

HOME SUPPORT NORTH CHARITABLE TRUST



Client Rights and Responsibilities

SECTION B - CLIENT RIGHTS

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SECTION B - CLIENT RIGHTS

B1 – Client Rights

Policy:

All Clients will receive services in accordance with 'Consumer Rights' legislation. The concepts and practical application of The Code of Health and Disability Services Consumers' Rights is integrated into all aspects of our Service delivery.

Procedure:

All Clients have rights when receiving a Health and Disability Service – this is explained to them by their Needs Assessor prior to being referred to our Service. We will uphold these rights and reinforce their understanding where needed. **Open disclosure in practice, is how we communicate and share information with consumers and other services.**

Task/Activity	Steps	Responsibility	Hints
B1.1 Entry to Service Interview	<p>Client Rights and Responsibilities are explained to the Client at entry to Service.</p> <p>Client is given a Client pack that will contain a written copy of the Clients Rights and Responsibilities at the entry to service interview.</p>	<p>Co-ordinator</p> <p>Co-ordinator</p>	
B1.2 Training	<p>Support Workers have The Code of Health and Disability Services Consumers' Rights explained to them at induction training.</p> <p>Support Workers receive instruction on how the concepts and application of the Code effects how they deliver the service and the relationship between themselves and the Client.</p> <p>Clients Rights and Responsibilities are included in the Support Workers handbook.</p> <p>Further training covering Client Rights is included in the NZ Certificate of Health and Wellbeing.</p>	Trainer	
B1.3 Communi- cation Needs	<p>Written information on Client Rights and Responsibilities is in a larger than regular font.</p> <p>When even larger font sizes are required, these will be arranged.</p> <p>A CD version of the Code of Rights is available for hearing impaired Clients. Sign language and audio resources for hearing and/or sight impaired can be found at HDC.org.nz</p> <p>Arrangements for a translator or interpreter will be made when required via the NDHB.</p>	<p>Co-ordinator</p> <p>Co-ordinator</p> <p>Co-ordinator</p> <p>Co-ordinator</p>	<p>CD's are kept on the shelf in the Co-ordinators office.</p> <p>First contact the Needs Assessor to see who they used for translation or interpreting. It would be wise to use the same one if possible.</p> <p>Family is often an excellent resource for translation /interpreting.</p> <p>The Whangarei hospital reception has a list of possible translators.</p>

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Task/Activity	Steps	Responsibility	Hints
B1.4 Clients Freedom of Choice	Support Plans are developed in partnership with Clients.	Co-ordinator	
	Clients are contacted if there are any changes to their services, and a plan to suit all parties made.	Co-ordinator	
	Client activities and interests are included on the Support Plan, and services are planned around the Clients activities whenever possible to enable the Client to live the life they want while receiving services.	Co-ordinator / Support Worker	
	Clients are invited to have family / whanau / support person with them whenever there is to be a meeting or discussion regarding services.	Co-ordinator	
	Clients will be asked how they would like tasks to be done.	Support Worker	
B1.5 Changing the way needs are met	Clients have the right to have a change of Support Worker, Co-ordinator or Service Provider without malice.	Co-ordinator	
	The Client can refuse to have or withdraw from services.	Co-ordinator	
	Clients are contacted / visited at intervals depending on level of care – see service monitoring policy.	Co-ordinator	
		Co-ordinator	
B1.6 Advocacy	Clients right to Advocacy is explained at entry to service.	Co-ordinator	All information about advocacy services is in the Client pack.
	Written information about advocacy as well as the names, numbers and addresses of local advocates are provided to Clients at entry to service.	Co-ordinator	
	Support Workers are given instruction about Client advocacy at induction training, and report to their Co-ordinator when they recognise a Clients need for advocacy.	Co-ordinator	

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B2 – Commitment to the Treaty of Waitangi

Policy:

We recognise the concept of partnership and equity embodied in the three principals of the Treaty of Waitangi - Partnership, Participation & Protection, and we are committed in providing a culturally safe service.

We will:

Provide ongoing education and training programmes for our employees on the Treaty of Waitangi and Cultural Safety.

We will consult with local whanau, hapu and iwi if new initiatives are planned.

Appropriate representatives will be accessed to advocate on cultural issues when there are complaints or conflicts reported from Maori.

Tangata Whenua within the area we provide service: (boundaries are outlined on Page 8)

Ngati Whatua	Ngati Wai	Ngatikuri
Ngapuhi	Te Rarawa	Ngaitatoko
Ngati Kahu	Whaingarua	Te Aupouri

Procedure:

Task/ Activity	Steps	Responsibility	Hints
B2.1 Recognition	Our commitment to the Treaty of Waitangi will be included in our mission statement.	Board of Trustees/Chief Executive	
B2.2 Training For Support Workers	Training in relation to the principals of the Treaty of Waitangi and how this relates to the provision of services is provided to Support Workers at Induction Training. Written information is also available when a Support worker is allocated a Client who identifies as Maori.	Co-ordinator/Trainer Co-ordinator	Handouts covering Individual values and beliefs are available in the Induction folder. Detailed information on Maori culture is available in the Cultural folder in the Co-ordinators office.
B2.3 Training for Co-ordinators	Co-ordinators will attend the Treaty of Waitangi and Cultural Safety training, to meet the Service needs. Online modules can be completed for Cultural Competency as desired.	Operations Manager	Bookings are made through Moea Armstrong 'Network Waitangi' 23 Sherwood Road, Onerahi, Whangarei. (09) 436 1679 – reotahi@igrin.co.nz.
B2.4 Consultation	We will consult with Client's local whanau, hapu and iwi if new initiatives are planned. If it is an initiative that involves one Client we will engage the assistance of the needs assessment service, who have a consultation process for Clients already in place.	Quality manager/ Co-ordinator	

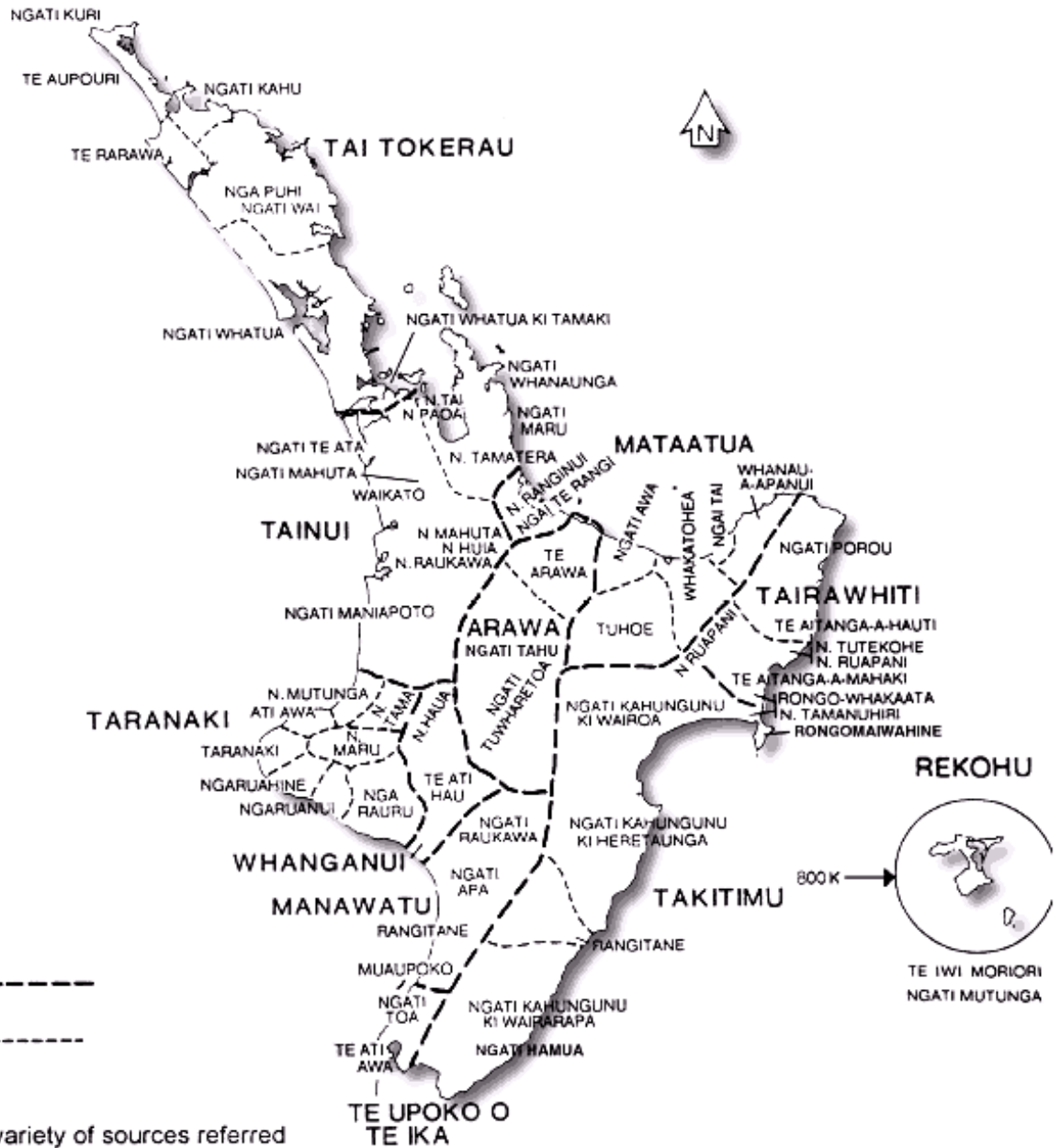
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Task/ Activity	Steps	Responsibility	Hints
	If it were an initiative that encompasses our service as a whole we would also consult with Maori home health providers such as Houora Whanui.	Chief Executive	
B2.5 Advocacy	If a Client who identifies as Maori or their whanau believe their rights have been breached while receiving our service or when accessing another health or disability service, the Client or their whanau is invited to contact the free Advocacy service on 0800 555 050 and ask for a Maori Advocate.	Co-ordinator	The Client's needs assessor is also a good resource for accessing tangata whanua when needed.
B2.6 Recruitment	Support Workers competencies in Te Reo Maori and recognition of cultural values and beliefs are identified during their application and recruitment interview. This information is used when matching Clients and Support Workers.	Employee Support Team Co-ordinator	
B2.7 Evaluating services to Maori	Clients are monitored according to their monitoring schedule. A Client response survey is encouraged annually. See Service Monitoring Section C. Support Worker is reviewed. See Support Worker Review Section E13.	Co-ordinator Co-ordinator	

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B2.8

Iwi boundaries map – North Island



Regional Groupings -----
 Iwi Areas

Boundaries are from a variety of sources referred to in extract 1.3.2 of the Atlas of New Zealand Boundaries, date of information, June 1988.

The boundaries are based on knowledge only - they have no official standing.

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B3 – Individual Values and Beliefs

Policy:

Clients will receive services in a manner that recognises their individual values and beliefs.

Clients' usual value, belief and festive practices are accommodated within the service as much as possible.

Clients/Whanau/Support person has input into planning, implementation and evaluation of the service they received as much as possible.

Services are provided to all Clients in a non-judgemental and non-discriminatory manner.

Client needs are identified promptly and documented to assist Staff to practice safely. It is not to be assumed that all Clients of a particular ethnicity will have the same cultural needs.

Family links will be maintained and their input utilised to provide individualised care for the Client.

Input from translation and interpretation services and cultural specialists will be accessed where needed, with special attention to advocacy in the area of complaints.

Procedure:

Tasks/Activity	Steps	Responsibility	Hints
B3.1 Service to Pacific Island Clients	Where needed specific assistance will be accessed to obtain advice on cultural issues.	Co-ordinator	A good resource for Pacific Island interpreters/ translators and advice about Pacific Island cultures and health related issues is: The Home Health Care section of the District Nursing Service based in Whangarei Phone 4304101 Extn 7952
B3.2 Interpreters /Translators	When an interpreter is required, first contact the original Needs Assessor to find out who they used. It may be wise to use the same interpreter. If this is not possible contact the information desk at the hospital for a list of possible interpreters.	Co-ordinator	
B3.3 Assessment	Clients/Whanau/Support Person are asked at entry to service if they have any specific values or beliefs they wish to have considered when planning their care. Any specific values, beliefs or festive practices are listed on the Support Plan and identified to the Support Worker prior to commencement of service. Any additional information that is obtained during service is relayed back to the Co-ordinator to be added to the Support Plan for future reference.	Co-ordinator Co-ordinator Support Worker	

Tasks/Activity	Steps	Responsibility	Hints
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<p>B3.4 Monitoring</p>	<p>Service is monitored at intervals depending on care level required. (see monitoring policy) Any problems or concerns are corrected as and when they occur. See Section C.</p>	<p>Co-ordinator</p>	
<p>B3.5 Family Links</p>	<p>Keeping in contact with Clients family is often a valuable resource for advising us on how our service can meet the Clients cultural and spiritual values and beliefs.</p> <p>Family is often a valuable resource as interpreters.</p>	<p>Co-ordinator</p>	<p>Be sure you have permission from the Client for this to occur.</p>

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B4 – Personal Privacy and Dignity

Policy:

Services are provided in a way that maintains and respects the privacy, dignity and lifestyle of the Client at all times, particularly in regard to personal care.

Tasks/Activity	Steps	Responsibility	Hints
<p>B4.1 Training</p>	<p>Support Workers receive instruction on the concepts of personal privacy and dignity at induction training.</p> <p>How to protect a Client's privacy and dignity when receiving personal care is included in the Support Worker handbook and ongoing training.</p> <p>Ongoing training on the concepts of personal privacy and dignity will be provided through structured training programmes and as needed. Support Workers receive instruction about addressing Clients by their preferred name at all times.</p>	<p>Trainer</p> <p>Trainer Co-ordinator</p>	
<p>B4.2 Service Delivery</p>	<p>Support Worker's ask Clients how they would like the tasks completed on the Support Plan.</p> <p>Client's Personal privacy is maintained during personal cares. Client is kept covered as much as practicable and doors closed. If another staff member is to be present for safety, training or any other purpose a full and clear explanation is given to Client and/or Client representative and prior permission for their presence is sort.</p> <p>Service delivery is monitored with regular phone calls and visits.</p> <p>See service monitoring policy section C.</p>	<p>Support Worker</p>	
<p>B4.3 Staff Performance Reviews</p>	<p>Regular feed back from Clients in regard to meeting privacy during personal cares are included in Support Worker performance reviews.</p> <p>See Staff Performance Reviews E13.</p>	<p>Co-ordinator</p>	
<p>B4.4 Complaints and feedback</p>	<p>All complaints are monitored to ensure any complaints regarding personal privacy are dealt with.</p>	<p>Co-ordinator / Operations Manager /Chief Executive</p>	

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B5 –

Confidentiality Information & Communication Privacy

Policy:

All personal information given to us concerning Clients is treated as confidential and the Privacy Act applies. Client information is kept secure at all times and is only used for the direct support of the Client.

Permission is obtained from the Client to discuss their case with allied health professionals.

Procedure:

Tasks/Activity	Steps	Responsibility	Hints
B5.1 Training	<p>Training on information privacy and confidentiality is covered in the Support Worker induction programme prior to commencement of employment.</p> <p>Details on information privacy and confidentiality are covered in the Support Worker handbook.</p> <p>All staff are required to sign a declaration of confidentiality prior to commencement of employment.</p>	<p>Trainer</p> <p>All staff / Employee Support Team</p>	<p>Clients have their right to confidentiality explained to them and receive a copy at entry to service.</p>
B5.2 Breaches of confidentiality	<p>Clients have the complaints process explained to them at the entry to service interview and further written information contained in the Client pack.</p> <p>Any breaches of confidentiality will be investigated and in the event of misconduct, disciplinary action is carried out in compliance with the Employment Relations Act. See Section B9.</p>	<p>Co-ordinator</p> <p>Co-ordinator / Operations Manager</p>	

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<p>B5.3 Storage</p>	<p>Client files are stored in locked filing cabinets in locked offices.</p> <p>Employee files are stored in locked filing cabinets in locked offices.</p> <p>All Client information stored electronically is only available to staff working with it directly who have a user login and password.</p> <p>Client information is left at the Clients home in an agreed location for Support Worker to refer to.</p> <p>When Co-ordinators are visiting Clients, Client information is kept in locked vehicle out of sight from general public</p>	<p>Admin staff / Co-ordinators</p> <p>Admin staff / Co-ordinators</p> <p>Support Workers</p> <p>Co-ordinator</p>	
<p>B5.4 Communication</p>	<p>Support Worker is contacted to offer a Client support / Relief.</p> <p>Client details – First name and address are written in an unidentifiable notebook.</p> <p>Identified hazards are also noted at this time.</p> <p>Letters may be sent to NDHB, ACC (ACCESS), Clients or complicated relief situations. Letters are only identified with Clients first name and surname initial only. No address or phone number.</p> <p>When txting/emailing SW to offer Clients or relief</p> <ul style="list-style-type: none"> • Only txt area, hours, days, type of care. • TXT client first name and surname initial only if Client known to SW and/or Client ID • If yes – request SW supply a suitable time for office to contact them with additional information. 	<p>Co-ordinator</p> <p>Co-ord Support.</p> <p>Support Worker</p> <p>Co-ordinator</p> <p>Co-ord Support</p> <p>Co-ordinator</p> <p>Co-ord Support</p>	<p>Never supply Client full name, phone or address using txt or email.</p>

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B6 Abuse and/or Neglect

Policy:

We will actively manage known risk situations to avoid potential abuse of Clients. Support Workers will be monitored to assess support provision.

Policies and procedures are in place to safe guard Clients from abuse as a result of service delivery. Abuse and neglect awareness will be included in our induction programme and on-going training.

All allegations and incidents of abuse and neglect will be investigated promptly and referred to the appropriate authority.

Procedure:

Tasks/Activity	Steps	Responsibility	Hints
B6.1 Policies and Procedures to safeguard against Abuse and Neglect as a result of Service Delivery	<p>Policies and processes for:</p> <ul style="list-style-type: none"> Assessing Clients – Section C Support Worker Reviews – Section E Monitoring of Clients – Section C Care limits – Section Gf Professional boundaries – SW Handbook Handling of Clients money / accepting gifts – Section C14 & C15 Client Key / Code Policy – Section C13 Confidentiality – Section B Timesheets – Section E Human Resources – Section E Reporting incidents and complaints – Section G & B. Refer Support Worker Handbook. Confidentiality for Staff – Section E <p>Are all designed to prevent and recognise suspected or actual abuse and neglect by Staff.</p>	All Staff	
B6.2 Training	The above policies and procedures are explained at the induction programme and relevant information provided for reference in the Support Worker handbook.	Trainer	
B6.3 Allegations of Abuse and Neglect	All allegations of abuse or neglect are recorded on an incident/complaints form and the incident/complaints procedure followed.	Co-ordinator	

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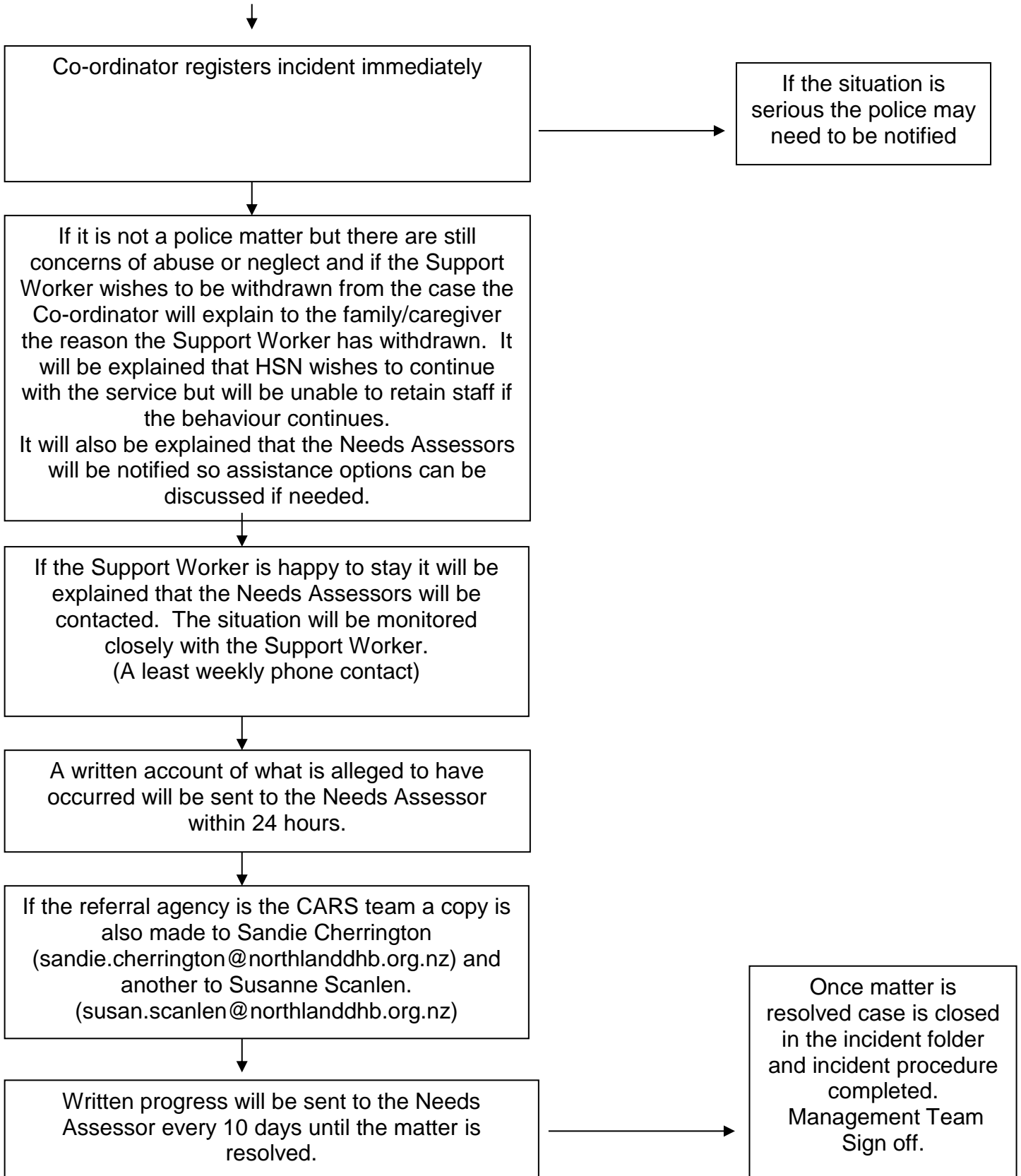
Tasks/Activity	Steps	Responsibility	Hints
B6.4 Allegations of Abuse or Neglect not as a result of service delivery	Follow the incident procedure and abuse & neglect flowchart.	Co-ordinator	Give assistance to the Support Worker to ensure he/she understands how to write an accurate account. If the Client has been referred by NASC, the Manager Phyllis Dunn (phyllisdunn@northlandd hb.org.nz) has confirmed she wishes to be informed as soon as possible. A copy is to also go to Susanne Scanlen. (susanne.scanlen@northlandd hb.org.nz) It is not the job of the Co-ordinator to discuss with the Client or family carer respite or permanent residential care options – this is the job of the Needs Assessor.
	If the situation is serious the police may need to be notified.	Co-ordinator	
	Send email with written report outlining the situation to referral agency. Contact the referral agency and also discuss by phone to be sure they have received the information. If the referral agency case Co-ordinator is not available speak to the Manager.	Co-ordinator	
	If this is not a Police matter but there are still concerns of abuse or neglect and if the Support Worker wishes to be withdrawn from the case it is important the Co-ordinator explains to the family that the Support Worker does not wish to continue because....(give reason). Explain that Home Support North wishes to continue but will not be able to get staff to stay if this behaviour continues. Also explain that the matter has been referred to the Needs Assessor so assistance and options can be discussed.	Co-ordinator	
	If the Support Worker is happy to stay, still explain to the family what the problem is and the reason you will be referring to the Needs Assessor.	Co-ordinator	
	Monitor and document the situation closely (at least weekly) with the Support Worker.	Co-ordinator	
	When contacting the Needs Assessor give a written account of what has occurred with dates and times.	Co-ordinator	
	Written progress will be sent to the Needs Assessor every 10 days until the matter is resolved.	Co-ordinator	

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B6.5 Flowchart

Procedure when Abuse or Neglect is reported that is not a result of service delivery

Support Worker reports abuse or neglect to Co-ordinator



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B7 – Informed Choice and Informed Consent

Policy:

We respect the right of Clients and/or their nominated representative to be involved in decision making about the support and treatment that affects them.

We respect the Clients right to be able to make reasoned choices without pressure and to be given information about options and the consequences of each option.

Procedure:

Tasks/Activity	Steps	Responsibility	Hints
B7.1 Entry to Service	Clients are given a “Client pack” at the entry to service interview, containing useful information of how the service operates and options they have when events occur.	Co-ordinator	
B7.2 Obtaining Consent	<p>Consent for service is obtained at the entry to service interview. Use service agreement. (refer Client Pack).</p> <p>Verbal consent must be obtained from the Client when planning changes to Support Plans, making referrals to other health professionals or asking the Client to take part in teaching or research; this will be recorded in the Client file.</p> <p>Clients have the right to refuse or withdraw consent.</p>	<p>Co-ordinator</p> <p>Co-ordinator</p>	
B7.3 Any Changes to Service Delivery	<p>If a Support Worker is unable to work the Client will be provided with an alternative worker and informed should there be any changes to usual routine. .</p> <p>Clients will be consulted regarding the need for changes to hours, days or Support Workers and given options are far as is practicable.</p>	<p>Co-ordinator</p> <p>Co-ordinator</p>	
B7.4 Training	<p>Support Workers will be given instruction regarding the rights of Clients to make informed choices and give informed consent and how that relates to the work they do.</p> <p>Information regarding informed consent and informed choice will be kept in the Support Worker handbook for reference.</p> <p>Co-ordinators will be given instruction regarding the rights of Clients to make informed choices and give informed consent from someone with experience in the specialist area of informed choice and informed consent.</p>	<p>Trainer</p> <p>Operations Manager/Quality Manager</p>	<p>Mary Claire Taffes from the Advocacy service is a good contact for specialist speakers.</p>

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B7.5 Evaluation	Feedback from Clients is obtained at Client monitoring points and recorded on file. Any negative feedback will be entered on to the SW file, followed up by Co-ordinator and/or Employee Support Team	Co-ordinator Co-ordinator Employee Support Team	
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B8 – Links with Family, Whanau and other Community Resources

Policy:

We recognise the need for Clients to maintain links with their family and/or whanau and their community and will utilise family input when developing a service plan. We will plan service delivery around the Clients commitments whenever practicable.

Procedure:

Tasks/Activity	Steps	Responsibility	Hints
B8.1 Referral is received from Referral Agency	Client's are invited to have family and/or whanau or support person present during the entry to service interview and any further visits to plan or monitor service delivery.	Co-ordinator	
B8.2 Planning Service Delivery	<p>Clients' community commitments and activities are identified on the Client Service Delivery Plan and included on the Support Plan.</p> <p>Times and dates for service delivery are planned around the Clients community commitments and activities as much as is practicable.</p>	<p>Co-ordinator</p> <p>Co-ordinator / Support Worker</p>	
B8.3 Additional Need Recognised	Where the Client will benefit from the input from a community support agency, with the Clients permission information is supplied to Client, family and/or whanau or a referral is sent to the original referral agency or directly to the support agency.	Co-ordinator	

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B9 – Complaints

All verbal or written complaints are dealt with promptly and fairly by Co-ordinator and / or Operations Manager, Quality Manager, Payroll Manager or Chief Executive. All complaints will be documented and the complaint procedure followed.

What is a complaint?

Complaints are expressed dissatisfaction of some aspect of support services provided.

It is preferable for complaints to be presented formally in writing. However if this is not possible, it may be taken verbally.

When staff members receive a complaint, they are expected to ask whether it is a formal complaint or feedback.

Complaint Recording

Where the complaint is formal, it will be recorded in the office Incident Register under complaints section and the complaints procedure followed.

What is Complaint Feedback?

Feedback is information received in response to something done and where the Client / Support Worker or other is not making a formal complaint.

Feedback Recording

Feedback will be recorded in the Client and Support Worker files for consideration and action by the Co-ordinator/Employee Support Team. Feedback may be used in Support Worker reviews.

Home Support North accepts all complaints and feedback as a means of scrutinizing policies and practices to ensure we achieve the highest possible standards in all our work.

Internal staff complaints

All staff complaints are subject to the procedures headed Problem Solving Procedure for Employment Relationship Problems found in the Individual Employment Agreement.

Complaints Procedure:

Activity / Tasks	Steps	Responsibility	Hints
B9.1 Rights explained at entry to service.	<p>Clients have their rights in relation to complaints clearly explained upon entry to the service.</p> <p>Client is given a Client Pack containing written steps for making a complaint.</p> <p>Steps explained verbally in a manner where the Client is able to understand.</p> <p>Client is provided with a phone number to contact the Co-ordinator and an independent advocate and invited to use either.</p>	Co-ordinator.	<p>A list of language interpreters: See Section B1.3</p> <p>Names and phone numbers of local advocates are on the Client Complaints Procedure Section B9</p>

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Activity / Tasks	Steps	Responsibility	Hints
B9.2 Receiving a complaint	<p>Identify the complaint as either a formal complaint or feedback.</p> <p>When staff members receive a complaint they are expected to ask whether it is a formal complaint or feedback.</p> <p>Encourage the complainant to submit the complaint in writing.</p>	<p>Staff member receiving the complaint.</p>	<p>A complaint may be verbal if the complainant verifies it is formal.</p> <p>Take care not to embarrass a complainant if a written complaint would be difficult or inappropriate.</p>
B9.3 Record complaint	<p>Enter details in office Incident Register (or electronic register if emailed/posted in). Place in the complaints section - file kept in Co-ordinators office.</p> <p>Record time, date and brief overview of complaint in Client/Support Worker file. Record: refer complaint file document</p> <p>Fill in details of complaint on Incident/Injury/Damage to Property/Complaint Form.</p> <p>Explain procedure to complainant and file form.</p> <p>Scan / Email a notice that a complaint has been registered to the Chief Executive.</p>	<p>Co-ordinator Or Reception</p>	<p>Discuss complaint with appropriate Manager for supervision.</p> <p>If complaint includes a Support Worker, fill complaint form. .</p>
B9.4 Investigate	<p>Investigate the complaint.</p> <p>Record all progress.</p>	<p>Co-ordinator Operations / Quality / Payroll Manager / Chief Executive.</p>	<p>This could involve: Interviewing those involved, by phone or face to face. Listening, reviewing the issues, identifying the facts.</p>
B9.5 Record in Support Worker file	<p>If complaint includes Support Worker, outline complaint and record: refer complaint file.</p> <p>If complaint against Support Worker is unfounded, record: "Unfounded complaint" refer complaint file.</p>	<p>Co-ordinator</p>	
B9.6 Communicate decision	<p>Communicate your decision to the complainant within 2 working days.</p> <p>Decisions are to be given in writing however may be given verbally as well if this is more appropriate.</p> <p>Letter to be approved by Chief Executive or Operations Manager before sending out.</p>	<p>Co-ordinator / Operations / Quality / Payroll Manager / Chief Executive.</p>	<p>If your decision is going to take longer than 2 days, inform the complainant how long you expect it to be.</p>

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Activity / Tasks	Steps	Responsibility	Hints
	<p>If there has been no further contact from complainant within 14 working days from final letter, Home Support North will presume complainant is satisfied with the outcome.</p> <p>Date of closure will be 14 working days from final letter if no further correspondence is received.</p> <p>If the Complainant is not satisfied with the outcome they are then invited to follow the Client complaints procedure.</p>		<p>You may use sample letter B9.9 following as a guide.</p> <p>If there is to be a change of Support Worker, instruct Support Worker she / he is not required to return to the Client to obtain a signature on the timesheet under any circumstances</p>
<p>B9.7 Close Complaint</p>	<p>Once the complaint is closed, date of closure and any comments are entered into the 'Complaints Register.'</p> <p>The complaint form and any associated correspondence is also placed in this register.</p> <p>Send a copy to the Chief Executive</p>	<p>Co-ordinator</p> <p>Co-ordinator</p>	
<p>B9.8 Reviews</p>	<p>Complaints from each office are taken to the next Management meeting. Any risks or trends are identified and quality improvements planned. See Section D.</p> <p>The Management review section of the Complaint Form is completed and signed by the Chief Executive.</p> <p>Complaint form and any associated correspondence are filed in the Support Worker and/or Client file after it is completed at the Management meeting.</p> <p>Any complaint forms not associated with a Support worker or Client will be filed in the "Offices A/I/C" file at the Whangarei office.</p> <p>Changes to procedure and process will be implemented as needed. See Section D.</p> <p>Records of meetings will be kept in minutes at Whangarei office.</p>	<p>Operations / Quality / Payroll Manager / Chief Executive.</p> <p>Chief Executive</p> <p>Operations Manager/ Co-ordinator</p> <p>Operations Manager</p> <p>Quality Manager</p>	

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B9.9 - Complaints Procedure – Example Letter:

Mr Joseph Bloggs
22 Pillow Drive
Whangarei

01 / 01 / 2006

Dear Mr Bloggs

Home Support North would like to advise you we have investigated your complaint regarding

Date

We will be

.....
.....
.....
.....

If we haven't received a response to this letter within 14 working days, Home Support North will presume you are satisfied with the outcome.

Yours sincerely

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B9.10 – Client Complaint Procedure

How to make a complaint

You can make your complaint by talking to your Co-ordinator or any staff member of the service.

Whangarei	09 430 2090 or 0800 832 383
Mid North	09 402 6657 or 0800 729 787

If you wish to complain about your Co-ordinator, you may contact the Operations Manager, Quality Manager or Chief Executive.

If you wish to complain about the Operations Manager or Quality Manager you may ask to speak to the Chief Executive - Leanne McLiver 09430 2090.

What will happen?

Your complaint will be documented and investigated promptly. If the investigation is going to take more than five days, you will be told how long it is expected to take.

You will be invited to put your complaint in writing, but it will be taken verbally if this is preferable.

If the complaint is not resolved, you will be invited to meet with the Operations or Quality Manager.

During all steps of this procedure you may have a support person with you or you may contact the Health and Disability Service advocacy service (see enclosed brochure) or other advocacy service of your choice.

Can anything else be done?

If you are not happy with the outcome of the investigation you may contact the Chief Executive of Home Support North.

If your complaint is about the actions of the Chief Executive, you may address your complaint to: The Chairperson, Board of Trustees Home Support North Charitable Trust, 7a First Avenue, Whangarei 0110 – mark envelope “CONFIDENTIAL”

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If you are still not satisfied you may address your complaint to the **Health & Disability Commissioner** - PO Box 1791 Auckland, Ph 09 373 1060

EVERYONE HAS THE RIGHT TO AN INDEPENDENT ADVOCATE

You may independently contact the Health Advocates Trust in your area:

Te Tai Tokerau Disability Empowerment Advocacy Support

Jonny Wilkinson

P O Box 374

Whangarei

Phone: 09 430 3406

Fax: 09 438 1679

Health and Disabilities Commission Advocates

Health Advocacy Trust Advocates:

Mary-Claire Taff

23 Norfolk Street

- PO Box 1607

Whangarei

Phone: 09 430 0166

Or

The Supervisor

P O Box 9983

New Market

Auckland

Phone: 0800 555 050

Kaitaia:

12 Puckey Avenue

Kaitaia Community House

Kaitaia

Phone: 09 408 0006

If Client wishes to speak with a Maori Advocate or a male Advocate, they may phone 0800 555 050 and ask for the Supervisor.

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B9.11 – Feedback and Complaints

Guidelines for Support Workers in dealing with Clients

Feedback is information received in response something done in regard to the service provided by Home Support North.

A Client may wish to discuss with you concerns they have about the service they are receiving e.g. it could be about the way some tasks on the Support Plan are being done or times and days support is being provided.

This is considered **feedback**.

Listen carefully to the issues.

Talk them through with the Client and if possible resolve the concerns with an agreed solution.

If unable to find an agreed solution, offer to contact the Co-ordinator or invite the Client to do so themselves.

Feedback may be communicated to the Operations Team by phone or face to face Feedback communicated to the office will be recorded in the Client and/or Support Worker contact notes for consideration and actioned (if necessary) by the Co-ordinator.

Complaints are expressed dissatisfaction of some aspect of support services provided.

When a Client makes a complaint, ask whether they would like to make the complaint formal or whether they would like it treated as feedback.

Complaints are to be passed on to the Co-ordinator immediately. The complaints procedure will be followed.

It is O.K. for a Client to make a complaint. It helps to improve services. We should give Clients support to make a complaint and this should not affect the way they are treated.

The same general guidelines apply if you have any issues with your Client/s. Please phone your Co-ordinator for support.

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B9.12 – Internal Staff Complaints – between Staff Members

Raise the issue with the person directly concerned and make every reasonable attempt to resolve the issue. If further discussion is required, both parties may have a support person present. At this point parties may wish to involve a Co-ordinator or one of the Managers.

If the matter remains unresolved, the aggrieved staff member may present details (preferably in writing) of the issue to the Chief Executive. If the matter concerns the Chief Executive, present the written details to the Chairperson, Board of Trustees, Home Support North – 7a First Ave, Whangarei 0110 & marked "confidential".

The Chief Executive or the Chairperson of the Board will seek both parties view of the issue and make every effort to resolve the issue speedily.

If the resolution is not to the satisfaction of the aggrieved staff member, they may then choose to follow the procedure for Employment Relationship Problems found in your Individual Employment Agreement.

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B10 – Advocacy for Clients

Policy:

Clients, who believe they have not received fair treatment with any part of our Service or any other Health Service, will be offered the option of seeking the advice of an Independent Advocate.

Support Workers recognising the need for advocacy may either give Clients the phone number of advocacy services directly or report the need to their Co-ordinator who will then discuss it with the Client and refer on.

Procedure:

Tasks/Activity	Steps	Responsibility	Hints
B10.1 Pre-Entry to Service	The Needs Assessor prior to being referred to our service explains advocacy services to the Client.	Referral Agency	
B10.2 Entry to Service	Clients are reminded of their right to free advocacy if they believe their rights have been breached while receiving a Health service. See Section B1.	Co-ordinator	
B10.3 Information	A list of local advocacy contacts is provided in the Client handbook.		.
B10.4 Training	Advocacy services and the process of reporting is explained to Support Workers at Induction Training. Co-ordinators receive in-service training on the Advocacy services and their process.	Trainer Operations/Quality Manager	Mary-Claire Taffs is a local advocate and a very good expert speaker.

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B11 - Child Protection Policy for HSNCT

B11.1 - Rationale:

Supporting the well-being and safety of children and young people is of paramount importance to Home Support North. This includes the prevention of child abuse and neglect. To be sure that children and young people are safe, it is better to take steps early and minimise the risk of abuse happening and neglect continuing.

While most staff will not be providing home support services to children, staff may in the line of their work interact with children in a broader manner. As a consequence of this interaction, staff may be in a position to identify actual, or be suspicious of, child abuse or neglect.

The interest and welfare of the child or young person is the primary consideration when any action is taken about suspected abuse. However, staff and management are not to assume responsibility beyond the level of their role, experience and training. Instead, we support the roles of the statutory agencies - Police and Oranga Tamariki - and will report any concerns about abuse and neglect in accordance with this Policy and Process as outlined below.

B11.2 - Purpose

This Policy and Process, guides our actions whenever there is a concern about the abuse and neglect of children and young people. This includes recording concerns, if a child or young person discloses abuse or neglect.

The Vulnerable Children Act 2014 requires organisations providing government funded services to children and families in New Zealand to have a Child Protection Policy. The Act requires our policy to contain, at a minimum, how we identify and report child abuse & neglect. There are also requirements regarding safe recruitment practices and safety checks – where staff work directly with children.

B11.3 - Defining Abuse and Neglect

The Children, Young Persons and their Families Act, 1989, defines child abuse as "...the harming (whether physically, emotionally, sexually), ill-treatment, abuse, neglect, or deprivation of any child or young person".

The definitions set out below provide some indicators of abuse. However, these should not be seen as an exhaustive list or as a check list.

B11.3.1 - Physical Abuse

Physical abuse is a non-accidental act on a child that results in physical harm. This includes, but is not limited to, beating, hitting, shaking, burning, drowning, suffocating, biting, poisoning or otherwise causing physical harm to a child. Physical abuse also involves the fabrication or inducing of illness.

B11.3.2 - Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effect on the child's emotional development. This can include a pattern of rejecting, degrading,

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ignoring, isolating, corrupting, exploiting or terrorising a child. It may also include age or developmentally inappropriate expectations being imposed on children. It also includes the seeing or hearing the ill treatment of others.

B11.3.3 - Sexual Abuse

Sexual Abuse involves forcing or enticing a child or young person to take part in sexual activities, in whatever form, as well as non-contact acts such as involving children in the looking at or production of sexual images, sexual activities and sexual behaviours.

Staff should be aware of their 'duty of care' which precludes developing a sexual relationship with or grooming of a child. A sexual relationship between an adult and a child will always be wrong, unequal and unacceptable.

B11.3.4 - Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, causing long term serious harm to the child's health or development. It may also include neglect of a child's basic or emotional needs. Neglect is a lack: of action, emotion or basic needs; i.e. the provision of food, water, warmth, clothing and shelter.

B11.4 - Action and Process to be followed

Any issues of suspected child abuse must be taken seriously and be handled in a manner that ensures the child's or young person's safety and confidentiality. If a member of staff has any concern about a child's safety or well being, they must inform their Co-ordinator or Operations Manager. This must be done at the first possible opportunity to best ensure the safety of the child.

Home Support North's Incident Reporting Procedure must be followed. It is not our responsibility to investigate concerns about child abuse and neglect. Although we should record anything that is said, or that we see, hear or become aware of, it is not our role to investigate or interview children or the people around them.

The severity of the suspected abuse or neglect is not up to the staff member, Co-ordinator or Operations Manager to determine. It may be that our concerns are a small piece of the overall jig-saw and bigger picture. Instead, the Co-ordinator or Operations Manager has the ultimate responsibility to ensure appropriate Statutory agency is notified.

Before contacting Oranga Tamariki or any other organisation(s), **all staff** have a responsibility to discuss any child protection or wellbeing concerns with their Co-ordinator, Operations Manager or Chief Executive. However, in an emergency call the Police.

In consultation with their Co-ordinator or Operations Manager, staff should always respond if they suspect abuse or neglect of a child, regardless of who may be involved, as follows:

- i. If a child is in immediate danger. The primary response must be to ensure the safety of the child; **contact the Police – dial 111.**
- ii. Contact Oranga Tamariki (they have a National Contact Centre on 0508 326 459, or email contact@ot.govt.nz) to discuss appropriate steps where:
 - a) A child has disclosed abuse or neglect

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- b) Abuse or neglect of a child has been disclosed by the person responsible
 - c) A staff member has observed abuse or neglect, or suspects abuse or neglect on the basis of their own observations
 - d) A third party has told a staff member of known child abuse or neglect, or of their suspicions of possible child abuse or neglect.
- iii. Contact other parties connected liaise if necessary to ensure the best interests for the child's safety is well managed.

B11.5 - Co-ordinators and Managers have a responsibility to ensure that the appropriate authority is notified when a staff member informs them that a child has been, or is likely to be, or is suspected of being, abused or neglected. This extends to ensuring that all known information about the child, young person, and their siblings and family/whānau, is shared in full with the appropriate authority, to determine the most appropriate response.

In the spirit of full ownership and collective responsibility for child protection, where a **third party** has advised of the abuse, that person should be encouraged to report their information to Oranga Tamariki. The Co-ordinator or Operations Manager should ensure that this is done by following up with Oranga Tamariki.

B11.6 - Allegations about our Staff

If the abuse involves a staff member, or a staff member is accused of such, on-going, appropriate support and counselling will be offered to the accused, until the case is concluded.

If the initial investigation evidences enough to warrant a Disciplinary Process, then this will be commenced and followed in accordance with Home Support North's Policy for Serious Misconduct. Upon notification to the Chief Executive by the Operations Manager, this may include a decision by the Chief Executive to suspend the staff member, if further risk could be posed by the staff member remaining at work.

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B11.7 - FLOW CHART:

