged to approach management for support.

### **Vehicle Use**

- Samaritans promotes people using the service to travel independently using public transport wherever possible. Where a person is unable to use public transport the staff member provides that assistance using the service vehicle and public transport such as taxis.

### **Service Vehicles**

- The vehicle is to be serviced regularly. Arranging vehicle servicing is the responsibility of the Co-ordinator.
- The interior and exterior of the service vehicle are to be maintained in a clean condition. The weekly cleaning of the vehicle is part of the service routine.
- In the event of a vehicle being damaged the staff member informs the Coordinator and completes an incident report.
- All use of the vehicle, including the odometer reading and fuel purchases are to be recorded on the vehicle log sheets. The log sheets are submitted to the Coordinator promptly at the end of each month.
- Staff members are to ensure that people travelling in the service vehicle have safety belts on and are wholly within the vehicle whilst it is in motion.
- Staff members ensure adequate supervision of passengers at all times by ensuring that where there are two staff members, one sits in the back with client/s.
- A risk assessment is to be undertaken with each client to determine the safest place for that client to sit in the vehicle.
- Staff members have a current driver's licence as a prerequisite to using Samaritans vehicles.
- Staff members using vehicles are not to be under the influence of drugs, medication or alcohol.
- In accordance with Samaritans non-smoking policy, there is to be no smoking in Samaritans vehicles.
- Staff are to adhere to the road rules and speed limits at all times. Any fines incurred are the responsibility of the driver of the vehicle.

- Staff transporting service users in a vehicle; refer to the emergency information located in each vehicle in the event of an accident.
- All service vehicles should display the On Call Manager mobile phone number.

#### **Damage to staff personal belongings by people using the service**

- Samaritans recognises that at times people using the service may cause damage to clothing or personal belongings of staff. Staff members wear clothing, jewellery and personal belongings appropriate to the setting in which they work.
- In the case of damage being caused by a person where they have knowledge of their actions and a consequence of meeting the cost of repair or replacement is appropriate (within an approved procedure to support their challenging behaviours), the person is requested to meet the cost of repair or replacement.
- In the case of damage being caused by a person where they have limited capacity to recognise the damage they have caused, the service accepts responsibility for the costs of repair or replacement.
- Where the person or the service meets the costs, the value of the repair or replacement is kept to a reasonable level and is at the discretion of the Disability Services Manager.

## 8.2.6 References

Occupational Health and Safety Act (1983)

NSW Disability Services Act - Applications of Principles 2(g), (h) & (i)

NSW Disability Services Standards - Standard 8

Samaritans Policy and Procedural Guidelines

**Occupational Health and Safety**

**Serious Incident Procedure**

**Vehicle Usage Policy and Procedure**

## 8.2.7 Person Responsible

It is the responsibility of staff members to:

- carry out activities and tasks outlined
- support people to gain skills and competencies in maintaining the residents' home or activity centre

It is the responsibility of the Coordinator to:

- develop individual routines and staff task lists to ensure service operations occur
- monitor staff activities against these lists

It is the responsibility of the Disability Services Manager and the Occupational Health and Safety Committee to:

- carry out regular audits

## 8.2.8 Implementation and Evaluation

Sound systems and clear guidelines for service operation exist. Staff and management carry out activities according to these guidelines.

## 8.2.9 Documentation

Individual routines are documented. Staff tasks are documented.

## Standard 8.3

# ETHICS COMMITTEE

### 8.3.1 Purpose and Scope

This policy guides Samaritans in strategies and mechanisms to ensure the service operates in an ethical and effective manner.

### 8.3.2 Definitions

**Ethics Committee:** is a forum of people who have expertise in the area of disability and who consider and advise on issues of an ethical nature such as; monitoring actions when exiting someone from the service, providing advice and approval for restricted practices supporting people with challenging behaviours and advising on issues of an ethical nature. Membership to the Ethics Committee is honorary.

**Service User Representative:** is someone who can provide feedback from the perspective of a service user or the parent or advocate of a person using the service.

**Independent Representative:** is not involved with or receiving a service from Samaritans. The person is an expert in the area of disability.

### 8.3.3 Principles

Samaritans aims to provide a service to people with disabilities that is professional and accountable. Samaritans upholds the rights of the people using the service and their family or carers to enter, exit and receive services that are monitored.

### 8.3.4 Policy

Samaritans Ethics Committee provides a mechanism to support, monitor and advise its services on issues of an ethical nature. The Ethics Committee provides a forum that includes representative of people using the service and independent representatives to provide advice that is impartial to improve the quality of Samaritans decision-making.

## 8.3.5 Procedures

- Membership of the Ethics Committee includes representation from:
  - a) Management (up to two)
  - b) Case Worker
  - c) Parent or person using the service (two)
  - d) Independent professionals (up to two).
  
- Members of the Ethics Committee are selected on the basis of their willingness and ability to impartially provide advice to Samaritans. Additionally, independent professional representatives are appointed on the basis of their knowledge and experience in the area of disabilities.
  
- The activities of the Ethics Committee include, but are not limited to:
  - a) advising and endorsing decisions made by Disability Services Managers regarding the temporary exclusion of a person due to challenging behaviour and/or health and safety management issues
  - b) advising and endorsing decisions made by Disability Services Managers to exit a person with a disability from a service
  - c) advising and endorsing behavioural support plans that have a restricted practice component
  - d) reviewing quarterly endorsed restricted practice programmes
  - e) advising on other ethics issues.
  
- The Ethics Committee meets quarterly. Comprehensive agendas and accompanying briefing papers are sent out to all members prior to the meeting. The meeting follows standard meeting protocols.
  
- A quorum of the Ethics Committee is five members consisting of:
  - a) Director of Client Services and one Disability Services Manager OR two Disability Services Managers
  - b) the Case Worker
  - c) a parent or representative of people using the service OR two independent people
  - d) an independent person.
  
- In the event of a meeting failing to meet the quorum the Disability Services Managers agree to a new date and reschedule the meeting as early as possible.
  
- Newly appointed members of the Committee receive and sign the Samaritans Ethics Committee Code Of Conduct. All members of the Ethics Committee follow the Ethics Committee Code of Conduct.

- Vacancies on the Committee for parents or people using the service are filled by calling for expression of interest. Independent professional representative vacancies on the Committee are appointed at the discretion of Samaritans management.
- Where possible the Coordinator requesting endorsement of a restricted practice attends the meeting to present their case and answer questions that may arise.
- In the event that the parent or service user representative is the subject of the meeting they step down in favour of another parent or service user or independent representative for the period of the discussion.

## 8.3.6 References

NSW Disability Services Guardianship Act (1987)  
NSW Disability Services Act (1993) - Principles 1(g & i) and Applications of Principles 2 (d, e, i, j, k, l & o)  
Disability Services Standards - Standards 1, 2, 8 & 10  
Samaritans Disability Services Policies and Standards  
**Behavioural Intervention and Support**  
**Exit**  
**Individual Support Planning and Review**  
**Management of Abuse and Neglect**  
Ageing and Disability Department  
**A Positive Approach to Challenging Behaviours**

## 8.3.7 Person Responsible

It is the responsibility of the Coordinator to:

- refer matters of behavioural intervention requiring internal approval to the Ethics Committee

It is the responsibility of the Disability Services Manager to:

- ensure agendas briefing papers are distributed prior to the meeting
- refer matters arising from vacancies and exits to the Ethics Committee
- carry out tasks as directed from the Ethics Committee

## 8.3.8 Implementation and Evaluation

The service refers issues of an ethical nature to the Ethics Committee.

## 8.3.9 Documentation

Briefing papers are written and distributed. The minutes of the Ethics Committee are filed.

## Standard 8.4

# STAFF COMMUNICATION

### 8.4.1 Purpose and Scope

This policy guides Samaritans in strategies and mechanisms to ensure the service operates in a safe and effective manner.

### 8.4.2 Definitions

**Communication:** is the process of imparting and conveying news, information and activities.

**Personal Communication Books:** are journals or exercise books that are forwarded between locations to convey information where a person is unable to communicate this information verbally or reliably.

**Staff Communication Books:** are journals or diaries that are maintained in the service to communicate information to staff. They are a legal document and can be accessed by Community Visitors.

### 8.4.3 Principles

Effective communication systems ensure that information is available to all staff members in a consistent manner. They ensure that all staff members are able to have all required information at all times.

### 8.4.4 Policy

Samaritans has defined systems in place to maintain and enhance communication between staff, management, people with disabilities and their families and/or guardian. Samaritans endorses the value of these systems to promote effective and efficient management of quality services.

## 8.4.5 Procedures

### Personal Communication Books

- Communication books transfer information between the service and other locations that the person uses. In addition it is a method for the service to know what the person has been doing in the other environments.
- Communication books record the following:
  - a) activities
  - b) incidents
  - c) notes regarding conditions which may impact on activities planned
  - d) health and well being issues
  - e) requests for information, equipment etc
  - f) up coming events.
- Communication books are read daily by the rostered person who is at a particular service at the time of arrival. Any relevant information needing to be passed on to all staff should be documented in the staff communication book. The staff reading the communication book acknowledge they have read the entry by initialling and dating it.
- All recordings in communication books are written in a professional manner. That includes communications in a positive tone, with no disrespect to the family, guardian, other service or the person. No other person's name is written in the communication book unless their permission has been obtained.
- Where the person does not wish an issue communicated to parent, guardian, or other service the Coordinator makes a decision based on whether the person is making an informed decision on the matter.

### Staff Communication Book

- Each service outlet has a communication book that is used for:
  - a) information about appointments
  - b) information to staff
  - c) up coming events, activities or tasks
  - d) communication between staff for general issues.
- The communication book is a document that can be called on in any form of investigation or court action and as such must be written in a professional manner. Completed communication books are archived.
- It is the responsibility of each staff member to read the book on arrival at the service each day. If a staff member has been absent or not working for more

than one day it is their responsibility to read the communication book from the last day they were in the service.

- Each request or entry relevant to a staff member is initialled and dated to indicate that the message has been received. Where the Coordinator wishes to ensure that all staff have read an entry a request should be made to indicate that all staff initial this section. All people writing messages in the communication book sign and date their entry.
- Communication in this book includes:
  - a) people being absent from the service. If the time extends beyond one day the communication book should also record a message on the day the person is to return
  - b) special requirements of a person on that day
  - c) messages to be passed to Coordinator and staff
  - d) appointments
  - e) changes to activities the person engages in
  - f) changes to staff requests or actions
  - g) additional information considered to be appropriate by staff and Coordinator.
- Communication in this book does **NOT** include:
  - a) personal conflict between staff and/or Coordinator
  - b) personal information which should not be shared with others
  - c) disrespectful comments regarding staff, people, families or other services
  - d) personal or confidential information about an individual or their family, carer or advocate.
- Staff members make a notation in the communication book immediately after appointments have been made.

### **Diary**

- A diary is used in the service to record appointments and events for people using the service and for the service.
- Staff members look ahead up to seven days to check booked appointments and plan for appointments.

### **Notice Board**

- The notice board is to be placed in a prominent but unobtrusive position in the service and used for any new information that should be read by the staff.

- The information is up-dated regularly. Information is left on display for two weeks. Where comments are required, the Coordinator indicates how these are to be made and by when. If no comments are required, staff initial the information and date it to acknowledge that it has been read.
- Where a document is too large to be placed on the notice board, a message is placed in the communication book. This message includes where the document can be located and what is required of the staff.

### **Staff Meetings**

- Staff meetings occur at least fortnightly and no less frequent than monthly (Meetings may be more frequently as necessary). Where necessary the staff meeting day is rotated to ensure that all staff have the opportunity to attend.
- The meeting schedule is established for the year and placed on a yearly planner. The times are scheduled to try to include all staff, especially where there are staff who work outside the service or at different hours. The time of the meeting is set for a period not exceeding three hours.
- The meeting follows an agenda that is set one week prior to meeting to allow all staff to bring up issues of concern or prepare for other details to be discussed. The agenda includes service issues and administration, Strategic Planning, Occupational Health & Safety, training opportunities for staff attending such as revision of a policy or a Standard, as well as key worker reports. These reports are an update of what each individual has achieved in relation to their goals and experiences. The staff meeting agenda is placed on the notice board.
- Minutes are taken at every meeting and either distributed to staff or left in a central location for all to read. Staff initial the minutes and date when they have read them. Staff not at the meeting are given an individual copy or are requested to read the minutes (often minutes are kept in a staff meeting book), which they sign and date once they have read them. The minutes clearly address the issues, the outcomes, who is responsible for achieving the outcome and the time frame for completion.
- The Chairperson of the meeting is responsible for ensuring that the meeting is organised and progressing in a professional manner. The chairperson reads through the past minutes. It is necessary to establish that past objectives have been accomplished or to inquire as to why objectives have not been achieved. The chairperson works through the agenda and ensures each item is discussed or held over to the next meeting.

- Business arising is the first item on the agenda followed by key worker reports and followed by general business, which includes the topics outlined above.
- Disability Services Managers meet with Director of Client Services monthly. Disability Services Managers meet with Coordinators monthly. Notes are taken and outcomes of supervision and relevant issues are discussed at meetings at the next level of supervision.

### Daily Reports

- Daily reports are completed at the end of each shift to provide details of what has happened for a person on a day-to-day basis. This information is linked to individual support plan goals, as well as to general health, and details any contact or unusual incidents that may have occurred during the shift. Daily reports are completed to inform all staff about how a person is progressing. Daily reports are important for establishing patterns of behaviour and the person's likes and dislikes with respect to their activities and routines.
- A separate report is completed for each person at the end of each shift.
- The content of shift reports is confidential. They are secured and accessed on a need-to-know basis.
- Information contained in the daily report is summarised by the key worker monthly and is submitted to the Coordinator.
- Daily reports:
  - a) are objective and not subjective
  - b) refer to the person's response to an activity
  - c) address the development of the person
  - d) highlight the need for a change in programme, activity and /or goal
  - e) include contact with family members, carer other service providers
  - f) do not contain other individual's names
  - g) document if the person is not present
  - h) are summarised and presented to the Disability Services Manager with monthly report
  - i) are completed and signed daily by the staff responsible for that person.
- The following process is carried out by staff when completing daily reports:
  - a) staff to complete report at the end of their shift
  - b) key worker to summarise onto one page every month
  - c) Coordinator attaches individual summaries to monthly report

- e) Disability Services Manager studies and makes recommendations if required.
- Every three months the summary sheets are used for the individual support plan review.

### **Monthly Reports**

- The monthly report is used by the Coordinator to advise the Disability Services Manager and Director Client Services about what is happening in the service. The Coordinator summarises the month's activities to establish if the service has operated effectively during the month.
- A monthly report covers the Samaritans key result areas. These are:
  - a) the service
  - b) working with service users
  - c) empowering staff
  - d) building community relationships
  - e) enhancing quality.

## 8.4.6 References

Occupational Health and Safety Act (1983)  
NSW Disability Services Act - Applications of Principles 2(g), (h) & (i)  
NSW Disability Services Standards - Standard 8  
Samaritans Disability Services Policy and Standards -  
**Duty of Care and Dignity of Risk**  
Samaritans Services Policy and Procedural Guidelines  
**Occupation Health and Safety**  
**General Guidelines for Professional Conduct**

## 8.4.7 Person Responsible

It is the responsibility of the staff members to:

- carry out activities and tasks outlined
- support people to gain skills and competencies in maintaining the house or service.

It is the responsibility of the Coordinator to:

- develop individual routines and staff task lists to ensure service operations occur
- monitor staff activities against these lists.

It is the responsibility of the Disability Services Manager to:

- carry out regular audits.

## 8.4.8 Implementation and Evaluation

Sound systems and clear guidelines for service operation exist. Staff and management carry out activities according to these guidelines.

## 8.4.9 Documentation

Individual routines are documented. Staff tasks are documented.

## Standard 8.5

# **GUIDELINES FOR STAFF MEALS AND BREAKS**

### 8.5.1 Purpose and Scope

Samaritans has clear guidelines to instruct staff on their obligations when eating meals and taking breaks.

### 8.5.2 Definitions

**Break:** is the designated time set down in the Award where staff are able to spend time away from tasks. Support worker breaks are determined by the Social and Community Services Award.

**Meal:** for the purposes of this policy is the consumption of food prepared for the people using the service or food purchased on community access.

### 8.5.3 Principles

Samaritans recognises the value and possible outcomes to people using the service to gain experience from staff modelling appropriate social behaviours. This includes staff members modelling during meals and whilst on outings in the community. The service ensures that staff are also advised of their requirements to contribute when consuming food, when not modelling whilst on duty.

### 8.5.4 Policy

Samaritans ensures staff members are advised of their responsibilities when supporting people during meals or when they are in the community. Samaritans recognises three considerations for staff members:

- a) staff required to model appropriate behaviours
- b) staff eating when not modelling and required to contribute towards the costs of the meal
- c) staff taking meal breaks.

Samaritans recognises the value of staff members having their own meal breaks and supports staff to take this break according to their Award conditions.

## 8.5.5 Procedures

### Modelling

- The Coordinator is responsible for making decisions with people using the service and staff members regarding the degree of modelling required and the nature that this modelling takes. Decisions about this modelling occurs during team meetings and individual support planning meetings, as a documented training activity. These decisions consider budget implications to the service.
  
- Staff members model appropriate social behaviour during meals at the service and in the community. This behaviour includes:
  - a) table manners
  - b) social interactions appropriate to meal times
  - c) waiting to be served
  - d) ordering at a coffee shop or restaurant.
  
- Staff members model appropriate behaviour whilst on community outings. This behaviour includes:
  - a) appropriate dress
  - b) social skills
  - c) greeting skills
  - d) behaviour appropriate to the location.
  
- Where it is agreed through the Individual Support Plan that the people using the service would benefit from staff modelling appropriate meal time behaviours, staff rostered on during meals join the people for a meal. The cost of the staff meals is met by the service budget.
  
- Where it is agreed that staff members are to model appropriate behaviours on community outings the cost of staff entry to a venue is met by the service budget.
  
- Where it is agreed that staff members are to model appropriate behaviours or to enhance social outcomes for people with disabilities at a coffee shop or restaurant the staff member orders drinks and/or food up to the amount nominated by the Coordinator. The cost of staff drinks and/or meals is met by the service budget.
  
- From time to time the service may hold social occasions such as a barbeque, a special meal or a family may be invited to dinner. At these times it is appropriate that staff members rostered on duty share in the social occasion. The cost of their drinks and/or meals is met by the service budget.

**Staff Contributions**

- Where staff members are rostered on duty during a meal time and are unable to take a relieved break they may eat the prepared meal and contribute the following amount into the service budget:
  - a) Breakfast - \$1
  - b) Lunch - \$2
  - c) Dinner - \$4
- Money received from staff is receipted and banked according to the Samaritans Accounting and Purchasing Procedures.
- The cost of staff members' tea or coffee is met by the service.

**Staff Breaks**

- Staff members are supported to take meal breaks where practical, in accordance with the Award.
- Staff members must consider the supervision needs of the people using the service when planning their meal breaks. Staff ensure that people using the service are adequately supervised at all times.

## 8.5.6 References

NSW Disability Services Act (1993) - Principles 1(d & g), Applications of Principles 2(a, b, d & f,)

NSW Disability Services Standards – Standards 2 & 8

Samaritans Disability Services Policy and Standards  
**Individual Support Planning and Review**  
**Communication for Staff**

Samaritans Disability Accommodation Services Procedures  
**Household and Service User Financial Management Procedures for Residential Services Staff**

Samaritans Policy and Procedural Guidelines  
**Accounting and Purchasing Procedures**

## 8.5.7 Person Responsible

It is the responsibility of staff members to:

- carry out agreed modelling activities
- honestly contribute towards the meals they have consumed.

It is the responsibility of the Coordinator to:

- facilitate decision making in regard to people using the service to benefit from modelling meal time behaviours
- monitor staff behaviours and contributions
- submit contributions made to Administration.

## 8.5.8 Implementation and Evaluation

Clear guidelines for food consumption, breaks and modelling appropriate behaviours exist. Staff and management carry out activities according to these guidelines.

## 8.5.9 Documentation

Individual routines are documented. Staff tasks are documented.

## Standard 8.6

# **MANAGEMENT OF SERIOUSLY DISRUPTIVE INCIDENTS**

### 8.6.1 Purpose and Scope

Samaritans has clear guidelines that direct staff when working with people who may cause incidents. The contents of this procedure are balanced against the guidelines published by the Ageing and Disability Department in *A Positive Approach to Challenging Behaviours*.

### 8.6.2 Definitions

**Seriously Disruptive Incident:** is an incident that causes distress, harm damage or threat to the person, staff member or other people using the service. It is often related to a challenging behaviour that a person receiving the service might display.

### 8.6.3 Principles

Samaritans aims to ensure that an environment exists where the effective management of seriously disruptive incidents provides a safe and supportive working environment for the staff members employed in the service and for people who use Samaritans services. Samaritans aims to provide staff members with appropriate knowledge and skills, through initial and ongoing training, to effectively support people with challenging behaviours.

### 8.6.4 Policy

Samaritans recognises the risks associated with providing support to people with disabilities in terms of physical handling, supporting people with challenging behaviours and offering medical support. Samaritans predicts the risks and has management plans in place to minimise the risks to staff members and others.

Samaritans recognises that follow-up support for staff who have been involved in a seriously disruptive incident assists in managing and potentially minimises the impact such incidents may have on the staff members involved. Samaritans continues to monitor and evaluate the effectiveness of its aims by continually evaluating staff training and data collected on injuries to staff and other people using the service.

## 8.6.5 Procedures

- Samaritans selects staff for vacancies with appropriate skills and experience to work with people who may display to seriously disruptive behaviours.
- Samaritans inform new staff of the potential risks involved in supporting people who use its services.
- Samaritans provides staff members training in effective communication skills and in the management of assaultive behaviours.
- Coordinators, in consultation with specialist services, develop management response guidelines for physical handling and behavioural support aimed at minimising the impact of disruptive incidents.
- The Coordinator assisted by the team, identifies environmental triggers and appropriate responses for outbursts against staff.
- The Coordinator ensures that staff members are informed of issues to be aware of in the work environment that may be hazardous to them and how to protect themselves from these hazards.
- The Disability Services Manager uses the advice of the Coordinator concerning assessed risks to allocate adequate resources to implement management strategies and procedures to prevent assault.
- The Coordinator ensures effective positive programmes, behaviour intervention strategies and individual support plans are in place to reduce the risks of outbursts from people using the service.
- Staff members are trained to assess the risks and have emergency strategies and plans at the ready prior to entering an “at risk” situation or environment.
- Staff members are trained in a hierarchy of stress management responses, through the Individual Support Planning process, to reduce the impact of stress during and following seriously disruptive incidents.
- Staff members are encouraged to report each incident accurately including triggering events, the behaviour of all parties during the incident and the follow up actions of staff.

- Samaritans provides staff with critical incident debriefing to minimise the impact of the incident and assist staff with returning to the workplace. While debriefing is essential, it does not deal with any ongoing issues and so staff are provided with access to ongoing individual counselling if necessary. Samaritans also provides peer support as ongoing assistance and referral to a counsellor if necessary.
- Staff, in consultation with the Coordinator of the service, assess the impact of the incident on other residents and offer counselling, debriefing and support to those people, as required.
- The following steps are implemented when managing a seriously disruptive incident:
  - a) assess the immediate situation to determine necessary action
  - b) assess the physical risk elements and take precautionary action
  - c) isolate the incident where possible
  - d) ensure the dignity of all parties involved in the incident is respected and maintained
  - e) identify the possible causes of the incident in order to choose the most appropriate response to defuse the situation
  - f) organise sufficient staff resources to facilitate the effective management of the immediate situation
  - g) notify the Coordinator of the incident who assesses the need to involve external agents, such as police.

## 8.6.6 References

NSW Occupational Health & Safety Act 1983 and Regulations

NSW Disability Services Act 1993 -Objects 3(a), Principles and Applications of Principles 1(a) 2(b)

NSW Disability Services Standards - Standards 2 & 8

Samaritans Disability Services Policy and Standards

**Behavioural Intervention and Support**

**Individual Support Planning and Review**

**Management of Abuse and Neglect**

Samaritans Policy and Procedural Guidelines

**Occupational Health and Safety**

**Serious Incident Procedure**

## 8.6.7 Person Responsible

It is the responsibility of staff members to:

- adhere to programmes, behavioural intervention strategies and individual support planning goals to minimise the incidence of disruptive behaviours
- accurately record incidents at the time they occur
- provide feedback to Coordinator on the success of strategies and their own stress levels.

It is the responsibility of the Coordinator to:

- monitor staff activities and stress levels ensuring staff maintain regular breaks, attend team meetings and supervision
- offer debriefing as required or considered to be appropriate
- provide staff support and training in self protective behaviours and stress management
- advise the Disability Services Manager of risk situations and strategies to minimise potential risk.

It is the responsibility of the Disability Services Manager to:

- work with the Human Resources Manager and the Coordinator to employ appropriately qualified staff
- arrange external debriefing where appropriate
- ensure Occupational Health and Safety obligations to staff and others are met.

## **8.6.8 Implementation and Evaluation**

Staff have expertise to manage seriously disruptive incidences. Risk assessments have occurred with recommendations in place to minimise the risks. Strategies complement the approaches outlined in the person's behavioural intervention strategy.

## **8.6.9 Documentation**

Plans are written. Individual support strategies are written.

## **Standard 8.7**

# **FINANCIAL MANAGEMENT**

### **8.7.1 Purpose and Scope**

Samaritans has clear guidelines that direct the management of finances for the service.

### **8.7.2 Definitions**

**Petty Cash:** is an allocated amount of money that the service uses to meet day-to-day running costs.

### **8.7.3 Principles**

Samaritans utilises consistent and professional budget management practices to ensure its services are well planned, effective, efficient and accountable. The service is managed in accordance with the legal obligations of the NSW Disability Services Act 1993, the Disability Services Standards and the requirements of each funding agreement and Samaritans auditors.

### **8.7.4 Policy**

Samaritans have clearly defined and documented accounting procedures that cover the range of Disability Service financial management. In line with a professional approach to budget management all activities of the service are documented in records that are up to date and accessible to relevant audit processes.

## 8.7.5 Procedures

### Service or Activity Fees

- Samaritans are committed to keeping service or activity fees at an equitable level, and Samaritans Executive annually reviews its fee structure.
- Each service has established fees that are advertised and explained to people using, or applying to use the service.
- Collected service or activity fees are accounted for using an agreed accounting method. The records of fees are audited annually by a delegate of the Disability Services Manager.

### Funding Allocation

- Disability Services Managers ensure that each funding allocation is specifically used in accordance with the funding agreement.
- Disability Services Managers ensure that current and proposed funding allocations adequately cover all expenses. Budgets are developed to ensure this and to provide accountability to the funding sources.
- To ensure continuity of funding, Disability Services Managers meet all the stated requirements associated with the funding agreements.
- The CEO and Director Corporate Services are responsible for ensuring services meet the requirements of the allocated funds.
- Samaritans ensures that all new funding proposals are professionally and accountably presented. These proposals have the approval of the CEO.
- Disability Services Managers and Coordinators ensure that proposals are fully researched to ensure that prospective funding covers all components of expenditure.
- All proposals are in accordance with Samaritans strategic plan.

### Financial Records

- All financial records are maintained in accordance with the legal requirements and the funding agreement. Reports of these records are forwarded to the CEO for approval.
- Financial records are audited by an approved registered auditor each year. The report of the audit is forwarded to the Samaritans Finance Committee and funding body.

- Monthly up-to-date financial reports are available to support current service decisions and future planning.
- The service, with the auditor, annually reviews the accounting and financial management systems to ensure they provide adequate financial controls.
- Coordinators maintain registers of the assets in their services. These asset registers are updated six-monthly and a copy is forwarded to the Disability Services Manager, who forwards the information to the Assets Manager. The register includes serial numbers, location of the item and date of purchase. Annually, an audit of the listed items and their location is conducted by a delegate of the Disability Services Manager.

### **Petty Cash**

- Staff members are to obtain approval from the Coordinator for all planned expenditure.
- Petty cash is to be kept separate from all other household accounts.
- Staff members are required to keep a record of expenses. Where possible this is by way of a receipt.
- Reimbursement occurs with a petty cash voucher that details the amount, ABN number of the supplier, whether the supplier is registered for GST, ("tax invoice" must be written on the receipt for items above \$50), the purpose of the purchase and the name of the service seeking reimbursement. The petty cash voucher is submitted to the Coordinator for approval and reimbursement of the expense being incurred.
- The amount of the petty cash float is determined by the Disability Services Manager, with approval from the Director Client Services.
- Coordinators approve purchases from petty cash of up to \$100, with the exception of weekly expenditures e.g. groceries that exceeds this amount.
- Where a cash advance is given to staff from petty cash for an outing or a purchase the Coordinator records the amount given in the petty cash book and ensures expenditure, receipts and change balance to the amount advanced.

## 8.7.6 References

Corporation Law (Commonwealth)

NSW Disability Services Act (1993) Objects 3(a, c & f), Principles and Application of Principles 1(f, g & i) & 2(a, e, h, I & o)

Disability Services Standards- Standard 8

Samaritans Disability Services Policy and Standards

**Fees Schedule for each Service**

**Household Account Procedure**

Samaritans Policy and Procedural Guidelines

**Accounting and Purchasing Procedure**

## 8.7.7 Person Responsible

It is the responsibility of staff members to:

- undertake training in the management of household accounts
- adhere to financial procedures.

It is the responsibility of the Coordinator to:

- undertake training in the management of household accounts
- adhere to financial procedures
- monitor staff expenses
- maintain financial systems in accordance with procedures.

It is the responsibility of the Disability Services Manager to:

- arrange and conduct audits
- monitor service and programme activity expenditure and financial records
- report discrepancies to the Director Client Services.

## 8.7.8 Implementation and Evaluation

Staff are trained in household financial management.

Audits occur regularly.

## 8.7.9 Documentation

Financial records are maintained.

## Standard 8.8

# **PROFESSIONAL BOUNDARIES**

### **8.8.1 Purpose and Scope**

Samaritans has clear guidelines that indicate appropriate boundaries for staff who work with people with disabilities.

### **8.8.2 Definitions**

**Professional Behaviour:** describes the activities, attitude and skills required of a staff member in order to effectively carry out the responsibilities of the position they hold.

**Professional Boundaries:** are the defined limits to a staff member's behaviours and actions when working with people with disabilities.

### **8.8.3 Principles**

Samaritans requires staff members to perform their duties with professionalism, skill, diligence, impartiality and integrity in order to contribute to the effective and efficient management of the service and to the best possible outcome to the people using that service. Staff at all levels are to be aware of their ethical responsibilities and are encouraged to demonstrate responsibility, honesty and reliability in the performance of their duties. Staff are to adhere to the policies and practices set out in Samaritans **General Guidelines for Professional Conduct**.

### **8.8.4 Policy**

Samaritans establishes clear expectations regarding professional boundaries that set an acceptable standard of behaviour, which is applicable to staff members.

## 8.8.5 Procedures

- Samaritans policies and procedures provide the base from which staff members actions, judgments and behaviours proceed.
- Staff members maintain the confidentiality of information about their professional involvement with people using the service and information received in the course of carrying out their duties.
- Staff members avoid real or apparent conflicts of interest. A conflict of interest may include political, trade union, advocacy activities and outside employment. Should a conflict of interest arise they advise and seek assistance from their Disability Services Manager.
- Staff members are not entitled to receive personal gifts from people who use Samaritans services.
- Samaritans staff maintain clear boundaries between social and professional relationships. This includes any social contact with past or present people of the service, under which circumstances notification must be given to the Manager, Disability Services.
- Staff members are not permitted to talk to or make comments to any member of the media. All communication is to be referred to the Disability Services Manager, who refers the matter to the Director Client Services.
- All staff members have a responsibility to account for and maintain responsibility for their conduct. Accordingly, all staff have a responsibility to report any suspected cases of corrupt conduct by another staff member to their supervisor.
- All staff are mandatory notifiers of child abuse and are required by law to notify any instances of child abuse and neglect of persons who are using a service who are under the age of 18 years. All staff are to ensure that they are familiar with the Children and Young Persons (Care and Protection) Act 1998 and its regulations and Regulatory Impact Statements. **10.1 Management of Abuse and Neglect.**
- Samaritans staff are not permitted to engage in any kind of sexual contact with the people using the service. **10.1 Management of Abuse and Neglect.**
- All staff members are required to advise their supervisor where they acquire criminal charges relevant to Child, Family and Disability work relating to themselves or any staff, volunteer or contact worker who have contact with the people using the service.

- All staff members who are required to drive service vehicles as part of their position advise their supervisor of loss or infringement to their driver's license.
- Samaritans staff caught stealing are immediately subject to the Samaritans **Facilitation and Disciplinary Procedure** and are referred to the NSW police for prosecution.
- Staff members' personal appearance and dress reflects professional standards, common sense, personal taste and meets the standard required at the work location. Guidelines in determining appropriateness of dress and appearance are:
  - a) the work carried out
  - b) the people supported
  - c) general standards of neatness, tidiness, cleanliness, modesty and safety.
- Staff members found to be in breach of these professional boundaries may be subject to Samaritans **Facilitation and Disciplinary Procedure**.

## 8.8.6 References

NSW Children and Young Persons (Care and Protection) Act 1988  
NSW Children and Young Persons (Care and Protection) Regulation 2000,  
Regulatory Impact Statement (Disability Services)  
NSW Disability Services Act - Applications of Principles (g), (h) & (I)  
NSW Disability Services Standards - Standard 8  
Samaritans Disability Services Policy and Standards  
**Management of Abuse and Neglect**  
Samaritans Policy and Procedural Guidelines  
**Facilitation and Disciplinary Procedure**  
**General Guidelines for Professional Conduct**  
**Policy on Drug and Alcohol Use in the Workplace**  
**Appropriate Use of Samaritans Resources**

## 8.8.7 Person Responsible

It is the responsibility of staff members to:

- Adhere to professional boundaries.

It is the responsibility of the Coordinator to:

- monitor staff behaviours against these procedures.

It is the responsibility of the Disability Services Manager to:

- report breaches to the Director Client Services.

## 8.8.8 Implementation and Evaluation

Staff are advised of these guidelines and **General Guidelines for Professional Conduct** on commencing employment with Samaritans. Appraisals review staff activities against professional boundaries.

## 8.8.9 Documentation

Records of breaches are maintained. Annual appraisals are documented.