

# Cabonne Community Transport Policy

## 1 Document Information

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<b>Owner</b> <i>(Relevant director)</i>	Director of Finance & Corporate Services
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## 2 Summary

This document contains all policies and procedures relating to the operation of Cabonne Community Transport.

## 3 Approvals

Title	Date Approved	Signature
Director of Finance & Corporate Services		

## 4 History

Minute No.	Summary of Changes	New Version Date
	Compilation of all policies into one document, reviewed by Community Transport Coordinator	March 2010
10/03/22	Adopted by Council	15 March 2010
13/02/09-CS3/13	Updated to include the Parameters of Transport	5 February 2013
13/09/30	Readopted as per s165(4)	17 September 2013
18/08/10	Service has gone through Third Party Verification and has updated the bulk of its policies to reflect these changes. Annexures have been moved to a separate document –	28 August 2018

	Doc ID 960025 – in the procedures folder. Readopted as per s165(4)	
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## 5 Reason

Cabonne Community Transport exists to provide services and undertake activities, which alleviate transport disadvantage within its operating area by operating within these policies.

## 6 Scope

Services are available to eligible people (including frail elderly people, isolated people and people with disabilities) within the Cabonne LGA.

## 7 Associated Legislation

Refer to specific policies.

## 8 Definitions

*These definitions may relate to a number of policies and relate directly to the Child Protection section of this policy document*

**Allegation:** Includes an allegation of child abuse, and an allegation of misconduct that may involve child abuse. Allegations may be written, verbal or anonymous. An allegation should have the following elements:

- The person who is the subject of the allegation must be a current employee and must be identifiable (either by name or by a description)
- It must detail the conduct or pattern of behaviour that indicates abuse of a child
- The alleged victim must have been a child under the age of 18 years at the time of the alleged behaviour. The alleged victim may be an adult now and the alleged behaviour may have occurred years before.

**Child:** A person under the age of 18 years.

**Child Abuse:** Refers to the non-accidental physical injury, neglect or ill-treatment, psychological abuse and sexual exploitation and abuse of children.

**Child at risk of harm:** Under the Children and Young Persons (Care and Protection) Act, a child is at risk of harm if there are current concerns for the safety, welfare or wellbeing of the child because of the presence of any one or more of the following circumstances:

- The child's basic physical or psychological needs are not being met or are at risk of not being met
- The parents or other caregivers have not arranged or are unable or unwilling to arrange for the child to receive necessary medical care
- The child has been, or is at risk of being, physically or sexually abused or ill-treated
- The child is living in a household where there have been incidents of domestic violence and as a consequence, the child is at risk of serious physical or psychological harm
- A parent or other caregiver has behaved in such a way towards the child that the child has suffered or is at risk of suffering serious psychological harm

**Child related employment:** Employment that involves direct contact with children under 18 years of age, where that contact is not **directly supervised**.

**Direct Supervision:** A person present at all times during, and is observing and capable of directing, if required, the contact by the person under supervision with any child, where such contact is part of the duties to be performed by the person under supervision or can reasonably be expected to occur during the performance of those duties.

**Employee:** Any person who is engaged in child-related employment in any of the following capacities:

- Paid employment
- Sub-contractors
- Volunteers
- Ministers of religion
- Members of religious organisations
- Undertaking training as part of an educational or vocational course

**Employment Screening:** The process of gathering relevant information about an applicant for employment by an organisation in order to enable an informed decision to be made on whether to employ the applicant or not. The method of employment screening is the **Working with Children check**.

**Head of Agency:** Under the Ombudsman's Act, the Head of Agency is the Chief Executive Officer or other Principal Officer of the Agency. In the case of Council, the Head of Agency is the General Manager.

**Physical Neglect:** Neglect occurs when a parent or other caregiver, without reasonable excuse, neglects to provide adequate and proper food, nursing, clothing, medical aid or lodging for a child in his or her care.

**Notification:** The requirement under the Ombudsman Amendment (Child Protection and Community Services) Act to inform the Ombudsman of any allegation of child abuse against employees, or any conviction of employees.

**Physical Abuse:** The non-accidental injury to a child by the parent, caregiver or other person. It includes injuries such as bruising, lacerations or welts, fractures or dislocation, medically or pharmaceutically induced injuries or illness etc.

**Prohibited Person:** A person convicted of a serious sex offence, other than where there is an order in force declaring that the Child Protection (Prohibited Employment) Act 1998 does not apply to the person in respect of the offence. A serious sex offence is one that attracts a period of imprisonment of 12 months or more.

**Sexual Abuse:** Any sexual act or sexual threat imposed on a child. It refers to the involvement of children in sexual acts where the child is exploited for the gratification of another person's sexual needs or desires. Examples include genital exposure, prostitution, pornography and sexual assault.

**Working with Children Check:** This check involves the following:

- a) A national criminal record check, which is a check for child abuse, child pornography, sexual activity or acts of indecency.
- b) A check on relevant Apprehended Violence Orders.
- c) A check of previous relevant disciplinary proceedings with other employers.
- d) Structured referee checks.

## 9 Responsibilities

*These responsibilities relate directly to the Child Protection section of this Policy Document*

### 9.1 General Manager

- 1. It is the responsibility of the General Manager to report allegations or convictions of child abuse to the Ombudsman's Office.
- 2. It is the responsibility of the General Manager to notify the Commission for Children and Young People of any employee against whom relevant investigation proceedings have been completed, where the investigation has resulted in disciplinary action being taken against that employee. The General Manager will also decide what disciplinary action, if any, will be taken.
- 3. It is the responsibility of the General Manager to ensure Council retains all records of an investigation, regardless of whether or not the allegation was proven. This responsibility applies regardless of any requirement for disposal of the record, which may exist elsewhere.

### 9.2 Directors, Managers and Supervisors

- 1. It is the responsibility of Directors, Managers and Supervisors to report any allegations of child abuse to the General Manager, and to carry out any investigation.
- 2. It is the responsibility of all Council Managers to ensure all procedures outlined in this policy are applied, in particular relevant employment screening of prospective employees.
- 3. It is the responsibility of Human Resource Officer to provide advice and support to both line management and employees.

### 9.3 Employees

- 1. It is the responsibility of all employees to notify their supervisor immediately if they witness during working hours a child abuse incident, or someone discloses a situation of child abuse within the work place to them.

### 9.4 Others

- 1. Other parties that may be involved in the process include the Union, the Employee Assistance Program, Councillors and Contact Officers – their role is to advise and support employees.

## 10 Related Documents

Community Transport Procedure Annexures

## **11 Policy Statements**

Section 1 – Organisational Management

Section 2 – Team Management

Section 3 – Service Delivery

Section 4 – WH&S and Vehicle Management

## **Section 1 - Organisational Management**

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### **POLICY 1.01      Aims and Objectives of Service**

#### **Policy Statement**

Cabonne Community Transport will provide services and undertake activities according to the constitution and any funding agreements or contracts entered into by the Organisation.

#### **Policy**

##### **Aim**

"To provide appropriate high quality services to the target group in the geographic areas stated in various funding agreements entered into by the organisation"

##### **Target Group**

The target group will be:

- Older people;
- Younger people with a disability;
- Carers of the above; and
- Such other persons as may be determined by Coordinator

##### **Objectives** (as per the constitution)

To act as an advisory, consultative body for Cabonne Councils Community Transport projects and to represent individuals concerned with transport issues throughout the Cabonne local government area.

- To foster the introduction of community transport
- To stimulate and promote an improvement in all forms of transport.
- To encourage the coordination of transport resources.
- To act as a representative and as a lobby for community transport
- To encourage greater awareness of community transport needs
- To provide delegates to, representation on, and assistance in policy endorsement for the development of community transport at all levels, where appropriate.

##### **Special Needs Groups**

The Service recognises that certain groups within the above Target Group have increased difficulty accessing service and the Service will develop specific strategies to ensure access by:

- people who live in rural/remote areas;
- people who are financially disadvantaged;
- people with dementia;

- people who come from culturally and linguistically diverse backgrounds; and
- Aboriginal and/or Torres Strait Islander people.

## **Related Procedures**

- [PRO 1.01-1](#) Philosophy of Service

## **Relevant Standard**

### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 8. Organisational Governance

### **Disability Service Standards**

- 6. Service Management

## PROCEDURE 1.01-1

## Philosophy of Service

### Expected Outcome

The Service Stakeholders will be aware of the philosophy behind all services provided by the organisation.

### Training Requirements

All Team Members

### Procedure

The Service will endeavour to provide its services in accordance with the following philosophy:

- Service Users are the focus of the Service;
- Cabonne Community Transport exists solely to meet the needs of Service Users;
- Each Service User is an individual and has different needs determined by their age, gender, cultural background and life circumstances;
- Service Users are encouraged to make choices in their lives;
- Service Users are supported with dignity, respect, privacy and confidentiality;
- Service Users will be encouraged by services that support and promote their independence;
- Service Users access to service will be on a non-discriminatory basis; and
- The community can expect a service that is safe and accountable.

The Service will endeavour to ensure the highest standards of Team Members management and support. Team Members within the organisation shall operate in accordance with the following philosophy:

- Commitment to social justice and access and equity principles;
- Commitment to the identification and management of risk within the workplace;
- Respect for one another. Recognising each person's life experience, knowledge, skills and expertise can contribute to us working in a harmonious environment;
- Responsibility for our words and actions. Team Members take their roles and responsibilities seriously, enabling us to work effectively as a whole organisation;
- Commitment to working within an ethical framework to ensure transparency and accountability to our community;
- Supporting each other to achieve our best. Team Members recognise that at times we may need feedback, encouragement, assistance and direction to fulfil our roles;
- Sharing information, skills, knowledge and a similar work ethic promotes open and inclusive work and organisational practices;
- Building an educational environment where each Team Member can extend themselves and gain further knowledge, skills and experience so that we become



more effective as an organisation. Team Members are comfortable with exploring different ways of dealing with challenges;

- Building innovation and flexibility into service thereby encouraging creativity, problem solving and management of challenges; and
- Recognition of achievement and growth allows Team Members to feel confident in their work and celebrate their accomplishments.

## **Documents to be completed and/or related to this procedure**

- [DOC 1.01-1-1](#) Constitution Coversheet

## **Corresponding Policy**

- [POL 1.01](#) Aims and Objectives of the Service

## **Relevant Standards**

### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumer
- 4. Services and Supports for Daily Living
- 6. Feedback and Complaints
- 7. Human Resources
- 8. Organisational Governance

### **Disability Service Standards**

- 1. Rights
- 2. Participation
- 3. Individual outcomes
- 4. Feedback and complaints
- 5. Service access
- 6. Service management

## **POLICY 1.02            Management of Service**

### **Policy Statement**

The Service will manage its services effectively and efficiently to ensure a service that has Service User need and continuous improvement at the centre of all its activities.

### **Policy**

The Service is managed by the Cabonne Council according to the Constitution of the Organisation.

Cabonne Council will govern lawfully with an emphasis on:

- outward vision rather than an internal preoccupation;
- encouragement of diversity in viewpoints and collective decision making;
- strategic leadership;
- Pro-activity rather than reactivity.

Cabonne Council has the following responsibilities:

- To operate the Service ensuring all constitutional and legal obligations are met;
- To ensure quality services to Service Users;
- To have a fair and transparent recruitment process and to provide support and development opportunities for Team Members;
- To financially manage the organisation to ensure sustainability and growth; and
- To recognise the Traditional Owners of the land in which the Service operates.

### **Related Procedures**

- [PRO 1.02-1](#)            Responsibility and Role of Cabonne Council
- [PRO 1.02-2](#)            Role of the Manager
- [PRO 1.02-3](#)            Delegation of Authority
- [PRO 1.02-4](#)            Conflict of Interest
- [PRO 1.02-5](#)            Meetings
- [PRO 1.02-6](#)            Cabonne Council Orientation and Training
- [PRO 1.02-7](#)            Insurance
- [PRO 1.03-1](#)            Continuous Improvement
- [PRO 1.05-1](#)            Financial Management
- All Procedures in Section 2 Team Management
- All Procedures in Section 4 Work Health and Safety

### **Relevant Standard**

#### **Community Care Common Standards**

- 7. Human Resources
- 8. Organisational Governance

### **Disability Service Standards**

- 6. Service Management

## **PROCEDURE 1.02-1**

### **Responsibility and Role of Cabonne Council**

#### **Expected Outcome**

The Service Stakeholders will be aware of the responsibility and individual roles of Cabonne Council.

#### **Training Requirements**

Cabonne Council Members

#### **Procedure**

##### **Fiduciary Duty**

The Cabonne Council have a fiduciary duty, which is a duty to act in the organisations and its' members best interests, in every aspect of the organisation and in every transaction that the organisation enters into.

The Cabonne Council will ensure constitutional and legal obligations are met by:

- Ensuring the constitution has clear purposes;
- Ensuring the constitution of the organisation is regularly reviewed and updated when necessary;
- Ensuring all potential Conflicts of Interest are identified by all Team Members of the Service;
- Ensuring the organisation is non-discriminatory;
- Operating in line all relevant Federal, State and Local Government laws, regulations, legislation, Community Care Common Standards, Disability Service Standards and Funding Agreements;
- Shall ensure that the requirements under the Traffic Act and other relevant regulations are adhered to, including:
  - Driver hours regulations;
  - Vehicle monitoring device requirements;
  - Vehicle registration regulations;
  - Comprehensive third party insurance requirements; and
  - Regulations concerning the fitting and use of safety equipment
- Ensuring insurance is current and appropriate;
- Ensuring all legal requirements with regard to employment, including Tax, Superannuation and Workers compensation, are carried out;
- Ensures Cabonne Council team Members have the benefit of orientation and relevant training;

### **To ensure Quality Services to Service Users by:**

- Providing strong leadership by:
  - Leading by example showing a visible commitment to continuous improvement and risk management;
  - Ensuring clearly defined accountability and reporting lines regarding all aspects of service;
  - Maintaining a high level of awareness of current best practice methods and innovation in the sector;
  - Recognising and responding quickly to concerns of Service Users, Team Members and the public;
  - Having clear organisational goals;
  - Operating according to Policies and Procedures that reflect requirements of relevant Standards, Legislation and Guidelines;
  - Ensuring all Team Members abide by the Code of Behaviour and Confidentiality Agreement;
  - Updating and using the Cabonne Council Delegation of Authority Chart to ensure continuity in decision making; and
- Monitoring, evaluation and strategic planning processes that include stakeholder input, examination of relevant demographics and strategies to improve service and independence of Service Users
- Effectively and responsibly managing risk by:
  - Demonstrating due diligence, which is to act with care and in the best interests of the organisation and by taking all reasonable steps to prevent a reasonably foreseeable loss or injury occurring;
  - Encouraging a culture of risk identification and management;
  - Ensuring that management of risk is an integral part of the philosophy of the organisation;
  - Developing and implementing effective systems to manage and disseminate information on risk management performance and effectiveness;
  - Including risk management in the measurement of Team Member performance; and
  - Development of comprehensive contingency and emergency plans to ensure prompt response to any harmful or dangerous incident or situation.
- Ensuring a fair and transparent recruitment process and to provide support and development opportunities for Team Members by:
  - Ensuring the best possible Team Members are employed by the organisation;
  - Ensuring Team Members are recruited in line with Equal Employment Opportunity principles;
  - Ensuring all Team Members abide by the Policies and Procedures of the Organisation;
  - Ensuring compliance with Work Health and Safety Legislation providing safe working conditions for Team Members;

- Ensuring compliance with relevant Awards and Awards are available to all Team Members;
- Ensuring all Team Members have job descriptions and clear lines of accountability;
- Ensuring Team Members are supported to continuously develop their skills, by access to appropriate training, to the benefit of the organisation; and
- Ensuring regular Team Member performance appraisals are conducted and development plans implemented.
- Ensuring sound financial management of the organisation to ensure the longer term financial viability and growth by:
  - Ensuring each relevant Cabonne Council team member understands and can read the financial reports of the organisation;
  - Ensuring budget development takes into account previous years expenditure and income, trends in expenditure and income and expected expenditure and income;
  - Having an approved budget, prior to the commencement of the financial year, that is monitored, at least quarterly, to ensure expenditure is within the budget;
  - Ensuring financial reporting includes:
    - Budget and actual expenditure and income for the period;
    - Budget and actual expenditure and income for the year to date; and
    - Highlighting any variances in above and relevant explanatory notes.
  - Ensuring the development of specific project budgets as appropriate to monitor service development, innovation activities;
  - Ensuring the cost of implementing Strategic Planning is included in the expected expenditure of the Service;
  - Ensuring that the accounts align with reporting requirements under Funding Agreements and relevant legislation;
  - Ensuring funds are properly accounted for and an audit is completed every year;
  - Ensuring financial records are maintained in a manner as specified by the auditor; and
  - Ensuring budget acquittal takes place in the prescribed manner.
- Ensuring recognition of the Traditional Owners of the land in which the Service operates by:
  - Acknowledging the Traditional Owners of the land at all public events conducted by the Service as required;
  - Inviting a representative from the host Local Aboriginal Land Council to welcome the visitors. If no representative is available, the Service nonetheless acknowledges the Traditional Owners of the land and pays respect to Elders past and present as required; and
  - Ensuring that Cabonne Council Team Members understand it is their responsibility to ensure the traditional owners of the land are acknowledged as required.

**Documents to be completed and / or related to this procedure**

- [DOC 1.01-1-1](#) Constitution Coversheet
- [DOC 1.02-1-2](#) Membership Register
- [DOC 1.02-3-1](#) Delegation of Authority Chart
- [DOC 1.02-4-2](#) Conflicts of Interest Register
- [DOC 1.02-5-3](#) Minutes Template

## **Corresponding Policy**

- [POL 1.02](#) Management of Service

## **Relevant Standards**

### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumer
- 4. Services and Supports for Daily Living
- 6. Feedback and Complaints
- 7. Human Resources
- 8. Organisational Governance

### **Disability Service Standards**

- 6. Service Management

## **PROCEDURE 1.02-2**

## **Role of the Coordinator**

### **Expected Outcome**

The Service Stakeholders will be aware of the role of the Manager with regards to Service Management as delegated by the Coordinator.

### **Training Requirements**

All Team Members

### **Procedure**

The Coordinator assists the Council to Manage the organisation effectively by:

- Undertaking the day to day management of the Service;
- Ensuring accurate financial records are maintained including, all moneys are duly collected, banked, and accounts paid;
- Recommending appropriate funding strategies to the Coordinator;
- Applying for Funds as directed by the Coordinator;
- Drafting budgets with the Treasurer for approval;
- Monitoring expenditure and developing strategies to address any variations;
- Ensuring a variety of feedback from Service Users, Team Members and other Service Providers is gathered to inform service planning processes;
- Ensuring Audit preparation is completed and financial records submitted to Auditors;
- Funding is negotiated and service agreements established;
- Developing and monitoring effective information management systems;
- Ensuring appropriate reports are developed describing the activities of the Service and use of funds;
- Coordinating the recruitment, management and support of Team Members ensuring all entitlements are properly recorded and quarantined from working accounts;
- Development of appropriate Policy and Procedure in line with relevant Standards and best practice for consideration of the Coordinator;
- Ensuring that risk identification, management and continuous improvement is implemented throughout the Service ensuring appropriate training and support is provided to Team Members and Service Users to participate in the identification and management of risk and to promote continuous improvement activities according to Section 4 Work Health & Safety; and
- Providing up to date and accurate information to the Coordinator to ensure the Service is kept up to date with developments / reforms in the sector.
- Ensuring the organisation has a high community profile by promotion and marketing of the Service, raising awareness and publicizing the organisation, its aims, its services and its achievements.



## **Documents to be completed and / or related to this procedure**

- [DOC 1.02-3-1](#) Delegation of Authority Chart

## **Corresponding Policy**

- [POL 1.02](#) Management of Service

## **Relevant Standard**

### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumer
- 4. Services and Supports for Daily Living
- 6. Feedback and Complaints
- 7. Human Resources
- 8. Organisational Governance

### **Disability Service Standards**

- 6. Service Management

## **PROCEDURE 1.02-3**

## **Delegation of Authority**

### **Expected Outcome**

The Service Stakeholders will be aware of what delegations of authority are given by the Cabonne Council to individuals within the organisation.

### **Training Requirements**

All Team Members

### **Procedure**

Delegations represent the different acts of authority designated or assigned to different Team Members of the Service. There are two key types of delegation:

- Business activity delegations which bestow authority to take or approve actions on behalf of the Service;
- Financial delegations which bestow authority to take actions or approve actions that will have an impact on the finances of the Service.

A delegation cannot be transferred without Cabonne Council approval. Any additions or changes to delegations should be noted on the Delegation of Authority Chart. Delegation of Authority will also be noted in Job Descriptions where they apply.

### **Documents to be completed and / or related to this procedure**

- [DOC 1.02-3-1](#) Delegation of Authority Chart

### **Corresponding Policy**

- [POL 1.02](#) Management of Service

### **Relevant Standards**

#### **Community Care Common Standards**

- 7. Human
- 8. Organisational Governance

#### **Disability Service Standards**

- 6. Service Management

## PROCEDURE 1.02-4

## Conflict of Interest

### Expected Outcome

The Service Stakeholders can identify potential conflicts of interest and are able to declare any conflicts of interest before they become major issues of concern.

### Training Requirements

All Team Members

### Procedure

All Team Members are required to always act in the best interests of the organisation.

Sometimes personal interests such as loyalties to other organisations, business interests or personal connections may conflict with or others may believe them to conflict with the interests of the organisation. Individuals with a conflict of interest may include:

- Suppliers of products to the Service;
- Service User Representative;
- Volunteer Representative;
- Representatives employed by other services; and
- Members who have any dual relationship such as family, friends, partners with other Team Members working with the Service.

Conflicts of Interest occur regularly. They are not necessarily bad in themselves. For example; having someone that works for another organisation may benefit the Service greatly because of their experience. However, at some time, the relationship between the Service and the other organisation may be discussed - in this discussion that particular Service representative could be seen to have a conflict of interest. This is not an indication that the person should resign from their position, however the person may be asked to not participate in discussion, leave the room while the discussion is conducted, not vote on the outcome of discussions etc.

Some examples of potential conflicts of interest:

- You are on a recruitment panel and you realise that someone you know has applied for the job;
- You are asked to supervise another Team Member who is a personal friend or relative;

If at any time you suspect there might be, or might be perceived by others to be, a conflict of interest the best action is to:

- Recognise the potential conflict of interest;
- Declare the potential conflict on a Declaration of Potential Conflict of Interest Form;
- Make sure you act in the organisation's best interests; and

- Remember that others outside your organisation may think there is a conflict of interest even when there is not. Declaring the potential conflict means you are able to show that you recognised it and acted correctly.

Allow the Cabonne Council to make a ruling, which may include, but is not limited to:

- asking you to resign from your position;
- asking you to leave the room while the issue is discussed;
- asking you to leave the room while the issue is decided; or
- Re-organising supervisory functions to eliminate conflict of interest.

The Cabonne Council will record their decision in the Minutes of the meeting and on the Conflict of Interest Register. The Declaration of Conflict of Interest will be filed in the Conflict of Interest Folder and the Conflict of Interest Register placed at the front of the folder.

The Community Services Manager will review all funding agreements to ensure that the organisation's Conflict of Interest procedures remain compliant with all funding requirements.

## **Documents to be completed and/or related to this procedure**

- [DOC 1.02-4-1](#) Declaration of Potential Conflict of Interest
- [DOC 1.02-4-2](#) Conflicts of Interest Register

## **Corresponding Policy**

- [POL 1.02](#) Management of Service

## **Relevant Standards**

### **Community Care Common Standards**

- 7. Human Resources
- 8. Organisational Governance

### **Disability Service Standards**

- 6. Service Management

## PROCEDURE 1.02-5

## Meetings

### Expected Outcome

Service Stakeholders will be aware of what regular meetings are held within the organisation and how each of those meetings is conducted and contributes to the overall operation of the Service.

### Training Requirements

All Team Members who participate in meetings

### Procedure

Volunteer Committee Meetings:

- Will be held in accordance with the Constitution;
- Will be held at least four times per year. Other meetings may be arranged by the Coordinator as required;
- The purpose of volunteer meetings is to allow all team members the opportunity to discuss day to day issues regarding the provision of service, including Work Health and Safety;
- Will be attending by volunteer drivers and Coordinator. Guests may be invited and / or request to attend meetings for a specific purpose;
- The agenda will be set according to the Community Transport template;
- The agenda will be drawn up and circulated together with minutes of the previous meeting and relevant reports, to all volunteer drivers two weeks before regular meetings;
- Will be minuted according to the Minutes Template;
- Employees do not have voting rights.

Annual General Meeting:

- Will be held in July each year and will be held in line with the organisations constitution;
- Will present the membership with the achievements of the organization over the last 12 months;
- Will elect the committee for the coming year;
- The agenda for the Annual General Meeting will be according to the Annual General Meeting template.

Steps	Action	Who does it	When
1	Relevant Agenda template is used and previous minutes to be sent to Volunteer Drivers	Coordinator	2 weeks prior to meeting

2	Agenda and previous minutes are read	Chairperson	Prior to the meeting
3.	Previous minutes accepted	Chairperson	At meeting
4	Minutes are taken on Minute Template	Secretary/Minute Taker	At meeting
5.	Minutes typed up	Coordinator	Within one week of meeting

## **Documents to be completed and / or related to this procedure**

- [DOC 1.02-5-1](#) Annual General Meeting Agenda Template
- [DOC 1.02-5-2](#) Minutes Template

## **Corresponding Policy**

- [POL 1.02](#) Management of Service

## **Relevant Standard**

### **Community Care Common Standards**

- 7. Human Resources
- 8. Organisational Governance

### **Disability Service Standards**

- 6. Service Management

## PROCEDURE 1.02-6

### Community Transport Orientation and Training

#### Expected Outcome

The Service Stakeholders will be aware of the orientation process to inform new Governance Body members of the organisation and its activities enabling them to effectively manage the Service.

#### Training Requirements

The Manager and Governance Body Members

#### Procedure

Each new member of the Governance Body will be given an Orientation Kit within two weeks of being elected.

The Coordinator will have a meeting with the new Council member to discuss the Orientation Kit and answer any questions before requesting the new member to sign off on the orientation.

The Governance Body Orientation Kit may include copies of:

- The Constitution
- Role of the Manager
- Delegation of Authority Chart
- Declaration of Potential Conflict of Interest
- Organisational Chart
- The Current Strategic Plan
- Code of Behaviour
- Organisational Risk Management Procedure
- The Current Organisational Risk Management Plan
- Funding Agreement Compliance Checklist
- Funding Register
- The Organisational Handbook
- Team Member Orientation Handbooks
- Service User Information Handbook
- Information regarding Policy and Procedure Manual
- Information about Governance Body meetings

Once orientation has been completed the Orientation Checklist will be completed.

Steps	Action / Evidence	Who does it	When
1	Meeting held with new member to answer any questions	Coordinator	Within 2 weeks of the new member receiving the Orientation Kit

The Council will be provided with ongoing training to remain up to date with issues impacting upon the Service and best practice in good governance. The Coordinator will ensure that information is provided to Council regarding appropriate training opportunities as they arise. All training, including Orientation, undertaken will be entered in the Council Training Register.

Steps	Action / Evidence	Who does it	When
1	Information provided to Council regarding training	Coordinator	As soon as practicable after notification
2	A decision is made regarding attendance	Coordinator	As scheduled
3	Training attended	Coordinator	As scheduled
4	Governance Body Training Register Completed	Coordinator	At next meeting

## Documents to be completed and / or related to this procedure

- [DOC 1.02-6-1](#) Organisational Chart
- **Corresponding Policy**
- [POL 1.02](#) Management of Service
- [POL 1.03](#) Quality Management

## Relevant Standards

### Community Care Common Standards

- 7. Human Resources
- 8. Organisational Governance

### Disability Service Standards

- 6. Service Management



## PROCEDURE 1.02-7 Insurance

### Expected Outcome

The Service stakeholders will be aware of what insurance are held by the organisation and how those insurance's are maintained and changed according to changes within the Service

### Training Requirements

Risk Assessment Officer, Community Services Manager, Coordinator

### Procedure

The Service will comply with all legal requirements with respect to insurance. The type of insurance cover and level of insurance cover will be decided by Council after consultation with other like services, relevant peak bodies and / or an insurance broker.

Insurance will include as a minimum:

- Public Liability to the value of at least \$10,000,000.00 per claim;
- Workers' Compensation;
- Property – Fire;
- Contents - Theft and Burglary (at replacement cost);
- Directors and Officers Liability;
- Volunteer Insurance - Personal Accident and Public Liability;
- Vehicle Insurance if relevant; and
- Third party (green slip) if relevant.

The organisation may also consider the following insurances depending on the level of risk:

- Professional Indemnity;
- Association Liability; and
- Fidelity Insurance, which is insurance against employees misappropriating funds.

### Students

The Coordinator will check that any students on placement are covered by their institution as stipulated on the Student Checklist.

### Team Member Vehicles

The Coordinator will ensure that the vehicles of any Team Members are covered through their own comprehensive insurance policy if used for agency work.

Volunteers will be provided with a standard letter to their insurance company advising that company of the type of volunteer work that will be conducted.

Team Members using their own vehicle will also be sent a standard letter each year asking for a copy of renewed insurance and licence.

## **Insurance Register**

The Risk Officer will ensure the maintenance of the Insurance Register at all times. The Register must show the policy number, the insurance company, what it covers, and the premium, the date paid and the expiry date of the cover.

## **Documents to be completed and / or related to this procedure**

- [DOC 1.02-7-1](#) Standard Letter to Volunteers Insurance Company
- [DOC 1.02-7-2](#) Standard Letter to Volunteer re: Insurance and / or Licence Renewal
- [DOC 1.02-7-3](#) Handy Insurance Hints

## **Corresponding Policy**

- [POL 1.02](#) Management of Service

## **Relevant Standard**

- 7. Human Resources
- 8. Organisational Governance

## **Disability Service Standards**

- 6. Service Management

## **POLICY 1.03                      Quality Management**

### **Policy Statement**

The Service maintains that an effective quality management system encompasses people, processes and documentation working together to provide a high quality service.

### **Policy**

#### **Listen**

The Service will promote a culture of continuous improvement by developing ways to encourage feedback by:

- Service User's;
- Aboriginal and Torres Strait Islander peoples;
- People from Culturally and Linguistically Diverse Backgrounds;
- Carers;
- Other Service Providers;
- Team Members; and
- Peaks and other Industry Leaders.

#### **Plan**

The Service will plan for high quality flexible services by:

- Using the feedback provided by listening;
- Using up to date demographic information to ensure the Service is engaging relevant groups within the community;
- Using up to date service statistical data to identify trends and gaps in service;
- Using up to date service referral data to identify opportunities for promotion / increased co-ordination; and
- Developing strategies to optimise available resources.

#### **Do**

The Service will provide high quality services by:

- Ensuring Team Members have the competencies to fulfil their roles through facilitating access to professional development, training and education opportunities;
- Ensuring activities are governed by the Policies and Procedures that reflect current practice and are compliant with relevant standards;
- Ensuring risk assessment is part of core business; and
- Encouraging an environment of certainty and confidence for Team Members by providing clear direction and support.

## **Evaluate**

The Service will ensure ongoing monitoring and evaluation by:

- Monitoring feedback from stakeholders;
- Ensuring Reporting procedures provide the information required for effective monitoring of the service provided;
- Conducting audits of the services provided to ensure risk minimisation strategies are implemented; and
- Ensuring continuous improvement practices evaluated and improved when possible.

## **Related Procedures**

- [PRO 1.03-1](#) Continuous Improvement
- [PRO 1.03-2](#) Service Strategic Planning, Monitoring and Evaluation
- [PRO 1.03-3](#) Code of Behaviour and Confidentiality Procedure
- [PRO 1.03-4](#) Information Management Systems and Privacy
- [PRO 1.03-5](#) Organisational Risk Management
- [PRO 1.03-6](#) Monitoring Compliance
- [PRO 1.03-7](#) Physical Resources Management
- [PRO 1.03-8](#) Internet, Intranet & E-mail

## **Relevant Standard**

### **Community Care Common Standards**

- 8. Organisational Governance

### **Disability Service Standards**

- 6. Service Management

## **PROCEDURE 1.03-1 Continuous Improvement**

### **Expected Outcome**

The Service Stakeholders will be aware of how the Service maintains a culture of continuous improvement that systematically improves service provision and is reflected in Policy and Procedural development and implementation.

### **Training Requirements**

All Team Members

### **Procedure**

Continuous Improvement is a process of planning for change, implementing the change, reviewing the change to ascertain if it needs amendment and acting to ingrain the change into organisational culture.

The Service systems and processes are flexible and responsive to a changing environment thereby encouraging a culture of continuous improvement which values creativity, innovation and learning from mistakes.

Continuous improvement can range in scale from small initiatives, such as implementing a new program.

The following system of continuous improvement ensures that all new activities are evaluated, remain effective, appropriate, efficient and continue to produce desired outcomes.

### **Gathering Ideas**

Ideas for improvement may come from many sources including:

- Team Members;
- Service User Feedback;
- Changes in Legislation and Standards;
- Risk Management Processes;
- Information regarding Best Practice; and
- Information from Peaks or other service providers.

Seeing ideas implemented acknowledges the contribution and encourages skills development of Service User's and Team Members.

When developing and putting ideas into action it is important to monitor and review the process to ensure that the anticipated outcomes are achieved. The Continuous Improvement Matrix will be used when planning any improvements to service. The Continuous Improvement Planner may be used in conjunction with Strategic Planning Activities. See Service Strategic Planning, Monitoring and Evaluation.

## **Policy & Procedure**

The Manager will ensure that the Policies comply with relevant legislation and standards and will update the Relevant Legislation and Guidelines section of each Policy as changes occur in the sector. This information will be gained by:

- The Internet
- Membership of peak organisations
- Notices and advice from funding bodies
- Networking with other providers

The Policy and Procedure manual directs the manner in which services will be provided. To cater to changing Service User needs, changes in legislation and to encourage innovation the Policy and Procedure manual will be continually updated to reflect improvements within the Service.

## **Delegation of Authority**

The following Delegation of Authority will be applied:

- The Coordinator is authorised to approve any procedural / operation improvement as long as it is within the scope and intention of an existing Policy of the organisation. This includes changing a procedure or form to increase efficiency and / or quality of operations in the organisation.
- New Policies and Procedures or amendments which change the intent or scope of a Policy must be drafted by the Coordinators and submitted for approval by Cabonne Council.
- Only the Administration Officer is permitted to make authorised changes to the electronic and hard copies of Policy and Procedures.
- Should a major change require immediate action Executive Approval will be sought from Cabonne Council to be ratified at the next meeting.

## **Implementation**

Implementation of changes may include:

- Providing feedback to the source regarding the outcome of the Improvement Request
- Updating the Policy and Procedure Manual in both electronic and hard copy
- Team Members are advised through meetings, memo or training as appropriate
- Service Users are advised through meetings, newsletters or information sessions as appropriate

## **Security and Identification**

All Policies and Procedures will be identified with a name, a number and have the history of the document updated as changes are made.

The Coordinator is responsible for keeping the hard copy versions of Policy and Procedure Manual up to date at all times.

Electronic documents and forms will be able to be accessed by all Team Members for printing, however they will be password protected to ensure only Administration Officer can change or update.

Team Members will only utilise documents that have been authorised by Cabonne Council.

## **Documents to be completed and / or related to this procedure**

- [DOC 1.03-1-31](#) Continuous Improvement Planner

## **Corresponding Policy**

- [POL 1.03](#) Quality Management

## **Relevant Standard**

### **Community Care Common Standards**

- 7. Human Resources
- 8. Organisational Governance

### **Disability Service Standards**

- 6. Service Management

## PROCEDURE 1.03-2

### Strategic Planning, Monitoring and Evaluation

#### Expected Outcome

The Service stakeholders will be aware of a variety of feedback and statistical evidence used by the Service to ensure new projects and service development is based on Service User needs, local demographics, legislative and funding requirements.

#### Training Requirements

All Team Members

#### Procedure

The planning and evaluation of the Service is the responsibility of the Coordinator. They will ensure that the process includes:

- Using feedback from Service Users, Team Members and other local relevant agencies including Aboriginal, and Culturally Diverse Organisations as the basis of strategic planning and ongoing service development and evaluation;
- Encouraging partnerships and innovation with other service providers;
- An account is taken of the unmet needs of people from the Service target groups;
- Ongoing monitoring of the Service;
- Presentation and analysis of data; and
- Analysis of results of risk identification audits.

Cabonne Council will monitor the performance of the Service at Governance Body meetings through information provided in the Coordinator's report.

#### Gathering Feedback

Service User feedback will include:

- Formal Service User feedback will be gathered once per year e.g. through written surveys, telephone surveys, discussion groups. The Service will ensure that specific strategies are developed to ensure feedback from Service Users in Special Needs groups. e.g. speaking to a group of Service Users from a multicultural service in the area.
- Informal Service User feedback given verbally to Team Members recorded on Suggestion, Complaints and Compliments Register.
- Group feedback is recorded on Group Consultation Sheets.
- Information gained from mechanisms used to facilitate the generation of ideas, such as suggestion boxes, brainstorming sessions, reminding Service Users their input is valuable in newsletters / promotion.



- Ensuring any Service User who provides suggestions or complaint to the Service will be given feedback in an appropriate format, this may include:
  - A written response
  - A verbal response
  - If anonymous - discussion of the issue and result in a newsletter

Feedback from other Community Groups will include:

- An annual questionnaire will be distributed to relevant agencies in the area seeking their feedback on the Service ensuring services catering to special needs groups are included.
- Service Providers will be invited to the Services planning day to provide input into service development.
- Steering Committee's for specific projects will include relevant service providers.
- Information gathered through attendance at relevant forums and networks.

Feedback from Team Members will be gathered through:

- Supporting Team Members to participate and contribute to continuous improvement activities throughout the organisation.
- Supervision & Performance Appraisals particularly regarding Team Member training needs.
- Team Member Meetings.
- Policy & Procedure Improvement Requests.
- Participation in Planning Activities.

### **Gathering and Using Data**

Regular reporting procedures ensure:

- Monitoring of suggestions, complaints and compliments.
- Monitoring of Policy & Procedure improvement requests.
- Monitoring Risk Identification reports and audit outcomes.
- Monitoring of Service usage data through the collection of appropriate Service User statistics using the computer programs

Strategic Planning will include:

- The collection and collation of demographic information relevant to the target group from Local Councils, Australian Bureau of Statistics (ABS), funding bodies and / or relevant peak organisations.

### **Strategic Planning**

Strategic Planning is conducted annually and triennially by Council as a whole and contribution by Community Transport and targets are identified applicable to Community Transport.

## **Negotiating Service Parameters**

Service Planning may identify emerging issues that cannot be adequately addressed within the current funding service description or geographic coverage agreed to with the funding body.

Should the above occur the Service should contact the relevant funding body to enter into negotiations to ensure the emerging issues are addressed. These negotiations may result in:

- The Service description being amended to cater to the emerging need;
- The Service description remaining the same;
- The issues being used in Regional Planning to ensure extra funding is provided to the area to cater to the need; and
- Entering into negotiations for the emerging need being addressed by a more appropriate service and/or a service partnership.

## **Considering Development / Submissions for Projects**

Specific projects are an important part of the Service work, and the organisation may be involved in several projects at any given time. In deciding whether or not to pursue a particular project, the Service will consider:

- Policy priorities. This involves an assessment of the project in terms of the Service policy priorities and strategic plan, the likely outcomes and impact of the project, the urgency of the issue, and possible benefits for the organisations' Service Users;
- Appropriateness of the Service involvement. It is important to consider whether the Service can add value to the project or whether another agency may be more appropriate. Other factors to consider are team development, organisational profile and any potential risks to the Service; and
- Effectiveness of the Service involvement. It is also necessary to consider whether the Service has the networks, resources and capacity necessary to support the project and ensure that participation is effective, as well as any contingency costs that may arise from participation.

Team Members proposing a project should discuss the idea with their supervisor where relevant, and other Team Members. If it is agreed to investigate the project further, the Team Member will prepare a short report or recommendation to inform the Manager/Governance Body and assist them to make a decision. If it is decided to pursue the project a project submission may be developed.

When developing a submission, the impact on other parts of the organisation needs to be considered. These include:

- Impact on other staff include training;
- Impact on Finance / Administration, including conferences; and
- Impact on communications, including publications and website.

These impacts should be reflected in the submission, particularly within costing, and timing of activities.

All new projects require approval from the Governance Body. Staff members need to factor in the time necessary to gain approval when developing new projects.

### **Considering Research Projects**

The term 'research' refers to any systematic investigation of issues affecting the community services industry, population groups or policy issues with the express purpose of documenting new knowledge to inform the work of the community services sector and enhance Service User outcomes.

A research project can further include evaluation of community services programs or activities. Therefore, an evaluation would be defined as a systematic examination to identify service, project or Service User outcomes to inform "best practice" in service delivery methods

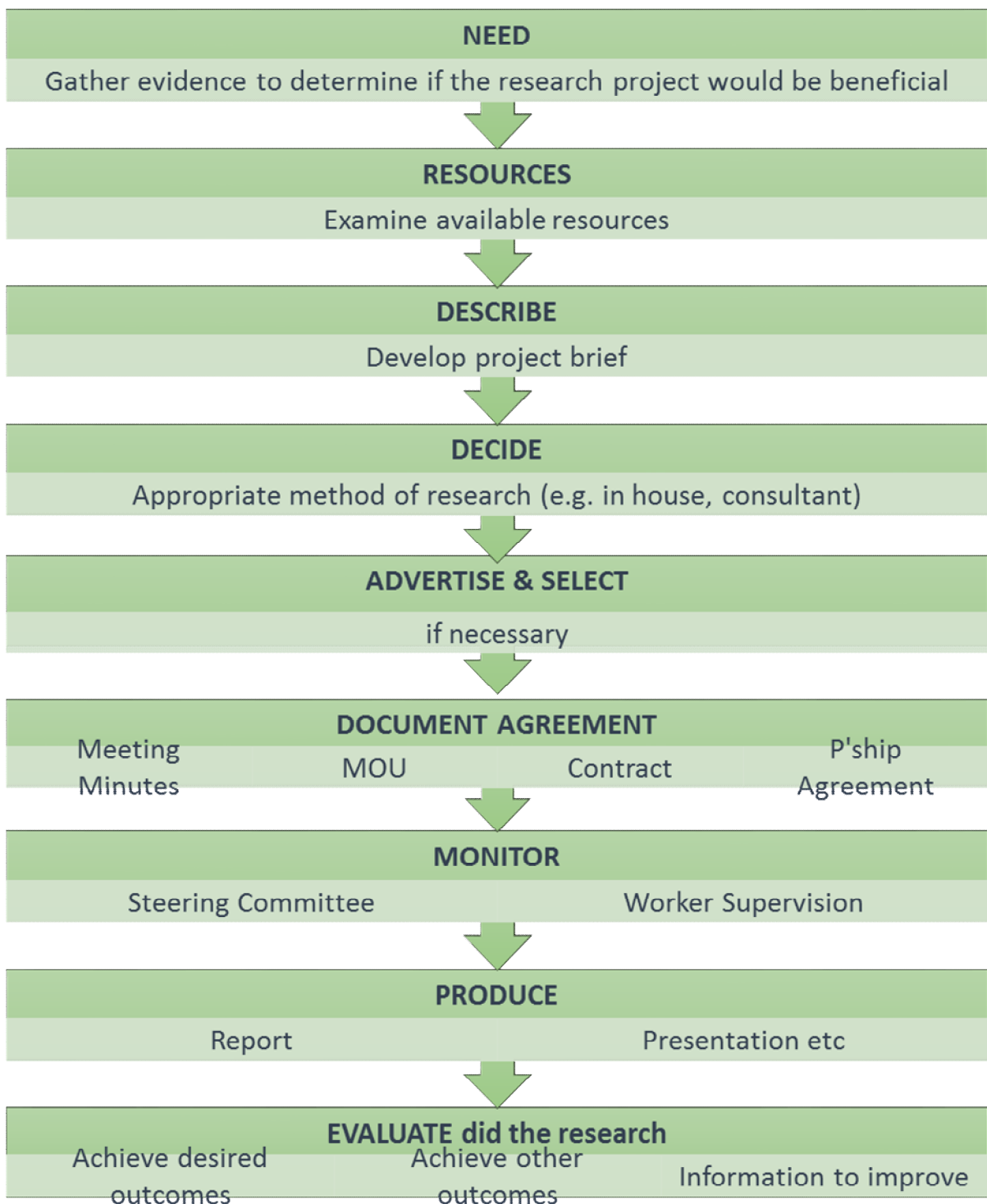
Conducting research may be beneficial to the organisation in many situations including:

- exploring new approaches in Service provision;
- examining evidence from a variety of sources to develop the Service;
- assessment of the needs of population groups;
- impact of service change on specific population groups; and
- developing services that are relevant to the demographics of the target area.

Research may be undertaken:

- In house;
- In partnership with other agencies using the Memorandum of Understanding Template;  
or
- By a consultant using the Consultancy Contract Template.

## Research Flowchart



When considering a research project the Service will develop a Research Plan which clearly identifies:

- Research Aims & Objectives;

- Research Partners, Parameters & Methodology - Research methods, e.g. literature review, socio-demographic analysis, survey and research principles and requirements;
- Resources required (e.g. Team Members, Students, community services partners, other agencies, residents, childcare, transport, postage, venue hire, photocopying facilities, audio/visual equipment);
- Target Group & Geographical Area;
- Reporting and Supervisory Structure;
- Ethics and Confidentiality - evidence of ethical considerations, process for obtaining informed consent, assessment of potential risks, proposals for minimising these risks and proposed arrangements for safeguarding the confidentiality of personal information gathered;
- Research Budget;
- Partners & Timeline - A full descriptions of proposed involvement by all partners in the project, identification of their responsibilities and tasks and time frames; and
- Any potential or real conflict of interest.

## **Documents to be completed and / or related to this procedure**

- [DOC 1.03-2-1](#) Annual Service Data Summary
- [DOC 1.03-2-2](#) Service Provider Survey
- [DOC 1.03-2-3](#) Service User/Carer Survey
- [DOC 1.03-2-4](#) Consultancy Contract Example
- [DOC 1.03-2-5](#) Memorandum of Understanding Example
- [DOC 1.03-2-6](#) Contract to Provide Service with External Vehicles Example

## **Corresponding Policy**

- [POL 1.03](#) Quality Management

## **Relevant Standard**

### **Community Care Common Standards**

- 7. Human Resources
- 8. Organisational Governance

### **Disability Service Standards**

- 6. Service Management

## PROCEDURE 1.03-3

### Code of Behaviour & Confidentiality Agreement

#### Expected Outcome

All Team Members (Volunteers) and the Coordinator will perform their duties with integrity and abide by this Code of Behaviour and Confidentiality Procedure.

#### Training Requirements

All Team Members

#### Procedure

The following is an in-depth explanation of the Code of Behaviour and Confidentiality Agreement.

##### **Abide by the Aims, Objectives and Philosophy of the Service.**

All Team Members and management must perform their duties in line with the Aims, Objectives and Philosophies of the Service.

##### **Observe all the rules of the Service including those specified in the constitution, Policy and Procedure Manual, Home and Community Care Guidelines and any others determined by the Governance Body.**

All Team Members and management must perform their duties according to the constitution, the Policy and Procedure manual and management direction.

##### **Represent the Service and the Team in a positive way**

All Team Members and management have a responsibility to promote and represent the Service and the Team in a positive way to other Team Members/management and the community. This includes when Team Members are using social media such as face book, text messaging and twitter.

If any Team Members or management have concerns regarding the Service, these issues must be raised and addressed according to the Policies and Procedures of the Service.

##### **Act in an honest and trustworthy manner in both word and action (including reporting any dishonest act witnessed).**

Team Members are to observe the strictest practice of honesty and integrity at all times and this may include a duty to report dishonesty on the part of another member of Team Members or the Coordinator.

##### **Treat Service Users with courtesy, respect and consideration, act on complaints and provide services to the best of their ability.**

The Service exists to provide assistance to our Service Users to live as independently as possible. By providing a courteous, respectful service that takes Service User suggestions/complaints seriously we empower our Service Users.

### **Protect Confidentiality**

Confidentiality is the preservation of information concerning the Service users, Team Members, the Coordinator and Cabonne Council.

As Team Members there will be information that you will have access to by the nature of your work. Information, phone numbers addresses of Service Users/Team Members are to be kept confidential.

Any information disclosed at team meetings, is considered confidential unless permission is given at the particular meeting for information to be disseminated.

When it is necessary to work with other agencies in order to provide service, the obligation of confidentiality should be binding on everyone concerned.

Confidentiality refers to both verbal and written communication (including social media such as face book, text messaging and twitter)

### **Continue to respect confidentiality after leaving the organisation**

Former Team Members are to maintain confidentiality of official information known to them after leaving the employ of the Service.

### **Follow reasonable instructions given by supervisors and/or management**

Team Members will not wilfully disobey or disregard a reasonable direction or request given by the Coordinator, or a person with the authority to make or give the direction/request.

Team Members should give their time and attention to carry out their work efficiently and the standard of their work should reflect a positive image of themselves and the Service. The work of a Team Member is to be done within the policies and guidelines of the Service without personal views being reflected in the way the work is done or how the Service is delivered.

### **Recognise and declare any potential conflicts of interest**

Team Members are to act in the general public's interest and not in a manner to obtain unfair advantage for themselves, other individuals or services. Team Members are to disclose any interest, which could lead to, or could be perceived to lead to, a conflict of interest.

Should a Team Member become aware that a conflict has arisen or potential conflict may arise, the Team Member is to inform the Coordinator.

### **Declare any Political Participation that may impact upon the Service**

Team Members who participate in political activities are to ensure that this involvement does not conflict with the performance of their duties.

**Disputes and grievances must be dealt with in line with Team Member Performance Dispute and Grievance Procedure.**

Conflict is a part of life, when working or volunteering with a variety of people conflicts are natural. Remember if you have a problem it must be dealt with according to the Policy and Procedure of the organisation. It is your responsibility to try in good faith to resolve any disputes and assist at all times to promote harmony in the workplace.

**Not smoke, take illegal drugs or consume alcohol when on duty or on the premises.**

All Cabonne Community Transport vehicles are strictly no smoking. As we ask that Service Users do not smoke in your presence we also ask that you give the same respect.

The Service requires that no Team Members are under the influence of drugs or alcohol while working or volunteering.

**Not make an offer or make suggestion about purchasing/acquiring any property of the Service User**

Should a service user wish to or be considering selling a piece of property interest by a Team Member may result in the Service user:

- making a gift of the property to the Team Member;
- offering the item to the Team Member at less than the market value; or
- asking the Team Members advice with regard to disposal of the item.

All of the above place the Team Member in an unacceptable position of power and could be construed as abuse of Duty of Care.

**Not solicit gifts from Service Users.**

It is natural for Service Users to sometimes want to give a gift to a Team Member however the Service has a Duty of Care to Service Users to protect them from situations that could be perceived as abuse of position.

The acceptance of a gift may place a Team Member or Service User in a situation where they may feel a debt is owed. This could also lead to a Service User receiving, or being perceived as receiving, preferential treatment or the Service User feeling obligated to provide further gifts to the Team Member.

Team Members are not to directly or indirectly encourage or demand or any gift or benefit in respect of work performed or services delivered by them in connection with their position at the Service.

If a sum of money is paid over the standard rate for the Service it will be considered a donation to the Service. This should be explained to the Service User and a receipt given.

Due to services having varying procedures regarding the acceptance of gifts the following two options are provided:

**Option 1**



To ensure that Service Users are not placed in a position of potential abuse no Team Member of the Service will accept any gift over the value of \$10 or home produce (such as a cutting of a favourite plant, homemade jam). Any Team Member receiving such a gift from a Service User must notify the office and have the item placed on the Gift Register, recording the gift protects both the Service User and the Team Member.

#### Option 2

If a gift is offered, let the Service User know you are grateful but that it is the policy of the Service that you cannot accept gifts. If they wish, the Service User or you can talk to the Coordinator to discuss the issue.

**Not have sexual relationships with Service Users, visit Service Users home or take them to Team Member's homes outside of regular duties approved by the Service.**

People you meet while working with the Service are Service Users of the Service and as such will be protected by the Service. It is inappropriate to form relationships with Service Users outside the parameters of service provision. Inappropriate relationships encourage a blurring of boundaries between individuals and can result in the Service User and/or Team Member becoming dependent upon each other rather than relying on the Service for information and support.

**Not abuse or harass, physically or verbally, other Team Members or Service Users of the Service.**

All Team Members must refrain from any form of conduct, including using bad language that may cause offence, intimidation or embarrassment to Service Users, Team Members, Cabonne Council Members or members of the Public. Discrimination and harassment will not be tolerated under any circumstances.

It is the responsibility of every Team Member to:

- not participate in discriminatory or harassing behaviour within the workplace;
- Offer support to anyone who is being harassed and let them know where they can get help and advice (they should not, however, approach the harasser themselves); and
- Maintain complete confidentiality if they provide information during the investigation of a complaint. Team Members should be warned that spreading gossip or rumours may expose them to a defamation action.

Sexual harassment is any unwanted or uninvited behaviour of a sexual nature which makes a person feel humiliated, intimidated or offended. Sexual harassment can take many different forms and may include physical contact, verbal comments, jokes, propositions, the display of offensive material or other behaviour which creates a sexually hostile working environment.

Specific examples of sexual harassment may include: uninvited touching; uninvited kisses or embraces; smutty jokes or comments; making promises or threats in return for sexual favours; displays of sexually graphic material including posters, pinups, cartoons, graffiti or messages left on notice boards, desks or common areas; repeated invitations to go out after prior refusal; "flashing" or sexual gestures; sex-based insults, taunts, teasing or name calling; staring or leering at a person or at parts of their body; unwelcome physical contact

such as massaging a person without invitation or deliberately brushing up against them; touching or fiddling with a person's clothing including lifting up skirts or shirts, flicking bra straps, or putting hands in a person's pocket; requests for sex; sexually explicit conversation; persistent questions or insinuations about a person's private life; offensive phone calls or letters; stalking; and offensive e-mail messages or computer screen savers.

Sexual harassment is unlawful in any work-related context, including conferences, work functions, office Christmas parties and business or field trips and includes interactions with Service Users.

Sexual harassment is not behaviour which is based on mutual attraction, friendship and respect. If the interaction is consensual, welcome and reciprocated it is not sexual harassment.

### **Not give advice to Service Users.**

It is not the role of the Service to provide advice to Service Users. If you are asked for advice please tell the Service User that you cannot give advice and as what may be right for you may not be right for them.

### **Not alienate Service Users from their family.**

It is important to remember "there are two sides to every story" and the Service does not engage in family disputes or attempt to alienate Service Users from their families.

### **Misconduct**

Misconduct may result in suspension and/or instant dismissal of a Team Member. Misconduct includes, but is not limited to:

*Theft of property or funds from the Service.*

This includes any equipment, stationary, food, petty cash, falsely claiming reimbursement and/or overtime/travel etc., and all other goods and property owned by the Service

*Wilful damage of project property.*

This includes the neglecting of general maintenance of equipment and/or any damage purposefully done to any of the Services property and/or equipment

*Intoxication through alcohol or other substances during working hours.*

This includes any Service User functions (e.g. Christmas Parties etc.) where Team Members are responsible for Service User care or while transporting Service Users.

*Verbal or physical harassment of any other Team Member or Service User, particularly in respect of race, sex or religion.*

The above will not be tolerated by the organisation under any circumstances. It should be noted that harassment is defined by the person being harassed not the person inflicting the harassment. Ensure your behaviour cannot be construed as harassment at any time.

*The use of unprofessional speech such as swearing or bad language.*

It is the duty of all Team Members to always act in a professional manner and this includes speaking politely to all.

*The disclosure of confidential information in respect to the organisation to any other party without prior permission.*

Disclosure of confidential information is also a **crime** under the Privacy Legislation. This includes discussing a Service User in anyway where other people may over hear. (e.g. telling another Service User or volunteer that a Service User is in hospital is a breach of privacy unless that Service User has expressly given permission for that other Service User or volunteer to be told)

Disclosure may include both verbal and written communication (including social media such as face book, text messaging and twitter)

*The disclosure of information concerning the Service Users of the organisation other than the information that is necessary to assist Service Users and to ensure their safety.*

Same as above. Information released to ensure a Service Users safety may be medical information given to ambulance/medical personnel.

*Failure to comply with the Code of Behaviour and Confidentiality Procedure and the corresponding Agreement.*

This is the Code of Behaviour and Confidentiality Procedure. You will sign a copy of the Code of Behaviour and Confidentiality Agreement.

*Falsification of any organisation records for personal gain or on behalf of any other Team Member/Service User.*

This includes, but is not limited to, falsification of time sheets, leave records, and travel reimbursement sheets.

**Failure to abide by the above rules they may result in termination of employment, volunteer agreement.**

## **Documents to be completed and/or related to this procedure**

- [DOC 1.03-3-1](#) Code of Behaviour and Confidentiality Agreement

## **Corresponding Policy**

- [POL 1.03](#) Quality Management

## **Relevant Standard**

### **Community Care Common Standards**

- 7. Human Resources

### **Disability Service Standards**

- 6. Service Management

## **PROCEDURE 1.03-4**

### **Code of Behaviour & Confidentiality Agreement**

#### **Expected Outcome**

The Service stakeholders will be aware of the way information gathering and Technology systems are used to ensure efficiency, privacy and accountability within the Service.

#### **Training Requirements**

Anyone using information or technology systems.

#### **Procedure**

##### **Privacy**

The Service is committed to ensuring that details about Service Users and Team Members are kept confidential, and only disclosed with the persons' permission. This procedure is aligned to the Principles of the National Privacy Act 2000. The purpose of this procedure is to give information regarding the various aspects of service delivery where privacy and confidentiality are essential. Specific procedures regarding each topic are detailed in other parts of this Policy and Procedure Manual.

The following aspects of service provision are considered to require consideration of Privacy and Confidentiality.

##### **Assessment Process / Referral Procedures**

Refer principle 1 of National Privacy Act 2000 – Collection

The assessment/intake and review will be between the Coordinator and the Service User and with the Service User's consent or the consent of his / her legal guardian or advocate only. The Coordinator will note any particular privacy requirements of the Service User e.g. for a particular family member not to be present.

File notes will be kept of Service Users' contact which involves:

- Assessment/Intake;
- Review;
- Change in Care Plan;
- Change in circumstances of the Service Users;
- Complaints;
- Reports / information from other agencies; or
- Requests from the Service Users for any change in service.

## **Hard Copy Filing System**

The use and storage of all hard copy files will be kept in accordance with the Work Instructions Filing System.

## **Computer System**

Computer Systems used by the Service are for service business only. Team Members found using computer systems for personal use will be disciplined.

*Security:* All computers will be password protected to ensure confidentiality of documents.

*Computer Backup:* Computer systems will be regularly backed up, according to Work Instruction Computer System, to manage the risk of loss of information through computer system failure.

*Policy and Procedure:* The electronic copies of Policies and Procedures for the organisation are locked and can only be changed by the Administration Officer. Each time a Policy and Procedure is changed the Administration Officer will advise the Coordinator via email.

*Sending Information Electronically:* Personal information will only be emailed if the receiving agency can ensure the security of the information provided. All emails sent by the Service will have the following security statement

"This message (including any attachments) is intended solely for the addressee named and may contain confidential and or privileged information. If you are not the intended recipient, please delete it and notify the sender. Views expressed in this message are those of the individual sender. You should only re-transmit, distribute or use the material for commercial purposes if you are authorised to do so."

## **Telephone Systems**

The Service utilises an internal office telephone system and mobile telephones for Team Members outside the office. Telephone systems will be used according to the Work Instructions Telephone System.

## **Policy and Procedure Manuals**

The hard copy of the Policy and Procedure Manuals are kept at Coordinator's workspace.

## **Corresponding Policy**

- [POL 1.03](#) Quality Management

## **Relevant Standards**

### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers
- 4. Services and Supports for Daily Living
- 7. Human Resources

- 8. Organisational Governance

## **Disability Service Standards**

- 6. Service Management

## **PROCEDURE 1.03-5**

### **Monitoring Compliance**

#### **Expected Outcome**

The Service Stakeholders will be aware of how the Service monitors compliance with all relevant regulations, legislation and guidelines.

#### **Training Requirements**

Manager and Council Members.

#### **Procedure**

##### **Monitoring Legislative / Regulatory Compliance**

The Coordinator will ensure knowledge of relevant regulations, legislation and guidelines impacting upon service management and provision. The Coordinator will gain knowledge and information regarding any changes/amendments from:

- Service provider peak bodies eg. Community Transport Organisation;
- Industry peak bodies eg. Community Care Industry Council, Aged and Community Services Association;
- Funding Body;
- Local and state wide networks eg. Local aged and disability forums;
- Internet links to relevant regulations, legislation and guidelines;
- Memberships to other relevant Industry bodies.

The Coordinator will ensure that any changes / amendments are investigated to identify if any changes are required to existing Policy, Procedure and Practice to ensure continue compliance.

##### **Monitoring Compliance with Funding Agreements**

Each funding agreement held with the Service will have its own compliance requirements. The requirements of each funding agreement are detailed in the Funding Agreement Compliance Checklist. This checklist will be completed and updated each time a funding agreement is signed to ensure continued compliance.

##### **Monitoring Compliance with Service Systems**

Regular Systems and Compliance Audits will be conducted according to the Procedure for Work Health and Safety Monitoring & Evaluation.

##### **Changes in Policy and Procedure**

Should monitoring compliance highlight the need for amendments to existing Policy and Procedure or the development of new Policy and Procedure the continuous improvement procedure will be applied.

### **Documents to be completed and / or related to this procedure**

- [DOC 1.03-6-1](#) Funding Agreement Compliance Checklist
- [DOC 1.03-6-2](#) Legislation/Regulation/Guidelines - Organisational Management
- [DOC 1.03-6-3](#) Legislation/Regulation/Guidelines - Team Management
- [DOC 1.03-6-4](#) Legislation/Regulation/Guidelines - Service Delivery
- [DOC 1.03-6-5](#) Legislation/Regulation/Guidelines - Work Health & Safety
- [DOC 1.03-6-6](#) Legislation/Regulation/Guidelines - Vehicle Management

### **Corresponding Policy**

- [POL 1.03](#) Quality Management

### **Relevant Standard**

#### **Community Care Common Standards**

- 7. Human Resources
- 8. Organisational Governance

#### **Disability Service Standards**

- 6. Service Management



## PROCEDURE 1.03-6 Internet & Email

### Expected Outcome

Stakeholders will be aware of the accepted use of Electronic mail (e-mail) and Internet sites.

### Who should be trained regarding this procedure?

All team members

### Procedure

The computers and computer network facilities installed at the Service, as well as the access facilities to e-mail and the Internet, are primarily for business purposes. The usage of these facilities therefore must reflect and be consistent with that purpose.

### Legalities

For legal purposes e-mail has the same standing in court as paper documents. The Service can be involved in litigation and relevant records relating to use and activities in relation to e-mail, Internet and Intranet are “discoverable” by way of court order or subpoena. These include matters affecting legal proceedings, affecting personal affairs of team members, Service Users, or third parties as well as any relating to research, or other communications even if communicated in confidence.

### Ownership of E-mail Addresses

E-mail residing on or transmitted across a system is the property of the organisation that owns the system. All electronic files are therefore the property of the Service and e-mail users should act on the basis that they can be and where necessary will be held accountable for every message issued from their machine, or authorised or issued on their behalf.

### Monitoring

Cabonne Council reserves the right to monitor any and/or all Internet related activity undertaken by the Team members or Service Users, using the Service infrastructure.

Other activity, which may be defined as ‘cyberloafing’, that is the use of the organisation facilities and misuse of work time through accessing non related work sites is **not permitted**. In particular accessing sites that may be loosely defined as ‘pornographic’ is not an approved activity, and downloading from such sites is an abuse of the facilities provided.

### Conduct Requirements

The Team members should abide by all of the following specific conduct requirements in their use of the Internet and Intranet, e-mail and other electronic communication devices. The Team members should not purposely, in or by their use of the Service Internet/Intranet access and resources:

- Violate any State, Commonwealth or International law, or State or Commonwealth regulation, or fail to comply with the Service policies or procedures.
- Violate generally accepted social standards, including etiquette, for the use of a publicly owned and operated communication vehicle.

- Conduct any business or activity for commercial purposes or financial gain, including publishing material that contains any advertising or any solicitation of other network users or discussion group or list members to use goods or services.
- Transmit or cause to be transmitted communications that may be construed as harassment or disparagement of others based on the criteria of the anti-discrimination legislation, defamation legislation and the Service policy.
- Download information or software from the Internet or Intranet for the purpose of providing to an unauthorised third party (e.g. games).
- Send via external e-mail or otherwise compromise proprietary, commercial-in-confidence, or sensitive information.
- Violate the Service or third party copyright, license agreements or other contracts.
- Seek to gain unauthorised access to any resources within or outside of the Service.
- Disrupt or interfere with the intended use of the Service Intranet and/or the global Internet and/or resources.
- Without authority destroy, alter, dismantle, disfigure, prevent rightful access to or otherwise interfere with the integrity of computer-based information and/or information resources, including, but not limited to, uploading or creating computer viruses.
- Waste resources whether of peoples' time, or the capacity of the system or the equipment.
- Post to a discussion group or other public forum personal communications without the author's consent.

### **Privacy and Security**

System security is the individual and collective responsibility of all team members. Team members who suspect a security problem on the Internet or Intranet should:

- Immediately notify the Coordinator;
- Not demonstrate the problem to others.

Team members who suspect their account has been tampered with should;

- Immediately change their password;
- Contact the Manager with specific details.

#### *Privacy*

Electronic mail is not a secure medium, and even more so with e-mail sent via the Internet. Electronic mail is a Service resource and is provided as a Service tool. Team members with a legitimate purpose may have the need to view a team member's e-mail messages. Others may view e-mail messages inadvertently, since there is no guarantee of privacy for an electronic mail message. E-mail, along with other parts of the system, is regularly backed up and can therefore be preserved for some period of time on back-up tapes.

#### *Confidentiality*

Team members/Contractors who, in the course of their work, have access to records, files, or data belonging to or about others including team members shall take precautions to avoid

invading the privacy of individuals without their knowledge. These people must not divulge or disclose such information to others, unless required by the Service policy or State or Commonwealth law, and if required to disclose information must comply with the relevant guidelines in place relating to disclosure.

#### *Personal Security*

Team members should not reveal personal addresses or phone numbers, or personal addresses or phone numbers of other team members or Service Users in any e-mail communication.

#### *Internet Relay Chat*

Team members should not participate in Internet Relay Chat groups or sessions unless such session has been specifically set up to facilitate the communication between participants in a project or working group authorised by the Service.

#### *Spam Mail*

Spam is a term used to describe unwanted, unsolicited e-mail sent to your Mail Box. Spam e-mails may contain anything from things for sale, pornography, information about 'get rich quick' schemes, chain letters, and hoax alerts. Spam mails may contain attachments with viruses, which can damage your computer files and the Service network files.

#### *Flamemail*

Is the use of e-mail to transmit offensive, insulting, harassing messages to other team members or persons inside/outside the workplace.

#### *Harassment*

Team members and Service Users must not transmit, or cause to be transmitted, communications (whether in the form of text, picture or other data) that may be construed as harassment or disparagement of others based on the criteria of the anti-discrimination legislation and the Service policy. Team members are reminded that this includes harassment or discriminatory behaviour based on age, gender, race, sexuality or disability.

Team members should ensure that materials published on the Internet never compromise the safety and privacy of Service Users, students or team members. Personal and private information about Service Users, team members or students, such as home telephone numbers or addresses, or private e-mail addresses should never be published.

### **Documents to be completed and/or related to this procedure**

Nil

### **Corresponding Policy**

- [POL 1.03](#) Quality Management

### **Related Standard**

### **Community Care Common Standards**

- 7. Human Resources
- 8. Organisational Governance

### **Disability Service Standards**

- 1. Rights
- 6. Service Management

## **POLICY 1.04      Team Management**

### **Policy Statement**

Cabonne Community Transport believes to achieve the best possible outcomes for Service Users, Team Members must be managed effectively to encourage a high work ethic, a culture of continuous improvement and risk management.

### **Policy**

The Service has a strong commitment to effective Team Management that:

- Is fair and equitable;
- Acknowledges the contribution of Team Members to the outcomes achieved by the organisation;
- Encourages and supports Team Members development;
- Fosters a culture of continuous improvement, accountability and responsibility; and
- Is committed to safe work practices and risk minimisation.

All Team Management Policies and Procedures are detailed in Section 2 of the Policy and Procedure Manual.

### **Related Procedures**

- [PRO 1.02-1](#)      Responsibility and Role of Governance Body
- All procedures in Section 2 Team Management

### **Relevant Standard**

#### **Community Care Common Standards**

- 7. Human Resources
- 8. Organisational Governance

#### **Disability Service Standards**

- 6. Service Management

## PROCEDURE 1.04

### Responsibility of Cabonne Council

#### Expected Outcome

The Service Stakeholders will be aware of the responsibility and individual roles of the Cabonne Council.

#### Training Requirements

Cabonne Council Members

#### Procedure

##### Fiduciary Duty

Cabonne Council have a fiduciary duty, which is a duty to act in the organisations and its' members best interests, in every aspect of the organisation and in every transaction that the organisation enters into.

Cabonne Council will ensure constitutional and legal obligations are met by:

- Ensuring the organisation is appropriately incorporated and the constitution has clear purposes;
- Ensuring the constitution of the organisation is regularly reviewed and updated when necessary;
- Ensuring all potential Conflicts of Interest are identified by all Team Members of the Service;
- Ensuring the organisation is non-discriminatory;
- Operating in line all relevant Federal, State and Local Government laws, regulations, legislation, Community Care Common Standards, Disability Service Standards and Funding Agreements;
- Shall ensure that the requirements under the Traffic Act and other relevant regulations are adhered to, including:
  - Driver hours regulations;
  - Vehicle monitoring device requirements;
  - Vehicle registration regulations;
  - Comprehensive third party insurance requirements; and
  - Regulations concerning the fitting and use of safety equipment
- Ensuring insurance is current and appropriate;
- Ensuring all legal requirements with regard to employment, including Tax, Superannuation and Workers compensation, are carried out;

- Ensures Cabonne Council Members have the benefit of orientation and relevant training;

**To ensure Quality Services to Service Users by:**

- Providing strong leadership by:
  - Leading by example showing a visible commitment to continuous improvement and risk management;
  - Ensuring clearly defined accountability and reporting lines regarding all aspects of service;
  - Maintaining a high level of awareness of current best practice methods and innovation in the sector;
  - Recognising and responding quickly to concerns of Service Users, Team Members and the public;
  - Having clear organisational goals;
  - Operating according to Policies and Procedures that reflect requirements of relevant Standards, Legislation and Guidelines;
  - Ensuring all Team Members abide by the Code of Behaviour and Confidentiality Agreement;
  - Monitoring the performance of the Governance Body, the Governance Body will undertake an annual Governance Body Performance Appraisal;
  - Updating and using the Delegation of Authority Chart to ensure continuity in decision making; and
  - Ensuring regular Governance Body appraisals are conducted and development plans implemented.
- Monitoring, evaluation and strategic planning processes that include stakeholder input, examination of relevant demographics and strategies to improve service and independence of Service Users
- Effectively and responsibly managing risk by:
  - Demonstrating due diligence, which is to act with care and in the best interests of the organisation and by taking all reasonable steps to prevent a reasonably foreseeable loss or injury occurring;
  - Encouraging a culture of risk identification and management;
  - Ensuring that management of risk is an integral part of the philosophy of the organisation;
  - Developing and implementing effective systems to manage and disseminate information on risk management performance and effectiveness;
  - Including risk management in the measurement of Team Member performance; and
  - Development of comprehensive contingency and emergency plans to ensure prompt response to any harmful or dangerous incident or situation.
- Ensuring a fair and transparent recruitment process and to provide support and development opportunities for Team Members by:
  - Ensuring the best possible Team Members are employed by the organisation;

- Ensuring Team Members are recruited in line with Equal Employment Opportunity principles;
- Ensuring all Team Members abide by the Policies and Procedures of the Organisation;
- Ensuring compliance with Work Health and Safety Legislation providing safe working conditions for Team Members;
- Ensuring compliance with relevant Awards and Awards are available to all Team Members;
- Ensuring all Team Members have job descriptions and clear lines of accountability;
- Ensuring Team Members are supported to continuously develop their skills, by access to appropriate training, to the benefit of the organisation; and
- Ensuring regular Team Member performance appraisals are conducted and development plans implemented.
- Ensuring sound financial management of the organisation to ensure the longer term financial viability and growth by:
  - Ensuring each Governance Body member understands and can read the financial reports of the organisation;
  - Ensuring budget development takes into account previous years expenditure and income, trends in expenditure and income and expected expenditure and income;
  - Having an approved budget, prior to the commencement of the financial year, that is monitored, at least quarterly, to ensure expenditure is within the budget;
  - Ensuring financial reporting includes:
    - Budget and actual expenditure and income for the period;
    - Budget and actual expenditure and income for the year to date; and
    - Highlighting any variances in above and relevant explanatory notes.
  - Ensuring the development of specific project budgets as appropriate to monitor service development, innovation activities;
  - Ensuring the cost of implementing Strategic Planning is included in the expected expenditure of the Service;
  - Ensuring that the accounts align with reporting requirements under Funding Agreements and relevant legislation;
  - Ensuring funds are properly accounted for and an audit is completed every year;
  - Ensuring financial records are maintained in a manner as specified by the auditor; and
  - Ensuring budget acquittal takes place in the prescribed manner.
- Ensuring recognition of the Traditional Owners of the land in which the Service operates by:
  - Acknowledging the Traditional Owners of the land at all public events conducted by the Service;



- Inviting a representative from the host Local Aboriginal Land Council to welcome the visitors. If no representative is available, the Service nonetheless acknowledges the Traditional Owners of the land and pays respect to Elders past and present; and
- Ensuring that Governance Body and Team Members understand it is their responsibility to ensure the traditional owners of the land are acknowledged.

## **Documents to be completed and / or related to this procedure**

- [DOC 1.01-1-1](#) Constitution Coversheet
- [DOC 1.02-1-2](#) Membership Register
- [DOC 1.02-3-1](#) Delegation of Authority Chart
- [DOC 1.02-4-2](#) Conflicts of Interest Register
- [DOC 1.02-5-1](#) Annual General Meeting Agenda Template
- [DOC 1.02-5-3](#) Minutes Template

## **Corresponding Policy**

- [POL 1.02](#) Management of Service

## **Relevant Standards**

### **Community Care Common Standards**

- 8. Organisational Governance

### **Disability Service Standards**

- 6. Service Management

## **Section 2 – Team Management**

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### **POLICY 2.01**

## **Team Member Development & Education**

### **Policy Statement**

Cabonne Community Transport is committed to being a quality provider of services and an employer of choice. Integral to achieving this is a system of Team Member development and education that meets the current and future needs of the Service and its Service Users, and leads to increased job satisfaction, productivity gains and efficiency in service delivery.

### **Policy**

All Team Members, including Volunteers, will receive in house training appropriate to their position. By providing opportunities for Team Member development and encouraging the expansion of knowledge and skills the Service believes that the improved abilities of its Team Members will be reflected in continuing improvements to services.

Development, education and training are tied into the performance appraisal and supervision process.

Cabonne Community Transport will ensure that all Team Members:

- Have access to quality training that equips Team Members with essential skills and knowledge to competently perform their duties;
- Have access to professional development opportunities that will benefit the Team Member and the organisation and promote career progression; and
- Are encouraged and supported with tertiary study or further education.

Training, education and professional development needs may be identified by any of the following:

- orientation processes;
- the changing needs of Service Users;
- outcomes of continuous improvement activities;
- supervision and/or performance appraisals;
- changes in the community sector;
- changes in funding body requirements; and
- additional responsibilities requiring new skills.

### **Related Procedures**

- [PRO 2.02-1](#) Volunteers

- [PRO 2.04-1](#) Team Member Management & Accountability
- [PRO 2.04-3](#) Team Member Supervision and Support
- [PRO 2.04-5](#) Team Member Performance Dispute and Grievance

## **Relevant Standard**

### **Community Care Common Standards**

- 7. Human Resources
- 8. Organisational Governance

### **Disability Service Standards**

- 6. Service Management

## PROCEDURE 2.01-1

## Team Member Orientation

### Expected Outcome

Cabonne Community Transport stakeholders will be aware of the orientation process undertaken when any new Team Member or volunteer joins the organisation.

### Training Requirements

All Team Members

### Procedure

When a new Team Member is appointed to the Service the relevant Employment or Volunteer Checklist is completed and a handover is arranged with the previous occupant of the position, if possible.

The following Orientation Handbooks will be maintained by the Coordinator:

- Organisational Handbook
- Team Member Orientation Handbook
- Team Member Orientation Workbook
- Keeping Safe at Work Handbook

The Organisational Handbook will be given to all new Team Members and Volunteers together with other relevant Handbooks. The Orientation Handbooks will include but are not limited to:

- Agency names, address, phone and fax numbers.
- Agency purpose, philosophy and objectives.
- Management model.
- Organisation chart.
- Team Members roles, rights and responsibilities.
- Pay day and method of payment (if relevant).
- Important meetings (e.g. Team Member meetings).
- Code of behaviour & Confidentiality Agreement.
- Work Health and Safety information.
- Dates to remember.
- Information on the function of and location of the Policy and Practice Manual.

### Documents to be completed and/or related to this procedure

- [DOC 2.01-1-1](#) Organisational Handbook
- [DOC 2.01-1-2](#) Team Members Orientation Handbook

- [DOC 2.01-1-3](#) Team Members Orientation Workbook
- [DOC 2.02-1-2](#) Volunteer Checklist

## **Corresponding Policy**

- POL 2.031 Team Member Development and Education

## **Relevant Standard**

### **Community Care Common Standards**

- 7. Human Resources
- 8. Organisation Governance

### **Disability Service Standards**

- 8. Service Management

## PROCEDURE 2.01-2

### Team Member Development & Education

#### Expected Outcome

All Team Members, including Volunteers will understand that the Service has a commitment to maximising the potential of each Team Member through an ongoing process of developing new skills, abilities and knowledge.

#### Training Requirements

All Team Members

#### Procedure

Training needs of Team Members will be discussed with the Coordinator on recruitment and at relevant times.

The Coordinator is responsible for ensuring that the basic training needs of Team Members are met. This may be through:

- The provision of relevant orientation handbooks and/or procedures manual;
- Referral to an external training course;
- The provision of 'in-house' training sessions or on the job training; and
- Mentoring and peer support from existing Team Members who have appropriate skills.

Basic training for Team Members will ensure that:

- All new Team Members have induction training through an orientation session including:
  - The Organisational Handbook;
  - Team Member Orientation Handbook;
  - Keeping Safe at Work Handbook;
  - The legal responsibilities associated with their work; and
  - The needs of the Service User group.
- Team Members will also receive ongoing training on the content and use of this Policy and Procedure Manual.

The Service will support its Team Members in development, education and training activities, which are relevant to, and will benefit the organisation.

The Training Matrix has been developed to ensure all Team Members undergo appropriate training to their positions.

Support may include:

- Attendance for up to six days per year for workshops, seminars and conferences run by the Service or other agencies;
- Flexibility of working hours to participate in an accredited course of study part-time or externally at a recognised educational institution; and
- Purchasing resources such as videos and research literature.

Team Members will report back to their Supervisor, within 7 working days, on Team Member Training Report about any training activities that they have attended and the value of the activity to their work.

Any Team Members wishing to participate in development opportunities must, unless otherwise agreed, discuss these with their Supervisor at least fourteen (14) days prior to the activity to allow for the rostering of a person's immediate work.

Training will be entered on the relevant Team Member Training Register and the Annual Summary of Training Provided.

Any in house training will have an In House Training Attendance Register completed.

<b>Steps</b>	<b>Action/Evidence</b>	<b>Who does it</b>	<b>When</b>
1	Team Member Organisational Orientation conducted	Coordinator and Team Member	On appointment
2	Ongoing Training needs discussed and identified	Team Member and Supervisor	On Appointment, at Supervision and/or at Performance Appraisal.
3	Training organised as per Training Matrix	Coordinator and Human Resources	As Appropriate
4	Team Member attends training	Team Member	As Appropriate
5	Team Member submits Training Report	Team Member	Within 1 week of attendance
6	Training entered on Team Member Training Register and the Annual Summary of Training Provided	Administration Staff	Regularly

## **Documents to be completed and/or related to this procedure**

- [DOC 2.01-1-1](#) Organisational Handbook
- [DOC 2.01-1-2](#) Team Member Orientation Handbook
- [DOC 2.01-2-1](#) Team Member Training Register
- [DOC 2.01-2-2](#) Team Member Training Report
- [DOC 2.01-2-3](#) In House Training Attendance Register
- [DOC 2.01-2-4](#) Training Matrix
- [DOC 2.01-2-5](#) Annual Summary of Training Provided

## **Corresponding Policy**

- [POL 2.01](#) Team Member Development and Education

## **Relevant Standard**

### **Community Care Common Standards**

- 7. Human Resources

### **Disability Service Standards**

- 6. Service Management



## **POLICY 2.02 Volunteers**

### **Policy Statement**

Cabonne Community Transport acknowledges the valuable contribution made by Volunteers in meeting the organisations goals. The Service believes that the use of Volunteers facilitates:

- Greater Community participation in the Service;
- The ability to provide more comprehensive range of services;
- The opportunity for people to develop new skills; and
- An opportunity for Service Users to have a greater connection to the community through the contact with Volunteers.

### **Policy**

- All Team Members, including Volunteers participate actively in meeting organisational goals, keeping in mind the need to involve those best suited to respond within a particular situation, at a particular time.
- A climate of mutual trust, recognition and support for and between all Team Members will be fostered at all times.
- Team Members will be monitored in an effort to ensure they receive satisfaction from their efforts and to avoid exploitation or an inappropriate transfer of duties.
- In the event of an industrial dispute, Volunteers will not be expected to undertake work normally undertaken by paid Team Members, except by agreement between all parties involved (management, paid Team Members involved in the dispute, their representatives and Volunteers).
- Volunteers will be allowed sufficient time and given proper recognition and training to enable them to adequately carry out their responsibilities.
- All legislation in relation to health and safety, industrial matters, privacy and equal opportunity will be observed for Volunteers as it is for paid Team Members.
- Volunteers will be expected to make realistic commitments, in terms of both time and areas of involvement and the organisation will expect these commitments to be fulfilled.
- Any dissatisfaction with performance levels of Volunteers will be addressed by the Team Member Performance Dispute and Grievance Procedure. A change in role, or withdrawal of the offer of Volunteer work, will be considered only after the Volunteer has been provided with support and the opportunity to improve performance to the required level.
- Volunteers will not be utilised to replace paid Team Members.
- All Volunteers will have a criminal record check. Those Volunteers working unsupervised with Service Users will undertake a criminal record check every three years. Volunteers who may work with children will complete a Prohibited Employment Declaration under the Child Protection Act following an offer to provide Volunteer services.

- The Service will establish and maintain relevant details of Volunteers.
- Volunteers will be provided with job descriptions, orientation, supervision, training and education appropriate to their role, including fire safety and evacuation, work health and safety and continuous improvement processes.
- Volunteers will be reimbursed for all reasonable and approved "out of pocket" expenses.
- Volunteers are covered for insurance under the Services insurance policies.
- Volunteers will be made aware of their rights and responsibilities.
- Volunteers will be offered an Exit Interview and provided with a Letter of Release.

## **Related Procedures**

- [PRO 2.01-1](#) Team Member Orientation
- [PRO 2.01-2](#) Team Member Development and Education
- [PRO 2.02-1](#) Volunteers
- [PRO 2.04-3](#) Team Member Supervision and Support
- [PRO 2.04-5](#) Team Member Performance Dispute and Grievance

## **Relevant Standard**

### **Community Care Common Standards**

- 7. Human Resources
- 8. Organisational Governance

### **Disability Service Standards**

- 6. Service Management

## PROCEDURE 2.02-1

## Volunteers

### Expected Outcome

Stakeholders will be aware of the Volunteer recruitment process and the support given to Volunteers within the organisation.

### Training Requirements

All Team Members

### Procedure

Requests for Volunteers will be widely advertised in the region and amongst the cultural groups of the Service Users as required. Volunteer recruitment may include:

- advertising/promoting Volunteering through word of mouth;
- advertisements placed in shop windows, news sheets, community notice boards, letter box drops;
- expo's; and
- many other methods.

Volunteers will not be used to replace paid Team Members in the Service. The following roles are currently available for Volunteers:

- Car drivers

### Volunteer Applications

Prospective Volunteers will be required to complete a Volunteer Application Form and be interviewed. The Coordinator will conduct the interview with the Volunteer, which will cover the following areas:

- Name, address, telephone number;
- Other languages;
- Health record (in case of emergency);
- Current driver's licence, insurance and vehicle registration if Volunteer driver;
- Size of vehicle and number of doors;
- Times available;
- Commitment;
- Explain reimbursement for expenses; and
- Police clearance (every 3 years for unsupervised Volunteers) and
- Working with children check – only if working with children is required for specific roles. CCT does not transport children under the age of 16 without a carer or guardian.

The Coordinator will conduct police checks and inform the Volunteer as soon as possible of

the outcome. If the Volunteer's application is rejected they will be given the reasons why. If the application is accepted the Volunteer will be given a copy of the Volunteer Agreement, the relevant Job Description, Organisational and Team Member Orientation Handbook. If there are questions about the application the final decision will be made with the support of the Community Services Manager.

### **Police and Working with Children Checks**

Volunteer police checks will be included in the Police Check Register and be reviewed every 3 years when Volunteers are working unsupervised. Working with Children Checks will be renewed every 5 years.

### **Running sheets**

Volunteers will complete Running sheets detailing volunteer starting and completion times and kilometres travelled. Running sheets are left in the service vehicles and sent to the office at the end of the week and volunteers utilising their own vehicles will send theirs in at the end of the month.

### **Medical Assessments**

All Drivers for Cabonne Community Transport will require to have a Medical Assessment before commencing work with the service with the outcomes stating the Volunteer is compliant to drive for our service. This Assessment is will be conducted every three years.

### **Reimbursement**

Volunteers will be reimbursed for out-of-pocket expenses incurred during the course of their duties. For Volunteers using their own vehicles, vehicle expenses will be reimbursed per KM rate.

### **Insurance**

The Service provides accident insurance cover for Volunteers who drive the service vehicles. For volunteers who drive their own vehicles must have their own insurance and proof of this supplied to the coordinator.

### **Supervision, Support and Training**

- Three monthly Volunteer meetings will take place at a different town.
- Volunteers may approach the coordinator at any time to discuss an issue.
- Volunteers will receive the training needed to successfully undertake their work.

Sufficient time will be allowed for the Volunteer to read orientation information and ask questions before signing the Agreement and the Coordinator completing the Volunteer Checklist.

Volunteers will be matched with appropriate Service Users where possible taking into account the Service User preferences and needs.

### **Volunteers Register**

The Service will establish and maintain a Volunteers Register of relevant details of Volunteers including:

- name;
- address and telephone number;
- emergency contacts;
- date of birth;
- date joined the Service;
- availability; and
- languages spoken;

A Team Member's Drivers Register will detail:

- Registration Number and expiry date;
- Licence number, class and expiry date;
- Registered drivers name and residential address;
- Description of vehicle;
- All relevant third party and comprehensive insurance including:
  - Insurance company; and
  - Policy numbers and expiry dates.

### **Licence/Registration of Vehicle**

All drivers will be required to make available for viewing by the Service on an annual basis the following:

- Licence;
- Vehicle registration papers; and
- Third party and comprehensive insurance papers.

### **Rights and Responsibilities**

Volunteers will be made aware of their rights to:

- information about the organisation;
- a clearly written description of activities to be undertaken;
- know to whom they are accountable;
- be recognised as a valued team member;
- be supported and supervised in their role;
- say 'no' if they feel they are being exploited;
- be informed and consulted on matters which directly or indirectly affect them and their work; and
- receive feedback on their performance.

Volunteers will also be made aware of their responsibilities:

- To be dependable
- To be willing to learn
- To attend training
- To be patient
- To keep confidence
- To have an open mind

### **Team Member Exit Interviews**

Whenever a Team Member leaves the organisation they will be asked if they would like to participate in an Exit Interview to give feedback regarding their time with the organisation and any suggestions for improving Volunteer procedures.

### **Team Member Release**

Whenever a Team Member leaves the organisation they will be sent a letter of release. This letter will:

- Thank them for their commitment to the Service
- That they must not use any information gained during their work as a Team Member to the detriment of any Service Users, other Team Members or the organisation
- Release the Service from any liability for any future actions undertaken by them.

<b>Steps</b>	<b>Action/Evidence</b>	<b>Who does it</b>	<b>When</b>
1	Various forms of Volunteer Recruitment promotion will be developed	Co-ordinator	When necessary
2	Volunteer Recruitment will be conducted	Co-ordinator	When necessary
3	Volunteer Application Form completed	Prospective Volunteer	When interest shown
4	Volunteer Interview Conducted	Co-ordinator	As soon as possible after completion of application form
5	Reference and police check conducted	Co-ordinator	As soon as possible after interview
6	Volunteer informed of Coordinators decision	Coordinator	As soon as possible after checks conducted
7	Volunteer Details entered on computer Volunteer Register	Coordinator	When Accepted
8	Volunteer Agreement Signed	Volunteer	When notified of acceptance
9	Volunteer given Job Description, Organisational Orientation Handbook, Team Member Orientation Handbook/ Workbook	Coordinator	When Agreement signed
10	Volunteer Checklist Completed	Coordinator	After Volunteer signs agreement
11	Volunteer matched	Coordinator	As appropriate
12	Volunteers Team Member Training Register updated	Coordinator	As appropriate
13	Exit Interview	Coordinator	When the Volunteer leaves the organisation
14	Send Letter of Release	Coordinator	When the Volunteer leaves the organisation

## **Documents to be completed and/or related to this procedure**

- [DOC 2.02-1-16](#) Police Check Register
- [DOC 2.02-1-8](#) Team Members Drivers Register
- [DOC 2.02 -1-1](#) Volunteer Application
- [DOC 2.02-1-2](#) Volunteer Checklist
- [DOC 2.02-1-3](#) Volunteer Agreement
- [DOC 2-02-1-4](#) Volunteer Register
- [DOC 2.02-1-5](#) Volunteer Monthly Record
- [DOC 2.04-3-1](#) Team Member Supervision Record
- [DOC 2.04-6-1](#) Team Member Exit Interview
- [DOC 2.04-6-3](#) Letter of Release

## **Corresponding Policy**

- [POL 2.04](#) Volunteers

## **Relevant Standard**

### **Community Care Common Standards**

- 7. Human Resources
- 8. Organisational Management

### **Disability Service Standards**

- 6. Service Management



## **PROCEDURE 2.02-2    Uniforms and Identification**

### **Expected Outcome**

The Service Stakeholders will be aware of the uniform provided by the Service and the expectation that all Team Members will wear uniforms and identification.

### **Training Requirements**

Team Members

### **Procedure**

Cabonne Community Transport expects all Team Members to present themselves in a professional manner. Clothes should be kept clean and tidy, hair should be done, men should be shaved or beard kept tidy, those providing direct services must wear closed in shoes.

Drivers (paid and unpaid) will be provided with:

- 2 Polo Shirts;
- 2 Chambray Shirts;
- 1 Vest.

Uniforms will be inspected and the Coordinator will determine the need for replacement. If uniforms are damaged during the year the Team Member must return the damaged article to the Coordinator and put in a Uniform / Identification Replacement Request for authorisation by the Coordinator.

All Team Members leaving the office and/or providing services **MUST** wear the identification provided by the Service at all times. It is the Team Member's responsibility to ensure the maintenance and/or replacement of identification. If identification is damaged or lost it must be reported immediately and a Uniform/Identification Replacement Request be completed and given to the Coordinator.

Team members issued with identification and/or uniforms will sign a Uniform/Identification Receipt form at the time of issue which will be filed in the Team Members file.

### **Documents to be completed and/or related to this procedure**

- [DOC 2.02-4-1](#)    Uniform/Identification Replacement Request
- [DOC 2.02-4-2](#)    Uniform/Identification Receipt Form

### **Corresponding Policy**

- [POL 2.02](#) Recruitment

### **Relevant Standard**

**Community Care Common Standards**

- 7. Human Resources

## **Disability Service Standards**

- 6. Service Management

## **POLICY 2.03 Students**

### **Policy Statement**

Cabonne Community Transport recognises the education of students is an investment in the social capital of the future. When projects are identified and there is sufficient supervisory Team Members available the Service will participate in the placement of students.

### **Policy**

Students will be invited and accepted into the workplace as the opportunity, resources and time allows.

Students will be engaged for specific projects with identified outcomes that will be negotiated between the Coordinator and their respective tertiary institution.

Students will not be utilised to replace paid Team Members at the Service.

All Student positions will have Job Descriptions, or the equivalent, and be issued with any relevant Orientation Handbooks during their orientation.

Students will be provided with orientation, training and education appropriate to their role, including fire safety and evacuation, work health and safety and continuous improvement processes.

Students will be made aware of their rights & responsibilities.

### **Related Procedures**

- [PRO 2.03-1](#) Students

### **Relevant Standard**

#### **Community Care Common Standards**

- 7. Human Resources
- 8. Organisational Governance

#### **Disability Service Standards**

- 6. Service Management

## PROCEDURE 2.03-1

## Students

### Expected Outcome

Cabonne Community Transport stakeholders will be aware of the process for utilising students within the organisation

### Training Requirements

All Management

### Procedure

When engaging students to work within the organisation the Coordinator must:

- Ensure that there is a designated function that is of benefit to the Service and its Service Users that can be performed by the student;
- Ensure that the student's placement officer is involved in development of the Student Agreement regarding learning objectives and outcomes;
- Ensure that the students insurance is adequately provided for by the secondary / tertiary institution; and
- Ensure that supervision is provided to the student as agreed.

In some instances the secondary / tertiary institution may have appropriate documentation, (student agreements etc.) that negate the need for the Service's forms to be used. In these cases a complete copy of the relevant secondary / tertiary documentation will be copied and kept in the Students file.

The Coordinator will conduct police checks and inform the student as soon as possible of their decision. If the student's application is rejected they will be given the reasons why. If the application is accepted the student will be given a copy of the Student Agreement and relevant Orientation Handbook. If there are questions about the application, the final decision will be made with the support of the Cabonne Council. The Coordinator will complete a Student Checklist.

Sufficient time will be allowed for the student to read the information and ask questions before signing the Agreement.

The student agreement includes:

- name;
- address and telephone number;
- emergency contacts;
- interests and skills; and
- Details of placement.

Students will be made aware of their rights to:

- information about the organisation;
- a clearly written description of activities to be undertaken;
- know to whom they are accountable;
- be recognised as a valued Team Member;
- be supported and supervised in their role;
- say 'no' if they feel they are being exploited;
- be informed and consulted on matters which directly or indirectly affect them and their work; and
- Receive feedback on their performance.

Students will also be made aware of their responsibilities:

- To be dependable;
- To be willing to learn;
- To attend training;
- To be patient;
- To keep confidence; and
- To have an open mind.

Steps	Action/Evidence	Who does it	When
1	Investigation of need for engagement of student	Coordinator	As required
2	Student Application Form completed	Prospective Student and their tertiary placement officer	When interest shown
3	Student Interview Conducted	Coordinator and potential student and tertiary placement officer	As soon as possible after completion of application form
4	Reference and police check conducted	Coordinator	As soon as possible after interview
5	Student informed of Coordinators decision	Coordinator	As soon as possible after checks conducted
6	Student Agreement Signed	Student	When notified of acceptance
7	Student given relevant Orientation Handbooks	Coordinator	When Agreement signed
8	Student Checklist completed	Coordinator	When agreement signed
9	Supervision and reporting undertaken as per Student Agreement and other documentation provided by tertiary institution	Coordinator and student and/or placement officer	As appropriate

## Documents to be completed and/or related to this procedure

- [DOC 2.03-1-1](#) Organisational Handbook
- [DOC 2.03-1-2](#) Team Member Orientation Handbook
- [DOC 2.05-1-1](#) Student Agreement
- [DOC 2.05-1-2](#) Student Checklist
- [DOC 2.05-1-3](#) Student Application

## Corresponding Policy

- [POL 2.05](#) Students

## **Relevant Standard**

### **Community Care Common Standards**

- 7. Human Resource Management
- 8. Organisational Governance

### **Disability Service Standards**

- 6. Service Management

## POLICY 2.04

### Accountability & Performance Management

#### Policy Statement

Cabonne Community Transport is committed to ensuring that all Team Members are aware of the accountability requirements of their positions. The organisation will support the development and growth of Team Members by providing appropriate support, supervision and guidance to maintain a high standard of work performance and to strive for continuous improvement.

#### Definitions

<b>Grievance</b>	Any problem that a Team Member has with the management of the organisation, their supervisor and/or other Team Member that has not been resolved and the Team Member wishes to pursue.
<b>Misconduct</b>	Any conduct listed as misconduct in the services Code of Behaviour and Confidentiality Agreement
<b>Performance Dispute</b>	Any dispute the organisation has regarding the Team Member's performance of their duties

#### Policy

Lines of accountability are listed in each Job Description and on the Organisational Chart. The Service will maintain an effective accountability and performance management system in order to:

- Ensure Team Members understand who they are accountable to for performance of their duties as detailed in the job description;
- Provide accurate, concise and relevant reports to Cabonne Council for consideration;
- Provide opportunities for Team Members to recognise their strengths and to identify areas for personal and professional development;
- Create harmonious and productive work environments;
- Ensure there is effective and open communication between Team Members and management;
- Ensure Team Members behaviour is consistent with the Service's values and are reflective of the Service's Aims & Objectives;
- Establish a fair and objective method of evaluating Team Member performance; and
- Ensure there is a planned system of training, Team Member development and career progression.



## **Accountability**

All Team Members, including volunteers are required to fulfil the requirements of their job as specified in the job description and performance criteria.

The Coordinator is accountable to Cabonne Council and is responsible for the day to day management of the Services as delegated by Cabonne Council. All other Team Members are directly responsible to the Coordinator and/or Supervisor as advised by the Coordinator.

## **Supervision and Performance Review**

All Team Members, including volunteers will be provided with regular supervision as required (formal or informal). This will include an annual performance appraisal.

The Community Services Manager is responsible for providing supervision and support to the Coordinator.

The Coordinator is responsible for providing supervision and support to all other Team Members.

## **Grievance**

Cabonne Community Transport encourages all Team Members to resolve issues informally, directly with those affected. Where this is not possible, the Service will undertake a grievance resolution procedure that is fair, consistent and promotes an open interchange of ideas according to the Team Member Performance Dispute and Grievance Procedure.

## **Team Member Discipline**

Cases of misconduct will be dealt with through a fair and transparent process, using the steps outlined in the Team Member Performance Dispute and Grievance Procedure.

Conducting the disciplinary process in regard to the Coordinator is the responsibility of the Community Services Manager, all other disciplinary processes are the responsibility of Cabonne Council. In the case of final written warnings and/or termination of service Cabonne Council will be informed and approve of the action prior to the action being taken (except in the cases of gross misconduct where immediate suspension pending investigation may be taken without prior approval of the Community Services Manager).

## **Exit Interviews**

All Team Members, including volunteers will be requested to undertake an Exit Interview when leaving the Service. The Exit Interview will provide the outgoing Team Member with an opportunity to provide feedback that may assist the organisation to continuously improve its Team management and support practices.

## **Related Procedures**

- [PRO 2.04 -1](#) Team Member Management and Accountability
- [PRO 2.01-2](#) Team Member Development and Education

## **Relevant Standard**

### **Community Care Common Standards**

- 7. Human Resources
- 8. Organisational Governance

### **Disability Service Standards**

- 6. Service Management

## PROCEDURE 2.04-1

### Team Member Management and Accountability

#### Expected Outcome

Suitably trained Team Members provide a service that operates under the Common Community Care Standards. All Team Members are clear about lines of accountability.

#### Training Requirements

All Team Members

#### Procedure

Cabonne Council has delegated responsibility for the day-to-day management of the Service to the Coordinator. This includes responsibility for:

- The recruitment and management of Team Members;
- Service delivery;
- Administration;
- Service promotion and community liaison; and
- Liaison with funding bodies (in partnership with Cabonne Council).

The Coordinator is directly responsible to Cabonne Council.

All other Team Members are required to fulfil the requirements of their job as specified in the job description and performance criteria. All Team Members are engaged by Cabonne Council who will ensure that all supervision is undertaken, however Team Members are directly responsible to The Coordinator.

#### Documents to be completed and/or related to this procedure

- [DOC 2.04-3-1](#) Team Member Supervision Record
- [DOC 2.04-6-1](#) Team Member Exit Interview
- Relevant Job Descriptions

#### Corresponding Policy

- POL 2.04 Accountability and Performance Management

#### Relevant Standard

##### Community Care Common Standards

- 7. Human Resources

##### Disability Service Standards

- 6. Service Management

## PROCEDURE 2.04-2 Team Member Reporting

### Expected Outcome

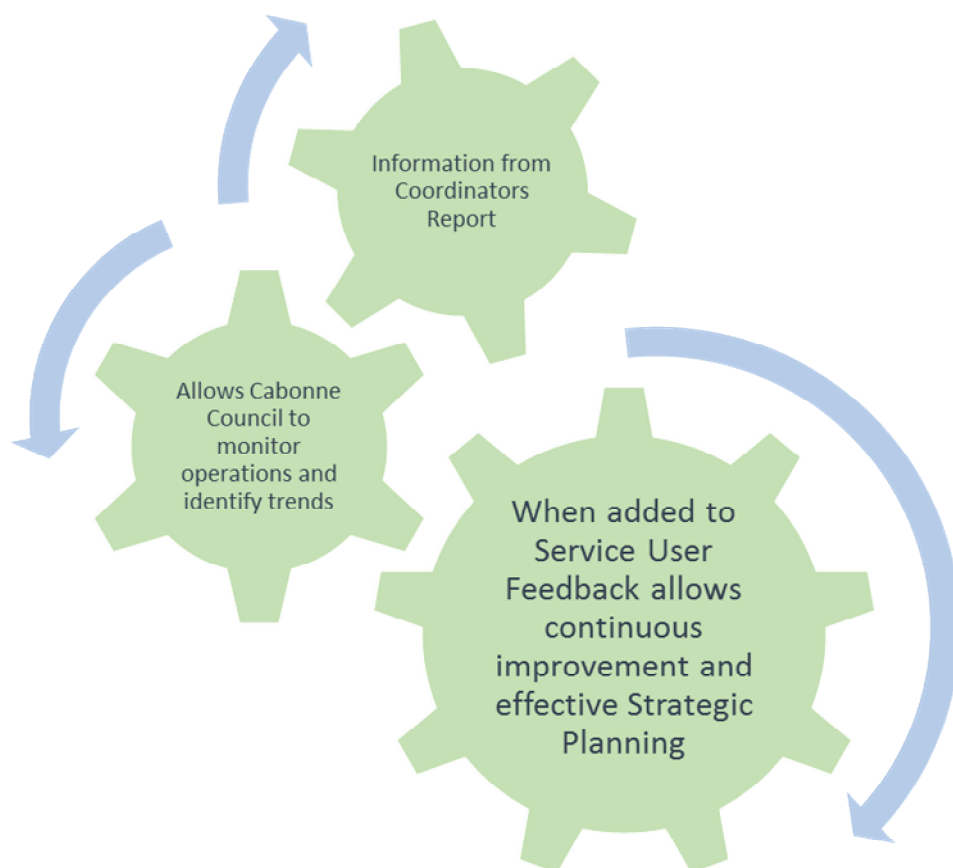
All Team Members will be aware of the reporting procedures relevant to their positions.

### Training Requirements

All Team Members

### Procedure

It is important for the smooth running of the Service that all Team Members are clear about whom they are responsible to and that there is a procedure for reporting.



The Coordinator will provide quarterly reports to the Community Services Manager on the last Friday of the quarter using the Coordinators Quarterly Report Template containing following information:

- Major Activities in the Last quarter and Outcomes
- Regular meetings attended and Outcomes
- Service Statistics
- Complaints/Suggestions (including attaching Complaints Register)
- Work Health & Safety (including attaching relevant Registers)
- Supervision & Training
- Vehicle Administration
- Policy & Procedure
- Service Promotion
- Highlights and achievements of the team
- Plans for next month
- Unmet need
- Other issues

#### **Service Co-ordinator's report**

The Service Co-ordinator shall compile all operational reports and documentation provided by other Team Members and ensure that the Service Co-ordinators report is provided to the Coordinator by the last Friday of the month to allow the Coordinator to prepare the monthly report to the Cabonne Council.

The Service Co-ordinators report will detail:

- Major Activities in the Last month and Outcomes;
- Service Statistics;
- Complaints/Suggestions;
- Work Health & Safety (including information from Injury & Accident/Incident Registers);
- Supervision & Training;
- Vehicle Administration;
- Service Promotion;
- Unmet need; and
- Other issues for Coordinators consideration.

#### **Documents to be completed and/or related to this procedure**

- [DOC 2.04-2-1](#) Coordinators Quarterly Report Template
- [DOC 3.07-1-4](#) Compliments, Complaints & Suggestions Register

#### **Corresponding Policy**

- POL 2.04 Accountability & Performance Management

#### **Relevant Standard**

### **Community Care Common Standards**

- 7. Human Resources
- 8. Organisational Governance

### **Disability Service Standards**

- 6. Service Management

## PROCEDURE 2.04-3

### Team Member Supervision and Support

#### Expected Outcome

The Service stakeholders will be aware of the process undertaken to ensure that Team Members are supervised and supported to perform their duties to the best of their abilities.

#### Training Requirements

All Team Members

#### Procedure

Supervision and support are important to ensure that Team Members are supported in their work and that their work is carried out effectively. Additionally, supervision sessions provide an opportunity to follow through on Team Member development issues noted in other processes.

All Team Members will be provided with regular supervision annually. Team Members should contact their supervisor if issues arise between supervision sessions that need to be dealt with urgently.

The Community Services Manager (or other nominated Cabonne Council member) is responsible for providing supervision and support to the Coordinator. The Community Services Manager will have relevant skills and experience.

The Coordinator is responsible for ensuring supervision and support of all other Team Members, including Volunteers.

Supervision sessions may include the following points:

- Review of performance since last session;
- Debriefing on Service Users;
- Management of Workload;
- Paperwork;
- Personal Goals;
- Leave;
- Family or personal concerns;
- Office Environment;
- Administration;
- Training/Development; and
- Summary of issues to be discussed next session.

<b>Steps</b>	<b>Action/Evidence</b>	<b>Who does it</b>	<b>When</b>
1.	Supervision calendar will be set for each Team Member	Manager Governance Representative for Manager	On an annual basis
2	Supervision session conducted, recorded and entered in Team Member file	Manager Governance Representative for Manager	Every 6 months

### **Documents to be completed and/or related to this procedure**

- [DOC 2.06-3-1](#) Team Member Supervision Record

### **Corresponding Policy**

- [POL 2.06](#) Accountability and Performance Management

### **Relevant Standard**

#### **Community Care Common Standards**

1.7 Human Resource Management

#### **Disability Service Standards**

6. Service Management



## PROCEDURE 2.04-5 Team Member Exit

### Expected Outcome

That the exit of a Team Member, including Volunteers, is a smooth process. Valuable information to assist in the continuous improvement of the Service is gained through an Exit Interview.

### Training Requirements

All Team Members

### Procedure

Exit Interviews are an opportunity to collect constructive and objective information for the organisation:

- to learn reasons for why the person is leaving;
- to encourage transfer of knowledge and experience (gather useful information such as Contact Lists, Network Information e.g. meetings/forums attended, current projects, ideas for future projects, work duties briefing which includes insights, tips and experience);
- to gather useful information regarding organisational working environment, culture, processes, systems, management and development; and
- to gather useful information regarding organisational relationships with Team Member, Service Users, and other stakeholders.

When a Team Member leaves the Organisation, the following procedure applies:

#### Exit Interview

Arrange an exit interview or termination interview. The exit interview is conducted by the Coordinator or a member of the Cabonne Council and provides useful feedback about the Organisation for use in planning and evaluation.

*Helpful advice for Team Members undertaking an exit interview:*

- Be calm, fair & objective and as helpful as possible;
- Give constructive feedback; and
- Leave on a positive note.

*Helpful advice for Supervisors conducting an exit interview:*

Plan for the Exit Interview. Remember the context of why the person is leaving will impact upon the interview. Are they retiring, have they been dismissed, have they been made redundant, are they moving on to progress their career path?

- Determine a suitable time and place;
- Avoid interruptions;

- Be aware of body language and feelings of the interviewee and adjust your approach accordingly;
- Whenever possible conduct the Exit Interview face to face enabling better communication, understanding, interpretation etc.;
- Listen rather than talk;
- Give the Team Member time and space to answer;
- Coax and reassure the interviewee where appropriate;
- Clarify feedback received; and
- Ask open questions – “what/how/why”.

When the interview is complete thank the interviewee for their time and feedback and follow up accordingly

#### *After the Interview*

- Analyse the results of the interview to:
  - Identify training needs for the position;
  - Improve recruitment, induction & retention of Team Member;
  - Improve outcomes for the positions;
  - Improve interaction of the position with others in the organisation; and
  - Provide input into other continuous improvement processes (e.g. risk management).

#### **Other Exit Tasks**

1. (if relevant) Prepare the Team Member termination payout:
  - Calculate ordinary wages due or wages in lieu of notice;
  - Calculate annual leave due to the date of termination. This is paid at the Team Member's current rate of pay;
  - Calculate leave loading in accordance with the employment contract;
  - Check if the Team Member is entitled to pro-rata long service leave;
  - Check if any allowances are owing (e.g. Meals, travel);
  - Check if the Team Member owes the Organisation any monies; and
  - Prepare a written statement showing detailed calculation of all monies to be paid to the Team Member.
2. Make sure there is a letter of resignation from the Team Member if they resigned, or a letter of termination from the Cabonne Council if they were dismissed. (Copies of these letters should be kept on file with copies of Team Member contracts etc.).
3. If requested, prepare a statement of service detailing the period of employment and the type of work performed.
4. If appropriate, prepare a reference.
5. Complete a Department of Social Security Employment Separation Certificate and give it to the Team Member.

6. Make sure that property belonging to the Organisation is returned, including keys, files, and equipment.
7. Letter of Release given to Team Member.
8. Team Member Exit checklist is completed.

### **Documents to be completed and/or related to this procedure**

- [DOC 2.04-6-1](#) Team Member Exit Interview
- [DOC 2.04-6-3](#) Letter of Release

### **Corresponding Policy**

- [POL 2.04](#) Accountability and Performance Management

### **Relevant Standard**

#### **Community Care Common Standards**

- 7. Human Resources
- 8. Organisational Governance

#### **Disability Service Standards**

- 6. Service Management

## **POLICY 2.05      Contractors**

### **Policy Statement**

The Service will ensure that all care is taken when selecting appropriately qualified and insured Contractors.

### **Policy**

The Service will only consider the appointment of a sub-contractor to carry out work on behalf of the Service when:

- The Service is unable to provide the Service; and/or
- Use of a contractor improves the service provided to the Service User (e.g. increased flexibility).

Depending upon the nature and value of the proposed contract the Service may undertake an Expression of Interest process to aid in the selection of a contractor with the appropriate resources, expertise, insurance and customer service to undertake the work.

### **Related Procedures**

- [PRO 2.07-1](#) Contractors

### **Relevant Standard**

#### **Community Care Common Standards**

- 7. Human Resources
- 8. Organisational Governance

#### **Disability Service Standards**

- 6. Service Management

## **PROCEDURE 2.05      Contractors**

### **Expected Outcome**

The Service stakeholder will understand how the organisation selects and monitors Sub Contractors.

### **Training Requirements**

Management

### **Procedure**

#### **Responsibilities of Management**

It should be noted that duty of care cannot be contracted-out, and therefore appropriate measures must be taken to ensure that the contractor fully understands the standard of service expected and the Work Health & Safety requirements of the organisation.

The Service will ensure that Certificates of currency will be kept on the sub-contractors file and that the insurance held by the sub-contractor is adequate to cover the Service.

The Coordinator will review all funding agreements to ensure that the organisation's Contracting procedures remain compliant with all funding requirements.

#### **Record Keeping**

Records of all contractors and their insurance details must be kept on file. The Contractor Agreement form may be used for this purpose.

The Contractor Agreement form will be put on the Service's letterhead. A copy will be kept on file with details of the contractor and a copy will be given to the contractor.

The Coordinator must ensure these records are reviewed on a regular basis.

The Coordinator will ensure that before engaging a contractor they have reviewed all relevant funding agreements to ensure the terms regarding contractors in those agreements have been satisfied.

#### **Contractor's Responsibilities**

The contractor will be required to operate under all Work Health & Safety Legislation and Guidelines as is appropriate to the industry. The contractor must adhere to the safety policies and procedures of the Service, copies of relevant policies and procedures will be attached to the Contractor Agreement. Contractors must ensure that they keep their equipment in good working order and that they meet all appropriate standards.

They must inform the organisation of all activities they will carry out and any potential risks and control measures they have taken. They must ensure their activities do not create unnecessary risks.

Where the contractor uses any hazardous substance, they must provide a Material Safety Data Sheet to the organisation. The substance will not be used until approval for its use is obtained from the Coordinator.

If the contractor employs another worker or is an incorporated company, they must have workers' compensation insurance. If the contractor is self-employed, it is recommended that they have their own sickness and accident policy. (This is not a legal requirement but will ensure that they can claim on their own policy, rather than on the Service's workers' compensation policy, should they have an accident)

Contractors will also have public liability insurance of \$10 million per claim.

If organisation receives funding from the Commonwealth the funding body must be advised of any sub-contracting arrangements prior to out sourcing any part of the service previously approved to be provided by the Service. Where there is potential for a Sub contractor to outsource their responsibilities under a sub contract agreement prior approval must be granted before outsourcing can be undertaken. Funding Body guidelines may change and the Coordinator of the Service will adapt this procedure depending upon changes in funding body guidelines.

Steps	Action	Who does it	When
1.	Ensure Contractor has adequate insurance (eg public liability)	Coordinator	Before Contractor commences work
2	Certificates of Currency are obtained for contractors workers comp insurance and/or private sickness & accident cover	Coordinator	Before Contractor commences work
3	Contractor agreement signed	Coordinator & Contractor	Before Contractor commences work

## Documents to be completed and/or related to this procedure

- [DOC 2.05-1-1](#) Contractor Agreement
- [DOC 2.05-1-2](#) Standard Letter re: Use of Contractors

## Corresponding Policy

- [POL 2.05](#) Contractors

## Relevant Standards

### Community Care Common Standards

- 7. Human Resources
- 8. Organisational Governance

### Disability Service Standards

- 6. Service Management

## **Section 3 – Service Delivery**

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### **POLICY 3.01 Service Principles**

#### **Policy Statement**

Cabonne Community Transport will strive to deliver quality service in accordance with the following:

- Service Users are the focus of the Service;
- The program exists solely to meet the needs of the Service Users;
- Each service user will be treated as an individual who has individual needs that may be determined by age, gender, cultural background, religion or other life circumstances;
- Each service user will have the right to make choices about their own lives
- Each service user has the right to dignity, respect, privacy and confidentiality;
- Each service user has the right to access services on a non-discriminatory basis;
- Each service user has the right to access safe, responsive, effective and efficient services
- Each service user will have access to an advocate of their choice if this is required;
- The community has the right to expect that the Cabonne Community Transport Service is accountable to service users, to volunteers, to staff, to the funding body, to the auspice and to the community.

#### **Policy Protocols**

##### **Provision of Options**

Cabonne Community Transport acknowledges and respects the Rights and Responsibilities of all who receive the service. A list of Rights and Responsibilities is included in the Service User Handbook.

Service Users will always:

- Be given options for services that are designed in conjunction with the Service User to meet their needs;
- Be encouraged and supported to increase their independence; and
- Be encouraged to exercise their rights and to perform their responsibilities.

#### **Related Procedures**

- [PRO 3.01-1](#) Principles to be Observed in Service Delivery
- [PRO 3.02-2](#) Service User Rights and Responsibilities
- [PRO 3.03-1](#) Access to and Promotion of Services
- [PRO 3.04-1](#) Diversity

## **Relevant Standard**

### **Aged Care Quality Standards**

- 1. Consumer Dignity and Choice
- 4. Services and Supports for Daily Living
- 7. Human Resources
- 8. Organisational and Governance

### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management



## PROCEDURE 3.01

### Principles to be observed in Service Delivery

#### Expected Outcome

Team Members will actively promote Service User rights and responsibilities in every aspect of their work.

#### Training Requirements

All Team Members

#### Procedure

Team Members will build a culture within the organisation that:

##### 1. Supports Independence & Provision of Options

- Team Members will support Service Users independence by providing a service that encourages the Service Users to maximise their mobility and wellbeing. This may be done by:
  - Providing service based on the Service User's needs;
  - Ensuring Team Members are trained regarding enablement approaches while still providing service in line with their duty of care;
  - Provision of one off and/or episodic care designed to assist Service Users to become independent as possible;
  - Working with other agencies (e.g. allied health) to assist re-enablement of Service User skills and independence; and
  - Including and working with Service User Advocates.
- Team Members will not assume that they know what service would be best for or preferred by a particular Service User.
- Team Members will always present Service Users with a range of options, and take account of the Service Users' preferences. Options may include a choice of:
  - The Service or other community services;
  - Day and/or time of service;
  - Type of service provided; and
  - Team Members providing the Service.
  - Specific options to cater to individual need
- Services will be tailored, within available resources, to suit the Service Users needs as well as being responsive and able to be modified to meet the Service User's changing need over time.

##### 2. Encourages Feedback

Service User feedback is essential in order to determine Service User satisfaction with services as well as identifying quality improvement opportunities. Feedback will be sought by:

- Team Members talking individually with Service Users at time of service;
- Surveys
- Discussing the Service and future plans informally with Service Users on outings and social gatherings;
- Encouraging Service Users and their carers to talk on a one to one basis about their needs and the services provided; and
- Interagency meetings

Feedback concerning the Service, regardless of the sources will be concisely recorded on Quick Compliment/Suggestion form or a formal Complaints form as appropriate. Forms will be kept in all vehicles to facilitate feedback. Forms will also be kept in the office for the use of office Team Members. All other action will be in accordance with the Service User Compliments, Complaints & Suggestion Procedure.

Steps	Action/Evidence	Who does it	When
1	Provision of options shown on Assessment	Assessor	At Assessment
2	Compliments/complaints & Suggestions received from Service Users through various avenues	All Team Members	Anytime

### **Documents to be completed and/or related to this procedure**

- Computerised Service User Management Program Assessment
- [DOC 3.05-1-11](#) Assessment Part B
- [DOC 3.05-2-3](#) Service Care Plan Flowchart
- [DOC 3.07-1-1](#) Complaint Record Form
- [DOC 3.07-1-2](#) Quick Compliments/Suggestion Forms

### **Corresponding Policy**

- [POL 3.01](#) Service Principles

### **Relevant Standard**

#### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 4. Services and Supports for Daily Living
- 6. Feedback and Complaints

- 7. Human Resources
- 8. Organisational and Governance

### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## **POLICY 3.02 Service User Information Provision**

### **Policy Statement**

Cabonne Community Transport believes that Service Users have a right to make informed choices regarding the services they receive. The Service will ensure they provide relevant, appropriate and timely information is provided to assist Service Users to make decisions about these services.

### **Policy Protocols**

- Service Users will be provided with both verbal and written information about The Service in plain language through:
  - The Assessment Process
  - The Service Brochures
  - The Service User Handbooks
  - The Service Website
  - Promotions
  - HACC Newsletter
- Service matters are to be discussed with each prospective Service User and they will be assisted to make informed choices.
- The Service fees will be described to all Service Users including how they are set, and Service User's rights to request a review of these at any time.
- The Service will discuss with Service Users their rights and responsibilities in relation to the services they receive.
- Prior to service commencement, Service Users will be provided with information regarding advocates and assisted to access one should they choose to do so.
- The Service will utilise interpreter services at assessments/review to ensure information is appropriately communicated to Service Users from culturally and linguistically diverse backgrounds

### **Related Procedures**

- [PRO 3.02-1](#) Service User Information Provision
- [PRO 3.02-2](#) Service User Rights and Responsibilities
- [PRO 3.02-3](#) Ascertaining Service User Capacity to make Informed Decisions
- [PRO 3.02-4](#) Lost Property
- [PRO 3.02-5](#) When Service User not Home/Destination

### **Relevant Standard**

#### **Community Care Common Standards**

1. Consumer Dignity and Choice

2. Ongoing Assessment and Planning with Consumers
4. Services and Supports for Daily Living
7. Human Resources
8. Organisational Governance

### **Disability Service Standards**

1. Rights
2. Participation
3. Individual outcomes
4. Feedback and complaints
5. Service access
6. Service management

## PROCEDURE 3.02-1

### Service User Information Provision

#### Expected Outcome

The Service Stakeholders will be aware of:

- What information is provided to Service Users by the Service
- Whose responsibility it is to ensure information is updated/reviewed
- When information is to be provided

#### Training Requirements

All Team Members

#### Procedure

##### 1. Service User Information Handbook

The Coordinator is responsible for producing and maintaining Service Users' Handbook. The contents of the Handbook will be explained verbally to the Service Users at their initial assessment and all subsequent reviews.

The Handbook will include details of how services are provided, the fees, the complaints procedure, the use of advocates and Service Users rights and responsibilities.

The Telephone Interpreter Service will be used with Service Users who do not speak English, to ensure that they understand all the information contained in the Service Users' Handbook, and in particular, information about Service Users' advocates.

Steps	Action	Who does it	When
1.	Producing/Maintaining Service User Handbook	Coordinator	Reviewed at least annually
2.	Handbook given to Service User/carer	Assessor	At time of assessment/reassessment

##### 2. Service Specific Leaflet

This leaflet has been produced by the Service to provide information to Service Users and their carers about the services provided.

Steps	Action	Who does it	When
1.	Leaflets are printed and available to assessor/general public	Coordinator ensures	Regularly
2.	Leaflets given to Service User	Coordinator	At time of intake /reassessment
3.	Leaflets are available to general public (see promotion procedure)	Team Members	As per Promotions procedure

### 3. The Service Newsletter

The Service advertises in the HACC Newsletter that is produced bi-monthly by the Service and includes topics of interest, information, diary dates and other services that are available. The Newsletter will be provided to Service Users and other interested community agencies.

Steps	Action	Who does it	When
1.	Information of interest given to Office Team Member	All Team Members	Whenever interesting information comes to hand
2.	Develop the newsletter	HACC Coordinator	During the month before
3.	Distribute newsletter to other services, Service Users, carers	Team Members	First of every second month

### 4. Service User Information

Community Transport is committed to:

- providing a range of solutions to transport disadvantage;
- assisting Service Users to make informed choices in selecting from as broad as possible a range of solutions to their mobility difficulties;
- promoting the growth of a coordinated network of transport operations in the local area.

Community Transport therefore provides (within the limits of its resources) an information service to its service users and other local organisations and individuals.

The Coordinator shall be responsible for ensuring that an accurate and up-to-date Local Transport Providers Register is maintained and that this information is passed on to Service

Users who are seeking general information who may not be aware that other services aside from Community Transport can meet their transport needs.

The Local Transport Providers Register shall include information on local and area based:

- individual car services;
- scheduled coach and minibus services;
- scheduled route-bus services;
- excursion and charter coach and minibus services;
- taxi services; and
- rail services.

Wherever possible the information about such services shall include:

- the operator;
- route;
- service departure and arrival times;
- eligibility criteria for service use;
- fare and/or hire charges;
- number and duration of stops;
- flexibility of service;
- accessibility features of the Service; and
- training/skills of service personnel.

### **Documents to be completed and/or related to this procedure**

- [DOC 3.02-1-1](#) Service User Information Handbook
- [DOC 3.02-1-2](#) Service User Brochure Coversheet
- [DOC 3.02-1-3](#) Service User Newsletter Coversheet
- [DOC 3.02-1-4](#) Local Transport Provider Register
- HACC Services Handbook

### **Corresponding Policy**

- [POL 3.02](#) Service User Information Provision

### **Relevant Standard**

#### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers
- 4. Services and Supports for Daily Living
- 6. Feedback and Complaints
- 7. Human Resources



- 8. Organisational Governance

### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## **PROCEDURE 3.02-2    Service User Rights & Responsibilities**

### **Expected Outcome**

Service Users are the focus of operations and it is important that their rights are acknowledged and promoted at every opportunity. Service Users also have responsibilities of which they should be aware.

### **Training Requirements**

All Team Members

### **Procedure**

#### **Service Users Rights**

- Every Service User has the right to receive a service that encourages and fosters their independence.
- Every Service User and/or (with the Service User's permission) their carer, has access to all information about themselves held by the Service.
- In cases where a Service User has a legal guardian or advocate appointed to act on their behalf, the rights of the guardian or advocate are to be acknowledged and respected to the extent stipulated in the guardianship or advocacy arrangements.
- Service Users and/or (with the Service User's permission) their carers, will be involved in decisions about their assessment and care plan. They will be made aware of all the options available, and any fees to be charged.
- Service Users will be made aware of the standard of service which they can expect. Services will be provided in a safe manner which respects the dignity and independence of the Service Users, is responsive to the social, cultural and physical needs of the Service Users and the needs of the carer.
- Service Users' access to services will be decided only on the basis of need and the capacity of the Service to meet that need.
- Service Users have the right to refuse a service and refusal will not prejudice their future access to services.
- Service Users have a right to complain about the Service they are receiving without fear of retribution.
- Complaints by Service Users will be dealt with fairly, promptly and without retribution. The Service User may involve an advocate of their choice to represent his/her interests.
- Service Users' views will be taken into account in the planning and evaluation of the Service.
- Service Users can nominate an Advocate to speak on their behalf.
- Service Users' rights to privacy and confidentiality will be respected.

## Service Users Responsibilities

- A Service User should let the agency know if he/she is not going to be at home when Team Members are due to visit.
- Service Users should act in a way which respects the rights of other Service Users and Team Members.
- Service Users need to take responsibility for the results of any decisions they make including the choice not to make a decision.
- Service Users must utilise seatbelts and other vehicle safety devices as directed by authorised Team Members.
- Service User should respect the confidentiality of information about other Service Users and Team Members which they may obtain whilst using services.
- Service Users are to play their part in helping our Team Members to provide them with services.
- Service Users should inform the Service of any significant change in their circumstances.
- All effort will be made to ensure that a Service User, family member or Carer does understand their Rights and Responsibilities. Where needed contracts will be developed to ensure a clear understanding. If a Service User continually refuses to abide by their responsibilities they may be exited from the Service.

Steps	Action/Evidence	Who does it	When
1	Service User R & R to be promoted to all service uses	All Team Members	At all appropriate occasions
2.	Service User Information Handbook contains R & R Information	Coordinator	Reviewed annually
3.	Newsletters remind Service Users of their R & R	Coordinator ensures	At least once annually
4.	Annual Plans/Strategic Plans incorporate Service User input	Coordinator	At least annually
5.	Service User Files record: Assessment Reassessment Referrals Appointment of Advocate Service Action Access to Information Consent forms	Assessor	Whenever appropriate

(Note R & R = Rights and Responsibilities)

## **Documents to be completed and/or related to this procedure**

- [DOC 3.02-1-1](#) Service User Information Handbook
- [DOC 3.10-1-1](#) Guidelines for Advocates
- [DOC 3.10-1-2](#) Notification of Appointment/ Change of Advocate
- [DOC 3-07-1-1](#) Complaint Record Form
- [DOC 3.07-1-2](#) Quick Compliments/Suggestion Form
- [DOC 3.07-1-3](#) Complaints Flowchart

## **Corresponding Policy**

- [POL 3.02](#) Service User Information Provision

## **Relevant Standard**

### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers
- 4. Services and Supports for Daily Living
- 6. Feedback and Complaints
- 7. Human Resources

### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## **PROCEDURE 3.02-3    Ascertaining Service User Capacity to Make Informed Decisions**

### **Expected Outcome**

Service Users are encouraged by Team Members to make informed decisions. The Service recognises that some Service Users may have decreased capacity for making an informed choice. Team Members will be aware of the process to be followed should they believe that a Service User's capacity for decision making has decreased.

### **Training Requirements**

All Team Members

### **Procedure**

Team Members will follow the Ascertaining Capacity to Make Informed Decisions flowchart when they have cause to believe that a person's capacity for making an informed decision has decreased.

### **Documents to be completed and/or related to this procedure**

- Service User file notes
- Referral to Guardianship board if necessary
- [DOC 3.02-3-1](#) Ascertaining Capacity to Make Informed Decisions Flowchart

### **Corresponding Policy**

- [POL 3.02](#) Service User Information Provision

### **Relevant Standard**

#### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers
- 4. Services and Supports for Daily Living

#### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

### **Corresponding Policy**

- [POL 3.02](#) Service User Information Provision

## PROCEDURE 3.02-4

### Lost Property

#### Expected Outcome

The Service Stakeholders will be aware of the procedure followed regarding Lost Property.

#### Training Required

Drivers and Office Team Members

#### Procedure

##### Lost Property

The Service does not accept responsibility for any articles (perishable or non-perishable) lost on our transport services.

##### Found Property

Property left in any vehicle either owned or brokered by the Service is to be returned to the office. Should the driver of the vehicle be able to identify the Service User who owns the property, the Service User will be notified and arrangements made for the return of the property.

All non-perishable items will be donated to a charity or otherwise disposed of. All perishable items may be disposed of after one day.

The Service will not accept any responsibility for items left in the vehicles.

#### Documents to be completed and/or related to this procedure

- [DOC 3.02-4-1](#) Lost Property Form

#### Corresponding Policy

- [POL 3.02](#) Service User Information Provision

#### Relevant Standards

##### Community Care Common Standards

- 1. Consumer Dignity and Choice
- 4. Services and Supports for Daily Living

##### Disability Service Standards

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual outcomes

## PROCEDURE 3.02-5

### When a Service User is not at Home / Destination

#### Expected Outcome

Stakeholders will be aware of the procedure followed when Service Users do not respond to a scheduled visit.

#### Training Requirements

All Team Members

#### Procedure

Cabonne Community Transport acknowledges that the service plays an important role in helping to keep Service Users who live alone in the community safe from harm. Team Members are in regular contact with many Service Users who could potentially be at risk. Taking appropriate and timely action when a Service User does not respond to a scheduled visit may reduce the risk of an adverse event, or result in earlier discovery of a mishap.

While a Service User's autonomy is to be respected at all times there can be many reasons why a scheduled visit is missed. These include:

- The Service User may have inadvertently forgotten to inform the Service that he/she would not be at home; and/or
- The Service User may have fallen, been injured or taken ill and still be in the home.

As part of the Intake process the Service will discuss possible response procedures and an individualised planned response will be developed with the Service User for when they do not respond to a scheduled visit.

The Individualised response will include:

- Emergency Contacts
- How home can be accessed in case of an emergency
- Amount of time service user wants team member to try and contact them before contacting emergency contacts.

In the event that a Service User does not want any response, this should be documented at assessment. As a general procedure the following will apply and be adapted to suit individualised planned response of each service user.

#### ***When Service User does not respond at their home***

- Not at Home Flowchart may be used.
- When a Service User does not respond to a scheduled visit the Driver will immediately phone the office to inform them. To fulfil the agencies Duty of Care and to protect Team Members, the Office must be advised as soon as the Service user does not respond.

All communication should be directed through the Office. Authorised personnel may then direct the Driver to act accordingly.

- Office Team Member will start to complete the Not at Home/Destination Report and then check the Service Users planned response and:
  - Ask the driver to remain at the home (timeframe will depend upon if individual transport or group transport);
  - Ask the driver if there is any indication the Service User is at home (e.g. is the front door open, radio on etc.);
  - The Office will ring the Service Users home and/or mobile;
  - The Office will check records (including booking sheets) to ensure no information error has been made; and
  - The Office will contact the Service User's destination to confirm appointment/arrangement has not been cancelled.
  - Talk to neighbours

*If there is an indication that the Service User may be at home:*

- The driver will walk round the home whilst calling for the Service User (they may be in the back yard or in a part of the house that they could not hear the doorbell);
- If necessary neighbours may be questioned to establish the possible whereabouts of the Service User (perhaps they saw the person leave);
- If there is clear evidence that the Service User is within the house and in need of immediate first aid, team members are not to enter the premises. Police are the only legal authority to do so.
- The Coordinator will continue to try to contact the Service User. The Coordinator shall decide whether to advise the driver to continue their run;
- Contact will be made with emergency contacts identified in the Service Users within their Assessment and other appropriate sources (e.g. destination venue) to establish whereabouts of the Service User; and
- Where doubt continues to exist regarding the Service Users well-being appropriate authorities including the police shall be informed of the need for immediate action.

*If there is no indication the Service User may be at home:*

- The Office will advise the Driver to leave a "Not at Home" card identifying the time and the office Team Member will implement the planned response;
- The Office will continue to try and contact the Service User. If there is still no answer within the allotted time the No One at Home Report will be given to the relevant supervisor; and
- The supervisor will contact the Emergency Contacts listed in the Service Users Individualised Response Plan within their Assessment and/or their GP. If Emergency Contacts are unable to be contacted Emergency Services will be notified.



### ***When the Service User is not at destination pick up point***

Not at Destination Pick up Point Flowchart may be used.

From time to time Service Users who have been transported to a destination may complete their business and decide to go shopping or in the case of medical appointments be required to have pathology tests etc. If the Service User is not at the arranged pick up point at the allocated time:

The driver will inspect the area in the immediate vicinity (e.g. the Service User may have found a place in shade to wait) and/or go into the destination (e.g. medical centre etc. to check the Service User has completed their appointment).

Should the Service User not be found the Driver will advise the Office without identifying the Service User (e.g. Service User to be collected at.....is not present) unless communication is secure from other Service Users/general public. The Office Team Member will commence completion of a Not at Home/Destination Report.

If appropriate, the Office will ask the Driver if the Service User destination is able to confirm that the Service User completed their appointment

The Office will ask the Driver to remain at the destination while the office:

- Phones the Service User's home and/or mobile;
- Checks records to ensure an error in the pickup point has not been made;
- If relevant, contact the driver who delivered the Service User to the Destination (if different from pickup driver) to ascertain if any special arrangements had been made; and
- Contact the destination to confirm appointment has been completed (if driver was unable to do so).

The Driver will be asked to continue their run.

The Office will continue to try to contact the Service User. If there is no contact within 15 minutes, Office Team Members will advise the relevant supervisor and keep them informed of further developments.

Immediate contact will be made with emergency contacts identified in the Service Users Assessment

Where doubt continues to exist regarding the Service Users well-being appropriate authorities including the police shall be informed of the need for immediate action.

### ***Service Users who repeatedly miss Scheduled Service***

Some Service Users who repeatedly misses scheduled visits or those with dementia, a history of falls or mental health problems may benefit from:

- Require a care to travel with them at all times;
- referring the Service User to a service that provides a daily phone call to check their well-being;
- referring the Service User for a personal alarm system supplier.

## **Documents to be completed and/or related to this procedure**

- [DOC 3.02-5-1](#) Not at Home Card
- [DOC 3.02-5-3](#) Not at Home Flowchart
- [DOC 3.02-5-4](#) Not at Destination Pick Up Point Flowchart

## **Corresponding Policy**

- [POL 3.02](#) Service User Information Provision

## **Relevant Standard**

### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers

### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## **POLICY 3.03 Access to and Promotion of Services**

### **Policy Statement**

The Service will endeavour to ensure that services are available to the target group living in the geographic area stated in Funding Agreements without discrimination.

Access to services will be based on relative need and people will not be excluded from access to the Service on the grounds of their:

- Gender
- Marital status (including de facto)
- Religious or cultural beliefs
- Political affiliation
- Sexuality or Sexual Preference
- Particular disability
- Ethnic background
- Age
- Inability to pay
- Geographical location within the Service coverage area
- Circumstances of their carer

### **Policy Statement**

#### **Access**

Cabonne Community Transport:

- Will ensure that the individual needs of people who are within the target population and eligible for a service will be recognised, and that access to those services will be prioritised according to needs-based principles as determined by formal assessment.
- Respects the right of a Service User to refuse service at any time and will ensure that Service Users understand that such as refusal will not prejudice any future request for services.
- Will be promoted in a manner that ensures greater equity of access.
- Will ensure all promotional material is developed and printed in a clear and easy to read format and will be available in different languages when applicable relevant to the geographic area in which the Service operates.

#### **Promotion**

The Service will promote its services in a variety of ways including:

- Publications
- Website
- Media

- Guest Speaking
- Expo's
- Networks & Forums

## **Related Procedures**

- [PRO 3.03-1](#) Access to and Promotion of Services
- [PRO 3.04-1](#) Diversity
- [PRO 3.10-1](#) Advocacy

## **Relevant Standard**

### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers
- 4. Services and Supports for Daily Living

### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## **PROCEDURE 3.03-1**

### **Access to and Promotion of Services**

#### **Expected Outcome**

Stakeholders will be aware of:

- Eligibility Criteria
- Promotion Strategies undertaken by the organisation

#### **Training Requirements**

- Team Members responsible for development, maintenance & distribution of promotion.
- Team Members responsible for Intake & Care Planning

#### **Procedure**

##### **Access to Service**

Access to service will be determined by this and the Assessment Procedures detailed in this Policy & Procedure manual.

Cabonne Community Transport will accept referrals from any source within the community so long as the source has the approval of the Service User to make the referral and the Service User is registered with My Aged Care or is in the process of doing so.

Cabonne Community Transport will ensure that diverse groups have equal access to the Service. These groups include but are not limited to:

- People from Aboriginal or Torres Strait descent;
- People from culturally diverse backgrounds;
- People who are financially disadvantaged;
- People who are rurally isolated; and
- People living with Dementia.

If the Service is unable to meet the needs of a referred Service User, the Service will provide advice and appropriate information regarding other services and resources that are available in the area. With the Service User's permission the Service may arrange appropriate referrals to other agencies.

Cabonne Community Transport reserves the right to refuse service to potential Service Users if it is determined that the Service cannot adequately and appropriately meet their needs within the resources available to the Service.

Cabonne Community Transport reserves the right to refuse service to people who it assesses as posing a risk to the safety or wellbeing of other Service Users, Team Members or members of the public.

**Priority of Access:** Refer to DOC 3.05-9-2

### **Monitoring Access to Service**

Cabonne Community Transport will monitor who is accessing the services, and the changing needs of the target population to ensure that the services provided are relevant and are not discriminating against any particular groups. This planning and evaluation process is identified in detail in the section on Planning and Evaluation in Section 1: Service Management.

### **Promotion of Services**

Services provided will be promoted in a manner that ensures equity of access.

Promotional material will be developed by the Coordinator, printed in a clear and easy to read format and will be available in different languages relevant to the geographic coverage area if requested or identified as required.

*Publications* - The Service produces a range of publications. External documents including advertising, marketing and website material will be approved by Cabonne Council. The following is to be inserted into all Service publications:

- Reference to the funding of the program is in accordance with appropriate Government approved processes
- disclaimer
- logo
- Copyright
- Coordinator

Material will be distributed to major health and community agencies in the region including government and non-government services and agencies providing services for special needs groups and in public places as detailed in Promotional Material Distribution Points.

*Website* - The website is an important means through which the Service can provide information to the sector. For many stakeholders the Service website is their first contact with the organisation.

The website provides public information on the Service, including contact information about the services offered. The site provides a range of links to other community organisations and government agencies. The Communications and Media Officer is responsible for all web design, site content and maintenance. Cabonne Council must approve all content of the website.

### *Dealing with the Media*

The Service seeks publicity to promote its services and the needs of the Service Users. Media outlets may also seek Service input to provide a viewpoint for their stories. It is essential that media exposure positively represents Service Users and the Service.

The Service adopts the following policy on dealing with the media:

- All requests for media comments, interviews etc. are to be directed to the Communications and Media Officer;
- No Team Members may represent the Service views to the media without authorisation from Cabonne Council; and
- Documents which are written from the Service to media outlets may be drafted by a Team Member but must be approved by Cabonne Council prior to submission for publication.

### *Guest Speaking & Expo's*

The Service will also be promoted by guest speaking and at relevant expos and events. Whenever a representative of the Service is a Guest Speaker the representative will where appropriate acknowledge the traditional owners of the land and pay respect to elders past and present. Often members of the public may approach service Team Members at Guest Speaking Events/Expo's wishing to be assessed for the Service. Team Members will explain to the potential Service User the process to register with My Aged Care to determine eligibility and assessment.

### *Networks & Forums*

Service will be promoted by the Coordinator at relevant networks and forums as detailed in the Relevant Networks & Forums document.

### *Moral Rights*

Moral rights are provided to creators under copyright law in order to protect both their reputation and integrity of their work. Moral rights are:

- The right of attribution of authorship;
- The right not to have authorship of their work falsely attributed; and
- The right of integrity of authorship. This protects creators from their work being used in a derogatory way that may negatively impact on their character or reputation.

Moral rights apply a wide range of works including:

- Artistic works – including drawings, paintings, sculpture, graphs etc.
- Musical works;
- Dramatic works;
- Written material – including instruction & training manuals, journal articles, novels, textbooks, poems, songs;
- Computer programs; and
- Films.

The Service will obtain written consent (should it be a requirement under any funding agreement entered into by the Service) using the Moral Rights Consent form from authors of any of the above material developed for the Service. The Moral Rights Consent form will be attached to any contracts/agreements for the production of such material.

## **Documents to be completed and/or related to this procedure**

- [DOC 3.02-1-1](#) Service User Information Handbook
- [DOC 3.03-1-1](#) Relevant Forums & Networks
- [DOC 3.03-1-2](#) Promotional Material Distribution Points
- [DOC 3.03-1-3](#) Guest Speaking/Expo Record
- [DOC 3.03-1-4](#) Self-Referral Form
- [DOC 3.03-1-5](#) Moral Rights Consent

## **Corresponding Policy**

- [POL 3.03](#) Access to and Promotion of Services

## **Relevant Standard**

### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers
- 4. Services and Supports for Daily Living

### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management



## **POLICY 3.04 Diversity**

### **Policy Statement**

Cabonne Community Transport has a commitment to providing services that respond to Service Users individual needs.

### **Policy Protocols**

- The Service will maintain a culture that is inclusive and welcoming; that celebrates community diversity in all its forms (including cultural diversity, religious diversity, financial status, sexual preference, gender identity).
- The Service will develop and deliver services that are relevant and accessible to all members of the community including:
  - People from Aboriginal or Torres Strait descent;
  - People from culturally diverse backgrounds;
  - People who are financially disadvantaged;
  - People who are rurally isolated;
  - People living with Dementia; and
  - People exiting the criminal justice system
- Cultural issues and needs are incorporated into the Service provision.
- The Service models and operations will be designed to adapt to demographic changes in the community.
- The Service may consult with local community members from diverse groups:
  - When developing forward service planning initiatives.
  - When planning activities and transport
- The organisation will regularly review local demographic information to determine whether diverse groups are represented in the service in proportion to their local populations. Where this is not the case, the Service will investigate and take positive steps to ensure there are no barriers to access for diverse groups.
- The Service Team Members will undertake where possible cultural awareness training/competency and in the use of translated materials and interpreting services to ensure a culturally appropriate service is provided.
- The Service will ensure easy accessibility to all its programs by:
  - Promoting them in the community in a manner that will reach the target group;
  - Implementing a clear transparent eligibility criteria;
  - Ensuring training of Team Members is designed to welcome and celebrate diversity; and
  - Ensuring information regarding “capacity to pay” is included in service handbook and promotional material.

## **Related Procedures**

- [PRO 3.03-1](#) Access to Service and Promotion of Services
- [PRO 3.04-1](#) Diversity
- [PRO 3.05-2](#) Service Care Plans

## **Relevant Standard**

### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 4. Services and Support for Daily Living
- 7. Human Resources

### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## PROCEDURE 3.04-1

### Diversity

#### Expected Outcome

Cabonne Community Transport has a culture that is inclusive and welcoming that celebrates community diversity in all its forms (including cultural diversity, religious diversity, financial status, sexual preference, gender identity).

#### Training Requirements

All Team Members

#### Procedure

Individualised intake and care planning will include Service User diversity and preference at the time of intake.

Practices designed to cater to individual Service User diversity, whilst supporting their choice and independence & need, may include:

- Choice of day of service
- Choice of time of service
- Choice of type of service (e.g. individual transport, group transport, travel training, taxi vouchers etc.)
- Choice of type of assistance (e.g. may require increased allocation of time to allow Service User to independently get to vehicle, may require two Team Members to assist Service User)
- Choice of type of Team Members (e.g. Service User may require a woman driver)
- Type of Vehicle allocated (e.g. car, bus, wheelchair access etc.)
- Choice of Booking method (e.g. phone, email, online)
- Use of interpreters
- Use of TTY – telephone Type Service
- Use of carer, and when they will / will not be involved

#### Service Users from Culturally & Linguistically Diverse Backgrounds

In cases where the Service User does not speak English an interpreter service will be used to ensure that the Service User understands the intake and review process, the services being offered.

The need for an interpreter service will be clearly identified at intake. As much as possible an interpreter will be used in place of a family member or friend of the Service User. Having an independent interpreter may make the Service User feel more comfortable to discuss

sensitive issues and will result in a more thorough assessment of the Service User's needs. A list of appropriate resources and interpreter services is listed in document Interpreter Services.

Contact with and working relationships will be made and maintained with other groups that offer services to culturally and linguistically diverse groups.

<b>Steps</b>	<b>Action/Evidence</b>	<b>Who does it</b>	<b>When</b>
1	Book Interpreter	Coordinator	ASAP after referral received
2	Develop care plan to ensure inclusion	Coordinator ensures Team Members aware of Service User need	Prior to service commencing
3	Invite organisations with cultural diversity to participate in service activities and/or the Service visits those orgs to allow interaction of Service Users	Coordinator	As required
4	Reviews include consideration of Service Users changing needs	Coordinator	As required
5	Appropriate referrals are made	Coordinator	As soon as need identified

### **Service Users Who Cannot Read or Write**

In cases where a Service User cannot read or write, Team Members will ensure that the information regarding the assessment, review and services are clearly explained and understood by the Service User. An electronic version of all information will also be offered to the Service User if applicable.

Steps	Action/Evidence	Who does it	When
1	Service User identified as not being able to read or write	Service User/Coordinator	As soon as becomes evident
2.	Intake process and information clearly verbally explained to Service User	Coordinator	At Intake
3	Taped information provided to Service User	Coordinator	At Intake
4	Service Care Plan records Service Users needs	Coordinator ensures Team Members aware of Service User need	Prior to service commencing
5	Reviews include consideration of Service Users changing needs	Coordinator	At least every 6 months
6	Appropriate referrals are made	Coordinator	As soon as need identified

### **Service Users with Dementia/Brian Injury**

To whatever extent possible the Service User with dementia will be given the same information as other Service Users and their questions answered. For people with severe dementia or severe intellectual, psychiatric or brain injury disabilities, the focus will be on ensuring that the carers and/or advocates are fully aware of the contents of the Service User Information Handbook and the information regarding assessment, review and services.

Team Members will receive training in how to work with people with dementia or specific brain function disabilities and every effort will be made to ensure that services are delivered in an appropriate and sensitive way.

Service Users with Dementia or other brain function disabilities will be referred back to My Aged Care should the Service be unable to continue to provide the level of support needed by the Service User.

Steps	Action/Evidence	Who does it	When
1	Service User identified as having dementia or other brain function disability	Service User/Carer/Coordinator	As soon as becomes evident
2.	Intake process and information clearly verbally explained to Service User and carer/advocate	Coordinator	At Intake
3	Written information provided to Service User/carer/advocate	Coordinator	At Intake
4	TMA records Service Users needs	Coordinator ensures Team Members aware of Service User need	Prior to service commencing
5	Reviews include consideration of Service Users changing needs	Coordinator	As required
6	Appropriate referrals are made	Coordinator	As soon as need identified

### **Service Users with Challenging Behaviours**

Cabonne Community Transport insists that Service Users with challenging behaviours should be supported, and their family and advocate advised about the best ways to assist. In providing a “positive approach” in service delivery, the balance between duty of care, dignity of risk and work health and safety issues must be carefully balanced.

A positive approach will also involve referral to services that can assist with developing specific “behaviour intervention” strategies with the Service User to be included in the service in the event of an emergency involving a Service User using prohibited practices. These plans will give more support to the Service User with challenging behaviours and a set procedure will be followed:

- the incident must be reported to the Coordinator;
- the Service User should be, if possible, gently removed to a quiet, safe area to protect themselves and others;
- a referral will be made to ensure a full assessment is carried out by qualified personnel to ensure future skill development and support of the Service User with challenging behaviour;

- The Service User will not return to the Service until appropriate plans have been developed to assist in addressing the challenging behaviour. The Guardianship Board may need to be notified; or
- An alternative service, more in keeping with the Service User's needs may need to be found.

Problems making informed decisions can also lead to challenging behaviours Team Members will consult the Ascertaining Service User Capacity to Make Informed Decisions Procedure.

Steps	Action/Evidence	Who does it	When
1	Service User identified as having challenging behaviours	Service User/Carer/ Coordinator	As soon as becomes evident
2.	Intake process takes into account behaviours exhibited and positive approaches that may lessen the behaviour. In-depth discussions will be undertaken with family/carers/advocates regarding these interventions	Coordinator	At Intake & review
3	Written information provided to Service User/carers/advocate	Coordinator	At Intake
4	TMA records Service Users needs and appropriate interventions	Coordinator ensures Team Members aware of Service User need	Prior to service commencing
5	Reviews include consideration of Service Users changing needs and success or failure of interventions. New interventions developed as needed	Coordinator/Service User & Carer	As required
6	Appropriate referrals are made	Coordinator	As soon as need identified

### **Service Users with Psychiatric Disability**

Not all people with a mental illness have a psychiatric disability. Only people with psychiatric disabilities are eligible for CHSP Services. Team Members where appropriate will receive

training in working with people who have a psychiatric disability and every effort will be made to ensure that services are delivered in an appropriate and sensitive way.

*Mental Illness* according to the The Mental Health Act 2007 is:

"a condition which seriously impairs, either temporarily or permanently, the mental functioning of a person and is characterized by the presence in the person of any one or more of the following symptoms:

- a. Delusions
- b. Hallucinations
- c. Serious disorder thought form
- d. A severe disturbance of mood
- e. Sustained or repeated irrational behaviour indicating the presence of any one or more of the symptoms referred to in point's a-d."

*A Psychiatric Disability* according to the NSW Disability Services Act (1993) a person has a psychiatric disability if:

"their mental illness will most likely be permanent (even if episodic) and results in a significantly reduced capacity in one or more areas of major life activity."

People in the acute stages of an illness are NOT CHSP Target group and it may be necessary for the person to temporarily leave the Service. Once the acute episode is treated and the Service User is again stable, return to the Service will be encouraged. (For further information see Mental Health/CHSP Protocols)

*Dual Disorder/ Dual Disabilities* refer to the existence of any two co-occurring disorders or disabilities.

Cabonne Community Transport will support Service Users with a psychiatric disability and their family. If the Service User is also a Service User of Area Health's Mental Health Team the Mental Health/CHSP Protocols will be applied. In providing the positive approach in service delivery, the Services obligations regarding duty of care, dignity of risk and occupational health and safety issues will be carefully balanced.

After intake of a Service User, a specific plan will be created to suit the individual Service User and their specific area of need. This will ensure that the Service User has equal access to the services and that they are treated fairly and with respect. Continual monitoring will occur of the Service User and their care to make certain that the program is benefiting the Service User in all aspects of their lives.

The Coordinator will ensure that the Team Members are properly trained where appropriate in assisting with Service Users with a psychiatric disability.



Step	Action/Evidence	Who does it	When
1	Service User identified as having a psychiatric disability	Service User/Carer/ Coordinator	As soon as becomes evident
2.	Intake process takes into account psychiatric disabilities experienced due to the Service Users mental illness. Signals and/or warning signs of the Service User becoming acutely ill are discussed to enable quick referral and positive approaches to address the Service Users illness. In-depth discussions will be undertaken with family/carers/advocates regarding these interventions	Coordinator and appropriate Mental Health service and/or persons GP (with the Service Users permission)	At Intake & review
3	Written information provided to Service User/carer/advocate	Coordinator	At Intake
4	Care Plan records Service Users needs and appropriate supports	Coordinator ensures Team Members aware of Service User need	Prior to service commencing
5	Reviews include consideration of Service Users changing needs and success or failure of supports provided. New supports developed as needed	Coordinator/Service User & Carer & appropriate Mental Health Service and/or GP (with the Service Users permission)	As required
6	Appropriate referrals are made	Coordinator	As soon as need identified

### **Documents to be completed and/or related to this procedure**

- [DOC 3.02-1-1](#) Service User Information Handbook
- [DOC 3.04-1-1](#) Service User Codes
- [DOC 3.04-1-2](#) Interpreter Services

- [DOC 3.05-2-3](#) Service Care Plan Flowchart

## **Corresponding Policy**

- [POL 3.04](#) Diversity

## **Relevant Standard**

### **Community Care Common Standards**

- 1. Consumer Choice and Dignity
- 2. Ongoing Assessment and Planning with Consumers
- 4. Services and Supports for Daily Living

### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## **POLICY 3.05 Ongoing Assessment and Care Planning**

### **Policy Statement**

Assessment for all CHSP services is provided through My Aged Care (MAC). The assessment helps to ensure the individual will receive the care and support they need and also what types of services they are eligible for.

My Aged Care can be contacted in three ways:

1. 1800 200 422
2. [www.myagedcare.gov.au](http://www.myagedcare.gov.au)
3. Cabonne CHSP can do an online referral direct for individuals

### **Policy Protocols**

#### **1. Assessment**

All Service Users receive an assessment to identify each person's circumstances to enable the service to be tailored, within existing resources, to the individual needs and preferences of each Service Users including their:

- Abilities;
- Physical needs;
- Emotional needs;
- Access issues
- Cultural and religious needs;
- Socio-economic needs;
- Communication preferences;
- Cognitive Function;
- Lifestyle Preferences;
- Limitations; and
- Preferences

## **2. Service Care Planning**

Due to the nature of the service Cabonne Community Transport will develop an individual Service Care Plan each time a Service User is referred for service. This will be computer base and will identify:

- The service/s to be provided;
- The frequency/length of time the service will be provided;
- The service provider;
- Any special requirements;
- Other agencies involved in providing services to the Service Users; and
- The agency (if any) responsible for case management.

### **Related Procedures**

- [PRO 3.02-3](#)      Ascertaining Service User Capacity to Make Informed Decisions
- [PRO 3.03-1](#)      Access to and Promotion of Services
- [PRO 3.04-1](#)      Diversity
- [PRO 3.05-1](#)      Assessment
- [PRO 3.05-2](#)      Service Care Plans
- [PRO 3.05-3](#)      Re-assessment and Care Plan Review
- [PRO 3.05-4](#)      Co-ordination & Collaboration with Other Agencies
- [PRO 3.05-5](#)      Case Management
- [PRO 3.05-6](#)      Service Types provided to Service Users
- [PRO 3.05-7](#)      Implementing New Services & Off Site Activities
- [PRO 3.05-8](#)      Service Parameters
- [PRO 3.05-9](#)      Bookings, Scheduling Service & Unmet Need
- [PRO 3.13-1](#)      Handling Service User Funds
- [PRO 3.14-1](#)      Duty of Care & Dignity of Risk

### **Relevant Standard**

#### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers
- 6. Feedback and Complaints
- 8. Organisational Governance

#### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## PROCEDURE 3.05-1

### Assessment

#### Expected Outcome

The Service Stakeholders will be aware of how Assessments for Service are conducted.

#### Training Requirements

Any Team Members undertaking assessments of Service Users

#### Assessment Procedure

##### Information about the assessment/review

Once Community Transport has received the individual's referral from MAC, the Coordinator will contact the Service User directly to make them aware that a referral has been received and to identify current needs and preferences for service.

Through this, Service Care Plans will be jointly developed with the Service User and will be tailored to their individual needs and preferences.

The service arrangements are monitored and modified to accommodate the changing needs of the individual Service User within the resources available to the organisation.

It will be made clear to the Service User that their need for services will be reviewed by the Service as required or on new booking and that the services provided may change as a result of the review. If services are provided on a temporary basis, Service User will be made aware of the duration of service.

The Service User will be provided with a copy of the Service User Information Handbook at the time of assessment. The content will be verbally explained at the assessment and any subsequent review.

##### Referral to Other Services

All referrals for another / additional services will be agreed to by the Service User before they are made. All referrals will be directly My Aged Care for the reassessment of additional services.

When a referral is made a record of referral will be recorded on the clients file in TMA. Confidentiality will be maintained at all times.

All referrals will be followed up after a suitable period of time to ensure that the Service User receives a service appropriate to their circumstances.

##### Other Options

Alternative options will be discussed with all Service Users and especially when service is unable to be provided, or if the Service User refuses the Service. Alternative services will be identified, and relevant information provided.

The Service User has the right to refuse a service. Refusal will not prejudice their future access to services.

The individual needs of the Service User are taken into account including their physical, cultural, social, economic needs and the needs of their primary care-giver.

### **Complaints**

The complaints policy and procedures will be explained at the initial service assessment and Service Users will be regularly reminded of the process during reviews and information included in other promotional material.

### **Advocacy**

Service Users will be made aware that they may ask a relative, friend or other person to advocate on their behalf and regularly reminded of the process through various promotions.

### **Outcome**

Following the initial service assessment the Service User will be prioritised using the priority of access procedure. The Service User will be informed of the decision regarding the request for assistance according to the Assessment Outcome Pathway Flowchart. The decision will be:

- Provision of a regular service, or
- Provision of a temporary service with duration specified, or
- Refusal of service, or
- Referral to another agency.

#### Provision of a regular service

- The following will be completed and given to Service User:
- New client package sent via post

#### Provision of a temporary service with duration specified

- The following will be completed and given to Service User:
  - Standard letter welcoming Service User to the Service detailing commencement date and termination date of service arrangements.

#### Refusal of Service

- There may be various reasons for the Service being refused including:
  - The Service User is ineligible for the Service;
  - The Service User is eligible for the Service, however the Service does not have the necessary resources to be able to provide the Service at that time;
  - The Service User is eligible for the Service, however because of Work Health and Safety/Duty of Care or specific service issues the Service cannot be provided at that time;
  - The Service User has chosen to refuse the Service; or

- The person requesting service will be advised over the phone, giving reasons why the Service has been refused and given information on other available services and if appropriate a referral will be made. The person will be given information regarding when, and under what circumstances the person could reapply for a Service.

*3a) The Service User is ineligible for the Service*

- This means that the person has been assessed as not fitting the HACC Target Group as it relates to the provision of Transport services. The person will be given information regarding other services and appropriate referral made with the person's permission.

*3b) The Service User is eligible for the Service, however the Service does not have the necessary resources to be able to provide the Service at that time*

- This may occur from time to time:
  - if the Service has reached maximum capacity;
  - because the level of care required by a Service User at a certain time cannot be provided;
  - Because the level of care required by existing Service Users is high thereby preventing the safe intake of other Service Users;
  - Lack of available Team Members to do requested task;
  - If financial resources are inadequate to cater to the need;
- The Service User will be given information about other options and appropriate referral made with the Service User's permission and/or the Service Users name placed on a waiting list for service;
- All referrals and changes to Service User need will be documented on the computerised Service User Management System; or
- The Service User will be entered on the Waiting List Form.

*3c) The Service User is eligible for the Service, however because of Work Health & Safety/Duty of Care or specific service issues the Service cannot be provided at that time:*

- Matters that lead to a refusal of service because of Work Health and Safety and/or Duty of care will be discussed with Service User and management strategies will be thoroughly explored before Service is refused. The Service may request the assistance of the Aged Care Assessment Team or other appropriate agencies to provide additional information and/or strategies to allow for service delivery;
- Work Health and Safety /Duty of Care Issues that may prevent immediate or ongoing service may include but are not limited to;
  - The home or its surrounds are deemed not safe for Team Members;
  - Team Members do not feel safe;
  - If Duty of Care could be compromised;
  - If the Service User continually makes unreasonable demands on Team Members;
  - Transport needs constitute an unacceptable risk to the health & safety of Team Members;



- Wandering or other behaviours become a danger/disturbing to the Service User or other Service Users of the Service;
- The need for medical supervision; or
- Perceived dangerous unrestrained dog or animal.

**3d) *The Service User has chosen to refuse the Service***

- Service Users have the right to refuse service. Refusal of service will not prejudice future requests for service. The Service User is encouraged to read the Service User Information Handbook that was given to them at the initial assessment. A note is placed on the computerised Service User Management System.

**Confirmation of Decision (used if applicable)**

- All Service Users being assessed will receive written or verbal confirmation of the assessment decision. The following standard letters have been developed:
  - Standard Letter - Service User Welcome - explaining the parameters of service provided and the commencement arrangements;
  - Standard Letter - Temporary Service User Welcome - explaining the temporary parameters of service provided and the dates the Service will be provided;
  - Standard Letter - Lack of Resources/Waiting List explaining to the Service User:
    - that they have been placed on a waiting list and an approximate waiting time;
    - that the waiting list is reviewed monthly or whenever another Service User ceases service delivery or when resources become available;
    - of alternative services available in the community and referrals will be made if the Service User permits;
    - that their case will be reviewed as resources become available;
    - that should their circumstances change in any way to advise the Service as it may impact upon their prioritisation; and
    - the Services complaints policy.
  - Standard Letter - Refusal of Service due to:
    - ineligibility explaining why the person was considered not to be within the HACC Target group and/or the target group of the funded programs. Contacts for other more appropriate services will be provided and an invitation to reapply should the persons circumstances change; or
    - Work Health and Safety/Duty of Care and/or Service Specific Issues explaining the options explored by the Services before refusing the Service and under what circumstances the Service may be able to provide should the Service User agree in the future. Options for other forms of assistance from other agencies will be provided.
  - Standard Letter - Service User Refusal of Service. This letter encourages them to reapply at any time. Information is given for future reference and details of alternative options provided.

**Documents to be completed and/or related to this procedure**

- [DOC 3.05-1-1](#) Referral Assessment Pathway Flowchart
- [DOC 3.05-1-2](#) Waiting List
- [DOC 3.05-1-3](#) Standard Letter - Waiting List
- [DOC 3.05-1-4](#) Standard Letter – Welcome to Service
- [DOC 3.05-1-5](#) Standard Letter - Not Eligible
- [DOC 3.05-1-6](#) Standard Letter - Refusal of Service/Service User Exit
- [DOC 3.05-1-7](#) Standard Letter – Referral to another Agency
- [DOC 3.05-1-8](#) Confirmation of Receipt of Referral
- [DOC 3.05-1-9](#) Confirmation of Assessment
- [DOC 3.05-1-10](#) Assessment Checklist
- [DOC 3.05-1-11](#) Assessment Part B
- [DOC 3.05-2-1](#) Service User Access/Equipment Report

## **Corresponding Policy**

- [POL 3.05](#) Assessment and Care Planning

## **Relevant Standard**

### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers

### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## PROCEDURE 3.05-2 Service Care Plans

### Expected Outcome

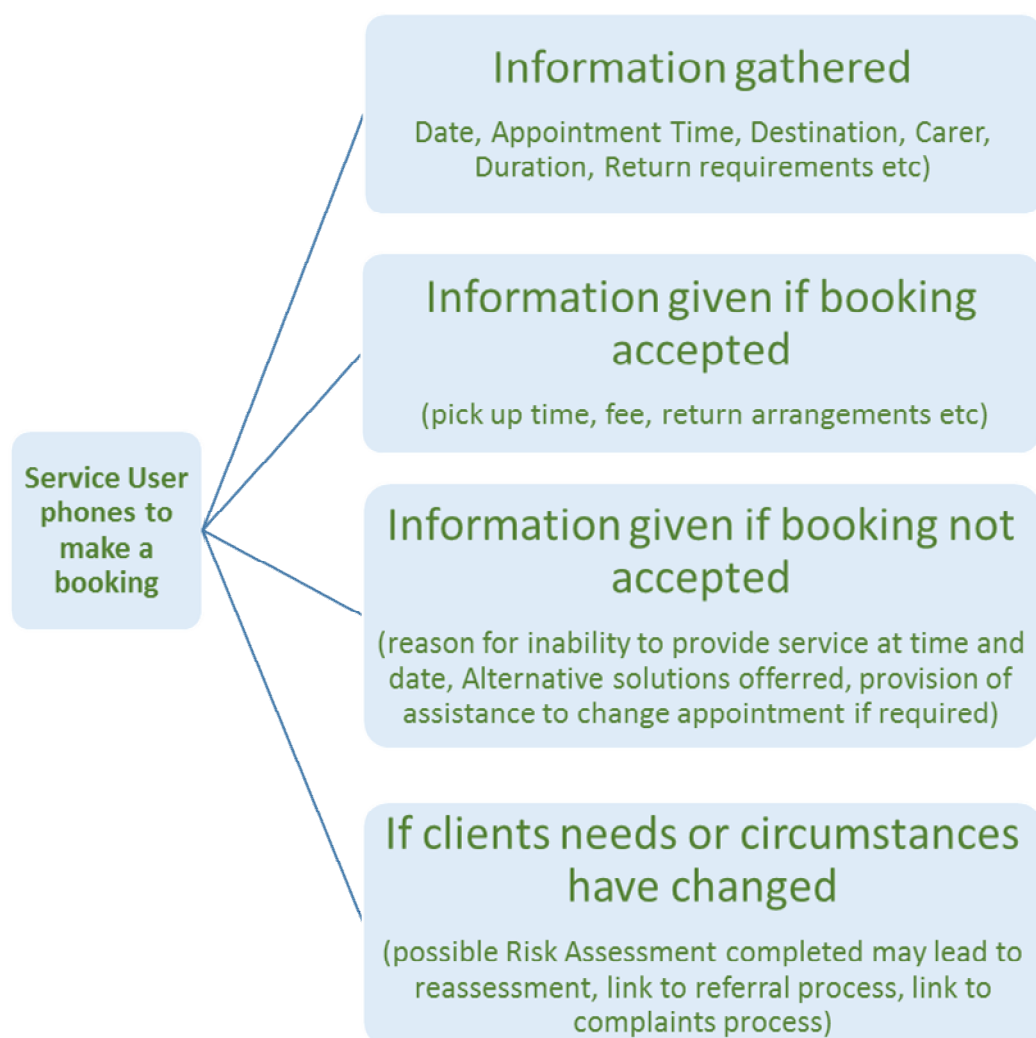
Each Service User will have an individually tailored care plan.

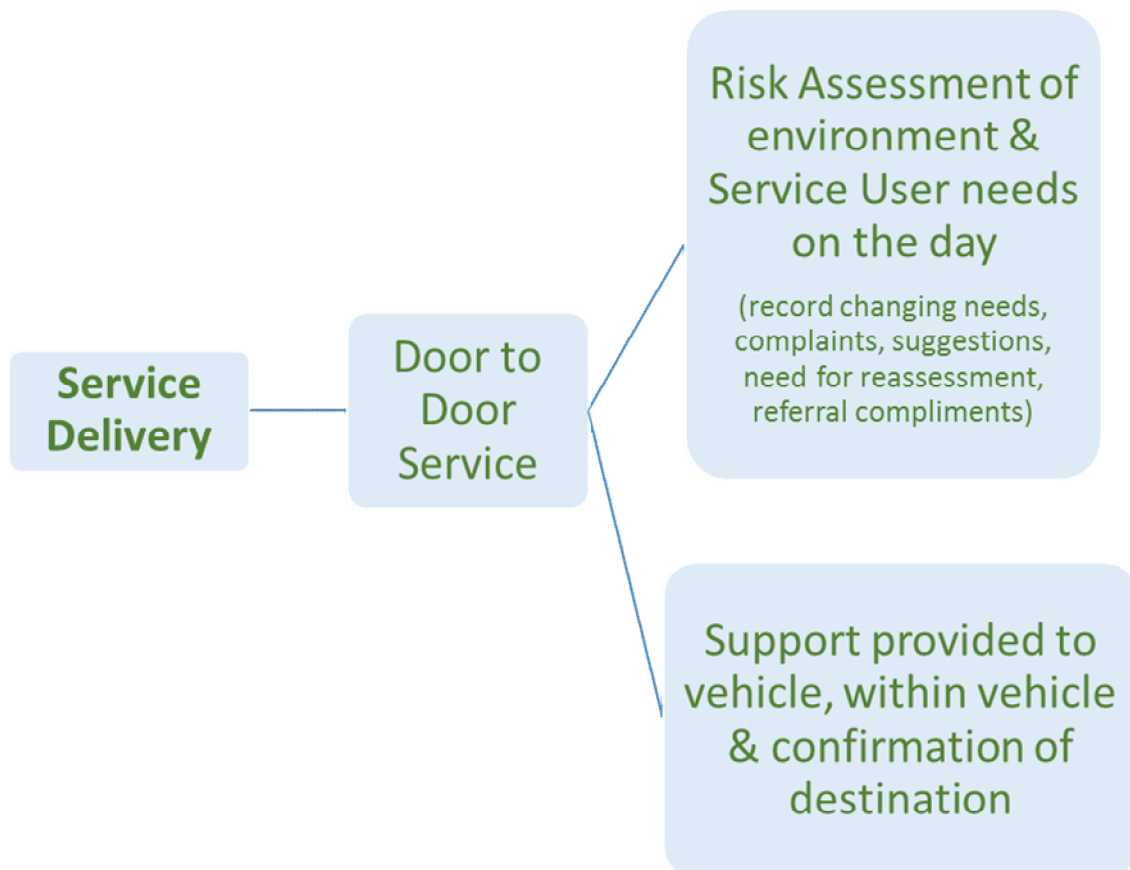
### Training Requirements

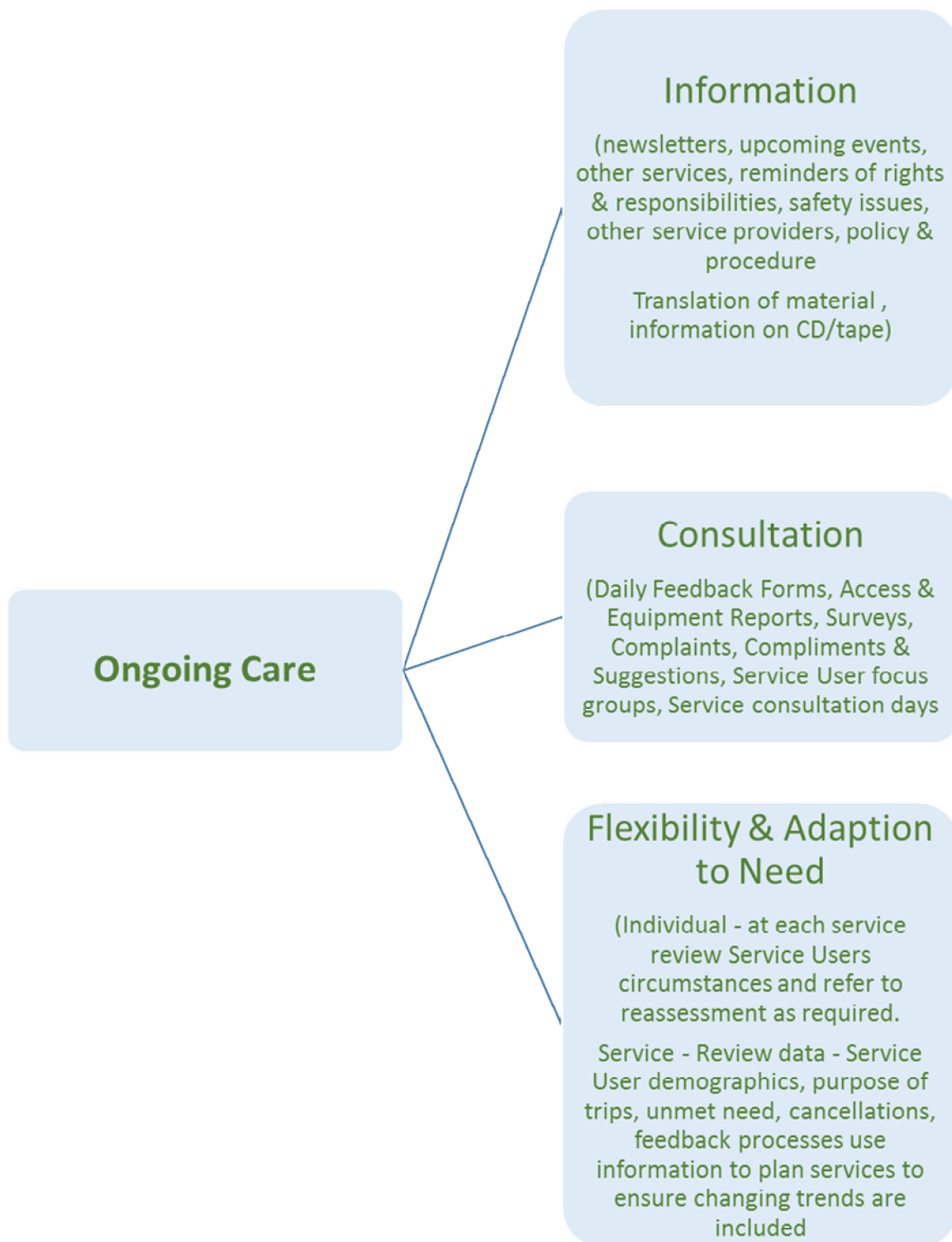
All Team Members taking Bookings and undertaking Intake / Reassessments

### Procedure

Due to the nature of Community Transport services it is impractical to provide each Service User with a Service Care Plan, however the Service ensures that each time a service is provided the Service Users individual needs on that day are considered and included in service delivery.







Should a Service User inform the Service of a change in their circumstances / needs a Request for Reassessment will be completed and provided to the Coordinator. The Coordinator will make a booking with the Service User to review all existing information and redesign the Service to cater to changing needs.

Should a Team Member report a change to the Service Users circumstances / needs a Service User Access / Equipment Report will be completed with the Service User and given to the Coordinator to action appropriately. Actions will be recorded on the Service User Access / Equipment Action Report and filed in the Service Users file.

### **Documents to be completed and/or related to this procedure**

- [DOC 3.04-1-1](#) Service User Codes
- [DOC 3.05-2-1](#) Service User Access/Equipment Report
- [DOC 3.05-2-2](#) Service User Access/Equipment Action Report
- [DOC 3.05-2-3](#) Service Care Plan Flowchart
- [DOC 3.05-3-1](#) Standard Letter – Change of Care Plan
- [DOC 3.05-3-2](#) Request for Reassessment

### **Corresponding Policy**

- [POL 3.05](#) Assessment and Care Planning

### **Relevant Standard**

#### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers

#### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## PROCEDURE 3.05-3

### Reassessment and Care Plan Review

#### Expected Outcome

The Service Stakeholders will be aware of the process undertaken to re-assess Service Users changing needs and review of care plans.

#### Training Requirements

Coordinator

#### Procedure

##### Reassessment

Re-assessments are to be completed as required and usually upon a new booking following a long absence from the service or as triggered by changing needs. All information on the original referral will be verified as being current with changes and/or new needs being documented. Team Members will be encouraged to report any information, requests for changes or concerns regarding changes in Service User circumstances (e.g. increased isolation, fluctuating health or the need for carer respite) on a Service User Access/Equipment Report or on a Request for Reassessment Form as appropriate.

The Service User will be involved in any reassessment and agreement will be sort regarding any changes in service. As much as possible the Service Users likes and preferences will be considered.

Triggers for a reassessment may include but are not limited to:

- Service User requesting a change in service;
- A Service Users stay in hospital;
- The death of a loved one;
- Change of residence;
- Service User behaviour changes (e.g. Service User withdrawing from activities where they usually participated);
- Change in financial circumstances;
- Change in health; or
- Change in carer status.

An appointment will be made with the Service User via a phone call for a reassessment. On occasion this phone call may establish that a reassessment is not required or that it is required urgently.

If other agencies are involved in providing services those services should be considered as part of the reassessment process to ensure that any change in service will not adversely impact upon the Service Users other services.

### **Results of Reassessment**

The result of a reassessment will vary according to Service User need. Common results of reassessment include but are not limited to:

- Recognition of the need for referrals back to My Aged Care for other services;
- Improved co-ordination between agencies;
- Increase in service provided;
- Decrease in service provided;
- Cessation of service provided;
- Identification of WH & S/Duty or Care or behavioural issues;
- Change in Service User details (e.g. change of address etc.);
- Identification of new Service User goals and development of strategies to achieve;
- Identification of a shortfall in process or procedure to be action;
- Identification of suggestions/complaints regarding service; or
- Reviewed and updated Service Care Plans.

### **Review of Service Care Plan**

Service Care Plans are reviewed each time a Service User makes a Booking.

1.	Scheduled review	Coordinator	Reassessment date
2.	Reassessment Triggered	Coordinator	When necessary
3.	Appointment made with the Service User to undertake reassessment	Coordinator	As appropriate
4.	Reassessment conducted	Coordinator	As appropriate
5.	Service User records updated (hard copy and computer records)	Coordinator	After reassessment
6	Decisions from discussion at reassessment implemented and new care plan developed	Coordinator	After reassessment



7	Review actions recorded on the Computerised Service User Management System (e.g. Trips). Date set for next review. A note placed on Service User Ongoing Notes	Coordinator	After reassessment
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## Complaints

The Service Users should be made aware that they can lodge a complaint should they have any concerns regarding their intake, reassessment or care plan review. This should be emphasized to them at the time of reassessment when the information in the Service Users Information Handbook is being explained.

If a Service User is not happy with their service provider the Coordinator, where possible, should arrange for an alternative Team Member to provide services.

## Documents to be completed and/or related to this procedure

- [DOC 3.05-2-1](#) Service User Access/Equipment Report
- [DOC 3.05-3-1](#) Standard Letter Change of Care Plan
- [DOC 3.05-3-2](#) Request for Reassessment

## Corresponding Policy

- [POL 3.05](#) Assessment and Care Planning

## Relevant Standard

### Community Care Common Standards

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers
- 6. Feedback and Complaints

### Disability Service Standards

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## PROCEDURE 3.05-4

### Coordination / Collaboration with other Agencies

#### Expected Outcome

The Service Stakeholders will be aware of how the Service co-ordinates with other agencies

#### Training Requirements

All Team Members

#### Procedure

Co-ordination with other government and non-government services at a local level is important to ensure that Service Users are empowered and services are provided in the most effective and efficient manner avoiding duplication or gaps in services.

A contact list of relevant services (including interpreter services) will be kept up-to-date by the Council. The Services will keep in contact with other relevant services through the attendance at Aged & Disability Forums, Meetings, Case Conferences (when appropriate) and Annual Regional Planning Days.

The Coordinator will ensure that other agencies are aware of the Services available so that they can promote the Service amongst their own Service Users and refer any people who may be eligible.

Attendance by Team Members at other meetings outside of the Service should be discussed with the Coordinator and should fulfil the following purposes:

- To co-ordinate services provided by the agencies.
- To co-ordinate services provided to a Service User by more than one agency.
- To discuss common issues and needs including training.
- To ensure that gaps in services are met across the region, and to avoid duplication of services.
- Co-ordination of services to an individual Service User is discussed in Case Management procedure.

Steps	Action/Evidence	Who does it	When
1	Ensure Promotion material is clear and up to date	Coordinator	Regularly
2	Ensure representation at relevant forums and networks  Identify other agencies	Coordinator	As relevant
3	Service User care plans show co-ordination with other agencies when appropriate	Coordinator	At Intake & Reassessment

### **External Incidents and Situations**

Team Members, Service Users and or other interested parties, who through the Community Transport service or activity become aware of an incident or situation which is beyond the operational scope of the organisation, should immediately report to the Coordinator who shall then notify an appropriate agency.

Community Transport Team Members shall not attempt to resolve, mediate or become in any way involved in a dispute, conflict or suspected trauma situation unrelated to the organisation's activities, except where a clear and immediate physical danger to a person is apparent.

### **Developing Collaborative Partnerships with Other Agencies**

Service Users may benefit from a variety of collaborative ventures with other agencies including:

- Memorandum of Understandings – Agreements between agencies about how they will work together to improve outcomes for Service Users;
- Consortium Arrangements – Agreements between agencies who agree to form a consortium for the purpose of applying for funding;
- Partnership Agreements – Agreements between agencies who agree to undertake certain functions to improve the outcomes for Service Users (Memorandum of Understandings can take the place of partnership agreements); and
- Local Protocols – Agreement between local services regarding a common activities/service type that clearly states each agencies responsibility and common processes followed.

When considering collaboration with other agency/ies the Service will complete a Collaboration checklist to:

- Identify agencies that may be appropriate potential partners
- Analyse the benefits and costs of the collaboration with the selected agency/ies
- Conduct a risk assessment on the proposed venture

- Develop a memorandum of understanding/partnership agreement

## **Documents to be completed and/or related to this procedure**

- [DOC 3.05-4-1](#) Collaboration Checklist
- [DOC 1.03-2-7](#) Memorandum of Understanding Example

## **Corresponding Policy**

- [POL 3.05](#) Assessment and Care Planning

## **Relevant Standard**

### **Community Care Common Standards**

- 2. Ongoing Assessment and Planning with Consumers
- 4. Services and Supports for Daily Living

### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## PROCEDURE 3.05-5 Case Management

### Expected Outcome

The Service Stakeholders will be aware of how the Service participates in case management

### Training Requirements

Coordinator

### Procedure

While the Service is not funded as a case management service, it does have a holistic approach to service delivery. Service Users cases within the Service are managed and referrals made to other services where needed. If a Service User is case-managed by another service, the Service will, with the Service User's permission, co-ordinate with the Case Management Service by inviting that agency to Case meetings (as appropriate), informing the Case Management Agency of any changes to services/care plans on the Notifications to Case Coordinator.

Steps	Action/Evidence	Who does it	When
1	Identify the services to be provided by the Service on the care plan.	Coordinator	At Intake & reassessment
2	Identify other agencies already providing services to a Service User (including Case Management agencies) on the CIARR	Coordinator	At Intake & reassessment
3	If the Service User has a case Coordinator, provide Case Manager with information regarding service provision	Coordinator	At Intake & reassessment

### Documents to be completed and/or related to this procedure

- [DOC 3.05-5-1](#) Notification to Case Manager

### Corresponding Policy

- [POL 3.05](#) Assessment and Care Planning

### Relevant Standard

#### Community Care Common Standards

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers Information Provision

- 4. Services and Supports for Daily Living
- 6. Feedback and Complaints

### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## PROCEDURE 3.05-6

### Service Types Provided to Service Users

#### Expected Outcome

The Service Stakeholders will be aware of the Service Type the Service is funded to provide.

#### Training Requirement

All Team Members

#### Procedure

The Service is provided with funds from various funding bodies. Currently the Service receives funding from:

Commonwealth Home Support Program (CHSP), Department of Health, and Transport for NSW administered by Transport for NSW.

For the following Service Types:

- Transport

The Service type descriptions change from time to time - the current service type description is contained within Document 3.05-6-1

#### Documents to be completed and/or related to this procedure

- [DOC 3.05-6-1](#) Service Types Provided to Service Users

#### Corresponding Policy

- [POL 3.05](#) Assessment and Care Planning

#### Relevant Standard

##### Community Care Common Standards

- 1. Consumer Dignity and Choice
- 4. Services and Supports for Daily Living
- 8. Organisational Governance

##### Disability Service Standards

- 1. Rights
- 5. Service Access

## PROCEDURE 3.05-7

### Implementing New Services & Off site Activities

#### Expected Outcome

The Service Stakeholders will be aware of the process undertaken to ensure the smooth implementation of services & off-site activities.

#### Training Requirements

Team Members responsible for implementation of new services and/or off site activities

#### Procedure

##### New Services

Once a new service has been planned (see Planning & Evaluation Procedure) and resources have been allocated, the Service will ensure the following steps are undertaken to ensure the smooth implementation of the Service:

- Development of a promotion strategy including:
  - Service User Promotion (e.g. flyers, brochures etc.);
  - Service Provider Promotion (e.g. letters, presentations at networks etc.); and
  - Promotion to the General Public (e.g. media releases etc.).
  - All promotion to include:
    - Details of the service to be implemented;
    - How Service Users can Access the Service;
    - Cost of the Service; and
    - Commencement date of the Service.
- Direct Care Team Members are trained regarding:
  - the new Service;
  - the information that has been provided to public;
  - how to promote the new service to existing Service Users;
  - how to gather input to the new service from Service Users; and
  - administration arrangements for the new service.
- Development of Evaluation Strategy based on feedback from Service Users, the Community and Team members regarding the effectiveness of the Service. Feedback will be used to ensure the continuous improvement of services. (See Continuous Improvement Procedure). The Evaluation Strategy may utilise a variety of methods depending upon the individual service provided including:



- Holding a focus group to discuss the new service (with service users, at networks etc.);
- Conducting a survey (written/phone) of the Service Users, Community and Team members;
- Collating verbal feedback given to Team members since the implementation; or
- Analysing any complaints that have been received.

### **Changes to Existing Services**

Once a decision has been made to make changes to an existing service a Promotion Strategy and Team members training will be undertaken. Promotion and Training may be undertaken as above or be adapted as required. For example a minor change to service may require a letter sent to Service Users and a memo to Team Members whereas a major change may benefit from same implementation process as a new service.

#### *Outings*

When planning and evaluating outings provided by the Service an Outing Information and Evaluation Report will be used to ensure that consideration is given to the planning of the outing to ensure a safe and enjoyable service is provided and that the feedback regarding the outing is considered in future Outing plans.

#### *Events*

When planning events (e.g. Christmas party, Service User Consultation) all off-site venues will be assessed to ensure they are suitable to the needs of Service Users using a Venue Checklist.

Steps	Action/Evidence	Who does it	When
1	Development of appropriate Promotion/Evaluation Strategy and Team Member Training	Coordinator/delegated Team members	Prior to implementation
2.	Implement Service or Change to Service	Team	On agreed date
3.	Evaluate	Team	At agreed date
4	Use feedback to improve service	Coordinator	As identified or at next strategic planning
5	For Outings – Outing Information & Evaluation Report completed	Coordinator	Prior to and after Outings
6	Outings – Venue Checklist will be completed	Coordinator	In Planning stage of Outing

### **Documents to be completed and/or related to this procedure**

- [DOC 3.05-7-1](#) Outing Information & Evaluation Report
- [DOC 3.05-7-2](#) Venue Checklist
- [DOC 3.05-7-3](#) Promotion Strategy
- [DOC 3.05-7-4](#) Evaluation Strategy

### **Corresponding Policy**

- [POL 3.05](#) Assessment and Care Planning

### **Relevant Standard**

#### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 4. Services and Supports for Daily Living
- 6. Feedback and Complaints

#### **Disability Service Standards**

- 2. Participation and Inclusion
- 6. Service Management

## PROCEDURE 3.05-8 Service Parameters

### Expected Outcome

The Service Stakeholders will be aware of the Service parameters and how they may assist in the provision of service.

### Training Requirements

All Team Members

### Procedure

**Physical Contact** – All Team Members will respect Service Users right to be as independent as possible. Should a Service User require assistance the least invasive approach must be taken. Physical contact should only occur after the Service User has given permission. Examples include:

- Rather than leaning over the Service User to clip in a seatbelt; giving the seatbelt to the Service User to hold until the Driver is seated in the Driver's seat and can take the seatbelt and clip it in.
- Asking the Service User if they need assistance and following their instructions while ensuring your own safety.
- Clients assessed as requiring a carer whilst using the service must provide their own carer. Whilst our drivers are caring, they are not carers.

**Collecting Fees** – Service Users should be encouraged to handle their own finances. In some situations (e.g. bad lighting) the Driver may assist the Service User by pointing to the correct coins and notes.

**Respecting Team Members and other Service Users** - Service Users have a responsibility to treat other Service Users and Team Members with respect and consideration. Verbal Abuse, inappropriate language, bullying or harassment will not be tolerated on the Service.

### Short Notice

Often our lives cannot be planned and appointments etc. may come up with very little notice. While the Service asks that Service Users provide as much notice as possible, the Service will try to provide service with short notice. Unfortunately due to the demand on the Service this may not always be possible or may require some flexibility on the Service Users part (e.g. assisting us by seeing if appointment time can be changed etc.)

### Spare Capacity

Should a seat be available in a vehicle and a member of the general public requires transport that transport may be provided on a full cost recovery basis so long as no Service User eligible for service is unduly inconvenienced.

## Hours of Service

- Office hours are 9.00am to 5pm Monday to Friday excluding public holidays.
- In town transport 7.30am to 5pm Monday to Friday excluding public holidays
- Out of town transport Monday to Friday. Volunteer drivers providing transport to service users to destinations out of Cabonne will not leave before 7.30am and must be back to the client's home no later than 7pm. Time frames are to assist with Health and Welfare of team members endeavouring to limit the length of hours worked in a day, allowing for weather conditions and road hazards.
- Christmas closure will be from close of business for Cabonne Council Offices for Christmas break to the second week of January the following year.

## Day only Surgery Transport

Day only surgical procedures with service users returning home the same day will require a carer. To be eligible for return transport the service user must have a carer accompany them and the service user must provide their own carer. Whilst our drivers are caring, they are not carers.

Cabonne Community Transport Vehicles will not leave before 7.30am and must be back at the clients home no later than 7pm.

## Child restraints

New national child restraint laws were introduced in NSW on 1 March 2010. All children up to seven years of age must now be safely fastened into the right restraint for their age and size.

The new national child restraint laws state:

- Children younger than six months must be secured in a rearward facing restraint.
- Children aged six months to four years must be secured in either a rear or forward facing restraint.
- Children aged six months to under four years must be secured in forward facing child restraint or booster seat.
- Children aged between four years and seven years must be restrained in an approved forward facing restraint or booster seat. Booster seats are used with an adult lap sash seatbelt and feature high back and sides.
- Children younger than four years cannot travel in the front seat of a vehicle with two or more rows.
- Children aged four years to under seven years cannot travel in the front seat of a vehicle with two or more rows, unless all other back seats are occupied by children younger than seven years in a child restraint or booster seat.
- It is strongly recommended children aged seven years and over stay in a booster seat until they are 145cm.

- Child restraints must be placed on the passenger side of the vehicle when spacing exists.

Fines and demerit points apply to drivers who fail to ensure all children are appropriately restrained in a vehicle.

Cabonne Community Transport will abide by the current 'Safer Child Restraint Rules'.

Cabonne Community Transport does not supply child restraints to passengers or clients; this is the responsibility of the parent/carer/agency of a child to supply the appropriate child restraint which meets the National Standards.

Team members of Cabonne Community Transport do not install child restraints; this is the responsibility of the parent/carer/agency. Team members will check and ensure the child restraint is installed securely by checking that the restraints are fastened correctly and that the seat is stable.

All children under the age of 16 must be accompanied by a responsible adult who is known to the client, has the permission or is the carer of that child and must stay with the child at all times.

## **Documents to be completed and/or related to this procedure**

- [DOC 3.02-1-1](#) Service User Information Handbook

## **Corresponding Policy**

- [POL 3.05](#) Assessment and Care Planning

## **Relevant Standard**

### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers
- 4. Services and Supports for Daily Living
- 8. Organisational Governance

### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## **PROCEDURE 3.05-9**

### **Bookings, Scheduling of Services & Unmet Needs**

#### **Expected Outcome**

Service Users will be aware of the procedures used to ensure equity of access in our bookings, service scheduling and how the Service records unmet need.

#### **Training Requirements**

All Team Members

#### **Procedure**

##### **Booking a Service**

Each and every booking from a service user for transport using our transport service must be matched to an available driver by the Coordinator.

All new service users of the service are encouraged to make their bookings as soon as possible after they get their appointments. This means that we have usually received all bookings (except emergencies and short notice appointments) at least three to five days in advance.

Each morning the service Coordinator will ring the volunteer drivers to arrange work for the following week.

Clients will then be rung the day before their appointment to be advised of the driver and their pick up time.

##### **Scheduling/Allocating Services**

Allocation of service users to the provision of service is carried out as far as possible to meet the requirements of the service user.

- Matching service user with volunteer driver
- Allocating appropriate vehicle
- Allocating multiple service users to vehicles in order to provide as efficient service as possible
- Scheduling times to ensure drivers meet legal and safety requirements.

##### **Priority of Access**

The financial resources of Community Transport may not always be sufficient to meet the needs of all those people who request services. In these circumstances, the following factors will be used to determine relative need of transport disadvantaged people.

#### The Passenger:

- Is socially or geographically isolated;
- Lives alone, or with a carer who is also frail aged or has a disability;
- Experiences difficulty with a range of the tasks of daily living;
- Has limited or non-existent social contacts;
- Needs medical or nursing help;
- Is financially disadvantaged;
- Has a family support structure at risk of breaking down;
- Has a high relative level of transport disadvantage.

Priority will be given to persons whose circumstances meet one or more of the above factors.

The relative need for carer's to obtain transport will be assessed on the following factors.

#### The Carer:

- Is caring for a person with a severe disability;
- Is the sole carer, has limited support networks or has dependent children;
- Is frail, ill, stressed or has a disability;
- Has extensive commitments which may include employment;
- Is socially or geographically isolated;
- Is financially disadvantaged.

Other factors which will also be taken into consideration include:

- The difference the service will make to the persons circumstances;
- The cost of providing the service.

### **Spare Seat Capacity**

Spare seat capacity can be legitimately utilised to meet the needs of individuals or groups who are transport disadvantaged but who fall outside the specific eligibility criteria for the particular program through which the resource is funded (primary funding source).

All Transport for NSW funded Community Transport Operators should seek to maximise the value of their resources to local communities by utilising spare seat capacity to alleviate transport disadvantage.

Community Transport Operators must be entirely satisfied individuals and groups seeking to utilise spare seat capacity have no reasonable commercial or public transport options available to them.

Utilisation of spare seat capacity must not result in a reduced capacity to address the needs of a primary funding sources target group clients or to deliver outcomes specified in Funding Agreements.

Utilisation of spare seat capacity should not result in an increased demand for funding from the primary funding source.

Spare seat capacity made available to communities in accordance with the above points should be priced in a manner which:

- Recovers any additional costs which would otherwise be incurred by the primary funding source associated with the delivery of service; and
- Does not adversely impact on the clients of the primary funding source.

### **Recording Unmet need**

Normally we do not have unmet need except in circumstances such as there are no volunteer drivers available or insufficient notice is given.

Where this does occur it is recorded in the TRIPS program utilising the following codes:

<b>CODE</b>	<b>DESCRIPTION</b>
NV	No volunteer
NTLN	To late/no solution
WTL	To late/with solution
BC	Beyond resources
CR	Cost

### **Documents to be completed and/or related to this procedure**

**Nil**

### **Corresponding Policy**

- [POL 3.05](#) Assessment & Care Planning

### **Relevant Standard**

#### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers
- 4. Services and Supports for Daily Living
- 8. Organisational Governance

#### **Disability Service Standards**



- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## POLICY 3.06

## Privacy and Confidentiality

### Policy Statement

Cabonne Community Transport will conform to both state and commonwealth privacy legislation requirements regarding the collection, use and protection of personal information of our Service Users and Team Members.

### Policy Protocols

Confidentiality refers to the obligation of non-disclosure by this agency of personal information unless it has the consent of the person concerned.

The Service will ensure privacy and confidentiality by:

- Collecting only the information required for service delivery;
- Informing people of the purpose for collecting the information;
- Providing individuals with access to their information held by the Service;
- Disclosing personal information to third parties only with the written consent of the individual;
- Securely storing Service Users personal information; and
- Destroying information in accordance with the Archives Act 1983.

In the following circumstances there is an obligation to report:

- a crime or intended crime;
- where the person is suicidal, safety is at risk, personal harm or being harmed (abused) by another; and
- warn a third party who is in danger.

The *Privacy Amendment (Private Sector) Act 2000* (Commonwealth legislation) outlines ten National Privacy Principles (NPPs).

#### *Principle 1: Collection*

Only collect information that is directly relevant and necessary using lawful purposes. Collect it directly from the individual and let him/her know the purpose of collecting it and how to access it.

#### *Principle 2: Use and disclosure*

Only use the information for the purpose for which it has been collected.

#### *Principle 3: Data quality*

Make sure the personal information you collect, use or disclose is accurate, complete and up-to-date.

#### *Principle 4: Data security*

Protect the personal information you hold from misuse and loss and from unauthorised access, modification or disclosure. Destroy or permanently de-identify personal information if it is no longer needed for any purpose for which the information may be used or disclosed.

#### *Personal 5: Openness*

Set out in a document clearly expressed policies on your management of personal information and make the document available to anyone who asks for it. If someone asks, let them know generally, what sort of personal information you hold, for what purposes, and how you collect, hold, use and disclose that information.

#### *Principle 6: Access and correction*

Provide the individual with access to the information on request. If an individual is able to establish that the information is not accurate, complete and up-to-date, you must correct the information so that it is accurate, complete and up-to-date.

#### *Principle 7: Identifiers*

Do not disclose an identifier (identifier includes a number assigned by an organisation to an individual to identify uniquely the individual for the purposes of the organisation's operations).

#### *Principle 8: Anonymity*

Wherever it is lawful and practicable, individuals must have the option of not identifying themselves when entering transactions with an organisation.

#### *Principle 9: Transborder data flows*

You can only transfer personal information about an individual to someone who is in a foreign country if you believe that the recipient of the information is subject to a law, binding scheme or contract which effectively upholds principles for fair handling of the information that are substantially similar to the NPPs; the individual consents to the transfer; or the transfer is necessary for the performance of a contract between the individual and the organisation, or a third party.

#### *Principle 10: Sensitive information*

You must not collect sensitive information about an individual unless the individual has consented, or the collection is required by law; or is necessary to prevent or lessen a threat to the life or health of any individual, or you undertake to the individual that the organisation will not disclose the information without the individual's consent. You can collect health information if: the information is necessary to provide a health service to the individual, if the information is research relevant to public health or public safety; the compilation or analysis of statistics relevant to public health or public safety, is necessary for the management, funding or monitoring of a health service.

Adapted from Guidelines to the National Privacy Principles, Office of the Federal Privacy

## **Related Procedures**

- [PRO 2.03-1](#) Team Member Orientation

- [PRO 3.02-1](#) Service User Information Provision
- [PRO 3.02-2](#) Service User Rights and Responsibilities
- [PRO 3.06-1](#) Privacy and Confidentiality

## **Relevant Standard**

### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 7. Human Resources
- 8. Organisational Governance

### **Disability Service Standards**

- 1. Rights
- 6. Service Management

## PROCEDURE 3.06-1 Privacy and Confidentiality

### Expected Outcome

Team Members and Service Users are aware of, and adhere to, procedures that support Privacy Principles in the National Privacy Act.

### Training Requirements

All Team Members

### Procedure

*Note: Various funding bodies may have specific requirements regarding privacy (e.g. the Commonwealth requires organisations to notify them immediately if your organisation becomes aware of a breach or possible breach of the Privacy Act).*

The Service is committed to ensuring that details about Service Users and Team Members are kept confidential, and only disclosed with the persons' permission. This procedure is aligned to the Principles of the Privacy Act. The purpose of this procedure is to give information regarding the various aspects of service delivery where privacy & confidentiality are essential. Specific procedures regarding each topic are detailed in other parts of this Policy & Procedure manual. The Coordinator will review all funding agreements to ensure that the organisation's Privacy procedures remain compliant with all funding requirements.

The following aspects of service provision are considered to require consideration of Privacy & Confidentiality:

#### Collection & Provision of Information

- The only information held by the Service about a Service User will be information necessary to assess the need for a service and to provide the service. Information should be non-obtrusive and objective as possible, yet relevant and up-to-date.
- The only information held by the Service regarding Team Members will be personal information required for the employment/recruitment of Team Members.
- All entries in Service User and Team Member records will indicate the time and date when the entry was made, and enable the reader to identify the name and designation of the writer.
- All Service User and Team member note entries will be either written in ink so that they will not fade or be erased.
- The Service will provide Service Users and Team Members information regarding the purpose and use of personal information including who will have access to this information.
- Service Users and Team Members will be informed of their right to withhold information or provide information anonymously, if applicable.
- Service Users and Team Members will be informed of how to make a complaint regarding the collection, storage or use of their personal information.

#### Access to and Disclosure of Information

- The consent of the Service User or Team Members must be obtained to utilise the Service User's/Team Members name, photographs, videos or voice that identify an individual. Consent should be given using Consent to use Service User image/voice in Promotional Material form.
- The Coordinator and Community Services Manager are the only people authorised to divulge information related to Team Members, where it is legally and ethically justified.
- Only Team Members with a need (i.e. those involved with the care or support of a Service User, supervision of Team Members) will have access to personal information related to Service Users or Team Members.
- Service Users and Team Members will be made aware of their right to access their personal records by appointment and to request a copy of any document contained therein. When this is requested it will be done in the presence of the Coordinator. This right will also be made clear in Team Members Orientation Handbooks and Service User Information Handbooks.
- Access to employee records is restricted to the Coordinator. In cases of emergencies the 'First Contact' or nominated person/advocate on the computerised Service User Management System will be contacted to make immediate decisions about wellbeing. Where a Duty of Care matter arises after reasonable discussions have concluded that a decision must be made 'First Contact' will provide permission.
- Service Users have the right to read any personal information kept about them by the Service. Requests from Service Users to access files should be referred to the Coordinator who should ensure that assistance is provided for the Service User to access information on his/her file within two weeks. A Team Member should be made available to explain any terminology to the Service User.
- When a Service User joins the Service they are advised of the privacy and release of information procedures within the organisation including that information is kept confidential and is kept in locked filing cabinets or on a computer that only appropriate Team Members have access to.
- Information that is passed on is marked 'private and confidential' and the computer protected with security firewalls.
- Personal information will only be faxed or emailed if the receiving agency can ensure the security of the information provided.
- The only people authorised to read a Service Users' file are the Service User themselves, the Service Users' carer, the Service Users' advocate and the Service Users' legal guardian. Carers and Advocates must have the Service Users' permission, where this can be given.
- Access to some information may breach confidentiality of Team Members or another Service User and this information may be withheld.
- Consent to Release Information Form is to be used when information is being released for any other purpose than referral.
- Personal information regarding a Service User or Team Members may be disclosed if:
  - Informed consent is obtained from the person and this consent specifies the precise information and purpose for the disclosure;
  - There is a serious and imminent threat to an individual's life, health or safety;

- There is a serious threat to public health or public safety; or
- There is a legal obligation under the Crimes Act 1900 (NSW), the Crimes Act 1914, or the Coroners Act 1980 (NSW) to notify police about serious criminal offences, or the coroner's office regarding investigations involving the death of a person.
- Confidentially is between the Service User and agency (not particular Team Members) Team Members will inform the Service Users that they have to report any information that may impact upon the service provided to the office.

Steps	Action/Evidence	Who does it	When
1	Service User indicates their wish for information to be released	Service User	Anytime
2	Release of Information Form is completed	Service User	Anytime
3	Information is released	Coordinator	After consent obtained
4	Consent to release information filed in Service Users file	Coordinator	After information released

### **Storage of Personal Information**

- Service Users or Team Members will be informed of the Service' responsibilities in relation to the protection of personal information through:
  - Service User Handbooks;
  - Service Agreements; and
  - The Service policies regarding privacy and confidentiality.
- All computers containing information regarding Service Users and Team Members will be password protected.
- Any Sub Contractors which the Service utilises will be required to provide confirmation that their policies and procedures comply with the appropriate privacy laws.
- The anonymity of Service Users and Team Members will be preserved for purposes of research, case presentations or conference papers.
- Personal information should only be copied when it is essential to do so.
- Service User Files and Team Members Files will be filed separately to generalist service administration files. Service User Files and Team Members files will be kept locked when not in use. Keys to Service User Files and Team Members/Volunteer files will only be provided to personnel with authorisation to access these files.
- Files removed from the office should be placed inside a plain manila folder which does not identify the Service Users and Team Members.

## Length of time records are held

If a Service User ceases to access the Service, but may need to resume service at a later date, information relating to the Service User will be kept for a period of 2 years before being archived. If the Service will definitely not be resuming, Service User's records will be archived at the end of the financial year. All information regarding Service Users will be shredded seven (7) years after they cease to receive services.

Steps	Action/Evidence	Who does it	When
1	All Information kept on computer is password protected	All Team Members	Ongoing
2	Filing Cabinets containing Service User/Team Members files are kept locked with limited authorised access.	Authorised Team Members Only	Ongoing
3	Each Service User will have a separate file created on computer	Assessor	At point of Intake
4	Each Team Member will have a separate file created in hard copy and on computer	Management	At point of Employment or recruitment

## Documents to be completed and/or related to this procedure

- [DOC 3.06-1-1](#) Consent to Release Information
- [DOC 3.06-1-2](#) Consent to use Service User Image/Voice in Promotional Material

## Corresponding Policy

- [POL 3.06](#) Privacy & Confidentiality

## Relevant Standard

### Community Care Common Standards

- 1. Consumer Dignity and Choice
- 6. Feedback and Complaints
- 7. Human Resources
- 8. Organisational Governance

### Disability Service Standards

- 1. Rights
- 2. Participation and Inclusion



- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## **POLICY 3.07   Compliments, Complaints & Suggestions**

### **Policy Statement**

Cabonne Community Transport respects each person's dignity by promoting the right of individuals to give compliments, complaints & suggestions to assist the Service to improve. The Service welcomes feedback as opportunities for service improvement.

### **Policy Protocols**

Cabonne Community Transport will process Service User feedback promptly, fairly, confidentially and without retribution.

Complaints will be treated confidentially and will not be discussed with anyone who does not have a genuine responsibility for resolving the issue.

The Service will respect a Service User's choice to use an advocate to provide input and/or make a complaint and will negotiate with the advocate to resolve the issue(s) promptly.

All compliments, complaints & suggestions will be verbally feedback to volunteers with complaints recorded on the Complaints Record Form and register.

Service Users who choose to discontinue a service, due to dissatisfaction, will be advised that they may access the Service at a future date.

The Service will ensure no Service User is discriminated against or be the subject of retribution due to making a complaint.

The Service will ensure Team Members are trained to encourage and support Service Users right to provide feedback to the Service.

Cabonne Community Transport continually seeks input from consumers, their carers and volunteers to assist with service improvement. All feedback, including complaints, will be used to improve the quality of the services provided.

### **Related Procedures**

- [PRO 3.02-2](#) Service User Rights and Responsibilities
- [PRO 3.07-1](#) Service User Compliments, Complaints and Suggestions
- [PRO 3.10-1](#) Advocacy

### **Relevant Standard**

#### **Community Care Common Standards**

- 6. Feedback and Complaints

#### **Disability Service Standards**

- 1. Rights
- 4. Feedback and Complaints
- 5. Service Access

## **PROCEDURE 3.07- 1**

### **Service User Compliments, Complaints & Suggestions**

#### **Expected Outcome**

Service Users will be aware of the importance the Service places on Service User input to service. Team Members will be aware of the correct procedure to encourage input and complaints.

#### **Training Requirements**

All Team Members

#### **Procedure**

Feedback from Service Users is important in ensuring that services are continuing to meet Service Users' needs and for planning appropriate services.

#### **Compliments**

Compliments are an important part of Service User feedback and can assist the Service to identify:

- if service development actions have been successful;
- if Team Members are providing quality services;
- trends in feedback;
- successes in enablement approaches to service; and
- qualitative as well as quantitative data for use in planning.

Compliments will be recorded on a Quick Compliments & Suggestion form or entered directly into the Compliments, Complaints & Suggestion Register on the computer system. As much as possible the Service User's own words should be used.

#### **Complaints/Suggestions**

An important source of feedback is Service Users' complaints and these are welcomed and encouraged by the Service.

All Service Users will be made aware of their right to complain and the use and availability of advocates. Service Users will be assured that they have a right to complain about the Service they are receiving without fear of retribution and that they can expect complaints to be dealt with promptly. The process for making a complaint is included in the Service User's Information Handbook which is presented and explained to Service Users at the time of intake. The Coordinator will take steps to ensure that Service Users feel comfortable to continue accessing the Service after making a complaint by following up any actions with the Service Users to make sure they were happy with the process.

The Service User has the right to use an advocate of their choice to negotiate on their behalf with Team Members of the Service. This may be a family member or friend, or an agency such as the Older Person's Rights Service or Disability Rights Service

Service Users will be reminded of complaints procedure at the time of reassessment, reviews, and through service Newsletter.

Team Members will be trained to take note of Service Users concerns and act promptly so that they are addressed as part of service monitoring and before concerns become a complaint.

Person/s affected by the complaint will be fully informed of all facts and given the opportunity to put their case.

Compliments, Complaints and Suggestions can be made through:

- Completing a Quick Compliments & Complaints Form;
- Completing a Complaints Record Form;
- Contacting the Manager verbally or in writing;
- Responding to questionnaires and surveys;
- Attending Service User forums, meetings or planning days; or
- Contacting external complaints agencies such as the NSW Ombudsman, the Older Person's Rights Service or Disability Rights Service.

### **Informal Complaints**

Informal complaints should be dealt with by the Coordinator or Community Services Manager unless it involves acts of misconduct, negligence or potential breach of the Service Duty of Care to the Service User. As much as possible Service Users' requests for an informal complaint not to be taken further should be respected. At times an informal complaint may wish to be discussed as a suggestion. Informal complaints/suggestions are recorded on a Quick Compliments & Suggestions Record Form and entered into the Compliments, Complaints & Suggestions Register.

### **Formal Complaints**

Formal complaints are recorded on a Complaints Record Form and entered into the Compliments, Complaints & Suggestions Register. The record form is to be completed by the person receiving the complaint. Service Users are encouraged to raise their complaint with the Team Member concerned in the first instance.

Team Members that have had a concern or complaint expressed to them must document the matter on a Quick Compliments & Suggestion form or Complaints Record Form and enter it in the Compliments, Complaints & Suggestions Register and also discuss matter with the manager/supervisor. The manager/supervisor or appropriate person will enter matter onto Service User file (electronic and/or hard copy).

If the Service User is not satisfied with the outcome negotiated with the Team Members or they are not happy to discuss the issue with the Team Members member/volunteer concerned, they may contact the Manager, or use an advocate to negotiate on their behalf.

The Service User complaint will be dealt with within 10 days of the complaint being made and the Service User informed of the outcome of their complaint and asked for their feedback on the complaints procedure.

If the Service User is not happy with the outcome, the Service User may raise the issue with the Community Services Manager at Cabonne Council. The Community Services Manager will take the complaint and investigate accordingly keeping the Service User updated regarding progress (each 5 days). The Community Services Manager will inform the General Manager of his investigations and the General Manager will make a determination. That determination will be advised in writing to the Complaint within 14 days of the complaint being received by the Community Services Manager.

If after approaching the above people, the issue is still not resolved, the Service User will be referred to the Aged Care Complaints Commission and the NSW Ombudsman.

### **Confidentiality of Complaints**

As far as possible, the fact that a Service User has lodged a complaint (and the details of that complaint) will be kept confidential amongst Team Members directly concerned with its resolution. The Service User's permission will be obtained prior to any information being given to other parties, that it may be desirable to involve, in order to satisfactorily resolve the complaint.

### **Dispute between Service Users and carers**

If Team Members become aware of a dispute between a Service User and their carer they will refer the situation immediately to the Coordinator and team members are not to get involved.

## **Documents to be completed and/or related to this procedure**

- [DOC 3.07-1-1](#) Complaint Record Form
- [DOC 3.07-1-2](#) Quick Compliments/Suggestions Form
- [DOC 3.07-1-3](#) Complaints Flowchart
- [DOC 3.07-1-4](#) Compliments, Complaints & Suggestion Register

## **Corresponding Policy**

- [POL 3.07](#) Compliments, Complaints and Suggestions

## **Relevant Standard**

### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 6. Feedback and Complaints
- 8. Organisational Governance

### **Disability Service Standards**

- 1. Rights
- 4. Feedback and Complaints

## **POLICY 3.08**

## **Service User Exit**

### **Policy Statement**

A Service User's transition/exiting from the Service will be conducted in a manner that ensures that reduces avoidable stress for the Service User and facilitates continuity of care or service delivery while ensuring the Service meets its funding guidelines.

### **Policy Protocol**

The Service will minimise stress to the Service User during the exiting/transition process by:

- Ensuring the Service investigates all other options prior to exiting/transitioning the Service User and that these options have been discussed with the Service User where appropriate.
- Ensuring the Service User understands why it is necessary to exit/transition them to another service;
- Ensuring the Service User participates in all discussions regarding the exit/transition;
- Ensuring flexibility of service during the exiting/transitioning process

### **Related Procedures**

- [PRO 3.02-2](#) Service User Rights and Responsibilities
- [PRO 3.05-3](#) Reassessment and Care Plan Review
- [PRO 3.05-5](#) Case Management
- [PRO 3.08-1](#) Exiting Service Users
- [PRO 3.14-1](#) Duty of Care & Dignity of Risk

### **Relevant Standard**

#### **Community Care Common Standards**

- 1. Consumer Choice and Dignity
- 2. Ongoing Assessment and Planning with Consumers

#### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## **PROCEDURE 3.08- 1   Exiting Service Users**

### **Expected Outcome**

Service Users will be aware of the process undertaken when exiting the Service.

### **Training Requirements**

All Team Members

### **Procedure**

Exit interviews will be conducted as and when applicable over the phone.

Exit Interviews will be conducted by the Coordinator and provides useful feedback about the Service for use in planning and evaluation.

A Service User may exit the Service for a number of reasons including:

- Being accepted into residential care;
- Moving outside the geographic areas covered by the Service;
- The Service no longer meets the Service User's needs;
- A compatible Team Member cannot not be maintained;
- The Service Users home or transport needs continue to constitute an unacceptable risk to the health or safety of the Service User and Team Members;
- The Service User continually refuses to abide by the Service User responsibilities agreed upon regarding use of the Service;
- The Service User requests the Service to be ceased;
- Improvements in a Service Users health or functional abilities no longer make them eligible for the Service;
- Death of the Service User;
- The Service User requests the Service to be ceased due to dissatisfaction; or
- After a review of the Service User's needs the Service may determine that the available resources of the program are insufficient to meet the changing/increasing Service User's needs and transition to another service may be appropriate.

Depending on the reason why the Service User is exiting the Service the following procedures will be applied.

If the Service User:

- is accepted into residential care;
- Service User moves outside the geographic areas covered by the Service; or
- dies.

The reason for the Service User exiting the Service will be entered on the computer records. The Computer file Service User will then be closed and archived for 7 years.

Steps	Action/Evidence	Who does it	When
1.	The reason for exit entered on computer records	Coordinator	At Exit
2	Service User computer file closed	Coordinator	When appropriate

If:

- improvements in a Service Users health or functional abilities no longer make them eligible for the HACC program; or
- the Service User requests the Service to be ceased due to dissatisfaction; or
- the Service User is accepted into another service/s better able to meet the Service Users changing needs.

A standard letter will be sent to the Service User enclosing a Service User Exit Survey for completion by the Service User to provide valuable feedback regarding the service provided.

Steps	Action/Evidence	Who does it	When
1.	The reason for exit entered on Service Users computer records	Coordinator	At Exit
2	Service User sent exit survey	Coordinator	When appropriate
3	Service User computer records entered into non-current Service User file	Coordinator	When appropriate
4	Feedback from Exit Survey Actioned	Coordinator	After survey returned

If the Service User needs change the Service may determine that they have insufficient available resources to provide a safe appropriate service and the Service User may transition to another appropriate service.

The Service User will be contacted and appointment made to discuss case and possible options the Service User will be reminded that they can choose to have a carer or advocate present.

At the meeting the reason for the need for the Service User to exit or transition to another service will be explained including the duty of care and staff training implications. A folder containing brochures of appropriate services will be made available to Service User. Alternative services will be discussed including the services and support to be gained from the Aged Care Assessment Team.



If the Service User approves referrals will be made and, if appropriate, a case coordination meeting will be arranged with appropriate services to support and arrange transition.

The Service User will be informed of their right to appeal decision and will be left with information regarding making a complaint. The Service User will be informed that lodging a formal complaint or appeal will not prejudice their future access to the Service.

It will be made clear to the Service User when and under what circumstances they can reapply for services.

The Coordinator (or nominated staff) will, when transitioning a Service User to a more appropriate service, be responsible for maintaining communication with an appropriate person at the other service to facilitate continuity and the Service User's successful transition to that service. These negotiations/discussions will be recorded in the Service User's computer record file.

After 2 weeks a standard letter will be sent to the Service User requesting an Exit Survey be conducted to provide valuable feedback regarding the service provided.

<b>Steps</b>	<b>Action/Evidence</b>	<b>Who does it</b>	<b>When</b>
1.	Contact Service User and make appointment to discuss situation	Coordinator	When appropriate
2.	Attend meeting and explain reason for needed transition. Discuss Options and agree on actions	Coordinator	As arranged
3.	Appropriate referrals are made	Coordinator	As arranged
4	Team Members maintain contact with other services to facilitate smooth transition	Appropriate Team Members	As required
5	Standard Letter requesting Exit Survey	Coordinator	After 2 weeks
6	Service User sent exit survey	Coordinator	As appropriate
7	Feedback from Exit Survey Actioned	Coordinator	As appropriate
8	The reason for exit entered on Service Users computer records and Service User computer record entered into non-current Service User system	Coordinator	At completion of process

If

- The Service Users home continues to constitute an unacceptable risk to the health or safety of the Service User or Team Members;
- The Service User continually refuses to live up to the Service User responsibilities agreed upon regarding use of the Service.

The Coordinator (or nominated Team Member) will make every attempt to assist and support the Service User to change their behaviour and/or make modifications to their home or transporting arrangements to facilitate their continued receipt of services.

However, should the above prove to be unsuccessful, the Coordinator will make appropriate referrals to other services, with the Service User's permission. If the Service User does transition to another service the process detailed in 2 above will apply

A standard letter will be sent to the Service User detailing the reason the Service is being withdrawn and under what circumstances it may be re-instated. The Service User will be advised of the Services Complaints Policy and the procedure for making a complaint should they wish to do so. The letter will also ask if the Service User is willing to participate in an Exit Survey

Steps	Action/Evidence	Who does it	When
1.	Contact Service User and make appointment to discuss situation	Coordinator	As appropriate
2.	Attend meeting and explain reason for service being withdrawn. Discuss Options and agree on actions.	Coordinator	As arranged
3.	If above unsuccessful - appropriate referrals are made	Coordinator	After meeting
4	Team members maintain contact with other services to facilitate smooth transition	Team Members	As required
5	Standard Letter detailing: <ul style="list-style-type: none"> <li>• The reason the Service is being withdrawn and under what circumstances it may be re-instated.</li> <li>• The Services Complaints Policy and the procedure for making a complaint</li> <li>• Asking if the Service User is willing to participate in an Exit Survey</li> </ul>	Coordinator	Two weeks after transition
6	Service User sent exit survey	Coordinator	If Service User willing to participate
7	Feedback from Exit Survey Actioned	Coordinator	As appropriate
8.	Any input necessitating changes to policy & procedure actioned and recorded	Coordinator	As appropriate
9	The reason for exit entered on Service Users computer records and Service User computer record transferred to non-current Service Users	Coordinator	As appropriate

Any input from the Service User, in any of the above situations, necessitating a review or change of procedure or policy of the organisation shall be acted upon by the Coordinator and the results recorded on the Exit Survey Form.

A copy of all correspondence and the reason for the Service User exiting the service will be entered on the Service User's hard copy file and on all computer records.

### **Documents to be completed and/or related to this procedure**

- [DOC 3.08-1-1](#) Service User Exit Survey
- [DOC 3.08-1-2](#) Standard Letter sending Service User Exit Survey
- [DOC 3.07-1-1](#) Complaint Record Form

### **Corresponding Policy**

- [POL 3.08](#) Exiting Service Users

### **Relevant Standard**

#### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers
- 6. Feedback and Complaints

#### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## **POLICY 3.09**

## **Client Contributions**

### **Policy Statement**

Fees charged by Cabonne Community Transport will be determined by the Coordinator and will be consistent with the National Guide to the Commonwealth Home Support Programme (CHSP) Client Contribution Framework (2015) and the CHSP Programme Manual, which reinforces fairness, transparency and consistency in the collection of fees.

This policy will take into account the client's capacity to pay and will not exceed to actual cost to deliver the service. In determining this, the service will take into account partnered service users, those on compensation and those experiencing financial hardship.

### **Policy Protocols**

All Service Users who can afford to, are expected to contribute to the cost of their service. This is to ensure that services are available to everyone that needs it. Client contributions collected will:

- Improve the sustainability of, and support the ongoing delivery of Cabonne Community Transport;
- Provide relevant safeguards for financial hardship clients by ensuring that those least able to contribute towards the cost of their services are protected;
- Set at a minimum 15% of a service providers CHSP grant revenue, as per the Client Contribution Framework.

Cabonne Community Transport has the responsibility to notify service users prior to services commencing:

- What the services' fees are, and agree on a contribution level;
- How fees are collected and methods of payment;
- Protocols if a client refuses to pay;
- What their responsibilities are in regards to contributing to the cost of service.

CHSP service users have the responsibility to:

- Pay any fees for services provided;
- Provide notice to Community Transport if a booked service is not required;

### **General principles**

- The full cost of services will be charged if service users and receiving or have received compensation payments intended to cover the cost of community services;
- Those who are not eligible for subsidised services (for example, those under the age of 65 years) may be charged at a higher rate determined by the individual service;
- Pensioners should receive reduced fees for CHSP services.

### **Hardship Provisions**

- Service Users who are undergoing financial hardship may request a meeting in person with the Coordinator to negotiate the client contribution fee.

- A service users fees may be reduced if a service user is experiencing financial hardship, or is likely to experience financial hardship by paying the standard or discounted fee.
- The aim of hardship arrangements is to help service users who are unable to pay their feed due to circumstances beyond their control or because they have used their financial resources to pay for essential expenses which is affecting their capacity to pay.
- It is at the discretion of the Coordinator to determine whether to reduce fees based on financial hardship and to determine how much the clients could reasonably afford to pay for the service if granted.
- If a service user is seeking a discounted fee (due to pension or low income) or is seeking special considerations due to financial hardships, clients must provide adequate information to the service to allow the Coordinator to determine a fee.
- All information related to a service users income will be treated with the strictest confidence.
- If referral is received by My Aged Care, the service user's pension status should be recorded on the referral. It is up to the Coordinator to follow up if these details are correct.
- If a service user refuses to provide their pension status or income information, the standard non-discounted fee will be charged.
- Hardship arrangements are not permanent and will be reviewed periodically. If granted the Coordinator will advise the service user in writing of the amount of the new (reduced) feed, and the proposed review / end date for the fee reduction.

### **Collection of Fees**

- Service users will be provided with the costs of fees at time of booking the service;
- Service users are to pay the volunteer driver, either via cash or cheque for services delivered;
- A receipt will be issued upon payment of services;
- Bundling of services and / or a different fee structure may be considered for couples.

### **Service Users Failing / Refusing to Pay Fees**

Where a service user is unwilling to or refuses to pay the agreed level of fees, the Coordinator may choose not to continue to provide services to the client.

Non-payment of fees will be recovered by options of:

- Deferred payments
- Part-payments over an agreed period of time

Continued non-payment of fees will be referred to Cabonne Council's Debt Recovery Officer.

Prior to services being ceased due to non-payment, the Coordinator will give written notice to the service user that their CHSP service with Cabonne Community Transport will cease from the specified date and that alternate service arrangements must be arranged by the client.

### **Review of Fees**

The Coordinator will review fees annually in March to be implemented at the beginning of the new financial year.

Service Users may request that their fees be reviewed at any time, either due to financial hardship or change in income. The Coordinator will respond to this request within seven business day of receiving written notice.

### **Complaints about Fees**

If a service user (or their representative) feels they have been charged incorrectly for services provided they must raise their concerns in regards to this directly with the Coordinator. Complaints will be dealt with fairly, promptly, confidentially and without retribution.

If the service user (or their representative) feel the issue is not resolved satisfactorily, the client may contact the Community Services Manager. If after this, the issue is still not resolved, they may contact the Aged Care Complaints Commissioner on 1800 550 552.

### **Related Procedures**

- [PRO 1.05-1](#) Financial Management
- [PRO 3.02-2](#) Service User Rights and Responsibilities
- [PRO 3.09-1](#) Service User Fees

### **Relevant Standard**

#### **Community Care Common Standards**

- 1. Consumer Choice and Dignity
- 4. Service and Supports for Daily Living
- 6. Feedback and Complaints
- 7. Human Resources
- 8. Organisational Governance

#### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## **PROCEDURE 3.09-1 Client Contributions**

### **Expected Outcome**

The Service Stakeholders will be aware of current fees and how they are paid.

### **Training Requirements**

All Team Members.

### **Procedure**

#### **Capacity to Pay**

1. All Service Users will be informed of the fees associated with any service at the time of assessment or introduction of the Service.
2. In assessing Service Users' ability to pay for services the following shall apply:
  - The assessment will be based on the Service User's own statement of their income. Details of expenditure or sighting of bank books etc. will not be required;
  - Service Users will be asked to advise the Service of any significant changes in circumstances which may alter their status in relation to the payment/non-payment of fees (e.g. Receipt of compensation payments, a major unplanned expense etc.).
3. In charging fees for services the following principles will apply:
  - The full cost of service will be charged if Service Users are receiving or have received compensation payments intended to cover the cost of community care;
  - Payment of a fee for service will only be sought from Service Users who are assessed as having the capacity to pay;
  - In cases of hardship or where Service Users request assistance, fees may be reduced or waived;
  - Service Users shall be advised and reassured that services will not be refused or withdrawn if they are unable to pay the fee;
  - Service Users will be advised of any forthcoming variation to fees that may affect them and be given the chance to provide input and ask questions; and
  - All Service Users will be advised of the complaints process.

#### **Scale of Fees**

A sliding scale of fees is applicable for services provided. These are subject to review by the Coordinator every 12 months and may vary as a result. Information regarding fees is detailed in the Service User Information Handbook.

#### **Services for Which Fees Are Not Charged**

Fees do not apply to information, advocacy, assessment and review services.



## Service Users in receipt of other HACC Services

Where a Service User is in receipt of services from other HACC funded services where possible they may experience financial hardship by accepting another service, negotiations with the Coordinator of the other services should occur (with the Service Users permission) to ensure that the Service User is not required to pay more than 20% of their income for the services provided. This may be achieved by all services reducing fees rather than one service having to waive a fee.

### Collection of Fees

- Individual & Bus Transport - the Service User should pay the fee due to the Team Member at the time of service.
- Hiring of either project owned vehicle or brokerage vehicle – an invoice will be issued to the group. All invoices are to be payable within 14 days.
- If the Service User is unable to pay the fare at the time of service, the Team Member will advise the Office Team Member at the completion of the transport. Office Team Member will contact the Service User to organise for payment and/or review of fees.
- Team members are to hand in any fees collected each time they return to the office.

Steps	Action/Evidence	Who does it	When
1	Once the level of fee to be charged has been set, the Service Users will be advised (as part of their Service Care plan) of the fees payable.	Coordinator	At Assessment
2	The Service Users will pay the fee and be given a receipt using a Service receipt book on request	Direct care Team Members	At time of service
3	If the Service User is unable to pay the fee at the time of service, the Team Member will notify the Office at the end of transport. Coordinator will contact the Service User to arrange payment and/or fee review	Direct care Team Members  Coordinator	As required

4	If the Service User is experiencing financial hardship they may apply for fees to be reduced/waived	Service User	As soon as hardship is identified
5	Deposit the fees collected and hand in copies of invoices	Coordinator	Each time Team Member return to office

### **Financial Disadvantage**

Upon becoming aware of a service user is having difficulty in meeting the scheduled fee the situation will be discussed with the Coordinator and a reduced payment plan/waiver will be discussed.

The Service does not means test or ask intrusive financial questions to Service Users. When discussing reduction of the fee the Coordinator will utilise only information freely provided by the Service User. The Coordinator may offer the Service User:

- A 25% reduction;
- A 50% reduction; or
- A 75% reduction

depending upon circumstances.

### **Appeals Mechanism**

A Service User's right to appeal is included in the Service User Information Handbook and is fully explained at the time of assessment and reviews.

### **Documents to be completed and/or related to this procedure**

- [DOC 3.02-1-1](#) Service User Information Handbook
- [DOC 3.05-2-2](#) Service User Access/Equipment Report
- [DOC 3.09-1-1](#) Scale of Fees
- [DOC 3.09-1-2](#) Request for Financial Assistance Form
- [DOC 3.09-1-3](#) Financial Disadvantage Register

### **Corresponding Policy**

- [POL 3.09](#) Service User Fees

### **Relevant Standard**

#### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumer
- 6. Feedback and Complaints

## **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## POLICY 3.10

## Advocacy

### Policy Statement

Cabonne Community Transport supports and encourages the Service Users right to nominate an advocate of their choice to represent their interests at any time.

### Definitions

**Advocate:** Is a person who has the authority of the Service User and who represents their interests. An advocate can be a family member, a friend or an agency appointed by or for the Service User.

### Policy Protocols

- Where ever possible the Service User should be encouraged to be their own advocate.
- Service Users are supported to make their own decisions including the decision to nominate an advocate or change their choice of advocate at any time.
- The Service will support the Service Users to connect with an advocacy service; and will maintain an advocacy resource/contact list.
- The Service will refer Service Users to appropriate advocacy services, or recommend appropriate citizen advocates, when requested by our Service Users.
- The Service identifies if a Service User has a formal guardian.
- The Service will show respect and work cooperatively with any advocate chosen by the Service User to ensure the Service User's best interests are heard and addressed.
- The Service will communicate comprehensively with a Service User's chosen advocate and provide information to them about services but only with the express wishes and permission of the Service User.
- Advocates are invited to participate in the intake, care planning and reviews.
- The Service will advocate for Service Users with other agencies or with family members, to support the Service User's expressed choices and where abuse exists.
- As part of the review process Service Users are reminded about their right to choose an advocate to participate in their affairs with the Service.
- Team Members are educated about advocacy and Service Users right to utilise an advocate of their choice.
- Service Users with dementia are encouraged to have an advocate present at assessment and reviews.

### Related Procedures

- [PRO 3.02-1](#) Service User Information Provision
- [PRO 3.02-2](#) Service User Rights and Responsibilities
- [PRO 3.05-3](#) Re-assessment and Care Plan Review

- [PRO 3.07-1](#) Service User Compliments, Complaints and Suggestions
- [PRO 3.10-1](#) Advocacy

## **Relevant Standard**

### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers
- 6. Feedback and Complaints

### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## PROCEDURE 3.10      Advocacy

### Expected Outcome

The Service Stakeholders will understand what an advocate is, be aware of how the Service encourages the use of advocates and how Service Users can appoint an advocate.

### Training Requirements

All Team Members and Service Users

### Procedure

An advocate is a person who, with the authority of the Service User, promotes and represents the rights and interests of the people.

Service Users may use an advocate of their choice to negotiate on their behalf. This may be a family member, friend or advocacy service. Advocates will be accepted by the Service as representing the interests of the Service User.

Advocates may be used during assessments, reviews, and complaints or for any other communication between the Service User and the Service.

### Appointing an Advocate

Service Users wishing to use an advocate will be sent a Notification of Appointment/Change of Advocate form for completion and return. The Service User has the right to change their advocate at any time and should inform the Service so a fresh Notification of Appointment/Change of Advocate Form can be sent to the Service User.

Team Members will refer Service Users to Advocacy Services as relevant.

Service Team Members will receive training in the use of advocates.

Team Members will ensure Service Users are aware of their right to use an advocate. This information is available in the Service User Information Handbook and will be explained at formal assessments, reassessments and reviews and through informal discussion.

When appointed the Advocate will be given Guidelines for Advocates.

Steps	Action/Evidence	Who does it	When
1	Service User wishes to appoint an advocate	Service User	At any time
2	Notification of Appointment/Change of Advocate completed	Service User & Coordinator & Advocate	At a mutually convenient time

3	Service notes advocates details on Service User file, care plan and computer records		Within 7 days of appointment
4	Advocate is given Guidelines for Advocates	Coordinator	At appointment of advocate

### **Team Members acting as Advocates**

A Team Member may only act as an advocate for a Service User in a one-off capacity and only if performing such advocacy will not unduly impact upon their existing workload or other Service Users. The Service Users request for this service will be noted on the Service Users file. The one-off advocacy does not constitute any formal advocacy agreement with the Service User. One off advocacy can only be provided on an individual case by case basis and must not imply or infer any ongoing advocacy relationship with the Service User.

Examples of Team Members acting as one- off Service User advocates include:

- negotiating for medical appointment changes to make travelling arrangements more reasonable; or
- helping a Service User fill in a form.

<b>Steps</b>	<b>Action/Evidence</b>	<b>Who does it</b>	<b>When</b>
1	Service User wishes one-off advocacy assistance from the Service	Service User	At any time
2	Request is noted on Service Users record.	Team Member	At any time
3	Assistance is provided if within parameters of above procedure	Team Member	As soon as possible

### **Documents to be completed and/or related to this procedure**

- [DOC 3.10-1-1](#) Guidelines for Advocates.
- [DOC 3.10-1-2](#) Notification of appointment/change of Advocate
- [DOC 3.10-1-3](#) Advocacy Services

### **Corresponding Policy**

- [POL 3.10](#) Advocacy

### **Relevant Standards**

#### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers
- 6. Feedback and Complaints

#### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management



## **POLICY 3.11**

## **Abuse**

### **Policy Statement**

Cabonne Community Transport considers the abuse of older people or people with disabilities to be unacceptable. The Service promotes safety and the right of people to live without fear of threat or harm and to be free from the violation of all forms of abuse. The Service acknowledges that the promotion of the safety of individuals in the care, or potential care of the Service is the responsibility of management, Team Members of the Service.

The Service will work to identify any potential, suspected or actual abuse.

### **Policy Protocols**

The Service believes that older people or people with disabilities have the right to:

- Be treated with dignity and respect;
- Make their own decisions and choices;
- Live in a safe environment; and
- Have access to the protections available to other adults in the community.

Team Members will be screened, with reference checked, and will undergo a police check. All team members who work unsupervised with Service Users will have a police check renewed every 3 years.

All Team Members are provided with a copy of the Team Member Orientation Handbook which highlights the Service's expectation of Team Members behaviour towards Service Users.

During orientation all Team Members will receive education in relation to Service User rights and identifying and reporting suspected incidents of Service User abuse.

Team Members will immediately report all suspected cases of abuse to the Coordinator.

Any Team Members suspected of abusing a Service User will be immediately removed from the involvement of the Service User while allegations are investigated.

The Coordinator will ensure the interests of the victim take precedence over those of the victim's family or of other members of the community and will:

- Assess the Service User's need for immediate medical attention and if required, ensure that it is provided;
- Arrange emergency respite care, admission to hospital or referral to the police if the alleged abuser needs to be separated to ensure the Service User's safety while respecting the rights of the abuser;
- Where necessary contact family members, the Service User's general practitioner and other community services involved;
- Report all suspected or confirmed cases of abuse to the Cabonne Council; and
- Once investigated, the Coordinator will determine if there is a legal requirement to report the incident and will ensure the matter is notified to the appropriate authority/s.

The Service acknowledges that each case of abuse is unique and that the determined interventions should take into account the nature and context of the abusive relationship and whether consent for intervention is given, other than in a situation where the law requires the matter to be reported.

The Service will maintain confidentiality of information and management of communication and documentation related to the incident of abuse in accordance with Privacy and Confidentiality Policy.

Team Members who have been involved in an incident of abuse related to one of their Service Users will be referred to counselling and support if deemed necessary and appropriate.

## **Related Procedures**

- [PRO 2.03-1](#) Team Members Orientation
- [PRO 2.06-3](#) Team Member Supervision and Support
- [PRO 3.11-1](#) Abuse Identification
- [PRO 3.11-2](#) Conflict between Service User & Carer
- [PRO 3.11-3](#) Receiving Gifts from Service Users
- [PRO 3.14-1](#) Duty of Care & Dignity of Risk

## **Relevant Standard**

### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 4. Services and Supports for Daily Living
- 6. Feedback and Complaints
- 7. Human Resources
- 8. Organisational Governance

### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## PROCEDURE 3.11-1 Abuse

### Expected Outcome

The Service Stakeholders will be aware of how to identify suspected Abuse, what to do and what support will be provided.

### Training Requirements

All Team Members

### Definitions

**Abuse:** The wilful or unintentional harm caused to a person by another person with whom they have a relationship implying trust.

**Neglect:** The failure of a carer or responsible person to provide the necessities of life (or the refusal to let others provide these) to an older person or person with a disability.

**Physical Abuse:** The infliction of physical pain or injury or physical coercion. This can also involve the overuse or under use of medication.

**Sexual Abuse:** A broad term used to describe a range of sexual acts where a victim's consent has not been obtained or where consent has been obtained through coercion.

**Psychological Abuse:** The infliction of mental stress involving actions or threats that cause fear of violence, isolation, deprivation, and feelings of shame and powerlessness.

**Financial Abuse:** The illegal or improper use of a person's property or finances. This includes misuse of power of attorney, forcing a person to change their will, taking control of a person's finances against their wishes, or denying them access to their own money.

### Procedure

All Team Members are encouraged to identify situations of abuse of Service Users and carer's.

All Team Members are required to work within the guidelines of this procedure to ensure the safety of all Service Users and carer's.

Team Members are to report all incidents of perceived or witnessed abuse to the Coordinator. The Coordinator will then take steps to offer support and/or to refer to appropriate agencies.

Potential, suspected or actual incidents of abuse are to be reported at the earliest possible opportunity to the Coordinator. Not reporting abuse is not keeping the Service Users confidentiality it is a breach of Duty of Care.

It is the Coordinator's responsibility to assess the situation and act accordingly.

It is the responsibility of all Team Members to:

- Attend training to assist in identifying cases of abuse.

- Report situations of suspected and/or actual abuse to the Coordinator as soon as possible.
- Implement policy and procedures regarding abuse.
- Take advantage of support offered to you (e.g. debriefing, counselling).
- To support team members who have reported an incident.

**Note: If a Team Member witnesses an actual physical assault it is a reportable offence and the Police may be called immediately**

Those persons reporting abuse or possible abuse will be offered debriefing and support. Team Members are encouraged to feel free to talk to the Coordinator about the effects of being a part of these distressing situations. Counselling may be arranged by the Service.

The following may be signs that abuse is taking place and should be reported to the Coordinator for investigation.

1. Physical evidence -	Bruising Markings Observed hitting Rough Handling Evidence of Restraints Appearance of mal-nourishment Illness not attended to Poor general hygiene Poverty of Environment
2. Emotional evidence	Crying Anger Fear Wanting to run away/running away Nervousness Tension Depression Suicidal Not willing to speak for themselves, watching for others reaction when speaking
3. Verbal evidence	Yelling Name calling

	Put downs Abusive swearing
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The Coordinator will investigate all reports of suspected or actual abuse. This may involve (but not limited to):

- Visiting the Service Users home to observe situation with another person;
- Meeting with the Service User at home or at the Service or at other venue selected by the Service User with another person;
- Meeting with the carer at home or at the Service or at other venue selected by the carer with another person;
- Doing a reassessment of need;
- Making referrals to appropriate agencies;
- Providing increased support for carer;
- Monitoring situation; or
- Contacting Police.

The Coordinator will seek advice from the primary assessment agency even if abuse is suspected rather than confirmed.

Referrals for a full assessment to be made to Aged Care Assessment Team, if person is younger with a disability refer to Community Options. NSW Police Services (Domestic Violence officer) may offer support or incident is reported to the team.

Two people should form the assessment team in situations of abuse. They may be from the same organisation or from different agencies. The assessment team may:

- Conduct a holistic assessment process on the Service User and the carer;
- If possible, confirm the alleged abusive situation and the nature and extent of the abuse;
- Identify and give information on available support options;
- Identify and, where appropriate, arrange support services to meet needs.
- Gain agreement and permission for intervention through case management, legal or support services develop an interim case plan;
- refer the Service User/carers to a primary case Coordinator;
- May call in the Police (Domestic Violence) if abuse is immediate;
- Have evidence of abuse identified by local GP;
- Document all evidence and names of persons present; or
- Develop an interim case plan.

In some situations, a case Coordinator may need to be appointed to co-ordinate and oversee a situation. Guardianship may also need to be applied for, as a normal process the

ACAT team will be asked to case manage/make application, to separate Guardianship from service delivery.

The Dealing with the Situation Flowchart details the process for identification and reporting of suspected abuse.

## **Documents to be completed and/or related to this procedure**

- [DOC 3.11-1-1](#) Abuse Procedure Flowchart
- [DOC 3.11-1-2](#) Dealing with the Situation Flowchart

## **Corresponding Policy**

- [POL 3.11](#) Abuse

## **Relevant Standard**

### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers
- 4. Services and Supports for Daily Living
- 6. Feedback and Complaints
- 7. Human Resources
- 8. Organisation Governance

### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## PROCEDURE 3.11-2 Conflict between Service User and Carer

### Expected Outcome

Cabonne Community Transport recognises that conflicts between people are expected, however if not resolved conflicts may also escalate into abuse. For this reason the Service will provide assistance to Service Users and Carers to resolve conflicts effectively.

### Training Requirements

All Team Members

### Procedure

Should any Team Members become aware of a conflict between a Service User and their carer they will complete a Service User Access/Equipment Report and inform the Coordinator as soon as possible.

The Coordinator will then investigate the situation and attempt to resolve through:

- Provision of additional information
- Discussion with the Service User & carer if appropriate
- Referral to appropriate services such as professional mediation or the Aged Care Assessment Service
- 

Steps	Action/Evidence	Who does it	When
1	Conflict recognised	Team Members	During service delivery
2	Report to Coordinator on Service User Access Report	Team Members	As soon as possible
3	Investigation of the issue	Coordinator	As soon as possible
4.	Attempted resolution of the issue	Coordinator	As soon as possible
5.	Referral to appropriate agencies to assist with resolution	Coordinator	If conflict has not been resolved by steps 3 & 4
6.	Service User file updated with notes	Coordinator	At each step during the process
7.	Service User/carers monitored regarding interaction	Team Members/Coordinator	During continued service provision

## **Documents to be completed and/or related to this procedure**

- [DOC 3.05-2-1](#) Service User Access/Equipment Report

## **Corresponding Policy**

- [POL 3.11](#) Abuse

## **Relevant Standard**

### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers
- 4. Services and Supports for Daily Living
- 6. Feedback and Complaints
- 7. Human Resources
- 8. Organisation Governance

### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management



## **PROCEDURE 3.11-3    Receiving Gifts from Service Users**

### **Expected Outcome**

The Service Stakeholders will be aware of the procedure followed if offered gifts by Service Users.

### **Training Required**

All Team Members

### **Procedure**

A gift is anything that is useable and/or has a monetary value. Team Members must recognise that if they are offered a gift from a Service User it is due to their employment or volunteer role with the Service.

It is natural for Service Users to sometimes want to give a gift to a Team Member, however, the Service has a Duty of Care to Service Users to protect them from situations that could be perceived as abuse of position.

The acceptance of a gift may place a Team Member or Service User in a situation where they may feel a debt is owed. This could also lead to a Service User receiving, or being perceived as receiving, preferential treatment or the Service User feeling obligated to provide further gifts to the Team Member.

Team Members must not encourage Service Users to give gifts.

**Should a Service User wish to give a gift of money Team Members must ensure all moneys are receipted and recorded as a donation to the organisation.**

Service Users who continually try to give gifts must be referred to the Coordinator who will discuss the organisation's policy with them.

To ensure that Service Users are not placed in a position of potential abuse no Team Member will accept any gift over the value of \$10 or a small amount of home produce (such as a cutting of a favourite plant, homemade jam) is acceptable. Any team member receiving such a gift from a Service User must notify their supervisor immediately and have the item placed on the Gift Register, recording the gift protects both the Service User and the team member.

Should the gift register indicate a trend for particular Service Users to repeatedly give gifts to team members in general and/or specific team members the Coordinator will contact the Service User to discuss the issue and assure the Service User that the fee they pay for service is adequate and that while their gifts are appreciated the Service would prefer that they use their money/resources to make their own lives more comfortable rather than giving gifts to the Team Members.

Additionally it is inappropriate for any team members to:

- Accepts loans from Service User
- Ask for anything from Service Users in return for special consideration/services
- Make an offer or suggestion of purchase to Service Users regarding any property of the Service User (refer to Code of Behaviour & Confidentiality Agreement)

## **Documents to be completed and/or related to this procedure**

- [DOC 3.11-3-1](#) Gift Register

## **Corresponding Policy**

- [POL 3.11](#) Abuse

## **Relevant Standard**

### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers
- 4. Services and Supports for Daily Living
- 6. Feedback and Complaints
- 7. Human Resources
- 8. Organisation Governance

### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## **POLICY 3.12**

## **Assisting Service Users with Medication**

### **Policy Statement**

Cabonne Community Transport acknowledges that medicines make a significant contribution to treatment and prevention of disease, increasing life expectancy and improving an individual's quality of life.

Given the Service type, Team Members are not to be involved in the provision of medication to Service Users.

### **Policy Protocols**

No Team Members will provide medication to Service Users. Team Members may, if requested by the Service User, get the Service User a drink to enable the Service User to take their medication. No Team Members will give the Service Users advice or their opinion regarding medications or the taking of medication. If any Team Members has any concerns regarding a Service User and their medication that concern must be reported to their Supervisor as soon as possible.

### **Related Procedures**

- [PRO 3.14-1](#) Duty of Care & Dignity of Risk

### **Relevant Standard**

#### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 4. Services and Supports for Daily Living
- 7. Human Resources
- 8. Organisational Governance

#### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## **POLICY 3.13**

## **Handling Service Users Funds**

### **Policy Statement**

Cabonne Community Transport believes that all Service Users have the right to independence and support to manage their own financial affairs.

### **Policy Protocols**

It is the policy of Cabonne Community Transport that all Service Users should be encouraged and supported to manage their own finances and that the Service should avoid unnecessary involvement in Service User's financial matters whenever possible. The Service has a responsibility to ensure that suitable arrangements exist, or suitable referrals are made to appropriate services for Service Users having difficulties in managing their own financial affairs.

### **Related Procedures**

- [PRO 1.05-1](#) Financial Management
- [PRO 3.02-2](#) Service User Rights and Responsibilities
- [PRO 3.05-1](#) Assessment
- [PRO 3.09-1](#) Service User Fees
- [PRO 3.13-1](#) Handling Service User Funds

### **Relevant Standard**

#### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers
- 7. Human Resources
- 8. Organisation Governance

#### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## PROCEDURE 3.13-1 Handling Service Users Funds

### Expected Outcome

Cabonne Community Transport Stakeholders will be aware of the procedure endorsed by the organisation with regarding to handling Service User funds.

### Training Requirements

All Team Members

### Procedure

If, during a Service User intake and/or review it is determined by the Coordinator that the Service User is having difficulty managing their funds the following will be undertaken:

- The Service will ensure that Service Users have access to appropriate financial management services required to maintain their independence and financial security.
- Where the Service may provide assistance to Service Users when paying their fee by pointing to the correct amount Team Members will be given clear directions regarding their role, including the limits of the assistance to be provided.
- Team Members will immediately report to the Coordinator any indicators of financial abuse.
- Team Members will report using the Service User Access/Equipment Form any concerns regarding the Service Users ability to manage their own finances.

Steps	Action/Evidence	Who does it	When
1	Identification of Service User having difficulties managing their funds	Team Member	Anytime
2	Referral to appropriate agency	Coordinator	When necessary

### Documents to be completed and/or related to this procedure

- Nil

### Corresponding Policy

- [POL 3.13](#) Handling Service User Funds

### Relevant Standard

#### Community Care Common Standards

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers
- 7. Human Resources
- 8. Organisation Governance

## **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## POLICY 3.14

## Duty of Care & Dignity of Risk

### Policy Statement

Cabonne Community Transport recognises that through the operation of services, the organisation has a duty of care to Team Members and Service Users. The organisation will respect the Service Users Dignity of Risk as long as it does not adversely impact upon the organisations duty of care obligations. The organisation will ensure they fulfil their duty of care to Service Users, volunteers and Team Members in all aspects of the Services operation by ensuring that appropriate working standards and care standards are met.

### Definitions

**Dignity Of Risk:** Is the belief that each person that is aged, frail aged or with a disability is entitled to experience and learn from life situations even if these, on occasion, may be a threat to their wellbeing. Each person experiencing a risk, of which they have been informed, is to receive support in the situation.

**Duty of Care:** Is the obligation to take reasonable care to avoid injury to a person whom it can be reasonably foreseen might be injured by an act, or omission.

**Negligence:** The failure of a responsible person to provide the necessities of life (or the refusal to let others provide these) to an older person or person with a disability.

**Could Reasonably Be Foreseen:** Refers to acts and omissions which a reasonable person in that situation should predict could lead to harm. So you must attempt to predict the consequences of your actions and inactions.

**Harm:** Can include physical harm (injury, disease) psychological harm and financial harm or 'loss. (Not loss of reputation).

**Someone:** Includes a Service User, a worker, a volunteer, a visitor, and to a limited extent, the general public.

### Policy Protocols

Cabonne Community Transport recognises that every person owes a duty of care to every other person who is reasonably likely to be injured by the first person's actions or failure to act.

The appropriate standard of care is assessed on what action could reasonably be foreseen by a reasonable person in a particular situation.

Team Members will use their professional skills and experience to decide on what actions they should take in each situation of potential harm. Where possible, decisions should be discussed with the Coordinator.

Duty of Care will take precedence over the right of informed individuals to take calculated risks where that risk may pose a threat to the health and/or safety of the Service User and/or others.

Except in cases of known Service User diminished capacity, the Service recognizes that everyone has a right to an assumption of competence.

## **The Law**

Duty of Care is a matter of Law. For a civil damages claim against either the Team Members or a Service to succeed, the claimant has to prove negligence by showing that:

- Harm was actually caused;
- The alleged harm resulted from a breach of Duty of Care;
- The resultant harm was foreseeable; and
- Reasonable steps were not taken to avoid harm.

To establish negligence it must be shown that:

- duty of care existed;
- there has been a breach of duty, meaning the accident could have reasonably been foreseen, and the person failed to take reasonable steps to prevent the accident from occurring;
- harm has been suffered; and
- the harm was a result of the breach of duty of care.

Team Members should be clear about policies, procedures and instructions that assist in ensuring duty of care.

## **Related Procedures**

- [PRO 3.04-1](#) Diversity
- [PRO 3.05-1](#) Assessment
- [PRO 3.05-2](#) Service Care Plans
- [PRO 3.05-3](#) Reassessment & Care Plan Review
- [PRO 3.05-5](#) Case Management

## **Relevant Standard**

### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 4. Services and Supports for Daily Living
- 7. Human Resources
- 8. Organisation Governance

### **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management



## **PROCEDURE 3.14      Duty of Care & Dignity of Risk**

### **Expected Outcome**

Cabonne Community Transport Stakeholders will be aware of their responsibilities under Duty of Care and Dignity of Risk

### **Training Requirements**

All Team Members

### **Procedure**

Team Members should ensure that they consider the following procedure carefully as Duty of Care is a legal issue and how Team Members respond to situations could be used in legal proceeding.

Factors to be considered in situations of potential harm include:

- The risk and likelihood of harm including abuse;
- The sorts of injuries that could occur and an assessment of the seriousness of those injuries;
- Precautions that could be taken to minimise the risk of harm or seriousness of the injury; and
- Current professional standards about the issues.

Avoiding harm or injury involves:

- Determining when harm or injury is foreseeable;
- Taking account of the seriousness of the potential harm or injury;
- Assessing risks from the other person's perspective;
- Recognising that some risks are reasonable;
- Not actively harming or injuring the other person;
- Avoiding discrimination and overly restrictive options;
- Avoiding compromises to the rights of others;
- Noticing risks that the person alerts you to;
- Recognising when people are at risk of injury from others;
- Supporting people to confront risks safely; and
- Safeguarding others from harm or injury.

Maintaining Duty of Care will be greatest to those who are relying on the Team Member the most.

The Service will ensure that all Team Members provide a standard of care commensurate with their position and the Service ensures the best outcome for each Service User whilst respecting the person's right to choose to take risks.

The Service believes that all Service Users have the same rights as other members of society to take risks and will assist the Service User to enjoy the broadest range of life opportunities and experiences, in an environment of care, support, information and education.

The Service provides clear job descriptions, Team Member orientation and ongoing training to ensure that all Team Members are aware of:

- Their roles and its limitations;
- Their accountability to their supervisor;
- The extent to which they can support Service Users within their role; and
- How to report concerns and issues to the Service.

Being aware of the above supports the Service in ensuring duty of care is taken into account when providing service.

The Service maintains their Vehicles, Registration and Green slip Insurance to ensure the protection of the Service User's compensation in the event of an accident causing injury to Service Users or Team Members. (Green slip insurance does not cover the driver at fault). The Service holds Public Liability Insurance, Workers Compensation Insurance and Motor Vehicle Insurance. All Team Members are made aware that their duty of care includes complying with standard road rules when driving Service Users or anyone else while working at the Service.

### **Confidentiality -v- Duty of Care**

Confidentiality is between the Service and the Service User - not individuals within the Service. Therefore should a Service User tell a Team Member anything that could have an impact on how the service it provided the Team Member is obligated to pass that information onto the Coordinator. The Team Member will inform the Service User of this obligation.

The Service duty of care could affect Service User confidentiality in two different ways:

#### *Duty to disclose.*

If someone tells a Team Member in confidence that someone else may be at risk of harm, that Team Member has a duty of care to that other person that might override your duty of confidentiality to the person who told you.

#### *Duty NOT to disclose.*

If disclosing confidential information could lead to someone suffering harm, then Team Member duty of care to that person suggests that Team Member should not disclose the information.

However there are exceptions to the above and where specific legislation applies to the situation the specific provisions of the legislation should be followed.

Anti-discrimination laws ensure that Duty of Care is not applied in a way that is discriminatory. (e.g. by denying a service to someone because of a certain disability or health status). Examples include:

- The Public Health Act prohibits service providers from disclosing a Service User's HIV status to anyone with the Service Users expressed permission. For example: You believe that a man who is HIV + is having unsafe sex with someone else. The Public Health Act says that you mustn't tell the other person that the man is HIV+ without his permission. (The Public Health Act does, however, allow you to notify the Health Department if you think someone's health is at risk through someone else's health status. This may be one way of addressing your duty of care in this situation). The Service promotes health and hygiene training and procedures to ensure all Team Members are aware of the proper procedures to ensure their own health and safety from communicable diseases; or
- The NSW Crimes Act makes it an offence to withhold information from police in the course of their investigations.

### **Subpoena.**

If a person is subpoenaed from work it may require the person to give the court the services files on a particular Service User. It is therefore important that all Service User notes are recorded in a factual way, noting exactly what occurred, what was witnessed etc. without judgement statements such as "I think" etc. Judgement statements can be questioned in court "did the person have the proper education to make a judgement" "was a person's judgement influenced by their own opinions" etc. There are ways to try to limit the disclosure required by a subpoena. Legal advice should be sought immediately.

### **Giving Advice/Information**

Advice involves using personal judgement to formulate what the individual believes to be the appropriate action for the Service User to take. **NO TEAM MEMBER WILL GIVE ADVICE TO A SERVICE USER.**

It is the role of every Team Member to ensure that Service Users are given correct, up to date information to allow them to make informed choices regarding their own lives and care. Some ways you can ensure you are able to provide correct information are to:

- Keep your skills and knowledge up to date by participating in training;
- Avoid conflicts of interest. If you can't avoid them, disclose them. Only give information you know to be correct;
- Always encourage Service Users to seek out other information before making their decisions;
- Always encourage Service Users to seek professional advice;
- Use Active Listening techniques to ensure that the Service User understands the information you are providing; and
- Follow up verbal information given with written information to confirm.

When Service Users are making decisions the Service can assist by:

- helping identify issues for Team Members, the Service User and her/his family, other Service Users and the community;
- Providing information to Service Users, Team Members and family about considerations involved in evaluating the issues. This is to include information identifying duty of care obligations and the Service User's right to experience and learn from risk taking;
- Developing Individual Service Plans in consultation with the Service User, family/advocate and Team Members starting with the least restrictive option for the Service User;
- Making sure all alternatives that maintain a positive outcome for the Service User while reducing the risk are to be considered during the development of Individual Service Plans;
- Continuing to offer support to Service Users to assist them to meet their goals;
- Providing education to Service Users about risks associated with actions and risk minimisation;
- Documenting the decision-making processes and implementation of each stage of this process;
- Where those specific practices outlined in the "Positive Approach to Challenging Behaviour" are proposed, written consent is required from the Service User or a legally appointed guardian with authority before the practices are carried out;
- Ensuring that if, at the end of this process, the risk cannot be minimized to an acceptable level then the duty of care is paramount and outweighs the dignity of risk;
- Ensuring that referrals are made to either ACAT or Community Option as appropriate if the Service User may benefit from involvement from the Guardianship Board; and
- Refer to Ascertaining Capacity for Making Informed Decisions procedure.

To give support to Team Members to comply with their Duty of Care the Duty of Care Checklist has been developed as a quick tool to assist in assessing Duty of Care compliance.

## **Documents to be completed and/or related to this procedure**

- [DOC 3.14-1-1](#) Duty of Care Checklist

## **Corresponding Policy**

- [POL 3.14](#) Duty of Care & Dignity of Risk

## **Relevant Standard**

### **Community Care Common Standards**

- 1. Consumer Dignity and Choice
- 4. Services and Supports for Daily Living
- 7. Human Resources
- 8. Organisation Governance

## **Disability Service Standards**

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## POLICY 3.15

## Death

### Policy Statement

Team Members will adhere to a systematic and structured procedure in the event of the death of a Team Member, Service User or member of the public within the premises or care of the Service. The procedure shall be in accordance with relevant legislation.

A principle desired outcome is to assist in minimizing as far as possible the level of trauma for all concerned.

### Policy Protocols

The response to the death of a Team Member, Service User or member of the public should be sensitive and appropriate. This includes ensuring that:

- The cultural and religious beliefs and practices of the person and their family are respected; and
- The response is dignified and prompt to minimise the distress arising from the event.

The Services will offer appropriate support and arrange counselling to Team Members and other Service Users affected by the death.

The Coordinator will conduct an investigation as soon as possible after the incident, as crucial evidence may be disturbed or destroyed with the passage of time.

### Related Procedures

- [PRO 3.15-1](#) Death at the Service

### Relevant Standard

#### Community Care Common Standards

- 7. Human Resources
- 8. Organisation

#### Disability Service Standards

- 1. Rights
- 2. Participation and Inclusion
- 3. Individual Outcomes
- 4. Feedback and Complaints
- 5. Service Access
- 6. Service Management

## PROCEDURE 3.15-1 Death

### Expected Outcome

Team Members will understand the procedure to be undertaken when a person dies in the care of the Service

### Training Requirements

All Team Members

### Procedure

When a person dies or is found dead while in the care of the Service, the Coordinator and the ambulance must be notified immediately.

Coordinator will attend for support and decision making

Team Members have a responsibility to be familiar with and be able to follow this procedure appropriately to their level of responsibility within the organisation.

All Team Member will cooperate with police investigations of the death.

#### **When a Person Dies while in the Care of the Service STAY CALM**

- Act IMMEDIATELY by phoning Emergency Services 000 and asking for an ambulance. This responsibility may be delegated to someone at hand.

Remember if other Service Users present nominate other Team Members who are capable to care for the Service Users and cater to their needs. Make Service Users comfortable, if possible provide a drink and allow them to talk of the incident.

Administer first aid within the bounds of knowledge and circumstances you have such as mouth to mouth resuscitation and CPR.

Continue first aid treatment until qualified medical assistance has arrived. Handover to the ambulance/doctor efficiently and as speedily as requested.

- Do not alter the scene.
- Be aware of cultural needs and if any special procedures to be carried out.
- Note the incident on an Incident report form. Be sure not to pass on your opinion but only what emergency or qualified persons have stated.

***It is not the role of the Service to advise next of kin and/or family of a death***, the doctor or hospital will contact next of kin in the case of a death. The Coordinator will advise the person's emergency contact that they have been taken to hospital.

Note: Failure to notify authorities of a death and the circumstances immediately leading up to you becoming aware of the death can lead to further investigation and financial penalty under the Coroners Act 1980 S12A(1)

Steps	Action/Evidence	Who does it	When
1	Phone Emergency Services 000 get ambulance.	Coordinator	Immediately
2	Nominate Team Member to care for other Service Users & phone Office	Coordinator	After ambulance phoned
3.	Administer first aid within the bounds of knowledge	Team Member with First Aid experience	After ambulance phoned
4.	Continue first aid, handover to the ambulance/doctor	Team Member performing first aid	When requested by ambulance officer/doctor
6.	Note the incident on an Incident report form.	Team Member and Coordinator	As soon as possible after incident

What the Medical Personnel (hospital, ambulance etc.) will do:

The Medical personnel will usually notify the Police if the person is deceased. The police are to be notified immediately and visit the place of the death prior to the removal of the body. They may do this immediately or from the hospital.

In the case where a medical officer is attending to the person, the police are called by the attending medical officer after death is pronounced.

The medical officer immediately completes a death certificate and the police prepare their own report for the coroner and, where required, take witness statements from the Team Members or any others present. The police take the doctor's report and lodge it at the Morgue. The contract transporter takes the body to the Morgue in the Coroners Van.

What the Police will do.

The Police have the responsibility of investigating any unexpected death. They will want to talk to the Team Member who found the person and will ask them about the circumstances that lead to the discovery of the death. Team Members have a responsibility to cooperate with police, ombudsman and/or coroner and provide information.

The Role of the Coordinator

The Coordinator will conduct an investigation as soon as possible after the incident, as crucial evidence may be disturbed or destroyed with the passage of time.

The Investigation Report must contain information on:

- Location;
- Chronology of the incident;



- Witness/reporter to reconstruct the events as accurately as possible;
- Documentation of the incident, the steps taken and the outcomes with estimated times documented is essential;
- Co-operating with enquiries from external agencies such as Police, Ombudsman and Coroner is essential and will be coordinated through the Coordinator; and
- The critical incident reports documented at the time must be maintained and stored for seven years.

#### **What to expect afterwards:**

- Police will interview Team Members at some time;
- Lots of emotion;
- You may feel you should have done something else, this is quite natural;
- Debriefing session will be important; and
- The group will need time to discuss the incident to debrief.

#### **Bereavement Support and Counselling**

The Service is committed to providing other Service Users and Team Members support after an event. The Service will support the Team Member to access appropriate counselling.

#### **Death of a Person with a Disability**

##### *Police*

The Police are required by the Coroners Act 1980 to report the death of a person with a disability to the Coroner. The Police are also required to transport the body of the person to the Coroner.

##### *Coroner*

The Coroner considers each death to determine the manner and cause of death and to decide whether an inquest is necessary. The Coroner provides information to the Ombudsman.

##### *Ombudsman*

The Ombudsman focuses on systemic issues and ways in which deaths could be prevented or reduced.

#### **Contacts**

NSW Ombudsman  
Community Services Division  
Reviewable Disability Death Team  
Level 24, 580 George Street  
Sydney NSW 2000  
Telephone: (02) 9286 1000  
Email: [nswombo@ombo.nsw.gov.au](mailto:nswombo@ombo.nsw.gov.au)

NSW State Coroner  
Coroners Court  
44 Parramatta Road  
Glebe NSW 2037  
Telephone: (02) 8584 7777

Policy and procedure based on information taken from: Response to the death of a Service User and reporting reviewable deaths. <http://www.dadhc.nsw.gov.au/> Service User Death Policy.

## **Documents to be completed and/or related to this procedure**

- Accident/Injury/Incident Report in Section

## **Corresponding Policy**

- [POL 3.15](#) Death

## **Relevant Standard**

### **Community Care Common Standards**

- 2. Ongoing Assessment and Planning with Consumers
- 7. Human Resources
- 8. Organisation

### **Disability Service Standards**

- 6. Service Management

## **Section 4 – WH&S and Vehicle Management**

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### **POLICY 4.02      Vehicle Use, Management & Safety**

#### **Policy Statement**

Cabonne Community Transport is committed to ensuring that safety and comfort Service Users and Team Members is assured through effective and appropriate use, maintenance and management of the fleet of vehicles.

#### **Policy Protocols**

The Service will ensure the effective use, maintenance, management and safety of its fleet by using the following procedures are in place:

- Vehicle Use, Management & Maintenance
- Driver Requirements
- Parking, Safety Equipment, Mobility/Medical Aids & Goods on Vehicles
- Hire of Vehicles
- Vehicle Breakdowns, Emergencies & Evacuation

#### **Related Procedures**

- [PRO 4.02-1](#)      Vehicle Use, Management & Maintenance
- [PRO 4.02-2](#)      Driver Requirements
- [PRO 4.02-3](#)      Parking, Safety Equipment, Mobility/Medical Aids & Goods on Vehicles
- [PRO 4.02-4](#)      Hire of Vehicles
- [PRO 4.02-5](#)      Vehicle Breakdowns, Emergencies & Evacuation

#### **Relevant Standard**

##### **Home Care Standards**

- 5. Organisation's Service Environment
- 7. Human Resources
- 8. Organisational Governance

##### **Disability Service Standards**

- 5. Service Access
- 6. Service Management

## PROCEDURE 4.02-1

### Vehicle Use, Management & Maintenance

#### Expected Outcome

The Service Stakeholders will have confidence that motor vehicles owned and/or used by Team Members are used for their correct purpose and managed in a way that ensures a quality service is provided.

#### Training Requirements

Fleet Administrator, Drivers and Coordinator

#### Procedure

All vehicles (owned or brokered) are to be used solely for the purpose necessary to the provision of the Service:

- all Team Members must have an appropriate current licence before using a motor vehicle;
- all Service owned vehicles are to be used solely for the purpose necessary to the provision of service;
- all brokered and owned vehicles must be locked and garaged as per instructions;
- emergency breakdown service (such as those provided through some manufacturers or through the NRMA Limited) is available to the vehicles (not the driver);
- log sheets for journeys will be kept in the Coordinators office in vehicle log sheet folder. They are completed for all distances travelled from base to base completed and handed in to the GIS officer of Cabonne Council at the end of every month.
- Fuel is to be obtained from the Molong Council Depot for Molong cars and at the BP garage in Canowindra and is to be accounted for against the registration of the vehicle not the driver. Shell cards are in all service vehicles to be used for larger trips.
- Out of courtesy for the next driver the vehicle should never be under 1/2 full of fuel on return to each depot;
- an up to date Emergency Folder containing emergency contacts and procedures is kept in all Vehicles in the relevant folders in the vehicles.
- Mobility Parking Authorities are only for use when the vehicle is transporting the relevant Service Users

#### Register of Organisation's Vehicles

The Coordinator is responsible for keeping up-to-date records on all drivers and vehicles (both privately owned and Service vehicles) used in the delivery of Service.

A Register of Owned Vehicles will be kept by the Coordinator detailing:

- Registration number
- Registration expiry date
- Insurance expiry date
- Type of Insurance
- Year Vehicle Purchased
- Annual budget for replacement
- Current allocation for replacement
- Date due to be replaced
- Modifications to vehicle
- When modifications installed
- Engineers Certificate Details
- Regular Checks undertaken re: modification

### **Individual Vehicle File Record**

The Coordinator is responsible for keeping up-to-date records on all vehicles and drivers used in the delivery of Community Transport services.

Each vehicle will have a separate file detailing information including:

- Date of purchase
- Cost of vehicle
- seating, luggage capacity and accessibility features;
- driver licensing requirements;
- insurance cover and limitations;
- maintenance history;
- registration and insurance renewal/expiry dates;
- (Where possible) operating cost per kilometre.
- Date of disposal
- Method of disposal
- Sale/trade in price

### **Use of Privately Owned Vehicles**

- The Service will ensure that cars used to provide transport services will meet the NSW Roads and Maritime Service annual road worthiness standard by ensuring annual registration renewals are noted on the Team Members Driver Register.
- All privately owned vehicles are required to meet the minimum vehicle inspection standards for their style of vehicle.

- The Coordinator shall ensure that any Team Members vehicles used to conduct services are covered under their own comprehensive and third party insurance policy and it is recorded on the Team Members Drivers Register.

### **Provisional Licences & Drivers Age**

- Service Team Members who are on a provisional licence may only drive Service vehicles when employed by Cabonne Council as the Community Services Trainee. The Service will regularly check Insurance/Green Slip documentation regarding the notification of or excess costs of drivers under a certain age.

### **Vehicle Orientation**

All drivers (including those hiring a vehicle) must undertake a vehicle orientation prior to using the vehicle. The Coordinator will conduct the vehicle orientation and complete a Vehicle Orientation Checklist.

### **Mobile Phones**

Drivers, regardless of whether the phone is hands free or not, are not to make any phone calls or answer any phone calls whilst the vehicle is in motion.

When a mobile phone rings, the driver is to wait until there is a convenient time and safe location to pull over and return the call.

### **Maintenance, Inspection and Service Standards**

Transport NSW accreditation require that vehicles in use by the Service will, at all times, meet the NSW Roads and Maritime Service registration and vehicle safety standards

Scheduled maintenance and servicing will be undertaken as recommended by the manufacturer or the mechanics, or unless otherwise determined as required by the Coordinator, in consultation with relevant Team Members. Each Vehicle will have an Annual Maintenance Log and this log will be updated when any maintenance is undertaken. All service vehicles will be serviced at the Cabonne Depots in both Molong and Canowindra.

### **Daily Inspection & Maintenance of Vehicles**

Ensuring that all vehicles and equipment are fully functional prior to each separate service is an absolute priority in the delivery of each and every service, regardless of vehicle type or ownership.

All vehicles used by the Service will be maintained to the appropriate standard by:

- Cleaning the vehicle inside and out on a regular basis
- Making sure the vehicle has fuel and oil at all times
- Reporting when the vehicle is damaged or when repairs are required
- Making sure that required servicing and maintenance is carried out.

At the commencement of each day's operation, any vehicle and all equipment to be used in a service shall be inspected to ensure that it is clean, safe and in good working order by the driver completing a Daily Vehicle Inspection Form.

No service vehicle shall be used in a service where inspection has resulted in the identification of a safety defect which renders it unroadworthy within the definition of NSW road transport regulations.

The effective repair of faults and defects shall be recorded the Individual Vehicle Record. A copy of completed repair report/invoice produced by an authorised vehicle repairer shall be filed in the relevant Individual Vehicle Record and details entered on the Annual Maintenance Log.

No safety equipment which is defective shall be used on a service.

### **Equipment**

The following applies to all Team Members who are required to use equipment in carrying out their duties:

- Unless permission has been granted, Team Members must not use for private purposes other Team Members or the Organisations equipment.
- Team Members should ensure that resources, funds, or equipment entrusted to them is used effectively and economically in the course of their duties.
- The Workplace Health & Safety procedures must be followed;
- Team Members must use the relevant Safe Work Instruction Sheet;
- Team Members must alert the Coordinator should they identify a need to amend or develop a Safe Work Instruction;
- If the Team Member is inexperienced in using a piece of equipment the relevant Safe Work Instruction and/or appropriate training must be provided;
- Any hazards/faults must be reported immediately using a Hazard Identification Form.

### **Washing Vehicles**

Service vehicles are to be washed every second Friday at the local car wash in Orange. Payment of car wash is to be taken out of transport money. Receipts are to be collected and placed with running sheets in the envelopes for that day.

### **Documents to be completed and/or related to this procedure**

- [DOC 4.02-1-1](#) Register of Service Vehicles
- [DOC 4.02-1-2](#) Vehicle Log Sheet

### **Corresponding Policy**

- [POL 4.02](#) Vehicle Use, Management and Safety

### **Relevant Standard**

#### **Community Care Common Standards**

- 5. Organisation's Service Environment
- 7. Human Resources
- 8. Organisational Governance

#### **Disability Service Standards**

- 5. Service Access
- 6. Service Management



## **PROCEDURE 4.02-2    Driver Requirements**

### **Expected Outcome**

The Service Stakeholders will have confidence that the drivers of the service's vehicles are appropriately licensed and trained.

### **Training Requirements**

Drivers and Coordinator

### **Procedure**

#### **Driver Competency and Training**

Under no circumstances is a Team Member to drive, or permit another person to drive, any Service vehicle if the person involved:

- Does not hold a valid NSW Drivers Licence for the type of vehicle concerned;
- Has been refused motor vehicle insurance or continuance thereof by an insurer;
- Is under the influence of any drug known to affect driving ability, intoxicating liquor or in whose blood the percentage of alcohol is in excess of the level prescribed by the Services policy and NSW law.

Any breach can void indemnity otherwise granted by insurers and render the responsible driver personally liable for any damages sustained.

Team Members will always carry their driver's licence when driving a Service vehicle and have a copy of their licence placed on their personal file.

Team Members will be expected to drive Service vehicles in a safe and reasonable manner, taking account of the needs of their Service Users. Where there is concern about either a Team Member's health or ability to drive safely, he or she may be required to undergo specific professional driver training.

Drivers must ensure that they have undertaken a Vehicle Orientation before driving any new vehicle or vehicle not previously used by them.

#### **Compliance with Road Rules**

Drivers are required to comply with the provision of all relevant legislation concerning the driving of vehicles. Fines and penalties for all breaches shall be paid for by the driver of the vehicle. If a penalty notice is received by the Service it will be forwarded to the relevant Team Member.

The RMS stipulates a blood alcohol level of under 0.02 for any driver of a public passenger vehicle.

All Team Members must not provide any service to Service Users whilst taking illegal or prescriptive medication or drugs that may their ability to operate machinery in anyway, harm the Service User or themselves or place them in any danger.

Where applicable drivers will hold a valid Driver Authority.

### **Driver Records & Registers**

A Team Members Driver Register will be kept and maintained by the Coordinator.

It will include the following information:

1. All relevant drivers licence information including: class; expiry date; and
2. License number
3. Current residential address
4. Current telephone number
5. All relevant vehicle registration details including date of expiry
6. All relevant third party and comprehensive insurance details including:
7. Insurance company; policy numbers; and expiry dates.

All drivers will be required supply as requested:

- Drivers licence
- Vehicle registration papers
- Third party and comprehensive insurance papers

This information will be checked against the driver and vehicle registers, relevant changes made and signed off.

All drivers/vehicle owners will be required to advise the Service of any changes to this information that occurs during the 12-month period between reviews.

### **Drivers Information**

Each driver will have included in their Team Member file any:

- driver license information;
- notes regarding Service User compatibility;
- relevant medical details;
- availability times.

### **Driving Fatigue Management**

- All members involved in or managing the work related driving of vehicles must present to each work shift as fit for work and free of fatigue.
- It is the responsibility of the driver to advise the Manager if they feel they may be fatigued or unfit to work
- Any trips taking longer than 2 hours of continuous driving should be planned so as to stop, revive and survive – take a 10 minute rest break every 2 hours

### **Driver Leaving the Vehicle**

From time to time drivers may find it necessary to leave a vehicle. Before leaving the vehicle Drivers shall:

- ensure that all legal requirements are being met e.g. vehicle is legally parked;
- ensure that the vehicle is left in a safe manner;
- ensure that the welfare and well-being of Service Users are taken into consideration by:
  - ensure that they take the keys with them;
  - ensure that they are away from the vehicle for the minimum amount of time;
  - in hot weather ensure that doors and windows are left open for the comfort of the Service User's, taking into account the Service User safety at this time, and;
- ensure that the well-being of the general public is not endangered as a result of this action.

### **Smoking**

Smoking is prohibited within community transport vehicles at all times whether or not there are passengers on board. Smoking is prohibited when assisting passengers on and off a vehicle.

### **Documents to be completed and/or related to this procedure**

- [DOC 2.02-3-9](#) [Team Member Drivers Register](#)
- [DOC 4.02-2-1](#) Vehicle Orientation Checklist

### **Corresponding Policy**

- [POL 4.01](#) Vehicle Use, Management and Safety

### **Relevant Standard**

#### **Community Care Common Standards**

- 5. Organisation's Service Environment
- 7. Human Resources
- 8. Organisational Governance

#### **Disability Service Standards**

- 5. Service Access
- 6. Service Management

## PROCEDURE 4.02-3

### Parking, Safety Equipment, Mobility / Medical Aids & Goods on Vehicles

#### Expected Outcome

The Service Stakeholders will have confidence that the service is committed to ensuring the safety and comfort of all its Service Users.

#### Training Requirements

Fleet Administrator, Drivers and Coordinator

#### Procedure

##### Mobility Parking Authorities (Disability Sticker)

Mobility Parking Authorities are in service vehicles. Volunteers using their own vehicle will be issued with a Mobility Parking Authority should the need arise. The Mobility Parking Authority Number and the volunteer using it shall be recorded on the Mobility Parking Authority Register. Each Mobility Parking Authority is entered onto the Register together with all movements of the card so that the card can be tracked at all times. The RMS conducts random audits of this procedure.

When the Authority Card is in use it must be secured in the vehicle at all times.

Additionally all Service Users who are eligible should be encouraged to obtain their own Mobility Parking Authority

Steps	Action	Who does it	When
1	Parking authorities entered on the Mobility Parking Authority Register	Coordinator	When received
2	Anytime anyone is allocated a Mobility Parking Authority movement of the authority is recorded on the Mobility Parking Authority Register	Coordinator	Before authority handed to person

#### Safety Equipment

The service shall equip all its vehicles with safety equipment appropriate to the needs of all Service Users, including small children and people who use mobility aids where appropriate.

Drivers, under NSW road rules are responsible for ensuring that all appropriate safety equipment is utilised by Service Users and is correctly fitted and secured.

All Service Users and Team Members, except where a valid medical exemption is provided, are required to utilise appropriate safety equipment which may include seatbelts, child seats, child harnesses or wheelchair restraints.

Team Members shall be responsible for ensuring prior to service commencement that Service User safety equipment appropriate to the safety needs of each Service User is:

- available in sufficient quantity,
- clean and in good working order.

Team Members shall be responsible for ensuring that all Service User safety equipment is safely and neatly secured within vehicles when not in use.

Steps	Action	Who does it	When
1	Vehicle Safety equipment is checked prior to journey	Volunteer	Before departing depot
2	Safety equipment is utilised by Service Users (any exemption is sighted and noted)	Volunteer	On service
3	Procedures for securing wheelchairs and other mobility equipment is followed	Volunteer	When the Service User boards the vehicle
4.	Procedures for ensuring the safe transfer of Service Users is followed	Volunteer	When the Service User boards the vehicle

### *Seatbelts*

All Service Users are required to use the seatbelts provided.

### *Seatbelt Exemption*

Should a Service User have a Seatbelt Exemption endorsed by the RTA, this Exemption must be carried with them at all times and be presented to Team Members upon request.

### *Wheelchair Restraints*

The wheelchair must be appropriately secured according to the manufacturers recommendations.

The Service User shall be restrained independently of the wheelchair. Any person responsible for restraining wheel chairs and Service Users shall receive adequate training in the safe use and application of restraints.

***People using Scooters or non-standard electronic wheelchairs/people movers:***

Will not be accepted as a Service User of the service until a driver has visited the Service User and conducted a “trial run” to identify any concerns for the Service User’s safety or Work Health and Safety issues for Team Members and completed a Risk Assessment form. Should safety issues be identified the service will not be provided until the safety issues are addressed and a plan developed to ensure the safety of the Service User and Team Members during service.

**Mobility Aids & Goods**

The Service recognises the dangers presented by incorrectly or poorly stowed items upon its vehicles therefore:

- No item shall be carried upon a vehicle in a manner which will allow it to become a missile within the vehicle in the event of sudden deceleration (e.g. an accident).
- No item shall be carried upon a vehicle in a manner which will allow it to block an entrance, exit, aisle or emergency exit.
- Wherever practicable, items will be carried within designated storage bins, lockers or vehicle’s boot.
- Mobility aids which cannot be appropriately secured within a vehicle will not be carried.
- Where mobility aids exceed the safe working load of a vehicle’s Service User/wheelchair lift, they shall not be carried.

Steps	Action	Who does it	When
1	Vehicle is checked for items that could pose a safety risk at all stages of the journey	Volunteer Driver	Before departing Service Users home and destination

**PPE for Drivers**

Wearing of high visibility vests should be used by drivers in circumstances when the vehicle breaks down and when on the side of the road. Hi Visibility vests are in all service vehicles and the drivers are responsible for ensuring they are worn.

**Driver Training**

Drivers will not be permitted to work with Service Users using wheelchairs until they have completed an assessment of competency recorded on a Wheelchair Orientation Performance Checklist and a Storing Away Wheelchair Safety Equipment Checklist.

## **Documents to be completed and/or related to this procedure**

[DOC 4.02-3-1](#) Wheelchair Orientation Performance Checklist

[DOC 4.02-3-2](#) Mobility Parking Authority Register

[DOC 3.05-2-1](#) Service User Access/Equipment Report

## **Corresponding Policy**

- [POL 4.02](#) Vehicle Use, Management and Safety

## **Relevant Standard**

- 5. Organisation's Service Environment
- 7. Human Resources
- 8. Organisational Governance

## **Disability Service Standards**

- 5. Service Access
- 6. Service Management

## **PROCEDURE 4.02-4    Hire of Vehicles**

### **Expected Outcome**

The Service Stakeholders will be aware of the process used to hire a service vehicle.

### **Training Requirements**

Fleet Administrator, Drivers and Management

### **Procedure**

At present Cabonne Community Transport vehicles are not hired.



## PROCEDURE 4.02-5

### Vehicle Breakdowns, Emergencies and Evacuations

#### Expected Outcome

The Service Stakeholders are aware of the procedure to be followed in emergency situations involving a vehicle.

#### Training Requirements

Drivers and Coordinator

#### Procedure

##### **Vehicle Breakdowns** (see Vehicle Breakdown Flowchart)

Despite The Service's best efforts, vehicles do from time to time suffer from mechanical breakdowns. Mechanical breakdowns may include both faults which may render a vehicle inoperable and faults which may render a vehicle unsafe. In such cases, ensuring the safety and comfort of Service Users, and affecting a swift return to normal service are our highest priorities.

##### On the Service

1. In the event of mechanical breakdown immediate action will be taken by Team Members to minimise danger to Service Users and to ensure their comfort, such action shall include:
  - moving the vehicle to a safe position (away from traffic) where possible;
  - where the vehicle cannot be moved, assisting Service Users to move to a safe location;
  - utilising appropriate safety equipment to minimise risk; (placing triangles in appropriate positions)
  - monitoring the wellbeing of Service Users;
  - keeping Service Users informed of developments.
2. Any vehicle which has developed a mechanical fault which renders it unroadworthy shall be withdrawn from service until the fault has been rectified and inspected by an authorised vehicle repairer.
3. The Coordinator shall be notified of the breakdown as soon as is practicable and then kept informed of any further developments.
4. Where the Coordinator cannot be contacted, Team Member delivering the service shall, utilising the Emergency Contacts listed in the vehicle information log, determine a course of action leading to:
  - Service Users being conveyed safely to their destination;

- the vehicle being recovered and conveyed to an approved repair facility;
  - obtaining a relief vehicle where necessary.
5. An Accident/Injury/Incident Report should be completed as soon as possible.

#### At Base/Service Premises

1. Where alternate transport is organised to convey Service Users to their destination, every effort shall be made to ensure that it is suited to the mobility needs of those Service Users.
2. All vehicle breakdowns shall be recorded on an Accident/Injury/Incident Report.
3. Destination/venue Team Member, referral agency, next of kin, family, carers and/or “emergency contacts” will be contacted where significant delays of service will affect expected arrival plans or arrangements.
4. Any Vehicle which, as a result of a breakdown becomes, or may be unroadworthy, shall be withdrawn from service until the vehicle has been inspected and any damage rectified by an authorised vehicle repairer.
5. Team Members shall ensure the prompt completion of an Accident/Injury/Incident Report and all other relevant paperwork. Relevant paperwork may include self-reporting forms required by police where damage or injury has occurred and a police officer has not attended the accident.
6. Counselling and support will be provided where necessary to Service Users and Team Members traumatised by any accident involving The Service.

#### **Vehicle Accidents** (see Vehicle Emergency Flowchart and/or Vehicle Evacuation Flowchart)

In the event of a road traffic accident involving a vehicle delivering a service, the highest priority is to ensure the safety of Service Users and Team Members. Minimising risk to the general public and observing legal obligations are also important considerations.

#### On the Service

1. In the event of an accident however minor, the vehicle should be immediately and safely stopped.
2. Where an accident has been very minor and involved no other person or damage to third party property, the vehicle should be checked for damage and/or roadworthiness before proceeding.
3. Where the accident is more significant, Team Members shall take all necessary steps to minimise risk to themselves, Service Users and other road users, including:
  - moving Service Users to safety where necessary and appropriate, and
  - clearing the roadway of debris where safe to do so.
4. The safety and wellbeing of all Service Users will be assessed and monitored at all times.

5. First aid will be administered to best ability wherever required.
6. The Ambulance Service and Police shall be contacted immediately where required.
7. The Coordinator shall be notified of the accident as soon as is practicable.
8. Names and contact details of witnesses will be obtained wherever possible.
9. If another vehicle is involved, a record of the following information shall be obtained:
  - the owner's name, address and telephone number;
  - the driver's name, address and driving licence number or other identification;
  - the name of the owner's insurance company;
  - the make, type and registration number of the vehicle.
10. The Driver should identify his/herself to the other driver, together with your name, address and registration number.
11. If the police attend Team Members shall:
  - provide all relevant information about themselves and other parties (including the other driver where appropriate);
  - obtain and keep a record of the attending police officer's name, rank, number and station.
12. No Team Member shall admit liability for an accident or make statements or comments which may be interpreted as an admission of liability. Team Members should not discuss the accident with anyone other than the police, the Service Coordinator or the Service insurance company representative.
13. No Team Member shall react to an accident situation in a manner which may bring the organisation into disrepute (regardless of perceived fault).
14. Where the Coordinator cannot be contacted, Team Members delivering the service shall utilise the Emergency Action Plan to determine the course of action leading to:
  - Service Users being conveyed safely to their destination;
  - the vehicle being recovered and conveyed to an approved repair facility;
  - obtaining a relief vehicle where necessary.
15. An Accident/Injury/Incident Report should be completed as soon as possible.

## **Vehicle Evacuation**

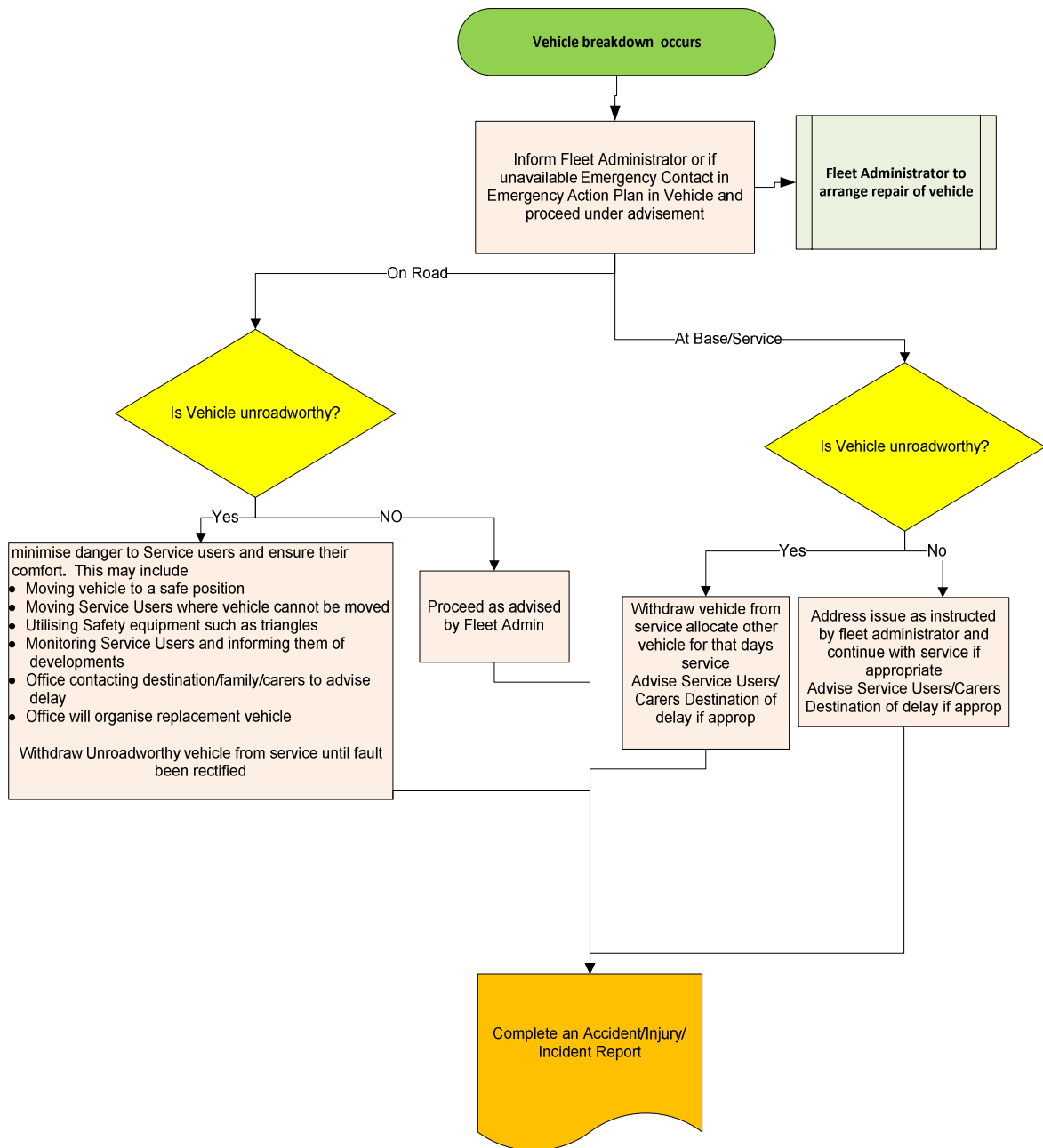
The Service recognises that very rarely situations do occur where there is a clear and present danger (such as a vehicle fire), which requires the swift evacuation of Service Users from a vehicle.

The following procedures shall apply wherever emergency evacuation of Service Users from a vehicle engaged in a service is necessary:

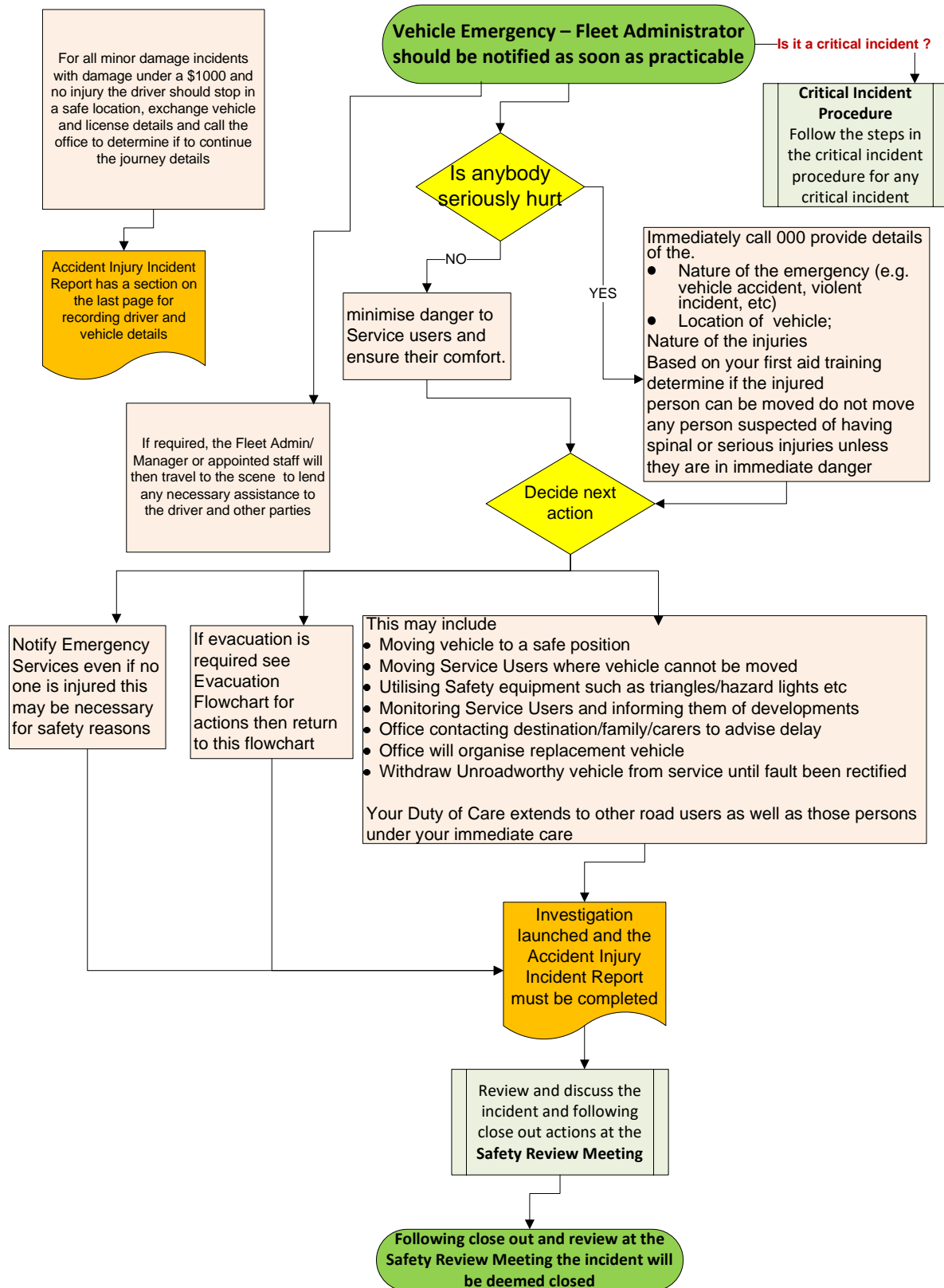
1. No action shall be taken to protect the property of the Service or any other private property to the detriment of Service User and Team Member safety. Ensuring the safety of Service Users shall be the first priority of all Team Members.

2. Service Users shall be removed from the vehicle and assisted to safety as swiftly as possible.
3. Team Members shall clearly direct Service Users to swiftly evacuate the vehicle. Priority in the delivery of assistance to Service Users remaining in the vehicle shall be given to those who are most able to help themselves ahead of those who require more time and assistance to evacuate. In this manner, the highest number of lives can be saved in a life threatening situation.
4. All available help shall be enlisted during an emergency vehicle evacuation.
5. Counselling and support will be provided where necessary to Service Users and Team Members traumatised by any accident/evacuation situation involving the Service.
6. An Accident/Injury/Incident Report should be completed as soon as possible.

## Vehicle Breakdown Flowchart



## Vehicle Emergencies Flowchart



**Vehicle Evacuation  
Required**

**Vehicle Evacuations Flowchart**

**SHOULD EVACUATION BE REQUIRED**

Following an accident, vehicles should only be evacuated in the case of immediate and extreme danger.

In the case where evacuation is required the following shall apply:

1. Ensuring the safety of other Team members and Service Users shall be the first priority of Team Members
2. In evacuating the vehicle persons must leave all personal belongings from the bus if evacuating in an urgent manner
3. Priority should be given to those most able to help themselves ahead of those who require more time and assistance to evacuate. This ensures the greatest number of people will be evacuated
4. All available help shall be enlisted during an emergency vehicle evacuation to ensure that Service Users are made as comfortable as possible (e.g. In the shade, with water, kept updated)
5. The Manager is responsible where necessary for organising counselling and support through an approved agency to Service Users and other personnel traumatised by any accident /evacuation involving the service.

**Documents to be completed and/or related to this procedure**

**Corresponding Policy**

- [POL 4.02](#) Vehicle Use, Management and Safety

**Relevant Standard**

- 5. Organisation's Service Environment
- 7. Human Resources
- 8. Organisational Governance

**Disability Service Standards**

- 5. Service Access
- 6. Service Management

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