

# PROCEDURES MANUAL

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Other manuals to be read in conjunction with this manual:

- WH&S Manual
- Driver Manual
- Quality Manual
- Constitution
- Shuttle Bus Manual

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# Section 1 Organisational Management

## **Procedure 1.01-1 Responsibility and Role of Governance Body**

### **Expected Outcome**

CCT Stakeholders will be aware of the responsibility and individual roles of the Governance Body.

### **Training Requirements**

Governance Body members

### **Procedure**

#### **Fiduciary Duty**

The Governance Body 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.

#### **To ensure constitutional and legal obligations are met the Governance Body members are obliged to:**

- Ensure the organisation is appropriately incorporated and that Board Members are familiar with the constitution, including the specific roles and responsibilities of the Board required by the Associations Incorporation Act.
- Disclose any potential conflict of interest, withdraw from any related discussion or decisions and ensure this is noted in the minutes;
- Not gain in a personal way from being a Board Member
- Not divulge any confidential information outside of the appropriate forum;
- Ensure the organisation is non-discriminatory;
- Operate in line with all relevant Federal, State and Local Government laws, regulations, legislation, Home Care Standards, Disability Service Standards and Funding Agreements;
- Ensure insurances are current and appropriate;
- Ensure Governance Body members have the benefit of orientation and relevant training;
- Operating in line with the requirements of the Passenger Transport Service Operator Accreditation under the NSW 1990 Passenger Transport Act the Governance Body shall:

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- Ensure that the type of Operator Accreditation held by the Service is appropriate to the services it provides;
- Maintain the currency of Accreditation;
- Identify designated directors and manager in accordance with Operator Accreditation requirements;
- Ensure that nominated directors and other relevant Team Members read and understand the NSW 1990 Passenger Transport Act; and when appropriate, the NSW Department of Transport Accreditation Standards for Operators of Community Transport Services; and
- Understand when appropriate, that the Accreditation of the Service is a limited accreditation that is defined in Attachment A of the Accreditation Standards;
- Ensuring that the requirements specified by the Department of Transport are met for all services and resources operated under Operator Accreditation including:
  - Vehicles;
  - Drivers;
  - Relevant records;
  - A driver safety monitoring program;
  - Appropriate off street parking;
  - Vehicle and equipment maintenance programs; and
  - Vehicle cleaning;

**To ensure Quality Services to Clients Board Members should:**

- Provide strong leadership:
  - Lead by example showing a visible commitment to continuous improvement and risk management;
  - Keep up to date with minutes, reports and other meeting papers;
  - Participate in sub-committees as required and support the office bearers to undertake their duties.
  - Ensure there are clearly defined delegation, accountability and reporting lines regarding all aspects of the organisation;
  - Use the Delegation of Authority Procedure to ensure continuity in decision making, with review as necessary;
  - Have clear organisational goals;

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- Operate according to Policies and Procedures that reflect requirements of relevant Standards, Legislation and Guidelines;
- Monitor the performance of the Governance Body by conducting annual Governance Body Performance Appraisals and implement development plans.
- Operate according to the Organisations Constitution.
- Ensure strategic planning processes include stakeholder input, examination of relevant demographics and strategies committed to continuous improvement and to the enhanced wellbeing of clients.
- Effectively and responsibly managing risk:
  - Ensure that management of risk is an integral part of the philosophy of the organisation;
  - Demonstrate 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;
  - Support a culture of risk identification and management and provide personnel with adequate resources to manage risks.
  - Be familiar with WHS summaries, reports and tabled registers.
- Ensure Management adhere to fair and transparent (EEO) recruitment process and that support and development opportunities for team members are provided:
- Ensure sound financial management of the organisation:
  - Ensure Governance Body members understand the organisation's financial reports (or outcomes of);
  - Approve a projected budget prior to the commencement of the financial year and monitor the budget at least quarterly, to ensure expenditure is within the budget;
  - Ensure funds are properly accounted for and an audit is completed every year;
  - Ensure budget acquittal takes place in the prescribed manner.
- Ensure cultural appropriateness and recognition of the Traditional Owners of the land in which CCT operates:
  - Acknowledge the Traditional Owners of the land at all public events conducted by CCT;
  - Invite a representative from the host Local Aboriginal Land Council to welcome the visitors. If no representative is available, CCT nonetheless

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- acknowledges the Traditional Owners of the land and pays respect to Elders past and present; and
- Ensure that Governance Body and team members understand it is their responsibility to ensure the traditional owners of the land are acknowledged.
- To ensure an equitable and highly skilled Governance Body the Board Composition should as far as possible:
  - Recruit board members who have a range of skills and expertise relevant to the organisations activities. This includes service delivery knowledge, social and legal knowledge, knowledge of transport systems, business and financial acumen and community representation.
  - Reflect representation from the local government area serviced, Clarence Valley.
  - Include a range of ages and gender balance.
  - Have a permanent designated position for an Aboriginal representative. The representative is welcome to bring a support person with them who is a non-member.
  - The composition should comprise of persons external to, as well as internal to (volunteers and clients) the organisation.
  - The composition should be such that there is not domination by any one 'interest group'. This enables decisions to be reached when members with a conflict-of-interest have to abstain from voting.
- Procedure for succession; follow the model rules pertaining to 'The Committee' for incorporated Associations. However it is beneficial for the organisation to be aware of how many existing members intend to re-stand for board membership and in which capacity, well prior to the AGM.

Where executive positions are likely to be filled by existing board members an overlapping induction period may be relevant.

## **Individual Roles of Governance Body Members**

### **Chairperson**

The Chairperson has the following role:

- To manage the operation of the Governance Body, including meetings, according to the Constitution, this Policy and Procedure manual and all related regulations / legislation;
- To act as representative of the organisation in cooperation with the Manager;

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- To act on behalf of the Governance Body and / or organisation in an emergency or urgent situations;
- In meetings, the chairperson's role is to:
  - Ensure meetings are held in line with CCT's Constitution;
  - Determine there is a quorum in order to commence a meeting;
  - Introduce any invited guests to the meeting.
  - Lead the meeting through the agenda, keep discussion relevant and decision making clear and encourage broad participation;
  - Deal with matters by prioritising the business of the meeting and if necessary set time limits, including adjourning the meeting or deferring less important or less urgent items as needed;
  - Keep individuals and the meeting focused on the topics being discussed;
  - Impartially chair meetings; ensure all members have the opportunity to speak;
  - Ask members to vote on motions with the chairperson to deliver a casting vote in event of an equal vote;
  - Preserve order throughout the meeting with authority to request removal of disorderly persons;
  - Ensure issues and resolutions are summarised, moved and minuted;
  - Ensure meetings are closed after the proper conclusion of business;
  - Sign the minutes after they have been confirmed as an accurate record of the previous meeting;
- Be available to sign official documents such as application for incorporation, lease, funding submissions, funding / service agreements, and insurance policies;
- Be the first point of contact for the Manager;
- Act as grievance officer if a complaint is received by the Governance Body in the absence of an elected grievance officer;

**Vice Chairperson**

The Vice Chairperson has the following role:

- When the Chairperson is absent the Vice-Chairperson will take over the role of the Chairperson until the Chairperson become available;
- Assist the Chairperson in the performance the role;

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**Secretary:**

The Secretary has the following role: To ensure that:

- Agendas are prepared in accordance with the Governance Body Agenda Template and sent out with the minutes, Treasurer's and Manager's Report at least 7 days prior to the meeting;
- Accurate minutes are taken of the Governance Body meetings including recording Board Members present.
- Minutes of meetings are signed by the Chairperson when accepted as a true record by the next Board meeting;
- A correspondence list is presented relevant to the Governance Body's responsibilities;
- The Governance Body orientation kit is maintained and orientation occurs for all new Governance Body members;
- A register of all Board Members is maintained at the office;
- Compile and sign correspondence written on behalf of the Governance Body as directed; and
- Work with the Chairperson to make the meetings productive and effective.

**Treasurer:**

The Treasurer has the following role:

- To monitor the financial management processes to ensure processes are in accordance with relevant funding agreements, contracts and the Policy and Procedure manual and that funds are being managed effectively;
- Present budgets and financial forecasts / reports for Governance Body Review at each Governance Body Meeting;
- Ensure Governance Body members understand the financial reports (or summary outcomes of the reports);
- Ensure an independent audit of the books is prepared each year and that the accounts of the organisation, showing the financial position at the end of the preceding financial year, is submitted at the Annual General Meeting
- Ensure systems are in place to prevent funds from being mismanaged;
- Ensure finance management personnel comply with all legal requirements with regard to employment, Tax, Superannuation and Workers compensation;
- Support the Financial Manager in performance of their duties
- Ensure regular budgetary monitoring occurs;

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- Ensure the organisation has the necessary financial and investment advice to make sound decisions;
- Other duties as stated in the Financial Management Policy and Procedures.

**Public Officer:**

An Association's Governance Body

- Must appoint a Public Officer who is over 18 years of age and a resident of New South Wales.
- Fill any vacancy in the office of Public Officer within 28 days of that vacancy.

The Public Officer has the following duties;

- To lodge a "Notice of Appointment of Public Officer" within 28 days of appointment;
- Act as the official contact for the organisation and bring all documents addressed to the Association to the attention of the Governance Body as soon as possible. This obligation continues for 12 months after the person ceases to be Public Officer;
- Receive formal notices from the NSW Office of Fair Trading;
- Ensure any other responsibilities of the Public Officer as specified in the Associations Incorporation Act, 1984 No. 143 are met including notification of the name and address of the Public Officer and changes in the official affairs of the association;
- Keep an updated register of Governance Body members. If the Incorporation body ceases to exist the register of the last Governance Body must be kept by the Public Officer for 2 years;
- Lodge an "Annual Statement" form together with relevant documents within 1 month after the Annual General Meeting;
- Lodge other forms as appropriate, e.g. application of extension of time, applications for change of name or alteration of rules.
- A former Public Officer must ensure that all documents of the Association in their possession are delivered to a committee member within 14 days of vacating office.

**An Association must keep the following records:**

- A register of members, available for inspection by anyone (note: members may request addresses/contact details be withheld for privacy reasons);
- A record of any Board member conflicts of interest, available for inspection by members;
- A record of the Association's financial transactions and position; and

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- All minutes of the proceedings of committee and general meetings.
- These records must be in English or accompanied by an English translation.

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

DOC 1.01-1-1	Constitution Coversheet
DOC 1.02-1-1	Governance Body Performance Appraisal
DOC 1.02-1-2	Confidential Membership Register
DOC 1.02-1-3	Public 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	Governance Body Agenda Template
DOC 1.02-5-3	Minutes Template
DOC 1.02-6-2	Governance Body Members Register

**Corresponding Policy**

[POL 1.02](#) [Management of Organisation](#)

**Relevant Standards**

**Home Care Standard**

- 1.1 Corporate Governance
- 1.2 Regulatory Compliance
- 1.4 Community Understanding and Engagement
- 1.5 Continuous Improvement
- 1.6 Risk Management
- 1.7 Human Resource Management
- 1.8 Physical Resources

**Disability Service Standards**

- 6. Service Management

**Procedure History**

<b>No: 1.01-1</b>	<b>Role of Governance Body Members</b>		<b>Date Approved</b>		
Date Procedure due for review	Date Procedure Reviewed:	Amendments	Positions informed/trained in amendments	Method	Date

## **Procedure 1.01-2 Role of the Manager**

### **Expected Outcome**

CCT Stakeholders will be aware of the role of the Manager with regards to Service Management as delegated by the Governance Body.

### **Training Requirements**

Board Members and Senior Management

### **Procedure:**

The Manager assists the Governance Body to Manage the organisation effectively by:

- Overseeing the day to day management of CCT;
- Ensuring accurate financial records and procedures are developed and maintained.
- Ensure the overall financial viability of CCT.
- Recommending appropriate funding strategies to the Governance Body;
- Ensuring clients are the central focus in planning processes.
- Ensuring all funding and legal requirements are met.
- Developing and monitoring effective information and quality management systems;
- Ensuring appropriate procedures are in place for the recruitment, management and support of team members.
- Developing appropriate Policies and Procedures in line with relevant Standards and best practice for the consideration of the Governance Body;
- Ensuring that risk identification, management, quality management and continuous improvement is implemented throughout CCT ensuring appropriate training and support is provided to team members and clients to participate in the identification and management of risk and to promote continuous improvement activities according to Section 4 Work Health & Safety.
- Providing up to date and accurate information to the Governance Body to ensure CCT is kept up to date with developments / reforms in the sector.

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- Ensuring the organisation has a high community profile by promotion and marketing of CCT, 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 Organisation](#)

**Relevant Standard**

**Home Care Standards**

- 1.1 Corporate Governance
- 1.2 Regulatory Compliance
- 1.3 Information Management Systems
- 1.4 Community Understanding and Engagement
- 1.5 Continuous Improvement
- 1.6 Risk Management
- 1.7 Human Resource Management
- 1.8 Physical Resources

**Disability Service Standards**

- 6. Service Management

**Procedure History**

<b>No: 1.01-2</b>	<b>Role of Manager</b>		<b>Date Approved</b>		
Date Procedure due for review	Date Procedure Reviewed:	Amendments	Positions informed/trained in amendments	Method	Date

## **Procedure 1.01-3 Delegation of Authority**

### **Expected Outcome**

CCT Stakeholders will be aware of what delegations of authority are given by the Governance Body to individuals within the organisation.

### **Training Requirements**

Relevant team members

### **Procedure**

Delegations represent the different acts of authority designated or assigned to different team members of CCT. There are two key types of delegation:

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

A delegation cannot be transferred without Governance Body approval. Any additions or changes to delegations should be noted on the Delegation of Authority Chart. Position Descriptions will refer to the Delegation of Authority where applicable and relevant employees will receive the delegation chart at orientation.

### **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 Organisation](#)

### **Relevant Standards**

#### **Home Care Standards**

- 1.1 Corporate Governance
- 1.2 Regulatory Compliance
- 1.7 Human Resource Management

#### **Disability Service Standards**

- 6. Service Management

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**Procedure History**

No: 1.02-3		Delegation of Authority		Date Approved	
Date Procedure due for review	Date Procedure Reviewed:	Amendments	Positions informed/trained in amendments	Method	Date

## **Procedure 1.01-4 Conflict of Interest**

### **Expected Outcome**

CCT 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 CCT;
- Contractors or agencies under contract / agreement to CCT;
- Representative of the landlord;
- Client 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 CCT.

Conflicts of Interest occur regularly. They are not necessarily bad in themselves. For example; having someone that works for another organisation may benefit CCT greatly because of their experience. However sometimes the relationship between CCT 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;

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- You are on the Governance Body, which rents a building from your private company or family;
- You are asked to supervise another team member who is a personal friend or relative;
- You are on a Governance Body and/or employed by a funding body which provides grants to the organisation;
- You are on a Governance Body and part of another body e.g. Council, whose decisions affect the organisation;
- You are on a Governance Body for an organisation that buys materials etc. from your private or family business;
- You are on Governance Body for two organisations that compete for funds or cater to the same client group;
- You are on the Governance Body of a service whose worker is on your Governance Body;
- You are on a Governance Body for an organisation that employs a relative or close friend; and
- Both you and other members of your family are part of the same Governance Body.

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 Governance Body 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 Governance Body will record their decision in the Minutes of the meeting and on the Conflict of Interest Register. The Declaration of Conflict of

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- Interest will be filed in the Conflict of Interest Folder and the Conflict of Interest Register placed at the front of the folder. The Conflict of Interest folder will be kept in the Managers office.

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

Steps	Action	Who does it	When
1	Recognise potential for conflict of interest or others to perceive a conflict of interest	Anyone concerned with the organisation	Anytime
2	Complete Declaration of Potential Conflict of Interest Form	Give to Supervisor	As soon as possible after step 1
3.	Discuss Conflict of Interest	With Supervisor	As soon as possible after step 1
4	Allow ruling on issue	By supervisor	After discussion
5	Note ruling on Declaration form and on Conflict of Interest Register	By supervisor	After ruling made

**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 Organisation](#)

**Relevant Standards**

**Home Care Standards**

1.1 Corporate Governance

1.6 Risk Management

**Disability Service Standards**

6. Service Management

**Procedure History**

No: 1.02-4	Conflict Of Interest		Date Approved		
Date Procedure due for review	Date Procedure Reviewed:	Amendments	Positions informed/trained in amendments	Method	Date

## **Procedure 1.01-5 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 CCT.

### **Training Requirements**

All team members who participate in meetings

### **Procedure**

Governance Body Meetings:

- Will be held in accordance with the Constitution;
- Will be held monthly. Other meetings may be arranged by the Governance Body as required;
- Will be attended by all Governance Body members and the Manager. Guests may be invited and/or request to attend meetings for a specific purpose;
- The agenda will be set according to the Governance Body Meeting Agenda Template.
- The agenda will be drawn up and circulated together with minutes of the previous meeting and relevant reports, to all Governance Body members' one week before regular meetings;
- The Manager or manager's nominated representative will attend the Governance Body meetings to assist in deliberations and will provide written reports regarding the operations of CCT which will include but not be limited to outcomes achieved, future plans, financial, industrial, contractual issues and any other issues that need to be considered by the Governance Body;
- Will be minuted according to the Minutes Template;
- The Governance Body may request the Manager and /or staff leave the meeting at any time;
- Should an issue arise between meetings where the Manager needs special approval or a decision from the Governance Body, he / she may consult the Executive Governance Body members by telephone, email, fax or mail to inform them of the matter and record their 'vote', which is then to be ratified in the minutes of the following meeting. In special cases, an extraordinary meeting may be called. The Annual Governance Body Meeting Planner should

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be used to ensure that all the Governance Body's responsibilities are addressed throughout the year.

Annual General Meeting:

- Will be held in line with the organisations constitution;
- Will present the membership with the achievements of the organisation over the last 12 months;
- Will present the audited financial statements to the membership;
- Will elect the Governance Body for the coming year;
- Will choose an auditor for the coming year;
- Will provide all necessary documentation to NSW Office of Fair Trading regarding the operation of CCT; and
- The agenda for the Annual General Meeting will be according to the Annual General Meeting Agenda Template.

<b>Steps</b>	<b>Action</b>	<b>Who does it</b>	<b>When</b>
1	Relevant Agenda template is used and previous minutes to be sent to Governance Body members	Chairperson or their nominated representative	One week prior to meeting
2	Agenda and previous minutes are read	All Governance Body members	Prior to the meeting
3.	Previous minutes accepted and initialed	Chairperson initials	At meeting
4	Previous minutes are filed	Secretary or delegate	Immediately minutes are accepted
5.	Minutes are taken on Minute Template	Secretary/Minute Taker	At meeting
6	Minutes typed up	Secretary/Minute Taker	Within 2 weeks of meeting

### **Team Members Meetings**

- The purpose of various Team 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; and
- Will be held regularly and minutes are taken on the Minutes Template and copies provided to all team members prior to the next meeting.

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Section 1 Organisational Management  
Procedure 1.01-5  
Meetings**

**Standard  
HCS 1.1, 1.2,  
1.6,  
DSS 6**

### **Minutes for All Meetings**

All meetings will be recorded on the Minutes Template. The minutes will be typed and a copy sent no later than a week before the next meeting.

A copy of the minutes must be filed in the appropriate minute's file.

### **Decision Making**

At all Governance Body meetings and in the general management of services decision need to be made and the Handy Hints for Decision Making has been developed to assist in the decision making process.

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

- DOC 1.02-5-1 Governance Body Agenda Template
- DOC 1.02-5-2 Annual General Meeting Agenda Template
- DOC 1.02-5-3 Minutes Template
- DOC 1.02-5-4 Annual Governance Body Planner
- DOC 1.02-5-5 Handy Hints for Decision Making

### **Corresponding Policy**

[POL 1.02 Management of Organisation](#)

### **Relevant Standard**

#### **Home Care Standards**

- 1.1 Corporate Governance
- 1.2 Regulatory Compliance
- 1.6 Risk Management

#### **Disability Service Standards**

- 6. Service Management

### **Procedure History**

<b>No: 1.02-5</b>		<b>Meetings</b>		<b>Date Approved</b>	
Date Procedure due for review	Date Procedur e Reviewed :	Amendments	Positions informed/trained in amendments	Method	Date
22/1/2015	22/1/2014				

## **Procedure 1.01-6 Governance Body Orientation and Training**

### **Expected Outcome**

CCT 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 CCT.

### **Training Requirements**

The Manager and Governance Body members

### **Procedure**

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

The Secretary or delegate will have a meeting with the new Governance Body 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
- Responsibility and Role of Governance Body members
- Role and Position Description of the Manager
- Governance Body Performance Appraisal
- Delegation of Authority Chart
- Declaration of Potential Conflict of Interest
- The Current Annual Governance Body Planner
- Handy Hints for Decision Making
- Governance Body Orientation Checklist
- Governance Body Member Register
- Organisational Chart
- The Current Strategic and/or Operational Plan
- Code of Behaviour
- Organisational Risk Management Procedure
- The Current Organisational Risk Management Plan

**Clarence Community Transport**  
**Section 1 Organisational Management**  
**Procedure 1.01-6**  
**Governance Body Orientation and Training**

**Standard**  
HCS 1.1, 1.2,  
1.5, 1.6,  
DSS 6

- Information regarding Policy and Procedure Manual
- Information about Governance Body meetings
- Previous year's Annual General Report
- Previous year's Annual Financial Audit

The Committee member will also be provided with a link to "[It's Your Business](#)" publication from ADHC as a reference and support resource.

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

Steps	Action / Evidence	Who does it	When
1	New member is given Orientation Kit and "Its Your Business"	Manager and / or Chairperson	As soon as practicable after election
3	New Member signs off on Orientation Kit.	New Member	Kit - Before first Governance Body meeting

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

Steps	Action / Evidence	Who does it	When
1	Information provided to Governance Body regarding training	Manager and / or Governance Body members	As soon as practicable after notification
2	A decision is made regarding attendance	Governance Body	At next Governance Body meeting or by Executive
3	Training attended	Governance Body member/s	As scheduled
4	Governance Body Training Register Completed	Governance Body member	At next meeting

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

- DOC 1.02-6-1                      Governance Body Orientation Checklist
- DOC 1.02-6-2                      Governance Body Members Register

<b>Clarence Community Transport</b> <b>Section 1 Organisational Management</b> <b>Procedure 1.01-6</b> <b>Governance Body Orientation and Training</b>	<b>Standard</b> HCS 1.1, 1.2, 1.5, 1.6,  DSS 6
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DOC 1.02-6-4                      Organisational Chart

DOC 1.02-6-5                      Governance Body Training Register

**Corresponding Policy**

[POL 1.02](#)                      [Management of Organisation](#)

[POL 1.03](#)                      [Quality Management](#)

**Relevant Standards**

**Home Care Standards**

1.1 Corporate Governance

1.2 Regulatory Compliance

1.5 Continuous Improvement

1.6 Risk Management

**Disability Service Standards**

6. Service Management

**Procedure History**

No: 1.01-6	Governance Body Orientation and Training		Date Approved		
Date Procedure due for review	Date Procedure Reviewed:	Amendments	Positions informed/trained in amendments	Method	Date

## Procedure 1.01-7 Insurance

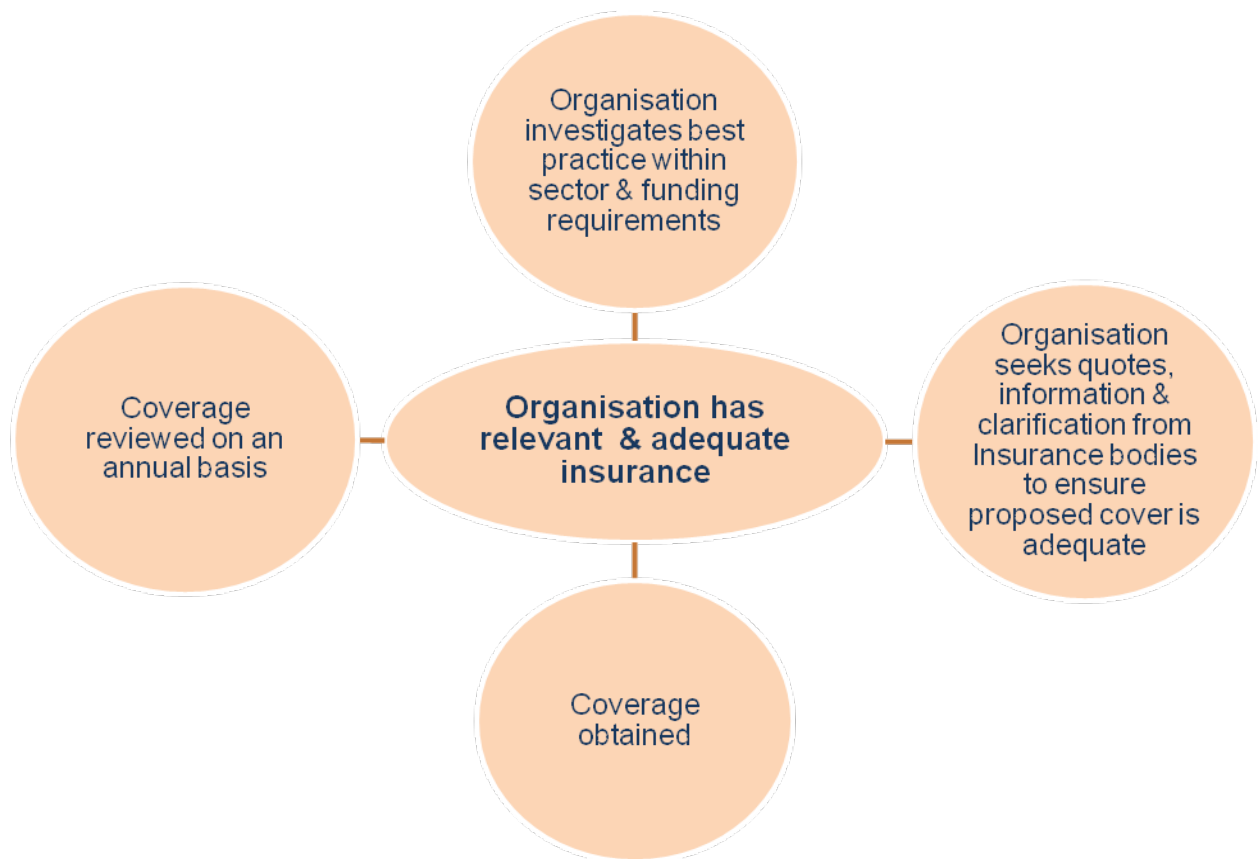
### Expected Outcome

CCT 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 CCT

### Training Requirements

Finance Manager, Manager, Governance Body

### Procedure



CCT will comply with all legal requirements with respect to insurance. The type of insurance cover and level of insurance cover will be decided by the Governance Body after consultation with other like services, relevant peak bodies and / or an insurance broker. Handy Insurance Hints document has been developed to assist Governance Bodies to consider insurance issues.

**Clarence Community Transport  
Section 1 Organisational Management  
Procedure 1.01-7  
Insurance**

**Standard  
HCS 1.1, 1.2,  
1.6,  
DSS 6**

Insurance will include as a minimum:

- Public Liability to the value of at least \$20,000,000.00 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 Manager will check that any students on placement are covered by their institution as stipulated on the Student Checklist.

### **Team Member Vehicles**

The Manager 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 if requested.

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 Manager (or delegate) will ensure the maintenance of the Insurance Register. 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 Insurance Register

DOC 1.02-7-2 Standard Letter to Volunteers Insurance Company

<b>Clarence Community Transport</b> <b>Section 1 Organisational Management</b> <b>Procedure 1.01-7</b> <b>Insurance</b>	<b>Standard</b> <b>HCS 1.1, 1.2,</b> <b>1.6,</b> <b>DSS 6</b>
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DOC 1.02-7-4      Handy Insurance Hints

**Corresponding Policy**

[POL 1.02      Management of Organisation](#)

**Relevant Standard**

**Home Care Standards**

1.1 Corporate Governance

1.2 Regulatory Compliance

1.6 Risk Management

**Disability Service Standards**

6. Service Management

**Procedure History**

<b>No: 1.01-7</b>	<b>Insurance</b>		<b>Date Approved</b>		
Date Procedure due for review	Date Procedure Reviewed:	Amendments	Positions informed/trained in amendments	Method	Date

<b>Clarence Community Transport</b> <b>Section 1 Organisational Management</b> <b>Procedure 1.02-1</b> <b>Continuous Improvement</b>	<b>Standard</b> <b>HCS 1.1, 1.2,</b> <b>1.5, 1.6,</b> <b>DSS 6</b>
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## Procedure 1.02-1 Continuous Improvement

### Expected Outcome

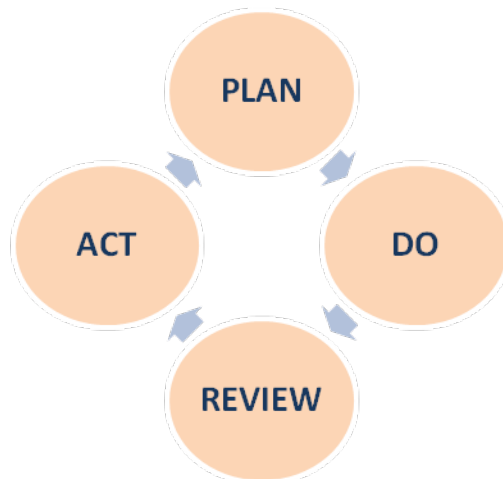
CCT Stakeholders will be aware of how CCT maintains a culture of continuous improvement that systematically improves service provision and is reflected in Policy and Procedural development and implementation and how this process interacts with the overall Quality Management System.

### 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. It is an integral part of the overall Quality Management System.



CCT 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, to large scale organisational change.

<p style="text-align: center;"><b>Clarence Community Transport</b>  <b>Section 1 Organisational Management</b>  <b>Procedure 1.02-1</b>  <b>Continuous Improvement</b></p>	<p style="text-align: center;"><b>Standard</b>  <b>HCS 1.1, 1.2,</b>  <b>1.5, 1.6,</b>  <b>DSS 6</b></p>
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## **Gathering Ideas**

Ideas for improvement may come from many sources including:

- Team members;
- Client feedback;
- Changes in legislation and standards;
- Risk Management processes;
- Information regarding best practice; and
- Information from peak bodies or other service providers.

Seeing ideas implemented acknowledges the contribution and encourages skills development of client'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 Register 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 manuals direct the manner in which services will be provided. To cater to changing client needs, changes in legislation and to encourage innovation the Policy and Procedure manual will be continually updated to reflect improvements within CCT. CCTs designated Quality Controller is the Administrator of CCT, who will be responsible for the maintenance of the Policy and Procedure system and the Quality Management System.

**Clarence Community Transport**  
**Section 1 Organisational Management**  
**Procedure 1.02-1**  
**Continuous Improvement**

**Standard**  
**HCS 1.1, 1.2,**  
**1.5, 1.6,**  
**DSS 6**



### **Delegation of Authority**

The following Delegation of Authority will be applied:

- The Manager is authorised to approve any procedural / operation improvement as long as it is within the scope and intention of an existing Policy/Procedure 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 to existing Policies/Procedures **which change the intent or scope of a Policy** must be drafted by the Manager and submitted for approval to the Governance Body.
- Only the Quality Controller is permitted to make authorised changes to the electronic and hard copies of Policy and Procedures. The Quality Controller is responsible for ensuring that all aspects of the Improvement Request have been satisfied and the Continuous Improvement Register has been updated.
- The Continuous Improvement Register should have links to the Strategic Plan and the Training Schedule.

**Clarence Community Transport**  
**Section 1 Organisational Management**  
**Procedure 1.02-1**  
**Continuous Improvement**

**Standard**  
**HCS 1.1, 1.2,**  
**1.5, 1.6,**  
**DSS 6**

- The Continuous Improvement Register will be presented at each Board meeting to ensure the Board is informed of ongoing improvements and suggestions.
- Should a major change require immediate action Executive Approval will be sought from the Governance Body to be ratified at the next meeting.

Steps	Action	Who does it	When
1	Shortfall, improvement or suggestion identified regarding Policy / Procedure / Document / Legislative / Regulatory Compliance	Client/Team Member/Other Service Provider/General Public/Governance Body	As situation arises
2	Improvement Request Completed and recorded on the Continuous Improvement Register	Team Member/ Quality Controller	When shortfall, suggestion or improvement identified
3	Policy and/or Procedure Improvement Request submitted to Manager	Team Member / Governance Body	When completed
4	Policy and/or Procedure Improvement Request reviewed and decision made regarding request	Manager re procedures. Governance Body approves policy.	Manager within 30 days of request being submitted. Policies, at next Board mtg.
5	If improvement request denied - feedback provided to reporting team member	By Manager.	Within 7 days of decision being made.
6	If improvement request granted and a new/amended Policy/Procedure/Document is introduced – team members trained on new system - all outdated copies to be archived.	Quality Controller.  Training as determined by exec staff.	Within 7 days of decision.
7	A review date determined	Quality Controller	Once granted
8	Review Conducted on Improvement	Quality Controller alerts senior staff who will then allocate review.	On scheduled date
9	Outcome noted on Improvement Register	Quality Controller	After review

**Clarence Community Transport**  
**Section 1 Organisational Management**  
**Procedure 1.02-1**  
**Continuous Improvement**

**Standard**  
**HCS 1.1, 1.2,**  
**1.5, 1.6,**  
**DSS 6**

### **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
- Clients are advised through meetings, newsletters or information sessions as appropriate

### **Evaluation**

#### *Minor Change*

The Quality Controller will review the improvement on the date specified by emailing relevant team members or arranging for team members to gather feedback from clients. Should the improvement prove to be insufficient then the matter will be referred to the Manager for further discussion and the improvement process will start again.

#### *Major Change*

The Manager or delegate will conduct a review by the date set. Depending upon the nature of the change the review may include:

- Consulting with clients
- Consulting with team members
- Consulting with other service providers
- Researching current legislation, standards and / or best practice
- Gathering data

Should the change prove to be unsuccessful then the matter will be revisited by team members. Polices will be referred to the Governance Body for further discussion. The improvement process shall start again.

### **Continuous Improvement Register**

All requests will be filed in the Improvement Request Folder. The Quality Controller will then update the Continuous Improvement Register each time a request is lodged. The Continuous Improvement Register will be kept electronically and only be able to be changed by the Quality Controller.

**Clarence Community Transport**  
**Section 1 Organisational Management**  
**Procedure 1.02-1**  
**Continuous Improvement**

**Standard**  
**HCS 1.1, 1.2,**  
**1.5, 1.6,**  
**DSS 6**

### **Security and Identification**

All Policies and Procedures will be identified with a name, a number, a version number, creation date and review date and be updated as changes are made. Only the Quality Controller can make changes to documents.

The Quality Controller 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 protected e.g. PDF to ensure only the Document Controller can change or update.

Team members will only utilise Policies and Procedures that have been authorised by the Governance Body/Manager.

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

DOC 1.03-1-1 Continuous Improvement Request

DOC 1.03-1-2 Continuous Improvement Register

### **Corresponding Policy**

[POL 1.03](#) [Quality Management](#)

### **Relevant Standard**

#### **Home Care Standards**

1.1 Corporate Governance

1.2 Regulatory Compliance

1.5 Continuous Improvement

1.6 Risk Management

#### **Disability Service Standards**

6. Service Management

### **Procedure History**

<b>No: 1.03-1</b>	<b>Continuous Improvement of Policy &amp; Procedure</b>		<b>Date Approved</b>		
Date Procedure due for review	Date Procedure Reviewed:	Amendments	Positions informed/trained in amendments	Method	Date

<b>Clarence Community Transport</b> <b>Section 1 Organisational Management</b> <b>Procedure 1.02-2</b> <b>Service Strategic Planning, Monitoring and Evaluation</b>	<b>Standard</b> <b>HCS 1.1, 1.4,</b> <b>1.5, 1.6,</b> <b>DSS 6</b>
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## **Procedure 1.02-2 Service Strategic Planning, Monitoring and Evaluation**

### **Expected Outcome**

CCT stakeholders will be aware of a variety of feedback and statistical evidence used by CCT to ensure new projects and service development is based on client 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 Manager who will ensure that the process includes:

- Using feedback from clients, 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.

The Governance Body will regularly monitor the performance of CCT against the Strategic Plan at Governance Body meetings.

### **Gathering Feedback**

Client feedback will include:

- Client feedback will be gathered through written surveys, Client feedback forms, telephone surveys and discussion groups. CCT will ensure that specific strategies are developed to ensure feedback from clients in Special Needs groups. e.g. speaking to a group of clients from a multicultural service in the area.
- Client feedback given verbally to team members to be recorded and taken into account when planning.
- Group feedback is recorded within meeting minutes.

**Clarence Community Transport**  
**Section 1 Organisational Management**  
**Procedure 1.02-2**  
**Service Strategic Planning, Monitoring and Evaluation**

**Standard**  
**HCS 1.1, 1.4,**  
**1.5, 1.6,**  
**DSS 6**

- Information gained from mechanisms used to facilitate the generation of ideas, such as suggestion boxes, brainstorming sessions, reminding clients their input is valuable in newsletters or in promotion.

Feedback from other Community Groups will include:

- Service Providers will be invited to CCT's 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 client 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**

The purpose of having a Strategic Planning process is to highlight issues facing the organisation and to develop directions and strategies for future. The length of time covered by a strategic plan will be determined at the time of creation based of current organisational needs.

At least 6 months prior to the creation of a new strategic plan all relevant stakeholders such as clients, volunteers, staff, local relevant service, of CCT will be invited to participate in the development of the Strategic Plan.

The Strategic Planning process will examine:

- The previous Strategic Plan, its achievements and any issues to be carried over into the new strategic plan;
- Information from client/ team members/ service provider consultations / surveys/group consultation reports;
- Items on the Continuous Improvement Register;
- Service Development Plans from the Manager;
- Trends in service usage over the term of the plan;
- Information from other service consultations, such as local Council planning activities and planning in respect to people from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islanders; and
- Demographics of the local area.

The Manager will then draft the Strategic Plan detailing:

- The tasks to be completed;
- Who will complete them;
- By when; and
- If there are new additions they are to be included on the Continuous Improvement Register.

This Draft Strategic Plan will be submitted to the Governance Body for input and final approval, thereafter the progress of tasks will be monitored by the General Manager and the Strategic Plan will be reviewed annually at Governance Body meetings.

**Clarence Community Transport**  
**Section 1 Organisational Management**  
**Procedure 1.02-2**  
**Service Strategic Planning, Monitoring and Evaluation**

**Standard**  
**HCS 1.1, 1.4,**  
**1.5, 1.6,**  
**DSS 6**

<b>Steps</b>	<b>Action</b>	<b>Who does it</b>	<b>When</b>
1.	Set Strategic Planning Day Date, Time and use Strategic Planning Day Agenda Template	Governance Body and Manager	As determined
2.	Send out relevant surveys, questionnaires, etc.	Relevant Team Member	Early enough to ensure information is collated at least 4 weeks prior to planning day
3.	Gather relevant demographics	Relevant Team Member	Early enough to ensure information is collated at least 4 weeks prior to planning day
4.	Gather Service Usage Data Summaries	Relevant Team Member	Early enough to ensure information is collated at least 4 weeks prior to planning day
5.	Prepare Presentation for Strategic Planning Day containing above	Relevant Team Member	Early enough to ensure information is collated at least 2 weeks prior to planning day
6.	Conduct Planning Day	Relevant Team Members	On date set
7.	Draft Reports which include information suggested at Planning Day	General	Within 1 month of Planning Day
8.	Present draft Strategic Plan to Governance Body	General	Within 2 months of the planning day
9.	Consult on Draft Strategic Plan	General	Within 2 months of the planning day
10.	Finalise Strategic Plan	Manager and Governance Body	Within 3 months of the planning day

### **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 CCT should contact the relevant funding body to enter into negotiations to ensure the emerging issues are reported. 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 CCT's work, and the organisation may be involved in several projects at any given time. In deciding whether or not to pursue a particular project, CCT will consider:

- Policy priorities. This involves an assessment of the project in terms of CCT policy priorities and strategic plan, the likely outcomes and impact of the project, the urgency of the issue, and possible benefits for the organisation and the organisations' clients;
- Appropriateness of CCT involvement. It is important to consider whether CCT 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 CCT; and
- Effectiveness of CCT involvement. It is also necessary to consider whether CCT 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, website and incoming call volume.

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

All new projects require approval from the Manager. 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 client 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 client 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.

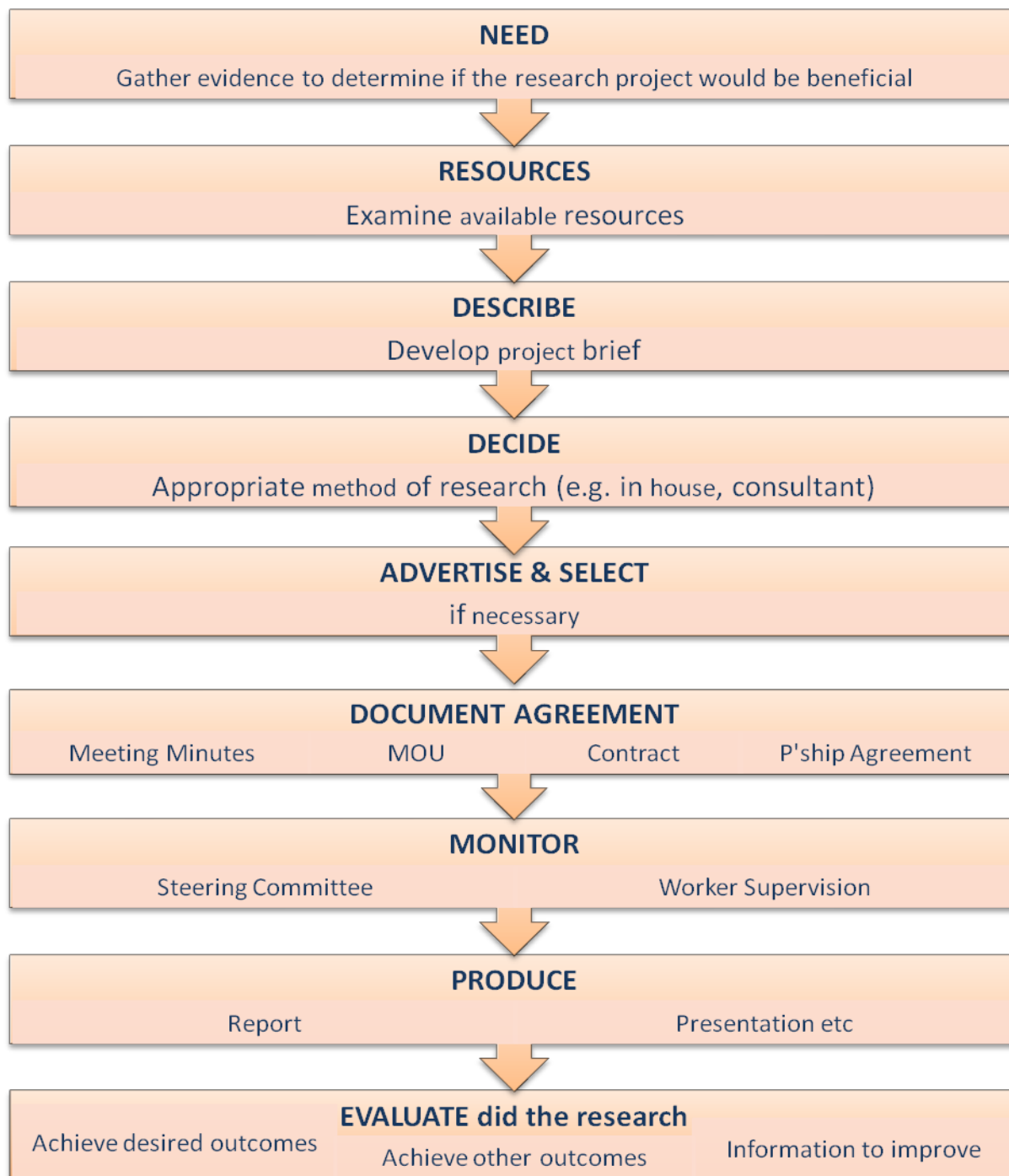
Research may be undertaken:

- In house;
- In partnership with other agencies using the Memorandum of Understanding Template; or
- By a consultant using the process for using a Contractor.

**Clarence Community Transport**  
**Section 1 Organisational Management**  
**Procedure 1.02-2**  
**Service Strategic Planning, Monitoring and Evaluation**

**Standard**  
HCS 1.1, 1.4,  
1.5, 1.6,  
DSS 6

**Research Flowchart**



<b>Clarence Community Transport</b> <b>Section 1 Organisational Management</b> <b>Procedure 1.02-2</b> <b>Service Strategic Planning, Monitoring and Evaluation</b>	<b>Standard</b> <b>HCS 1.1, 1.4,</b> <b>1.5, 1.6,</b> <b>DSS 6</b>
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When considering a research project CCT 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	Client/Carer Survey
DOC 1.03-2-4	Strategic Plan Template
DOC 1.03-2-5	Strategic Planning Day Agenda Template
DOC 1.03-2-7	Memorandum of Understanding Example
DOC 1.03-2-8	Contract to Provide Service with External Vehicles Example
DOC 1.03-2-9	Group Consultation Report

**Clarence Community Transport**  
**Section 1 Organisational Management**  
**Procedure 1.02-2**  
**Service Strategic Planning, Monitoring and Evaluation**

**Standard**  
**HCS 1.1, 1.4,**  
**1.5, 1.6,**  
**DSS 6**

**Corresponding Policy**

[POL 1.03](#) [Quality Management](#)

**Relevant Standard**

**Home Care Standards**

- 1.1 Corporate Governance
- 1.4 Community Understanding and Engagement
- 1.5 Continuous Improvement
- 1.6 Risk Management

**Disability Service Standards**

- 6. Service Management

**Procedure History**

<b>No: 1.03-2</b>	<b>Service Strategic Planning, Monitoring and Evaluation</b>		<b>Date Approved</b>		
Date Procedure due for review	Date Procedure Reviewed:	Amendments	Positions informed/trained in amendments	Method	Date

## **Procedure 1.03-3 Code of Behaviour**

### **Expected Outcome**

All team members and management will perform their duties with integrity and abide by this Code of Conduct.

### **Training Requirements**

All team members

### **Procedure**

The following is an in-depth explanation of the Code of Conduct:

#### **Code of Conduct**

- **Abide by the Aims, Objectives and Philosophy of CCT.**
  - All team members and management must perform their duties in line with the Aims, Objectives and Philosophies of CCT.
- **Observe all the rules of CCT including those specified in the constitution, Policy and Procedure Manuals, Home Care Standards 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 CCT and the Team in a positive way**
  - All team members and management have a responsibility to promote and represent CCT and the Team in a positive way to other team members/management and the community. This is applicable even when not performing duties on behalf of CCT. This includes when team members are using social media such as facebook, text messaging and twitter.
  - If any team members or management have concerns regarding CCT, these issues must be raised and addressed according to the Policies and Procedures of CCT.
- **Act in an honest and trustworthy manner in both word and action (including reporting any dishonest act witnessed).**
  - Team members and Governance Body 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 Governance Body members.

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- **Treat clients with courtesy, respect and consideration, act on complaints and provide services to the best of their ability.**
  - CCT exists to provide assistance to our clients to live as independently as possible. By providing a courteous, respectful service that takes client suggestions/complaints seriously we empower our clients.
- **Protect Confidentiality**
  - Sign and abide by the CCT Confidentiality Procedure.
- **Continue to respect confidentiality after leaving the organisation**
  - Former team members or Governance Body members are to maintain confidentiality of official information known to them after leaving the employ of CCT. Former team members and Governance Body members are also required to return any equipment or copies of information regarding CCT to CCT.
- **Follow reasonable instructions given by supervisors and/or management**
  - Team members and Governance Body members will not willfully disobey or disregard a reasonable direction or request given by the Manager, or a person with the authority to make or give the direction/request. Team members and Governance Body members who disagree with the direction/request can discuss the matter according to the Team Member Performance and Grievance Procedure.
  - Team members and Governance Body 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 CCT. The work of a team member is to be done within the policies and guidelines of CCT without personal views being reflected in the way the work is done or how the Service is delivered. Should a team members and Governance Body members conscientiously disagree with a particular policy/procedure then the team members and Governance Body member should discuss the matter with the Manager and/or the Governance Body.
- **Recognise and declare any potential conflicts of interest**
  - Team members and Governance Body members are to act in the general publics' interest and not in a manner to obtain unfair advantage for themselves, other individuals or services. Team members and Governance Body members are to disclose any interest, which could lead to, or could be perceived to lead to, a conflict of interest.

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- Should a Team member or Governance Body members become aware that a conflict has arisen or potential conflict may arise, the team member is to inform the Manager and/or Governance Body.
- **Declare any Political Participation that may impact upon CCT**
  - Team members or Governance Body 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 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 Procedures of CCT. It is your responsibility to try in good faith to resolve any disputes and assist at all times to promote harmony in the workplace.
- **Act lawfully, fairly and ethically.**
- **Not smoke, take illegal drugs or consume alcohol when on duty or on the premises.**
  - As we ask that clients do not smoke in your presence we also ask that you give the same respect. CCT has a designated smoking area on our premises.
- **Not solicit gifts from clients.**
  - It is natural for clients to sometimes want to give a gift to a team member however CCT has a duty of care to clients to protect them from situations that could be perceived as abuse of position.
  - Team members and Governance Body 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 CCT.
  - If a sum of money is paid over the standard rate for the Service it will be considered a donation to CCT. This should be explained to the client and a receipt given.
  - To ensure that clients are not placed in a position of potential abuse no team member of CCT will accept any gift over the value of \$20 or home produce (such as a cutting of a favourite plant, homemade jam). Any team member receiving such a gift from a client must notify the office and have the item placed on the Gift Register, recording the gift protects both the client and the team member.

- **Not have sexual relationships with clients, visit clients home or take them to team member's homes outside of regular duties approved by CCT.**
  - People you meet while working with CCT are clients of CCT and as such will be protected by CCT. It is inappropriate to form relationships with clients outside the parameters of service provision. Inappropriate relationships encourage a blurring of boundaries between individuals and can result in the client and/or team member becoming dependent upon each other rather than relying on CCT for information and support.
- **Not abuse or harass, physically or verbally, other team members or clients of CCT.**
  - All team members must refrain from any form of conduct, including using bad language that may cause offence, intimidation or embarrassment to clients, team members, Governance Body 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 clients.
- 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 clients.**
  - It is not the role of CCT to provide advice to clients. If clients are requesting advice forward the request through to the office so an appropriate referral can be made.
- **Not alienate clients from their family.**
  - It is important to remember “there are two sides to every story” and CCT does not engage in family disputes or attempt to alienate clients from their families.
- **Not engage in Misconduct** which includes but is not limited to:

*Theft of property or funds from CCT.*

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

*Willful damage of project property.*

This includes the neglect of general maintenance of equipment and/or any damage purposefully done to any of CCT’s property and/or equipment

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

This includes any CCT functions (e.g. Training events, conferences etc.)

*Verbal or physical harassment of any other team member, client, or member of the public, particularly in respect of race, sex, cultural background, marital status, sexual orientation or religion.*

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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 behavior 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. Disclosure may include both verbal and written communication (including social media such as face book, text messaging and twitter). This covers but is not limited to information about business activities, financial status or team members.

*The disclosure of information concerning CCT clients other than the information that is necessary to assist clients and to ensure their safety. (e.g. medical information given to ambulance/medical personnel)*

*Carrying on private business in an activity similar to that undertaken by the organisation without prior written permission.*

*Carrying on a private business from project premises or using project resources for private business.*

This includes but is not limited to taking private business phone calls, using the organisation's photocopier, stationary, equipment etc. to support a private business

*Falsification of any organisation records for personal gain or on behalf of any other team member/client.*

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

- **Governance Body Members additionally agree to:**
  - Attend meetings as set whenever possible, and if unable to attend, to send apologies.
  - Not act on Service matters without the consent of the Governance Body, including not interfering in the day-to-day operations of CCT.

**Failure to abide by the above rules may result in disciplinary procedure**

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

DOC 1.03-3-1      Code of Behaviour  
DOC 1.03-4-1      Confidentiality Agreement

### Corresponding Policy

[POL 1.03](#)      [Quality Management](#)

### Relevant Standard

#### Home Care Standards

1.7      Human Resources

#### Disability Service Standards

6. Service Management

### Procedure History

No: 1.03-3	Code of Behaviour		Date Approved		
Date Procedure due for review	Date Procedure Reviewed:	Amendments	Positions informed/trained in amendments	Method	Date

## **Procedure 1.03-4 Privacy and Confidentiality**

### **Expected Outcome**

All team members and management will perform their duties with integrity and abide by this Confidentiality procedure.

### **Training Requirements**

All team members

### **Definitions**

*'Confidential Information'* means all data and information relating to the business and management of Clarence Community Transport, including proprietary and client information and accounting records to which access is obtained by the Recipient, Other Proprietary Data, Business Operations, Marketing and Development Operations, Client Information, Staff Information (including access to staff files) and Volunteer Information (including access to volunteer files). Confidential Information will also include any information that has been disclosed by a third party to the Provider and governed by a non-disclosure agreement entered into between the third party and the Provider. Confidential Information will not include information that:

- is generally known in the industry of the Provider;
- is now or subsequently becomes generally available to the public through no wrongful act of the Recipient;
- an individual rightfully had in his/her possession prior to the disclosure to the individual by the Provider, the burden being on the individual to establish this through documentation;
- is independently created by an individual without direct or indirect use of the Confidential Information, the burden being on the individual to establish this through documentation; or
- the individual rightfully obtains from a third party who has the right to transfer or disclose it, the burden being on the individual to establish this through documentation.

*'Other Proprietary Data'* means information relating to the Provider's proprietary rights prior to any public disclosure of such information, including but not limited to the nature of the proprietary rights, production data, technical data, business concepts and business opportunities.

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**1.6, 1.7**  
**DSS 1, 6**

*'Business Operations'* means internal personnel and financial information, vendor names and other vendor information (including vendor characteristics, services and agreements), purchasing and internal cost information, internal services and operational manuals, and the manner and methods of conducting the Provider's business;

*'Marketing and Development Operations'* means marketing and development plans, price and cost data, price and fee amounts, pricing and billing policies, quoting procedures, marketing techniques and methods of obtaining business, forecasts and forecast assumptions and volumes, and future plans and potential strategies of the Provider which have been or are being discussed; and

*'Clients'* including contractors, means names of clients and their representatives, contracts and their contents and parties, client services, data provided by customers and the type any personal client information.

## **Procedure**

All Team Members and Governance Body members must read, understand and sign a Confidentiality Agreement.

Except as otherwise provided in this procedure, an individual must not disclose Confidential Information.

Except as otherwise provided in this procedure, the Confidential Information will remain the exclusive property of Clarence Community Transport and will only be used by an individual for the Permitted Purpose. An individual will not use the Confidential Information for any purpose that might be directly or indirectly detrimental to the Provider or any of its affiliates or subsidiaries.

The obligations to ensure and prevent the disclosure of the Confidential Information by an individual in this procedure and any obligations to provide notice within this procedure will survive the expiration or termination, as the case may be, of the Confidentiality Agreement and will continue for a period of three (3) years from the date of such expiration or termination.

An individual may disclose any of the Confidential Information:

- to such of its employees, agents, representatives and advisors that have a need to know for the Permitted Purpose provided that:
  - an individual has informed such personnel of the confidential nature of the Confidential Information;

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**DSS 1, 6**

- such personnel agree to be legally bound to the same burdens of non-disclosure and non-use as the individual;
- the individual agrees to take all necessary steps to ensure that this procedure is not violated by such personnel; and
- to a third party where the Provider has consented in writing to such disclosure; and
- to the extent required by law, such as for WHS reasons i.e. client safety reasons, team member safety

All confidential client information is kept on our database and protected by password access. Only authorised team members shall have access.

All team member information is kept electronically and is password protected. Only authorised personel may access team member information. Team members also have a hard copy file which is kept in a locked cabinet in the Managers office. Only the Manager and Board President have access unless prior written approval has been given by the Manager.

Confidential Information is not to be used, reproduced, transformed, or stored on a computer or device that is accessible to persons to whom disclosure may not be made, as set out in this procedure.

Management Committee Members are not to disclose information received within Board Meetings or in conducting Board related activities unless prior approval has been given by 2 other members. This approval may be written, given via a phone call and responses recorded or via email.

## **Return of Confidential Information**

An individual will keep track of all Confidential Information provided to it and the location of such information. Clarence Community Transport may at any time request the return of all Confidential Information from an Individual. Upon the request of Clarence Community Transport, or in the event that an individual ceases to require use of the Confidential Information, or upon the expiration or leaving employment, or no longer holding a position within the Governance Body or the Confidentiality Agreement expires or a Team Member no longer provides services to CCT, an individual will:

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**DSS** 1, 6

- return all Confidential Information to Clarence Community Transport and will not retain any copies of this information;
- destroy or have destroyed all memoranda, notes, reports and other works based on or derived from the Recipient's review of the confidential information; and
- provide a certificate or statement, if requested, to Clarence Community Transport that such materials have been destroyed or returned, as the case may be. This process should normally occur as part of the exit interview procedure.

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

DOC 1.03-3-1      Code of Behaviour  
DOC 1.03-4-1      Confidentiality Agreement

**Corresponding Policy**

[POL 1.03](#)      [Quality Management](#)

POL 3.06      Privacy and Confidentiality

**Relevant Standard**

**Home Care Standards**

1.1 Corporate Governance  
1.2 Regulatory Compliance  
1.6 Risk Management  
1.7 Human Resources

**Disability Service Standards**

1. Rights  
6. Service Management

**Procedure History**

<b>No: 1.03-4</b>		<b>Privacy and Confidentiality</b>		<b>Date Approved</b>	
Date Procedure due for review	Date Procedure Reviewed:	Amendments	Positions informed/trained in amendments	Method	Date

<b>Clarence Community Transport</b> <b>Section 1 Organisational Management</b> <b>Procedure 1.03-5</b> <b>Information Management Systems and Privacy</b>	<b>Standard</b> <b>HCS 1.3</b>  <b>DSS 6</b>
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## **Procedure 1.03-5 Information Management Systems and Privacy**

### **Expected Outcome**

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

### **Training Requirements**

Anyone using information or technology systems.

### **Procedure**

#### **Privacy**

CCT is committed to ensuring that details about clients 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 and review will be between the Assessor and the client and with the client's consent or the consent of his / her legal guardian or advocate only. The Assessor will note any particular privacy requirements of the client e.g. for a particular family member not to be present.

File notes will be kept of clients' contact which involves:

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

<b>Clarence Community Transport</b> <b>Section 1 Organisational Management</b> <b>Procedure 1.03-5</b> <b>Information Management Systems and Privacy</b>	<b>Standard</b> <b>HCS 1.3</b>  <b>DSS 6</b>
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Steps	Action/Evidence	Who does it	When
1	Client is assessed/ reassessed	Assessor	When required
2	Privacy & Confidentiality are verbally explained and written information provided after assessment.	Assessor	At assessment/ reassessment and posted on intake.
3	Clients consent to any referrals is noted in database.	Assessor	At assessment/ reassessment

### **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**

*Security:* All computers will be password protected to ensure confidentiality of documents. The Manager will determine the appropriate level of access for each team member e.g. it may be unnecessary for the book keeper to have access to client files. All passwords will be kept by the Finance Coordinator on the Password Register.

*Computer Backup:* Computer systems will be regularly backed up to manage the risk of loss of information through computer system failure. Back-ups will be via an external hard drive with the drive being swapped daily and taken off site by the Operations Coordinator.

*Policy and Procedure:* The electronic copies of Policies and Procedures for the organisation are locked and can only be changed by the Quality Controller. Each time a Policy and Procedure is changed the Quality Controller will advise team members via email. The Quality Controller will ensure the Policy and Procedure manuals are updated and any new document is added to the index. All Policies, Procedures and Documents will be hyperlinked where possible for ease of access. The Index to each Section of the Policy and Procedure Manual will also be hyperlinked.

*Saving information on Computer System:* All work files are held on the server's name of drive and documents and files should be kept according to the Computer Filing System Instructions. All files saved on the computer system are to be named according to the function of the document. No team member should have files under team members' names where they save their work. e.g. Mary's Folder.

<b>Clarence Community Transport</b> <b>Section 1 Organisational Management</b> <b>Procedure 1.03-5</b> <b>Information Management Systems and Privacy</b>	<b>Standard</b> <b>HCS 1.3</b>  <b>DSS 6</b>
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Steps	Action	Who does it	When
1.	Work undertaken and computer document created	Team Member	As required
2	Team member locates appropriate file and/or sub file within computer system by using the Computer Filing System Record and saves the document	Team Member	As required

### Telephone Systems

CCT 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 in the Head Office.

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

DOC 1.03-5-1	Computer Filing System Instructions
DOC 1.03-5-2	Computer Password Register
DOC 1.03-5-3	Work Instruction Computer System
DOC 1.03-5-4	Work Instruction Telephone System
DOC 1.03-5-5	Work Instruction Filing System

### Corresponding Policy

[POL 1.03](#) [Quality Management](#)

### Relevant Standards

#### Home Care Standards

1.3 Information Management Systems

#### Disability Service Standards

6. Service Management

### Procedure History

No: 1.03-5	Information Management Systems and Privacy		Date Approved		
Date Procedure due for review	Date Procedure Reviewed:	Amendments	Positions informed/trained in amendments	Method	Date

## Procedure 1.03-6 Organisational Risk Management

### Expected Outcome

CCT has an organisational culture that seeks to address any potential risks before they occur to create a safer operating environment. Stakeholders will be aware of their roles in identifying, analysing, evaluating, treating, monitoring and communicating risk in a systematic risk management approach. This forms part of CCT's overall Quality Management System.

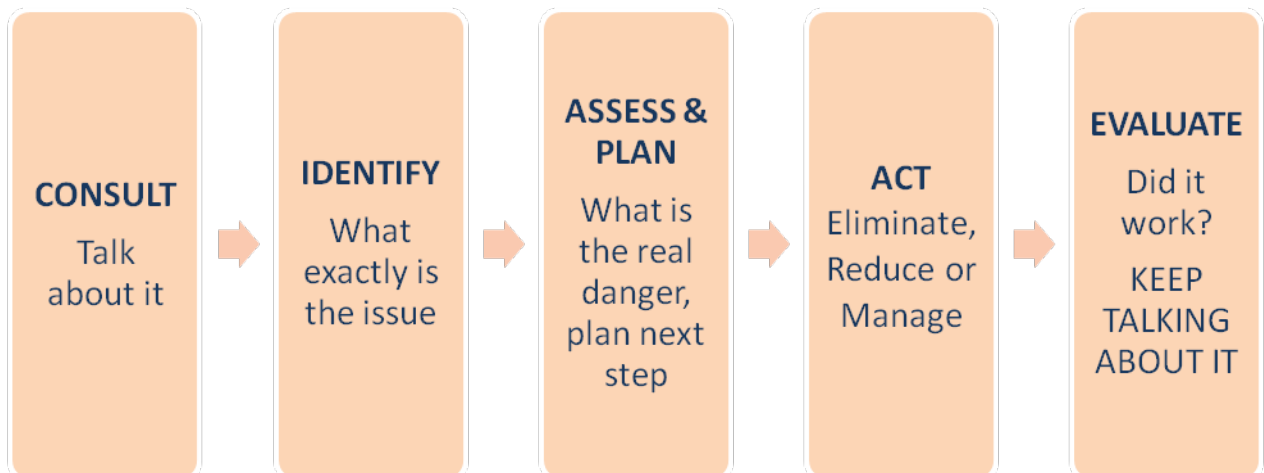
### Training Requirements

All team members and clients

### Definition

Risk is the chance of something happening that will have an impact on CCT's objectives. It is measured in terms of consequences and likelihood and if the risk will have a positive or negative impact.

### Procedure



Organisations may be at risk when:

- They do not have a well-functioning governance structure;
- Management plans, policies and processes are inadequate;
- Team member roles and responsibilities are unclear;

- They do not require clients to sign consent forms or waivers;
- Equipment and facilities are not safe for intended use;
- They have not implemented a comprehensive Risk Management Plan;
- Insurance is inadequate or inappropriate; or
- Operations are not regularly evaluated;

As well as identifying and managing the operational risk of providing day to day service, it is important for the Governance Body to identify and manage risk to the organisation itself. These risks include, but are not limited to, the risk of:

- Damage to reputation;
- Fraud / Theft;
- Loss or damage to assets;
- Insufficient team members;
- Security;
- Subcontractors;
- Natural Disasters;
- Leaks of Confidential Information; or
- Negative Media Exposure.

The Governance Body will develop an organisational Risk Management Plan using the Template provided. This organisational Risk Management Plan will form an appendix to CCTs' Strategic Plan and be monitored as part of the Strategic Plan monitoring system.

Operational - Day to Day Operational Risk Management regarding team members and clients is discussed in Section 4 Work Health and Safety.

### **Role of Governance Body Members**

See Policy 1.02 Management of Service

The Governance Body has a commitment to a culture of risk minimisation and continuous improvement to ensure:

- The success and financial viability of the organisation providing these services;
- The proper organisation and administration of the organisation;
- The rights of older people, people with disabilities and carers to choice, self-determination, independence, privacy and confidentiality; and
- The law and relevant standards are enforced.

In addition the Governance Body is responsible for conducting risk assessments on any new change to the strategic plan of the business. This includes but is not limited to:

- Acquiring new businesses
- Change in business structure
- Change in organisational structure
- Business diversification
- Amalgamations

All such changes should be presented as a proposal plan to the Governance Body to allow for a robust risk analysis.

### **Education and Monitoring Performance of Governance Body Members**

Risk Assessment Processes will be included in the Orientation of new Governance Body members. As part of the annual performance appraisal for the Governance Body Risk Management will be addressed and strategies developed to improve performance where necessary.

### **Role of the Manager**

The Manager will support the Governance Body to address Organisational Risk Management issues. The Manager will ensure that risk identification, management and continuous improvement is implemented throughout CCT ensuring appropriate training and support is provided to team members and clients to participate in the identification and management of risk and to promote continuous improvement activities according to Section 4 Work Health and Safety.

### **Role of Team Members**

Team members will actively support each other to identify and manage risk within their work environment according to CCT's Policy and Procedures. Team members have a responsibility to promote safety principles to clients and Team members.

### **Role of Clients**

Clients will be encouraged to assist in the identification of risk any time they feel unsafe while using the Service.

<b>Clarence Community Transport</b> <b>Section 1 Organisational Management</b> <b>Procedure 1.03-6</b> <b>Organisational Risk Management</b>	<b>Standard</b> <b>HCS 1.6</b>  <b>DSS 6</b>
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### Documents to be completed and/or related to this procedure

DOC 1.02-6-3	Governance Body Orientation Kit
DOC 1.02-1-1	Governance Body Performance Appraisal
DOC 1.03-6-1	Organisational Risk Management Plan

### Corresponding Policy

[POL 1.03 Quality Management](#)

### Relevant Standard

#### Community Care Common Standards

1.6 Risk Management

#### Disability Service Standards

6. Service Management

### Procedure History

No: 1.03-6	Organisational Risk Management		Date Approved		
Date Procedure due for review	Date Procedure Reviewed:	Amendments	Positions informed/trained in amendments	Method	Date

## **Procedure 1.03-7 Monitoring Compliance and Auditing**

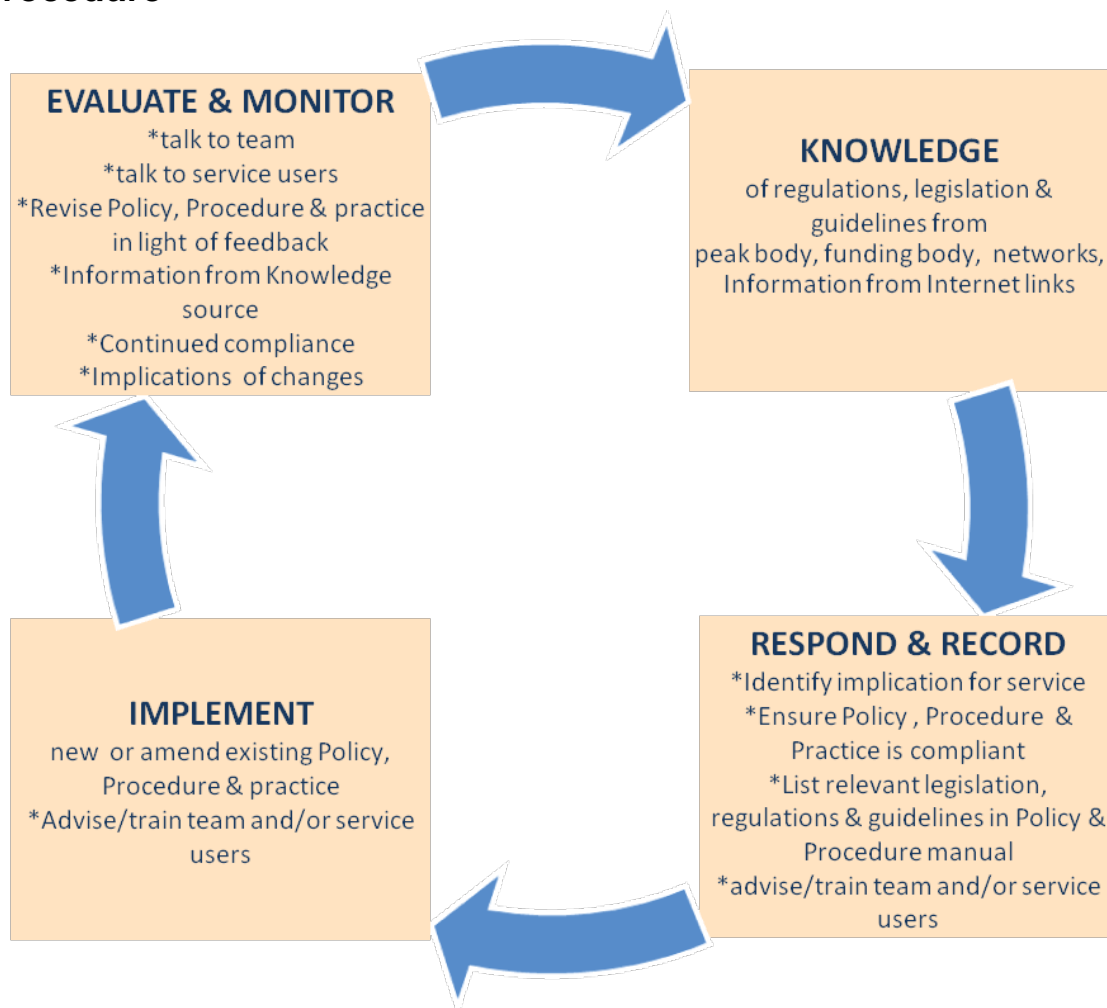
### **Expected Outcome**

CCT Stakeholders will be aware of how CCT monitors compliance with all relevant regulations, legislation, certification/accreditation bodies and guidelines.

### **Training Requirements**

All team members and clients

### **Procedure**



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

The Manager and Quality Controller will ensure knowledge of relevant regulations, legislation, certification/accreditation requirements and guidelines impacting upon service management and provision. The Manager and Quality Controller will gain knowledge and information regarding any changes/amendments from:

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

The Manager and Quality Controller will ensure that any changes / amendments are investigated to identify if any changes are required to existing Policy, Procedure and Practice to ensure continued compliance.

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

The Manager and Quality Controller will ensure compliance with Funding Agreements through the MDS outputs and Annual Audits.

### **Monitoring Compliance with Accreditation/Certification Bodies**

The Quality Controller will be responsible for monitoring the Quality Management System. Internal Audits will be conducted every 6 months and other audits as required by relevant stakeholders will be completed as required.

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

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

### **Audits**

It is the responsibility of the Quality Controller to ensure all required audits are undertaken in specified time frames.

### **Internal Audits**

Internal or 'in house' audits will be conducted every 6 months by the Quality Controller. The Quality Controller will be trained in conducting audits. The Quality Controller will create and record their own audit schedule using the approved template. The audit schedule shall be circulated to all relevant stakeholders at least 2 weeks prior to an audit.

### **External Audits**

All external Audits will be done by persons qualified to audit the area being examined. The Manager is responsible for ensuring the credentials of the external auditor/s prior to engaging them. External audits shall be scheduled as per the individual requirements of the system being audited. Any system which has no specified schedule shall be audited annually as a minimum by an external auditor. Any schedules supplied by external auditors shall be circulated to relevant stakeholders as soon as possible.

### **Non-Conformance**

Any non-conformance issues raised by an audit will be documented on a Non-Conformance form by the Quality Controller. The item must then be registered on the Continuous Improvement Register by the Quality Controller. It is the responsibility of the Quality Controller to prioritise and create a documented action plan to deal with each non-conformance. The Quality Controller is responsible for ensuring the action plans are completed within the time frames allocated. All non-conformance items must be signed off as completed by the Quality Controller, Manager and any other required party (such as a certifying body).

### **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	Continuous Improvement Register
DOC	Non-Conformance Reporting Form
DOC	Non-Conformance Action Plan
DOC	Schedule of Audits
DOC	Audit Process
DOC 1.03-7-1	Funding Agreement Compliance Checklist
DOC 1.03-7-2	Legislation/Regulation/Guidelines Section One Organisational Management

**Clarence Community Transport**  
**Section 1 Organisational Management**  
**Procedure 1.03-7**  
**Monitoring Compliance and Auditing**

**Standard**  
**HCS 1.2**  
**DSS 6**

- DOC 1.03-7-3      Legislation/Regulation/Guidelines Section Two Team Management
- DOC 1.03-7-4      Legislation/Regulation/Guidelines Section Three Service Delivery
- DOC 1.03-7-5      Legislation/Regulation/Guidelines Section Four Work Health & Safety
- DOC 1.03-7-6      Legislation/Regulation/Guidelines Section Five Vehicle Management

**Corresponding Policy**

[POL 1.03    Quality Management](#)

**Relevant Standard**

**Home Care Standards**

1.2 Regulatory Compliance

**Disability Service Standards**

6. Service Management

**Procedure History**

<b>No: 1.03-7</b>	<b>Monitoring Compliance and Auditing</b>		<b>Date Approved</b>		
Date Procedure due for review	Date Procedure Reviewed:	Amendments	Positions informed/trained in amendments	Method	Date

## **Procedure 1.03-8 Internet, Intranet and Email**

### **Expected Outcome**

CCT Stakeholders will be aware of the accepted use of Electronic mail (e-mail), the Intranet (internal service network) and Internet sites.

### **Training Requirements**

All team members

### **Procedure**

The computers and computer network facilities installed at CCT, 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. Team members may also however use the Internet for reasonable private purposes which are consistent with this procedure. They may not use the Internet access provided by CCT in such a way as to interfere with the duties of their employment, compromise their work-time or expose CCT to cost or risk of liability. Team members may however use the e-mail and Internet for private purposes provided work-time is not compromised and usage is consistent with this procedure.

### **Legalities**

For legal purposes e-mail has the same standing in court as paper documents. CCT 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, clients, or third parties as well as any relating to research, or other communications even if communicated in confidence.

Other legislation, which is particularly pertinent to Internet/Intranet applications are listed in the front of this Section.

### **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 CCT 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**

CCT reserves the right to monitor any and/or all Intranet and Internet related activity undertaken by the Team members or clients, using CCT 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 CCT Internet/Intranet access and resources:

- Violate any State, Commonwealth or International law, or State or Commonwealth regulation, or fail to comply with CCT 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 CCT 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 CCT or third party copyright, license agreements or other contracts.
- Seek to gain unauthorised access to any resources within or outside of CCT.
- Disrupt or interfere with the intended use of CCT 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.

**Clarence Community Transport**  
**Section 1 Organisational Management**  
**Procedure 1.03-8**  
**Internet, Intranet and Email**

**Standard**  
**HCS 1.2, 1.3,**  
**1.6, 1.8, 3.2**  
**DSS 4 & 6**

- 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/Intranet or suspect their account has been tampered should:

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

#### *Privacy*

All individual work stations are password protected. No Team Member should log on using another Team Members details. No Team Member should disclose their log in details to another party.

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 drives.

#### *Personal Security*

Team members should not reveal personal addresses or phone numbers, or personal addresses or phone numbers of other team members or clients 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 CCT.

#### *Harassment*

Team members and clients 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 CCT policy. Team members are reminded that this includes harassment or discriminatory behaviour based on age, gender, race, sexuality or disability.

**Clarence Community Transport**  
**Section 1 Organisational Management**  
**Procedure 1.03-8**  
**Internet, Intranet and Email**

**Standard**  
**HCS** 1.2, 1.3,  
1.6, 1.8, 3.2  
**DSS** 4 & 6

Team members should ensure that materials published on the Internet never compromise the safety and privacy of clients, students or team members. Personal and private information about clients, 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**

**Home Care Standards**

- 1.2 Regulatory Compliance
- 1.3 Information Management Systems
- 1.6 Risk Management
- 1.8 Physical Resources
- 3.2 Privacy & Confidentiality

**Disability Service Standards**

- 4. Privacy, Dignity & Confidentiality
- 6. Service Management

**Procedure History**

<b>No: 1.03-8</b>	<b>Internet, Intranet &amp; Email</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## Procedure 1.03-9 Physical Resource Management

### Expected Outcome

CCT Stakeholders will be aware of how CCT manages physical resources.

### Training Requirements

All Team members using physical resources

### Procedure

#### Building & Equipment Maintenance

The WHS Officer will ensure a register of scheduled maintenance requirements e.g. air conditioning, office equipment, electrical tagging, exit lighting etc. and ensure that these scheduled maintenance requirements are undertaken within the required timeframes.

#### Vehicle Resources

Vehicle Resources are addressed in Section 5 Vehicle Management

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

DOC 1.03-7-1 Maintenance Register

DOC 1.03-7-4 Equipment Checklist

### Corresponding Policy

[POL 1.03 Quality Management](#)

### Relevant Standard

#### Home Care Standards

1.8 Physical Resources

#### Disability Service Standards

6. Service Management

### Procedure History

No: 1.03-9	Physical Resource Management		Date Approved		
Date Procedure due for review	Date Procedure Reviewed:	Amendments	Positions informed/trained in amendments	Method	Date

## **Procedure 1.04-1 Financial Management**

### **Expected Outcome**

The Service stakeholders will understand the financial management procedures undertaken by the organisation including:

- Training Requirements
- Signatories;
- Annual Budget;
- Regular Financial Reports;
- Audit;
- Taxation;
- Interest Allocation;
- Staff Salaries and Entitlements;
- Contracts and Funding;
- Sponsorship;
- Developing Partnership and Innovation;
- Purchasing;
- Audited Report; and
- Fraud or Misappropriation.

### **Training Requirements**

Governance Body, Manager and Finance Coordinator be provided training as required.

### **Procedure**

#### **Signatories**

All cheques, or other negotiable instruments, such as Electronic Funds Transfers (EFT), BPay and any other electronic transactions must be signed by 2 signatories one signatory is be from the Governance Body and the other from the Management Team. Signatories are authorised members of the Governance Body or Management team. The current bank accounts of the service are detailed in the Balance Sheet. In emergencies any 2 signatories maybe used if authorised by the Manager. The Manager must then provide the Governance Body a written report of the situation.

**Clarence Community Transport**  
**Section 1 Organisational Management**  
**Procedure 1.04-1**  
**Financial Management**

**Standard**  
**HCS 1.1, 1.2,**  
**1.6**  
**DSS 6**

### **Annual Budget**

The Annual Budget shall be developed by the Finance Coordinator. Each division within CCT will have its own budget which will feed into an overall organisational budget. Each divisional budget will be created in consultation with appropriate

Team Members for presentation to the Manager. The Manager and Finance Coordinator will then prepare the organisational Budget for presentation to the

Governance Body prior to the beginning of each financial year. Annual Budgets will be developed with consideration to:

- Past financial performance;
- Anticipated Service User needs and mix for the coming year;
- Intended surplus;
- Capital expenditure needs;
- The strategic plan;
- Any anticipated changes to funding amounts or arrangements;
- Any anticipated changes to Service User fee structures; and changes effecting staffing costs, i.e. legislative or award changes; and
- The Annual Budget will be prepared in accordance with relevant Funding Body requirements

<b>Steps</b>	<b>Action</b>	<b>Who does it</b>	<b>When</b>
1	Develop Annual Budget with consideration to above factors	Finance Manager	April
2	Budgets and Annual Budgets prepared according to Funding body guidelines	Finance Manager	May
3	Annual Budget ratified by Governance Body and submitted to Funding Body	Treasurer/Finance Manager	May

### **Regular Financial Reports**

The Finance Coordinator will provide monthly reports detailing income and expenditures for the period and budget comparison information. These will be analysed by the Manager and Treasurer and then be presented by the Treasurer to the Governance Body meeting with particular attention to:

- Trends in expenses;
- Ensuring expenditure will not lead to service being over budget at the end of the financial year; and
- Ensuring the Service is spending funds in accordance with funding agreements.

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**Financial Management**

**Standard**  
**HCS 1.1, 1.2,**  
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**DSS 6**

Within these reports the Treasurer should highlight any issues requiring consideration by the Governance Body.

<b>Steps</b>	<b>Action</b>	<b>Who does it</b>	<b>When</b>
1	Income and Expenditure information and budget comparison reports compiled	Finance Coordinator	Monthly
2	Financial Reports analysed and clarifications made	Treasurer and Manager	Monthly
3	Financial Report presented to Governance Body	Treasurer & Finance Coordinator	at Governance Body Meeting
4	Governance Body Meeting Minutes to reflect any adjustments or recommendations	Minute taker notes in Minutes	at Governance Body Meeting
5	Adjustments conveyed to Finance Manager to implement	Manager, designated personnel	as required

### **Audit**

To ensure:

- accountability
- that the organisations financial records are maintained in accordance with Australian Accounting Standards (AAS)
- Compliance with relevant regulatory requirements (i.e. Corporations Act)
- recording and processes are correct
- and to provide the funding body with an Audited Financial Statement,

An audit will be undertaken each year by a qualified auditor appointed by the Governance Body.

The Treasurer will present the audited report on the financial position of the organisation at the Annual General Meeting.

**Clarence Community Transport**  
**Section 1 Organisational Management**  
**Procedure 1.04-1**  
**Financial Management**

**Standard**  
**HCS 1.1, 1.2,**  
**1.6**  
**DSS 6**

Steps	Action	Who does it	When
1	Prepare financial accounts according to requirements of the Funding Body, Auditor & AAS	Finance Coordinator	As required
2	Auditor to carry out preliminary audit on site prior to end of financial year	Auditor	Annually
3	Complete all entries appropriate up to and including 30th June	Finance Coordinator	Annually
4	Auditor to carry out final audit and produce Financial Statements	Auditor	Within 3 months of end of financial year

### **Taxation**

The Finance Coordinator will register for/implement (where eligible) the following Tax Concessions and Exemptions:

- Exemptions for Income Tax and Capital Gains Tax
- Goods and Services Tax (GST) Charity Concessions
- Fringe Benefit Tax (FBT) rebate
- Deductible Gift Recipient (DGR) Status
- Diesel Rebate

### **Interest Allocation**

To ensure the Service is getting the best interest on its deposits and investments the Finance Coordinator will regularly review products offered by various financial institutions and put forward recommendation to the Manager for presentation at Board meetings.

### **Employee Salaries and Entitlements**

#### *Salaries*

All salaries are paid by Electronic Funds Transfers on a weekly basis.

#### *Annual Leave / Personal / Carers Leave*

All Annual Leave and Personal/Carer Leave is recorded on an accrual basis to reflect Employee entitlements. This accrual is reflected in each employee's fortnightly pay slip and the Payroll Liabilities section of the Balance Sheet. Employees are to accumulate no more than 6 weeks of annual leave.

#### *Long Service Leave*

Long Service Leave is recorded on an accrual basis and is to be taken in accordance with relevant legislation and / or awards. This accrual is reflected in

**Clarence Community Transport**  
**Section 1 Organisational Management**  
**Procedure 1.04-1**  
**Financial Management**

**Standard**  
**HCS 1.1, 1.2,**  
**1.6**  
**DSS 6**

*Reimbursements to Team Members*

Will be made within 14 days and / or at the next pay period after reimbursement documentation has been received. Reimbursements claimed 5 weeks after the expense has been incurred will not be paid unless prior arrangements have been made.

*Superannuation*

Will be paid into the employee nominated Superannuation Fund as determined by relevant legislation and will be recorded accordingly.

*Redundancy*

Advice will be sought from the organisation's auditor regarding the provision for the payment of redundancy.

*Salary Sacrifice*

Salary Sacrifice can be offered whilst the Service qualifies as a Public Benevolent Institution (PBI) with the Australian Taxation Office (ATO) and has relevant certification. Salary Sacrifice will be offered to eligible employees. Salary Sacrifice provides employees with the option to have part of their pre-tax remuneration packaged into a fringe benefit and / or employer superannuation contributions. A Salary Packaging agreement will be signed by both employer and employee. No part of Salary Sacrifice can be taken in cash payments by the Employee member at any time.

The remuneration package is optional, neither the Service nor the employee may be compelled to enter into a salary packaging agreement. It must be a mutual agreement between the organisation and eligible employees.

The Service will ensure that the structure of any agreed salary packaging complies with taxation and other relevant legislation. The Service reserves the right to review, alter, or discontinue remuneration packaging in the event of changes to PBI status, relevant taxation or other legislation.

**Travel and Accommodation**

Team members who are traveling for work purposes need approval from the Manager prior to making any bookings. The Manager needs approval from the Governance Body prior to making any bookings.

All airfares and accommodation will be booked by the Finance Coordinator utilising the organisational credit card or other approved method.

Team members will be paid a travel allowance based on the current rate set by CCT. The allowance will be paid directly into the Team Members account prior to travel. It is the Team Member's responsibility to ensure they follow ATO guidelines on travel allowances. Travel allowances are only available if Team Members are required to stay away from home for 1 or more nights.

A Travel Request form must be completed by the Team Member traveling.

### **Reimbursement of Expenses**

Where Team Members have incurred out-of-pocket expenses as a part of their work duties they will be reimbursed by CCT. Claims must be directly related to work duties. Claims over \$50 must have prior Management approval. All claims must be documented on a Claim Form and must have the appropriate supporting documentation i.e. tax receipts (EFT receipts alone will not be accepted).

Amounts under \$50 may be paid directly from petty cash. Amounts over \$50 will be paid into the Team Members nominated bank account. All reimbursements are processed by the Finance Coordinator.

### **Contracts and Funding**

Contracts and Funding Agreements to be authorized as per Chart of Delegation.

### **Sponsorship**

The Service welcomes sponsorship for its events, or advertising in its publications, from private companies, individuals, government agencies, or non-profit, non-government organisations

### **Fraud/Corruption**

The Service will limit the risk of fraud/misappropriation occurring by:

- Ensuring financial tasks are segregated to specific positions that are monitored on a regular basis;
- Having a clear procedure regarding the acceptance of gifts;
- Petty Cash is reconciled regularly 2 authorised signatories required for all payments;
- Prior to Audit, Finance Coordinator will conduct an Annual Asset Register check in which all assets are sighted.

### **Purchasing Goods and Services**

All purchases, whether they be for goods or services, for CCT will follow look at the same basic guidelines:

- Local Suppliers
- Availability
- Value for Money
- Suitability
- After Sale Service
- Warranty

Further additions to these guidelines are included in the below procedures.

### **Authorities**

The Manager has the authority to approve goods and services purchases up to \$1000 outside of budget.

The Finance Coordinator has the authority to approve goods and services purchases up to \$500 outside of budget.

Any amounts over this must have Governance Body approval prior to the purchase being made.

### **Office Equipment, Supplies and Services**

The Finance Coordinator will maintain a preferred suppliers register for all office supplies, equipment and services. This register will be populated with suppliers with attention being given to:

- Local business;
- Price;
- Delivery times;
- Reliability;
- Accreditation/certification (if required);
- Quality of product/service (including suitability for CCT's needs); and
- After sale service (including warranty if applicable).

Any new suppliers will be evaluated against this criteria and the preferred supplier register updated by the Finance Coordinator.

A purchase request form will be completed by the relevant team member and forwarded to the Finance Coordinator.

All item purchases over the value of \$500 will be added to the asset register by the Finance Coordinator.

### **Vehicles**

Vehicles will be purchased as per the vehicle replacement schedule. Any new additions to the fleet must be approved by the Governance Body.

### **Purchasing of Company Owned Vehicles: Cars**

Company Owned passenger vehicles are divided into 2 categories:

- Client
- Staff

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**Standard**  
**HCS 1.1, 1.2,**  
**1.6**  
**DSS 6**

Vehicles purchased by CCT are to be new vehicles. Where possible CCT will purchase vehicles from local dealers.

All vehicles shall have a purchase order raised with the vehicles details on the purchase order.

The vehicle shall be registered as a 'HAND' vehicle.

All vehicles are to have comprehensive insurance and be registered for business use.

All vehicles are to be added to the asset register by the finance coordinator and included in the annual vehicle replacement provision.

Any provisions in this policy may be changed for individual vehicle purchases with Management Committee authorisation.

### **Company Vehicles: Client**

Client vehicles for the fleet will be purchased based on the following criteria:

- Price
- Fuel Type (diesel)
- Body Type (SUV)
- Safety Rating (5 Star ANCAP)
- Warranty
- Availability
- Colour (White)

All Client vehicles shall be fitted with reversing camera/sensors, Satellite Navigation, Rubber Floor Mats, Mud Flaps, Air-conditioning and additional window tinting, Cargo Barrier (where appropriate), Automatic Transmission and CCT transfers/decals to both front doors.

The Manager is to provide a recommendation to the Management Committee for replacement of vehicles as and when required. Such recommendations could include brand of motor vehicle, model etc based on costs and operational needs of Clarence Community Transport Inc.

### **Company Vehicle: Staff**

Purchased in consultation with staff member. Fitted with Rubber Floor Mats, Mud Flaps, Air-conditioning, CCT transfers/decals to both front doors and additional window tinting.

The vehicle is to be available from time to time for operational needs.

The Manager is to provide a recommendation to the Management Committee for replacement of vehicles as and when required. Such recommendations could include brand of motor vehicle, model etc based on costs and operational needs of Clarence Community Transport Inc.

## **Purchasing of Company Owned Vehicles: Buses**

Buses include vehicles that have a seating capacity of more than 8.  
Buses for the fleet will be purchased based on the following criteria:

- Price
- Fuel Type (diesel)
- Seating Capacity
- Safety Rating
- Warranty
- Availability
- Colour (White)

All buses are to be fitted with reversing camera/sensors, mud flaps, air-conditioning and additional window tinting, automatic transmission, CCT Transfers/Decals and seat belts (lap sash if available).

Buses requiring additional items (steps, wheelchair restraints) are to have any such items installed by an authorised, licensed installer.

The Manager is to provide a recommendation to the Management Committee for replacement of vehicles as and when required. Such recommendations could include brand of motor vehicle, model etc based on costs and operational needs of Clarence Community Transport Inc.

## **IT Purchases**

### **Computers**

Computers covers desk top PCs, laptops, tablets and servers operated by CCT. Computers will be purchased based on identified organisational needs at the time. Needs will be identified in consultation with CCT's IT provider. Where possible computers will be purchased locally with weight being given to price, availability, warranty and servicing options. Software options on PCs will be determined in conjunction with CCT's current IT provider. This will include operating systems and office suits (i.e. Microsoft Office). All new computers will be placed on the organisations asset register. Any purchases outside of this policy are to be approved by the Management Committee.

### **Replacement**

Computers will be replaced as per the computer replacement schedule which is created in consultation with the services IT provider. Old computers will be disposed of in consultation with CCT's IT provider to ensure the security of any data stored on the machines.

## **Software**

Software includes operating systems, word processing suits, data bases and security systems. Software will be upgraded in consultation with CCT's IT provider and/or database provider. This will ensure any compatibility issues are minimised. Software will be purchased using DonorTech were possible.

Programs not available through the DonorTech program will be purchased commercially from a local provider were possible.

## **Peripherals**

This includes all printers, fax machines, scanners, monitors and other computer related items. Peripherals will be purchased based on identified organisational needs at the time. Needs will be identified in consultation with CCT's IT provider and team members. Where possible peripherals will be purchased locally with weight being given to price, availability, warranty and servicing options.

## **Credit Card**

The credit card is to be secured in a lockable safe. The Manager and Finance Coordinator are the authorised users of the Credit Card. Authorisation may be granted only by the Manager for other users, this authorisation must be written and given prior to the card being used. The credit card shall have a limit determined by the Governance Body.

## **Emergencies**

If the Manager deems a situation to be an emergency purchases may be made over the limits previously identified. Emergencies may include vehicle break down, emergency repairs to buildings and equipment or emergency accommodation and transport. Once the emergency has passed to Manager will provide a written report to the Governance Body detailing the emergency and the associated spending.

## **Other Purchases**

Any other purchases over \$1000 for CCT must be pre-approved by the Governance Body.

## **Petty Cash**

Petty cash is to be used for small one off purchases and Team Member reimbursements. A float of \$200 will be maintained in the petty cash tin. Petty cash is monitored and controlled by the Finance Coordinator. Tax receipts are to be kept for all transactions. All petty cash transactions must be recorded on the petty cash log. Petty cash is to be stored in a locked cash tin. Only purchases under \$50 may use petty cash. The float may be adjusted with approval from the Governance Body.

## **Purchasing- Work Instructions**

The Finance Coordinator will make purchases following the Purchasing- Work Instructions.

## **Asset Disposal**

If a CCT asset is due for disposal the manner of its disposal shall be approved by the Governance Body for items with a market value at the time of disposal of over \$500. The Manager will provide a recommendation to the Governance Board i.e.

Trading in a vehicle, selling a vehicle privately.

The disposal of an asset with a market value of less than \$500 at the time of disposal shall be at the discretion of the Manager. Such options may include donation of the item to a charity.

All assets that have been disposed shall be recorded on the Asset Disposal Register by the Finance Coordinator.

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

DOC 1.05-1-1	Assets Register
DOC	Asset Disposal Register
DOC 1.05-1-2	Funding Register
DOC	Vehicle Replacement Schedule
DOC	IT Replacement Schedule
DOC 1.05-1-4	Work Instructions - Moneys Received
DOC 1.05-1-5	Work Instructions - Accounts Payable
DOC 1.05-1-6	Work Instructions - Petty Cash
DOC	Work Instructions- Purchasing
DOC 1.05-1-9	Payment Requisition
DOC 1.05-1-11	Petty Cash Allocation Sheet

**Clarence Community Transport  
Section 1 Organisational Management  
Procedure 1.04-1  
Financial Management**

**Standard**  
HCS 1.1, 1.2,  
1.6  
  
DSS 6

Current Funding Agreements  
Auditor's Annual report  
Current Annual Budget

**Corresponding Policy**

[POL 1.05](#) [Financial Management](#)

**Relevant Standard**

**Home Care Standards**

1.1 Corporate Governance  
1.2 Regulatory Compliance  
1.6 Risk Management

**Disability Service Standards**

6. Service Management

**Procedure History**

No: 1.05-1		Financial Management		Date Approved	
Date Procedure due for review	Date Procedure Reviewed:	Amendments	Positions informed/trained in amendments	Method	Date

## Section 2 Team Management

<b>Clarence Community Transport Inc.</b> <b>Section 2 Team Management</b> <b>Policy 2.01-1</b> <b>Equal Employment Opportunity and Affirmative Action</b>	<b>Standard</b> <b>HCS 1.7</b>  <b>DSS 6</b>
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## **Procedure 2.01-1 Equal Employment Opportunity and Affirmative Action**

### **Expected Outcome**

CCT stakeholders will be aware of how the organisation implements and practices Equal Employment Opportunities and Affirmative Action principles.

### **Training Requirements**

Personnel in charge of recruitment of staff

### **Procedure**

CCT will establish and monitor all recruitment policies, practices and procedures to ensure that the best possible person for the position is appointed. Equal opportunity is a priority in all areas of team management including:

- Recruitment procedures;
- Staff Member support, supervision, training and development;
- Transfer, promotion and higher duties; and
- Discipline and dismissals.

Governance Body members and team members involved with recruitment, selection and appointment will be provided with appropriate education in relation to equal employment principles.

CCT has an Affirmative Action policy to promote employment opportunities for people from groups traditionally disadvantaged in their access to employment. These groups are:

- Aboriginal and Torres Straight Islanders;
- people with disabilities.
- people from non-English speaking backgrounds;

Where the standard CCT recruitment process has led to the identification of two or more applicants who are equally qualified and suited to a team position, and where one of those applicants belongs to an equity group listed above, preference in employment will be given to the applicant from the identified equity group.

Where practicable and when resources are available, CCT will consider modifying the work environment to accommodate the needs of specific team members and achieve the position's outcomes.

CCT will not tolerate harassment/discrimination in the workplace. This includes any behaviour which is unwelcome, humiliates, or intimidates, and which unduly affects the person's ability to perform their duties. CCT promotes an environment that is secure and free of fear.

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

DOC 2.02-1-4                      Employment Application

DOC 2.02-2-1                      Position Description Template

DOC 2.03-1-1                      Staff Handbook

DOC 2.03-1-2                      Team Members Orientation Handbook

DOC 2.02-3-1                      Employment Agreement

All Recruitment and HR documents

**Corresponding Policy**

[POL 2.01    Equal Employment Opportunity & Affirmative Action](#)

**Relevant Standard**

**Home Care Standards**

1.7 Human Resource Management

**Disability Service Standards**

6. Service Management

**Procedure History**

<b>No: 2.01-1</b>	<b>EEO &amp; Affirmative Action</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

<b>Clarence Community Transport Inc.</b> <b>Section 2 Team Management</b> <b>Policy 2.02-1</b> <b>Recruitment of Staff</b>	<b>Standard</b> <b>HCS 1.7</b>  <b>DSS 6</b>
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## Procedure 2.02-1 Recruitment of Staff

### Expected Outcome

CCT stakeholders will be aware of the recruitment practices undertaken by the organisation.

### Training Requirements

Personnel in charge of recruitment of team members

### Procedure

#### Advertising

Any casual or temporary positions may be filled with temporary agents or may be advertised internally and through local networks. Should no suitable applicant be selected then the casual and/or temporary position will be advertised externally. External applications will allow at least 14 days for submission of applications from the date the advertisement first appears in the media.

Permanent positions may be advertised in Newspapers covering the local and surrounding areas and may be advertised on relevant industry websites. The Manager's position may additionally be advertised in the State and/or National Press. The Recruitment Checklist will be used throughout the process to ensure all requirements are met.

Where an Aboriginal Community nominates a suitable candidate and that person is the only candidate for the work relating to that community, the advertising, short listing and interviewing steps may be bypassed. The Steering Committee for the community are to minute the endorsement of the candidate. A copy of the minute is to be placed in the candidate's personnel file.

### Enquiries

Enquiries will be recorded on the Employment Enquiry Register and will note:

- Name of the person and contact number, for example: telephone number and email;
- Date of contact;
- Information Packages sent (address/method);
- Date Information package sent;

<b>Clarence Community Transport Inc.</b> <b>Section 2 Team Management</b> <b>Policy 2.02-1</b> <b>Recruitment of Staff</b>	<b>Standard</b> <b>HCS 1.7</b>  <b>DSS 6</b>
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## **Selection**

For the employment of the Manager, the Selection Panel will where possible comprise of:

- The Chairperson;
- One other Governance Body member;
- One other person with appropriate experience, such as a worker with another community group, local government authority or government department.

For the employment of other team members, the Selection Panel where possible will comprise of:

- 3 personnel: of mixed gender.
- Relevant CCT Board, Management, or Coordinator personnel;
- If relevant, a representative from a like service and/or a community representative.

Short listing will occur within 2 weeks after the close of applications, where possible using the Shortlisting Evaluation Record. Applicants who, on the basis of their written application, appear to have the essential skills and experiences may be short-listed for an interview using the Short-listing Record Sheet. Should only one applicant have the essential skills, the position will be re-advertised and the applicant advised that their application will automatically be included for shortlisting.

Interviews, using the Interview List template, will be conducted within four weeks after the close of applications. The Manager will draw up a list of interview questions prior to the interviews.

All selection documentation related to personal information about applicants will be treated in confidence.

Final selection decision will be recorded on Final Selection Record and the Referee Interview Record will be completed within one (1) week from selection. Should the reference check be positive the person will be offered the position dependent upon the return of a satisfactory Police Check. Should the referee checks raise any issues of concern the selection panel may choose to:

- Discuss the issues with the applicant (either by phone or face to face interview);
- Decide to select another applicant; or
- Decide to readvertise.

Any applicant applying for a position who is not an Australian resident will be required to provide evidence of their Work Right Status.

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Policy 2.02-1  
Recruitment of Staff**

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All unsuccessful applicants will be notified in writing within fourteen (14) business days of the final selection, if practicable.

<b>Steps</b>	<b>Action</b>	<b>Who does it</b>	<b>When</b>
1.	Clarify the need for the role, develop or review the Position Description.	Manager	When position becomes vacant or created
2.	Work out who will be involved in the Interview Panel to short list and interview.	Manager	As soon as possible after position reviewed
3.	Develop Position Information Package	Manager	As soon as possible after position reviewed
4.	Advertise the position.	Manager	As soon as practicable
5.	Send applicants an Employment Information Package and respond to enquiries	Manager and/or authorised staff	As requested
6	Shortlist applicants.	Interview Panel	Within 2 weeks of apps closing
7	Interview.	Interview Panel	Within 4 weeks of apps closing
8	Select the most suitable applicant.	Interview Panel	After Interviews
9	Undertake Reference checks	Selected Interview Panel member or HR manager	Within 1 week of interviews
10	Discuss reference check results if needed	Interview Panel	Within 1 week of interviews

Should the Applicant be approved:

11	Offer position to the successful applicant.	Manager	Within 2 weeks of interviews
12	Sign an Employment Agreement and Position Description.	Manager	At agreed time
13	Send letters to unsuccessful applicants.	Manager	Within 2 weeks of interviews
14	Orientate the new team member.	Manager	At agreed time

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Should the applicant not be approved

11	Decision made regarding appointing another applicant or re-advertising	Interview Panel	Within 2 weeks of interviews
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### **Documents to be completed and/or related to this procedure**

DOC 2.02-1-1	Sample of Position Advertisement
DOC 2.02-1-2	Position Information Package
DOC 2.02-1-3	Employment Enquiry Register
DOC 2.02-1-4	Employment Application
DOC 2.02-1-5	Shortlisting Evaluation Record
DOC 2.02-1-6	Interview Questions, Guide and Evaluation Record
DOC 2.02-1-6a	Interview List
DOC 2.02-1-7	Final Selection Record
DOC 2.02-1-8	Staff or Temp Referee Interview Record
DOC 2.02-1-10	Offer of Employment
DOC 2.02-1-11	Letter to Unsuccessful Applicants
DOC 2.02-1-12	Letter to Shortlisted Applicants
DOC 2.02-1-13	Letter to staff Member after Probation
DOC 2.02-1-14	National Police Check Register
DOC 2.02-1-15	National Police Check Forms
DOC 2.02-2-1	General Position Description Template
DOC 2.02-2-2	Driver Position Description Template
DOC 2.02-2-3	Client Assistant Position Description Template

### **Corresponding Policy**

[POL 2.02 Recruitment](#)

### **Relevant Standard**

#### **Home Care Standards**

1.7 Human Resource Management

#### **Disability Service Standards**

6. Service Management

## Procedure History

No: 2.02-1		Recruitment of staff		Date Approved	
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

<b>Clarence Community Transport Inc.</b> <b>Section 2 Team Management</b> <b>Policy 2.02-2</b> <b>Position Descriptions</b>	<b>Standard</b> <b>HCS 1.7</b>  <b>DSS 6</b>
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## Procedure 2.02-2 Position Descriptions

### Expected Outcome

All team members of CCT will have current position descriptions reflective of the position.

### Training Requirements

All team members

### Procedure

Position Descriptions ensure that both CCT and the team member are clear regarding the duties to be undertaken by the relevant position.

Position Descriptions will contain the following information:

- Name of Position;
- Accountability;
- Award & Category;
- Employment status of engagement;
- Hours of work;
- Days of work;
- Delegations provided in Staff Induction Kit
- Term of contract if relevant
- General Duties and responsibilities;
- Specific duties of Position;

Position Descriptions should be reviewed on a regular basis to ensure they align with the duties undertaken by the position. Position Descriptions will be reviewed:

- When the position becomes vacant;
- At annual performance appraisals; or
- Any other time as requested by CCT/team member.

Position Descriptions may be changed as required when the position is vacant but will not be changed while the position is filled without the direct involvement of the incumbent team member. If the job description needs to be changed, the stipulations of the relevant Award will be followed and changes will be discussed and agreed to by the team member prior to the changes being made.

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Section 2 Team Management  
Policy 2.02-2  
Position Descriptions**

**Standard  
HCS 1.7  
DSS 6**

The team member must agree to changes to the position description within a current term of employment. The team member has the right to involve the union and/or have a support person present during negotiations

<b>Steps</b>	<b>Action</b>	<b>Who does it</b>	<b>When</b>
1.	Develop Position Descriptions Relevant to positions according to relevant Position Description Template	Manager and/or relevant personnel	As Positions are created
2.	Review Position Descriptions	Manager and/or relevant personnel	1. When position vacant 2. At performance appraisal 3. When required
3.	Make appropriate changes	Manager and/or relevant personnel	1. When position vacant 2. When required
4	Discuss appropriate changes with incumbent team member should position be filled	Manager and/or relevant personnel	When Position Filled

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

DOC 2.02-2-1      General Position Description Template  
DOC 2.02-2-2      Driver Position Description Template  
DOC 2.02-2-3      Client Assistant Position Description Template  
DOC 2.02-2-4      Special Needs Driver

**Corresponding Policy**

[POL 2.02      Recruitment](#)

**Relevant Standard**

**Community Care Common Standards**

1.7 Human Resource Management

**Disability Service Standards**

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## Procedure History

No: 2.02-2		Position Descriptions		Date Approved	
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

<p style="text-align: center;"><b>Clarence Community Transport Inc.</b>  <b>Section 2 Team Management</b>  <b>Policy 2.02-3</b>  <b>Probationary Review Procedure</b></p>	<p style="text-align: center;"><b>Standard</b>  <b>HCS 1.7</b>    <b>DSS 6</b></p>
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## **Procedure 2.02-3 Probationary Review Procedure**

### **Expected Outcome**

CCT stakeholders will be aware of the probationary review practices applied at the commencement of paid employment.

### **Training Requirements**

All team members

### **Procedure**

Clarence Community Transport implements a probationary period at the commencement of paid employment for 3 months. This may be extended for up to six months by the Manager.

Regard must be had to relevant Award conditions and other legislative requirements.

An advisory body e.g. Jobs Australia may also be consulted if required.

During probation a new employee should be provided with sufficient information, training and supervision to provide a basic understanding of their role.

### **Orientation**

The following should be provided within first two weeks of employment.

1. organisational orientation and
2. service orientation and / or
3. position orientation where relevant and
4. WHS orientation

Expectations, including performance standards required and support available during the probationary period should be outlined.

### **Discuss Performance and Progress**

Supervisor to meet regularly with the staff member to discuss and provide feedback on their progress and performance.

Supervisor should discuss any concerns about the staff member's performance or behaviour as they arise and attempt to resolve the issues.

Supervisor should maintain accurate written records of performance.

### **Three Month Expectations**

Within 3 months:

1. the basics of the role should be under control;
2. there should be a strong ownership of, and demonstrated ability, in the role;

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**Section 2 Team Management**  
**Policy 2.02-3**  
**Probationary Review Procedure**

**Standard**  
**HCS 1.7**  
**DSS 6**

**Review**

Two weeks prior to end of initial probation, a formal probation performance appraisal with the staff member should be performed to discuss and provide feedback on performance and conduct during probation period. This also provides an opportunity for staff member to respond to the issues raised and an opportunity to communicate how they feel they are performing.

Typical issues include:

1. Communication and team membership
2. Following directions
3. Follow through – competently managing tasks
4. Using time in an efficient and effective manner
5. Attention to detail
6. Adherence to deadlines
7. Accountability
8. Attitude / approach
9. Work load
10. Expectations
11. Training
12. Initiative
13. Presentation
14. Other relevant issues

**Outcome**

A decision or recommendation must be made, whether to

1. confirm employment or
2. extend probation for up to another 3 months or
3. terminate employment.

**Extension of Probation**

Probation may be extended for a variety of reasons including that the supervisor has not had sufficient time to assess the probationer. If probation is extended, reasons, expectations and requirements must be explained. These are to be reviewed at the next performance appraisal. The staff member is to receive a copy of any Action Plan. The Manager is responsible for extending probation periods.

**Review**

Two weeks prior to end of extended probation a formal probation performance appraisal should be conducted.

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Section 2 Team Management  
Policy 2.02-3  
Probationary Review Procedure**

**Standard  
HCS 1.7  
DSS 6**

**Final Outcome**

A decision or recommendation must be made, whether to

1. confirm employment or
2. terminate employment.

**Written confirmation**

A letter outlining the outcome should be provided to the staff member.

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

DOC                      Staff Orientation Checklist  
DOC                      Employer's Probation Performance Appraisal form  
DOC                      Probation Performance Appraisal Action Plan form

**Corresponding Policy**

[POL 2.02    Recruitment](#)

**Relevant Standard**

**Community Care Common Standards**

1.7 Human Resource Management

**Disability Service Standards**

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**Procedure History**

<b>No: 2.02-3</b>		<b>Probationary Review</b>		<b>Date Approved</b>	
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## **Procedure 2.03-1 Staff and Temporary Worker Orientation**

### **Expected Outcome**

CCT stakeholders will be aware of the orientation process undertaken when any new staff or temporary worker joins the organisation.

### **Training Requirements**

All relevant staff

### **Procedure**

When a new staff or temporary worker is appointed to CCT the relevant Orientation Checklist is completed and a handover is arranged with the supervisor and the previous occupant of the position, if possible.

A staff and Temporary Worker Handbook will be maintained and given to all new and Temporary Workers. The staff and Temporary Handbook will include but is 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
- important meetings (e.g. team member meetings)
- code of behaviour & confidentiality agreement
- work health and safety information and location of WHS manuals
- dates to remember
- information on the function of and location of the policy and practice manual.

The team member will be asked to "sign off" that they understand and agree to information contained within the Staff and Temporary Worker Handbook.

The Guidelines to Manual Handling When Assisting Clients Handbook and DVD will also be provided.

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**Section 2 Team Management**  
**Policy 2.03-1**  
**Staff and Temporary Worker Orientation**

**Standard**  
**HCS 1.7**

**DSS 6**

<b>Steps</b>	<b>Action/Evidence</b>	<b>Who does it</b>	<b>When</b>
1	Staff Handbook, Employment Agreement, PD and Guidelines to Manual Handling When Assisting Clients Handbook forwarded to staff member before orientation to give time to read.	Manager / Supervisor	Before commencement
2	An Employment Agreement and Position Description is signed  PD only if temp	Manager and new staff or temp	Upon engagement
3	Organisational Induction session conducted	Manager/ Delegated Representative	Commenced upon engagement
5	Guidelines for Manual Handling When Assisting Clients DVD to be watched during orientation	Manager/ Delegated Representative	Upon engagement
4	Orientation Checklist signed off	Manager/ Delegated Representative & New worker	Upon completion of components
6	Service or task orientation conducted	Relevant supervisor and / or previous occupant of position	Commenced upon engagement

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

DOC 2.02-2-1      Relevant Position Description Template

DOC 2.02-3-1      Employment Agreement

DOC 2.02-3-3      Orientation Checklist

DOC 2.03-1-1      Staff and Temporary Handbook

Handbook      Guidelines for Manual Handling When Assisting Clients

Guidelines for Manual Handling When Assisting Clients DVD

New Employee Details

New Employee Financial Details

New Temp Details

Privacy & Confidentiality form

DOC 1.02.4.1

Declaration of Potential Conflict of Interest

### Corresponding Policy

[POL 2.03 Team Member Development and Education](#)

### Relevant Standard

#### Home Care Standards

1.7 Human Resource Management

#### Disability Service Standards

6. Service Management

### Procedure History

No: 2.03-1		Staff and Temporary Worker Orientation		Date Approved	
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## **Procedure 2.03-2 Staff Education and Development**

### **Expected Outcome**

All staff members will understand that CCT has a commitment to maximising the potential of each staff member through an ongoing process of developing new skills, abilities and knowledge.

### **Training Requirements**

All staff members

### **Procedure**

Training needs of staff members will be discussed with the Manager on recruitment, at the probationary employee performance appraisal, at supervision sessions and annual performance appraisals.

The Manager is responsible for ensuring that the basic training needs of staff members are met. This may be through:

- Induction training through an orientation session. Refer to Staff Orientation Procedure, Staff Orientation Checklist and Staff Handbook.
- The provision of relevant handbooks and/or procedures manual;
- ongoing training on the content and use of the Policy and Procedure Manuals and WHS Policy and Procedure and related manuals;
- Referral to an external training course;
- The provision of 'in-house' training sessions or on the job training; and
- Mentoring, coaching and peer support from staff members who have appropriate skills.

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

Team members may request training at any time by completing a training request form. The Manager is responsible for ensure requests are acted upon in a timely manner. Training request forms will be kept with the training register.

The Training Matrix has been developed to ensure all staff members undergo appropriate training to their positions.

Support may include:

- attending workshops, seminars and conferences run by the Service or other agencies - application must be made to the General Manager who may pre-approve a year's attendance at specific sessions;

- Flexibility of working hours to participate in an accredited course of study part-time or externally at a recognised educational institution;
- Purchasing resources such as videos and research literature;
- Payment or part payment of course fees.

Using the Training and Development Feedback form staff members will report back to the Manager about any training activities that they have attended and the value of the activity to their work.

Any staff members wishing to participate in development opportunities must, unless otherwise agreed, discuss these with their Supervisor in sufficient time to allow for the rostering of a person's immediate work.

Training will be entered on the Training, Development and Feedback Register .

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

DOC 2.03-1-1	Staff Handbook
DOC 2.03-2-2	Team Member Training Report
DOC	Training Request Form
DOC 2.03-2-3	Training, Development and Feedback Register

#### **Corresponding Policy**

[POL 2.03](#) [Team Member Development and Education](#)

#### **Relevant Standard**

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

1.7 Human Resource Management

#### **Disability Service Standards**

6. Service Management

#### **Procedure History**

<b>No: 2.03-2</b>	<b>Staff Education and Development</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## **Procedure 2.04-1 Volunteer Recruitment**

### **Expected Outcome**

CCT 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**

Requests for volunteers will be widely advertised in the region and may be particularly focused upon culturally distinct groups where evaluation and service design processes have identified a need for culturally appropriate service delivery. Recruitment activities targeted at culturally distinct groups will be designed in consultation with those groups wherever practicable.

Volunteer recruitment may include:

- advertising/promoting volunteering through word of mouth;
- using volunteer recruitment agencies;
- advertisements placed in shop windows, newsletters, community notice boards and online recruitment agencies
- expo's; and other methods as appropriate.

Volunteers will not be used to replace paid team members in CCT. The following roles are currently available for Volunteers:

- Governance Body Members;
- Driver assistants;
- Car drivers; and
- Other positions as determined by the need of the organisation.

#### **Volunteer Recruitment Checklist**

When a person inquires about becoming a volunteer a Volunteer Recruitment Checklist form (as outlined in Steps) is to be initiated and used to guide the recruitment/orientation process. On completion of the process this form is to be finalised and retained as a record in the volunteer's personal file.

The Manager will as a rule coordinate/complete the steps outlined below.

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Section 2 Team Management  
Policy 2.04-1  
Volunteer Recruitment**

**Standard  
HCS 1.7**

**DSS 8**

Step
<p><b>1. Information Manual For: Volunteers</b> Provide</p> <ul style="list-style-type: none"> <li>a. Offer letter</li> <li>b. Information Manual</li> <li>c. CRC, medical check forms</li> <li>d. Application with a stamped reply envelope.</li> </ul> <p>Ask the prospective volunteer to read the Manual thoroughly. If they are still interested they should provide the office with a completed and signed <b>Volunteer Application</b>, including the names of two referees and a completed CRC.</p>
<p><b>2. Referee Check</b> Where possible two referees are to be contacted; the <b>Volunteer Referee Check</b> form should be used.</p>
<p><b>3. Orientation.</b> <b>The Information Manual for Volunteers and Guidelines for Manual Handling When Assisting Clients Manual</b> &amp; DVD to guide the orientation. Staff make an appointment with the prospective volunteer for orientation:</p> <ul style="list-style-type: none"> <li>a. person to be taken through the <b>Information Manual</b> including emphasis on particularly significant points.</li> <li>b. a copy of the <b>Guidelines for Manual Handling When Assisting Clients</b> manual and the associated DVD to be given to the volunteer.</li> <li>c. volunteers are required to read the manual <b>before</b> their first trip and to view the DVD during Orientation.</li> </ul>
<p><b>4. Prospective Volunteer's Bank Details Entered into MYOB</b></p> <ul style="list-style-type: none"> <li>a. This will allow reimbursement of Orientation travel and meal allowance if applicable.</li> <li>b. Finance Coordinator to be given relevant details for MYOB entry.</li> </ul>
<p><b>5. National Criminal History Check</b></p> <ul style="list-style-type: none"> <li>a. Process commenced as soon as feasible and facilitated by relevant staff.</li> <li>b. Results are sent to Manager who completes process.</li> </ul>
<p><b>6. Volunteer Placed with a 'Buddy'</b> Suitable experienced volunteers are chosen and trained as buddies to complete buddy trips.</p> <ul style="list-style-type: none"> <li>a. The prospective volunteer must undertake at least two client trips with an experienced and trained volunteer 'buddy'.</li> <li>b. The prospective volunteer to be provided with a reflective safety vest and identification name tag for the buddy trip.</li> <li>c. The prospective volunteer must do the driving during all buddy trips.</li> <li>d. Buddy days aim to familiarise the prospective volunteer with required:             <ul style="list-style-type: none"> <li>i. vehicle and phone use,</li> <li>ii. trip processes,</li> <li>iii. selected destinations,</li> <li>iv. practical aspects and</li> </ul> </li> </ul>

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v. appropriate client communication and interaction.

- e. Staff may use their discretion and require two buddy client trips, but either way, the trips should be 'light', that is not all day. This allows ample time for the buddy to coach the prospective volunteer.
- f. The buddy volunteer should complete a ***Volunteer Intake Buddy Trip Training Checklist*** and both the buddy and the prospective volunteer must sign it.
- g. After the trip(s) the Manager must discuss with both the new person and the buddy volunteer (separately) to determine whether the new person is suitable and ready to undertake solo trips and whether there are any issues, concerns or problems that need to be addressed.

**7. Determine Whether Person is Suitable as Volunteer Driver**

The Manager to determine whether the person is suitable and sufficiently competent to continue with the prospective volunteer's intake process.

**8. Certified Driving Record Check through RMS**

- a. Prospective volunteer to provide CCT with a certified copy of their driving record.
- b. This can be obtained from RMS office or online
- c. Prospective volunteer to be reimbursed as per receipt

**9. Confidential Medical Assessment**

- a. The prospective volunteer to be given the ***Driver Health Questionnaire, Clinical Assessment Record*** with cover explanations and ***Fitness to Drive Report***.
- b. Prospective volunteer fills out Questionnaire and takes all 3 documents to their doctor for completion. Advise that this will require a longer doctor's appointment.
- c. The doctor will give the person the ***Fitness to Drive Report*** which they must return to the Volunteer Coordinator. The ***Driver Health Questionnaire*** and the ***Clinical Assessment Record*** stay with the doctor.
- d. If the doctor has selected one or more items under *recommended management* in the ***Fitness to Drive Report*** the Manager must be consulted.

**10. Final Determination to Accept Person as Volunteer**

- a. The Manager to determine whether the person is suitable and sufficiently competent to continue with the person's intake process.

**11. Notification to Volunteer**

- a. The prospective volunteer should be notified as soon as possible whether or not they have qualified for a volunteer position.
- b. If it is determined that a person does not qualify the reason should be noted below and the person provided with the reason(s) they did not qualify.

**12. Volunteer Car/Bus Driver Sign On Form**

To be completed and signed by successful applicant BEFORE commencement of duties.

**13. First Solo Trip**

The new volunteer should be rostered to their first trip(s) as soon as possible after being

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accepted. This will help to reinforce the training.

**14. Accepted or Not MYOB**

- a. **If prospective volunteer IS accepted** person's relevant details are to be given to the Financial Coordinator for entry to database.
- b. **If prospective volunteer is NOT accepted** their MYOB details to be made inactive by the Finance Coordinator.

**15. Relevant Area Orientation if Applicable**

Manager to arrange for a delegated driver to orientate to appropriate area.

**16. Further Equipment**

Before their first solo trip staff should provide the new volunteer with further relevant equipment. For example, a handy bar and a first aid kit for their personal car.

## **Volunteer Applications / Orientation**

Upon receipt of a suitably completed Application for a Volunteer Position, and the subsequent successful referee checks performed, an orientation session with the volunteer will be conducted by the Manager.

All volunteer team members shall be provided with a Volunteer Orientation Kit and appropriate support to understand its contents during orientation.

The orientation session will cover but not be limited to the following areas:

- information about CCT
- information about the role of the volunteer, i.e. driver, client assistant
- explanation of volunteer rights and responsibilities;
- explanation of client's rights and responsibilities;
- explanation of the client complaints procedure
- explanation of reimbursements for expenses;
- explanation of probationary employment period;
- explanation of the Transport for NSW "Driver Requirement Checks" i.e. 3 yearly Medical Fitness to Drive assessment, Driver History Report and Criminal Record Check,
- permission for a Criminal Records check,
- training and information on manual handling when assisting clients,
- training on a variety of client safety procedures such as, client falls, client illness and injury, spill kits and mandatory calling of ambulances,
- appropriate orientation to fleet vehicles.

## **Rights and Responsibilities**

- Rights of Volunteers
  - to be treated as a co-worker and shown respect
  - to be offered on-going training and assistance
  - to receive guidance and direction

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- to be heard and to make suggestions
  - to be encouraged and shown recognition
  - to be given a reference after a period of reasonable service
  - in the event that you are unhappy with any action of the Coordinator/Manager, there is a procedure in place ensuring your complaint will be heard and considered.
- Responsibilities of Volunteers
  - to clearly state the amount of work you wish to do so as to avoid any misunderstandings
  - to provide prompt and reliable service
  - to comply with the procedures/policies of Clarence Community Transport
  - to report any difficulties to the Operations Manager
  - to be non-judgmental in your dealings with passengers
  - to respect the privacy and confidentiality of passengers
- Rights of the Organisation
  - to suggest to a Volunteer that this field does not suit them
  - to insist that on-going or particular training is essential
- Responsibilities of the Organisation
  - to care for Volunteers
  - to set clear job descriptions
  - to make Volunteers feel like an important part of the organisation by including them in training programs and social functions
  - to provide a reference after a period of reasonable service
  - to be available to Volunteers who need to air grievances or concerns
  - to maintain a team spirit and provide support

**Mandatory Criminal Record and Driver Requirement Checks**

- National Criminal Record Check

The Manager will conduct this check and details recorded in the National Police Check Register.  
The prospective volunteer will be notified as soon as possible of the outcome, if the volunteer's application is rejected as a result they will be advised of the reasons why.
- Certified Driving Record Check

The volunteer will apply through Roads and Maritime Services and provide a Drivers History Report to the Manager.
- Confidential Medical Assessment:

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The prospective volunteer will be provided with a Confidential Medical

Assessment pack, this includes:

- Driver Health Questionnaire, with covering letter to the volunteer
- Clinical Assessment Record, with covering letter to the doctor and
- Fitness to Drive Report.

The prospective volunteer must return the Fitness to Drive Report completed by the Doctor to the Manager, this is retained on the Volunteer's Personal File.

If the Doctor has selected one or more items under recommended management in the Fitness to Drive Report the Manager must be consulted.

All mandatory checks will be recorded in the Volunteer's Persona File and renewed every 3 years or in the case of the Fitness to Drive Report, earlier if required.

### **Buddy Days**

If the application has progressed through the National Criminal Record Check, the prospective volunteer will be "Buddied" with an experienced volunteer for on the job training/orientation.

The Manager/Coordinator or nominated team member will match the volunteer with appropriate services/duties where possible taking into account the client's wishes and their language spoken, culture and interests.

The volunteer acting as the "Buddy" will complete a Volunteer Intake Buddy Trip Training Checklist and provide feedback to the Volunteer Coordinator or Operations Manager on the suitability of the prospective volunteer.

### **Volunteer Sign-on**

Once the final decision has been made to accept the prospective volunteer and all orientation training has been completed the prospective volunteer shall complete the Volunteer Sign-on Form.

The Volunteer Coordinator / Manager will complete and finalise the Volunteer Checklist. Any orientation/training will be entered into the Volunteer's Personal File and the Team Member Training Register.

## **Reimbursement**

Volunteers will be reimbursed for out-of-pocket expenses incurred during the course of their duties.

## **Claim Form**

Volunteers will complete a claim form detailing volunteer hours, kilometers travelled and any other reimbursements. Receipts should be attached to expenses sheet and provided to the finance coordinator on Tuesday of each week. Claim forms are processed on Thursday each week. If a more immediate reimbursement is required, this can be arranged by contacting the Finance Coordinator. Claim forms returned more than 1 month after the completion of a trip will not be able to be reimbursed.

## **Insurance**

CCT will provide accident insurance cover for volunteers.

If the volunteer will be using their own vehicle CCT will provide a letter to the volunteer that may be sent to the volunteers vehicle insurance company advising them of the volunteer work being undertaken and asking for confirmation of continued coverage of the volunteers vehicle.

## **Volunteers Register (contained within HMS – Information Management System)**

CCT 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;

Volunteer Drivers Records will detail:

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

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

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

- Licence;
- Vehicle registration papers; and
- Comprehensive Insurance papers.

### **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 CCT
- remind the team member that they are to have no further contact with clients'
- that they must not use any information gained during their work as a team member to the detriment of any client, other team members or the organisation
- release CCT from any liability for any future actions undertaken by them.

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

DOC 1.02-7-2	Letter to Volunteers Insurance Company
DOC 2.04-1-1	Volunteer Application
	Volunteer Reference Check form
DOC 2.04-1-2	Volunteer Checklist
	Volunteer Driving Competency Checklist.
	ABS Brake Hints
	Volunteer Induction Assessment
	Buddy Day Checklist
	Fitness to Drive Report documentation pack
DOC 2.04-1-3	Volunteer Sign-on form
DOC 2.04-1-5	Volunteer Expenses Sheet
DOC 2.02-1-14	Police Check Register
DOC 2.06-6-1	Team Member Exit Interview

<b>Clarence Community Transport Inc.</b> <b>Section 2 Team Management</b> <b>Policy 2.04-1</b> <b>Volunteer Recruitment</b>	<b>Standard</b> <b>HCS 1.7</b>  <b>DSS 8</b>
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DOC 2.06-6-3

Letter of Release

Manual Handling when assisting Clients

Information Manual for Volunteers

Volunteer Register (HMS Information Management System)

### **Corresponding Policy**

[POL 2.04](#) [Volunteers](#)

### **Relevant Standard**

#### **Home Care Standards**

1.7 Human Resource Management

#### **Disability Service Standards**

8. Service Management

### **Procedure History**

<b>No: 2.04-1</b>	<b>Volunteer Recruitment</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

<b>Clarence Community Transport Inc.</b> <b>Section 2 Team Management</b> <b>Policy 2.05-1</b> <b>Students</b>	<b>Standard</b> <b>HCS 1.7</b>  <b>DSS 6</b>
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## Procedure 2.05-1 Students

### Expected Outcome

The Service 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 Manager must:

- Ensure that there is a designated function that is of benefit to CCT and its clients 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 tertiary institution; and
- Ensure that supervision is provided to the student as agreed.
- Ensure students' details are recorded.
- Ensure there is a student agreement clearly outlining structures and duties.
- Ensure students are aware of their rights and responsibilities.

In some instances the 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 tertiary documentation will be copied and kept in the Students file.

The Manager will conduct police checks and inform the student as soon as possible of his/her 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.

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Policy 2.05-1  
Students**

**Standard  
HCS 1.7  
DSS 6**

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

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

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**

**Home Care Standards**

1.7 Human Resource Management

## Disability Service Standards

### 6. Service Management

#### Procedure History

No: 2.05-1		Students		Date Approved	
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

<b>Clarence Community Transport Inc.</b> <b>Section 2 Team Management</b> <b>Policy 2.06-1</b> <b>Team Member Assistance Program</b>	<b>Standard</b> <b>HCS 1.7</b>  <b>DSS 6</b>
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## Procedure 2.06-1 Team Member Assistance Program

### Expected Outcome

CCT stakeholders will be aware of the support provided to ensure that Team Members are assisted to perform their duties to the best of their abilities.

### Training Requirements

Relevant team members

### Procedure

To support team member welfare and promote workplace health and safety CCT offers various avenues of team member assistance and support. CCT funded access to counsellors or psychologists is available for work related or personal issues. These issues often impact on employee well-being, team morale, work performance and psychological health. The aim is to provide effective interventions and resolve problems that may affect performance and general well-being. Confidentiality is maintained in accordance with privacy laws and ethical standards.

Team members are encouraged to apply, through the Manager to access up to four (4) external supervision / counselling sessions a year. If more sessions are required please contact the Manager.

### Counselling / External Supervision

CCT does not currently use any specific providers for external supervision. The manager can provide a list of current providers within the team members region.

### Other Avenues of Support

#### 1. Internal Supervision

Staff have access to regular internal supervision. Please refer to your direct supervisor for more details.

#### 2. Flexible hours

CCT recognises the need for a work / life balance and offers flexible working hours wherever practicable. Please contact your direct supervisor for further information.

#### 3. Team Member Meetings

Staff meetings are held every month at the Townsend office. Staff meetings include a range of standing agenda items including work health and safety and

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Section 2 Team Management  
Policy 2.06-1  
Team Member Assistance Program**

**Standard  
HCS 1.7  
DSS 6**

service and personal check-ins. This allows each employee to debrief with the team and identify need for further actions.

Volunteer meetings are held quarterly for Grafton and Lower River. Dates, times and locations will be provided to volunteers through the volunteer newsletter and emails.

Driver meetings are held monthly at the Townsend office.

If staff in outlying areas wish to participate please contact the Manager. For example, teleconferencing may be available.

#### **4. Training and Development**

CCT encourages team members to access and attend suitable external training and development. In-house training is provided from time to time. Team members may source training or development or ask for assistance from the Manager for suitable sessions or courses.

#### **Corresponding Policy**

[POL 2.06 Accountability and Performance Management](#)

#### **Relevant Standard**

##### **Home Care Standards**

1.7 Human Resource Management

##### **Disability Service Standards**

6. Service Management

#### **Procedure History**

<b>No: 2.06-1</b>	<b>Staff Assistance Program</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

<b>Clarence Community Transport Inc.</b> <b>Section 2 Team Management</b> <b>Policy 2.06-2</b> <b>Human Resource Management Framework</b>	<b>Standard</b> <b>HCS 1.7</b>  <b>DSS 6</b>
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## **Procedure 2.06-2 Human Resource Management Framework**

### **Expected Outcome**

Team members will work in partnership to maintain a high standard of work performance in an environment of continuous improvement to benefit clients.

### **Training Requirements**

All staff members

### **Procedure**

Human Resource management (HRM) creates a process and environment to ensure people are sufficiently supported to work to the best of their abilities. HRM focuses on managing the environment and workers' behaviour, performance, results and aligning those with CCT's objectives. Those objectives include CCT's Values, Strategic Plan, Mission Statement, and policies and procedures.

#### **1. Internal Supervision**

Supervision is a structured and standardised person centred process that provides a facilitated support and learning environment for team members. Regular supervision sessions are provided by the CCT manager and coordinators. Refer to the ***Supervision Procedure***.

#### **2. External Supervision**

External supervisors provide supervision in accordance with the Employee Assistance Program.

#### **3. Training and Development**

Training and development (T&D) may be provided on the job, internally, or externally as requested and approved, recommended or directed. Mandatory training and development is required from time to time either for specified groups or individual team members.

#### **4. Performance Management and Feedback**

Day to day performance management (PM) includes educative feedback, clarifying, coaching, learning, reflecting and continuing professional development.

Direct supervisors provide day to day performance management.

Performance management is based on specific observed behaviour, information or evaluations. Members of the executive team will be involved as required.

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Significant and/or ongoing performance management discussions with workers will be recorded in their personnel file.

All policies and procedures help inform performance management including the Grievance Procedure and the Disciplinary Procedure.

## **5. Strategic Plan and Values**

The Strategic Plan and Values help inform work direction and methods.

## **6. Performance reviews**

Six (6) monthly performance reviews (PR) will be conducted by the relevant manager or coordinator. This is important for complex positions and to help ensure unexpected issues do not arise at annual Performance Appraisals. Performance reviews provide an opportunity to address and redress any issues before a performance appraisal. Performance reviews take the place of a supervision session.

## **7. Performance Appraisals**

Performance Appraisals (PA) are conducted annually by the Manager and coordinators. Appraisals respond to observation, information and reports accumulated during the year including supervision, performance management and performance reviews. CCT Values and Mission Statement; policies and procedures; work plans (if used) are also referred to.

The potential for a pay point increase (pay rise) attaches to Performance Appraisals - however these are not automatic. Pay rises are subject to a range of other issues including the relevant industrial award and funding.

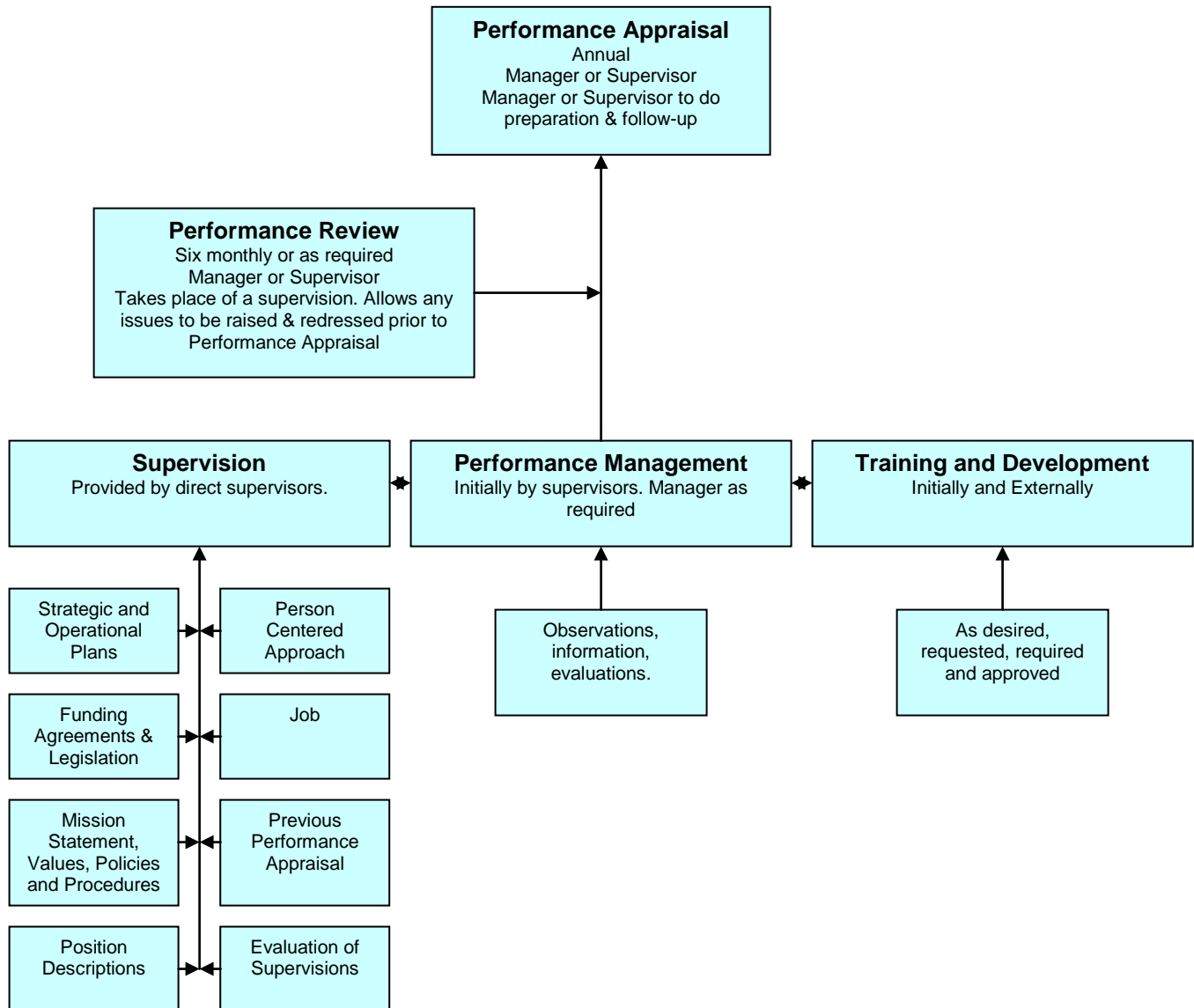
The relevant supervisor will make recommendations to the Manager and or executive team for consideration. Recommendations may include training or significant changes to a Position Description.

From time to time a member of the executive team may also attend performance appraisals.

## **8. New Supervisors**

New supervisors will be supported by executive team members as necessary.

## 9. Human Resource Management Flowchart



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Section 2 Team Management  
Policy 2.06-2  
Human Resource Management Framework**

**Standard  
HCS 1.7  
DSS 6**

### SUGGESTED TIMELINES

**Key**

**Full time or near full time staff**

**Very part time staff – casual when required/possible**

**All permanent workers**

**All paid and volunteer workers**

Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
		Performance Appraisal						Performance Review if required			
Supervision if required	Supervision		Supervision	Supervision	Supervision Evaluation every 6 sessions	Supervision	Supervision		Supervision	Supervision	Supervision if required
	Supervision			Supervision			Supervision			Supervision Evaluation every 6 sessions	
Performance Management											
Training and Development											

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

**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 History

No: 2.06-2		Human Resource Management Framework		Date Approved	
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## Procedure 2.06-3 Staff Supervision and Support

### Expected Outcome

CCT 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

Relevant team members

### Internal Supervision Procedure

Supervision is a learning, development and person centred quality improvement process. Supervision is an internal mandatory forum for staff to reflect on all aspects of work, where the supervisee receives formal and informal feedback, support and guidance on their work from their supervisor.

*Section 19 of the Work Health and Safety Act 2011* requires the employer to provide supervision of workers. Supervision sessions contribute to that requirement.

Supervision is not counselling. External supervision and counselling may be accessed according to CCT's **Employee Assistant Program**.

#### 1. Frequency

- a. Full-time or near full time staff: one hour face to face once a month
- b. Part-time or casual staff: one hour face to face once every 2 or 3 months or as otherwise determined.

#### 2. Location

To be agreed by supervisor and supervisee. Usually at relevant office premises but may also be at an external location. E.g. café

#### 3. Maximum Numbers Of Supervisees

Supervisors should have no more than 8 full time equivalent staff to supervise. However this will be determined from time to time and will depend on a range of factors including workloads.

#### 4. Supervision Values

Supervision is about:

- a. Safety and appropriate confidentiality
- b. Clarity, caring, courtesy and respect
- c. Monitoring workload, tasks, deadlines and outputs
- d. Promotion and maintenance of good practice and standards of work
- e. Learning and development
- f. Productivity and usefulness
- g. Work progress, debriefing, processes and content
- h. Acknowledgment and appreciation of good work / high achievement
- i. Inclusiveness and person centred approaches

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**DSS 6**

- j. Reflection on professional development and workplace demands including team and task issues
- k. Strategic discussions for achieving, improving work, team issues and work environment
- l. Consultation
- m. Listening, thinking, feeling, reflecting
- n. Aligning attitudes and values to CCT's values
- o. Giving and receiving constructive feedback
- p. Fairness and honesty
- q. Accepting individual differences while maintaining team spirit
- r. Effective communication, commitment to continual quality improvement, accountability, transparency and integrity

## **5. Responsibilities**

### **Supervisors to:**

- a. Provide regular supervision for relevant staff
- b. Advise supervisee if they cannot attend and re-schedule
- c. Be punctual and ensure unnecessary interruptions
- d. Ensure timing maintained i.e. one hour face to face
- e. Communicate appropriately, effectively and respectfully to help facilitate learning and development
- f. Complete a supervision file for each supervision – both parties to sign
- g. Prepare appropriately for supervision
- h. Follow up and implement actions that were agreed during supervision
- i. Give and accept clear, constructive and appropriate feedback
- j. Provide appropriate systems to accommodate any learning or literacy issues
- k. Acknowledge supervisee's experience, knowledge and contribution
- l. Recommend or direct that a supervisee access external supervision as appropriate
- m. Understand and work within the boundaries of confidentiality
- n. Attempt, in good faith, to resolve any disagreement, conflict or dispute between Supervisor and Supervisee.

### **Supervisees to**

- a. Attend and participate in scheduled supervision with supervisor
- b. Advise supervisor if & why they cannot attend and re-schedule
- c. Be punctual and ensure unnecessary interruptions
- d. Help ensure timing maintained i.e. one hour face to face
- e. Prepare appropriately for supervision – this will depend on a range of matters including previous supervision, Performance Review or Appraisal outcomes; completing relevant tasks; whether a work plan is used.

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- f. Bring an up to date work plan (if used) or output schedule(e.g. MDS data) or budgets to the supervision, as appropriate
- g. Provide information and feedback about progress
- h. Communicate appropriately, effectively and respectfully
- i. Make appropriate notes during supervision if necessary to facilitate follow-up
- j. Follow up and implement actions that were agreed during supervision
- k. Give and accept clear, constructive and appropriate feedback
- l. Accept the need to learn and develop
- m. Acknowledge supervisor's experience, knowledge and contribution
- n. Accept the need and implement external supervision if recommended or directed
- o. Understand and work within the boundaries of confidentiality
- p. Attempt, in good faith, to resolve any disagreement, conflict or dispute between supervisor and supervisee.

**Person Centred Approach**

- a. Treating others with dignity and respect.
- b. Empowering people to set and reach their own personal goals.
- c. Recognising the right of individuals to make informed choices and take responsibility for those choices and related risks.
- d. Builds on strengths, gifts, talents, skills and contributions of the individual.

**6. Disagreements Or Conflict**

- a. If there is disagreement, conflict or dispute between supervisor and supervisee both parties must attempt to resolve it between themselves.
- b. If the matter is not resolved either the supervisor or supervisee may ask the Executive Management team to assist resolution; or instigate the Grievance Procedure.
- c. The other party must be informed that the Executive team's assistance will be requested or Grievance Procedure instigated.
- d. The Executive team comprises: Manager, Operations Coordinator, Shuttle Coordinator and the Finance Coordinator. The team will determine who is to manage or mediate the dispute.
- e. Both supervisor and supervisee will be given an opportunity to address the Executive team or members/s of the team about the issue.
- f. The Executive team will attempt to resolve the issue by consensus between the supervisee and supervisor.
- g. If consensus is not feasible the Executive team will arbitrate an outcome which may include requiring the Grievance Procedure to be instigated.

**7. Evaluation**

Evaluation of supervision sessions will take place every 6 sessions or as otherwise determined by management. An evaluation allows both parties to

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reflect on, and discuss what's been working, what hasn't and to make necessary adjustments. More formal evaluation may be included in Performance Appraisals.

## **8. Exemption**

The executive team have regular executive meetings and external supervision.

## **9. Toolkit**

CCT's

- a. Mission Statement
- b. Values
- c. Policies and Procedures including WHS policies and procedures
- d. Position Descriptions of Supervisee and Supervisor
- e. Strategic and Operational plans
- f. Funding contracts
- g. Relevant budget

### **Other references include:**

- h. Work Health and Safety Act 2011  
<http://www.legislation.nsw.gov.au/maintop/view/inforce/act+10+2011+cd+0+N>
- i. Work Health and Safety Regulation 2011  
<http://www.legislation.nsw.gov.au/maintop/view/inforce/subordleg+674+2011+cd+0+N>
- j. WHS Codes of Practice  
<http://www.workcover.nsw.gov.au/lawpolicy/codes-of-practice/Pages/default.aspx>
- k. SCHADS Award  
<http://awardfinder.fwo.gov.au/mati.aspx?ma=AN120505&ti=MA000100>
- l. Fair Work Act 2009 including National Work Standards  
<http://www.fairwork.gov.au/Documents/The-National-Employment-Standards-Part2-2-Fair-Work-Act-2009.pdf>
- m. Antidiscrimination and equal opportunity law  
NSW  
[http://www.lawlink.nsw.gov.au/lawlink/adb/ll\\_adb.nsf/pages/adb\\_adlaw](http://www.lawlink.nsw.gov.au/lawlink/adb/ll_adb.nsf/pages/adb_adlaw)  
Commonwealth  
<http://humanrights.gov.au/about/index.html>
- n. Mandatory Reporting Requirements  
<http://www.aifs.gov.au/cfca/pubs/factsheets/a141787/index.html> and  
[http://www.community.nsw.gov.au/kts/guidelines/documents/mandatory\\_reporter\\_guide.pdf](http://www.community.nsw.gov.au/kts/guidelines/documents/mandatory_reporter_guide.pdf)
- o. Suspected Elder Abuse links  
The NSW Elder Abuse Helpline is a state-wide service to the community:  
Phone 1800 628 221

## CCT'S VALUES

### ***Making a Difference***

Promote wellbeing by enabling people to actively engage in their communities.

### ***Safety***

Personal and environmental safety for all stakeholders.

### ***Team***

Working together to achieve excellent outcomes.

### ***Inclusiveness***

Embracing diversity.

### ***Responsiveness***

Responding to people's needs and an ever changing environment.

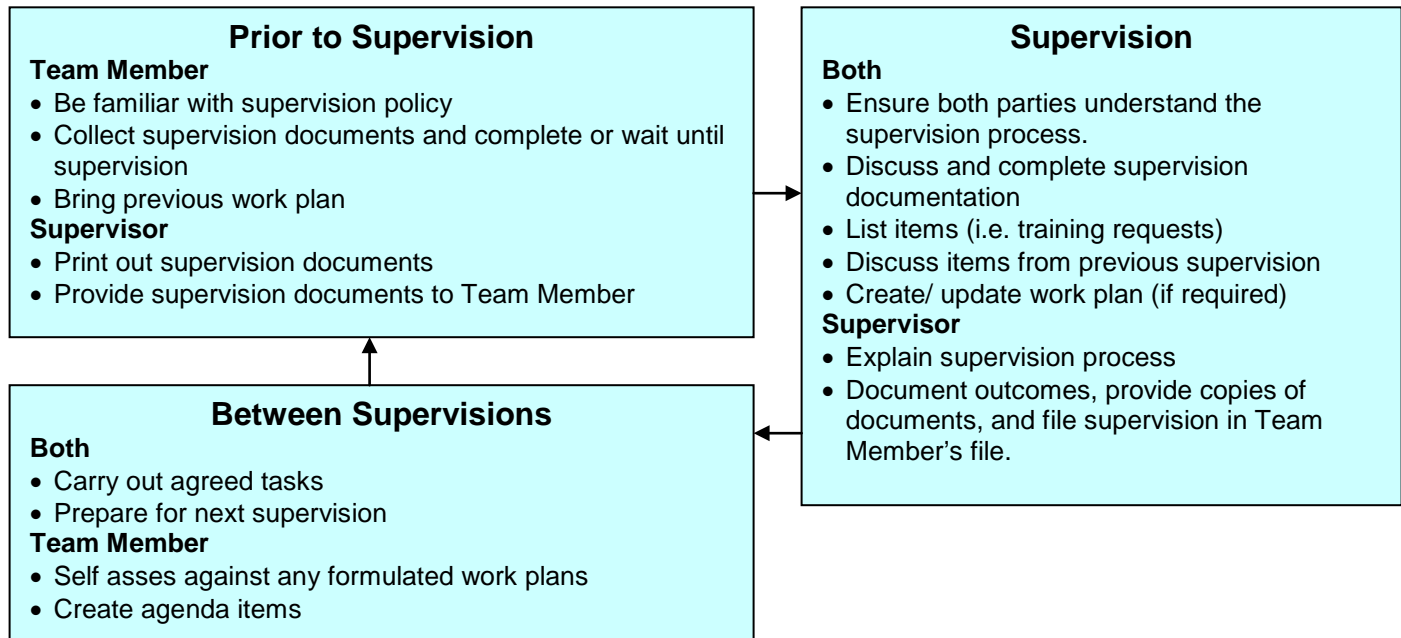
### ***Quality***

Ensuring quality through continuous improvement.

## CCT'S MISSION STATEMENT

"TO PROVIDE QUALITY, ACCESSABLE TRANSPORT OPTIONS TO THE  
COMMUNITIES OF THE CLARENCE VALLEY"

## 10. Supervision Procedure Flowchart



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

DOC 2.06-3-1      Supervision Agreement  
                             Supervision Notes  
                             Supervision Evaluation.

### 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 History

No: 2.06-3		Team Member Supervision & Support		Date Approved	
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## Procedure 2.06-4 Staff Performance Appraisal

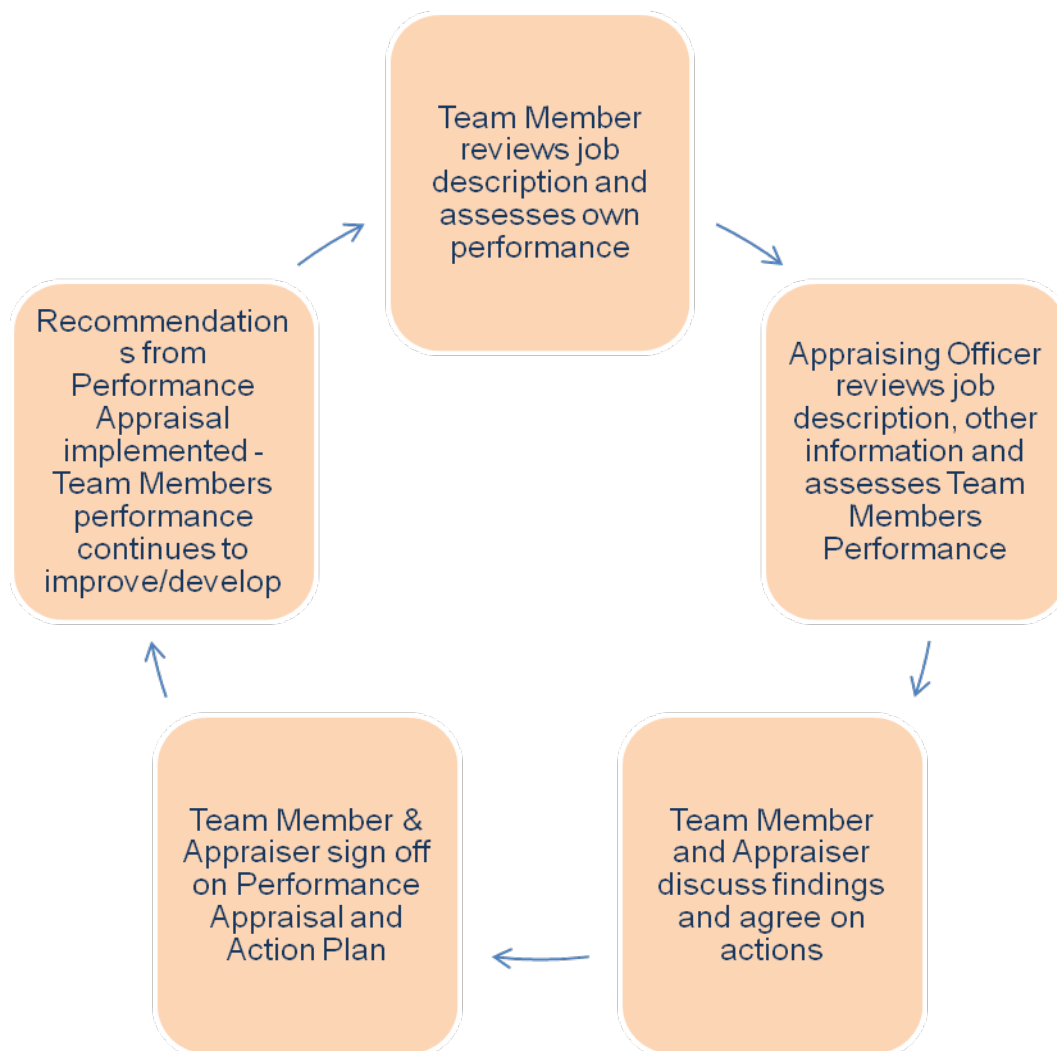
### Expected Outcome

Team members will work in partnership to maintain a high standard of work performance in an environment of continuous improvement to benefit clients.

### Training Requirements

All staff members

### Procedure



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**Policy 2.06-4**  
**Staff Performance Appraisal**

**Standard**  
**HCS 1.7**  
**DSS 6**

CCT is committed to supporting staff to improve their own efficiency and effectiveness. Staff are expected to perform their duties to the best of their ability and to show a high level of personal commitment to providing a quality, professional service at all times.

The Governance Body will carry out performance appraisals for the Manager. The Manager's performance will be based on the organisational goals as set in the Strategic or Operational Plan as well as the duties of their position description.

The Manager will ensure performance appraisals are conducted for all paid staff annually. Performance appraisals are based on the relevant position descriptions and any agreed work plans.

The aims of the staff performance appraisal are:

- To allow free and confidential discussions;
- To value the contribution of staff by assessing work performance;
- To ensure that position description, employment agreements and remunerations are relevant and appropriate to the team member's abilities, responsibilities and workload;
- To review and realign salary increments, workload and position descriptions.
- To discuss any work problems and search for a solution;
- To discuss means of improving work performance including identification of training and development needs;
- Plan for the needs and aspirations of staff.

### **Standard Performance Appraisal Process**

#### **The person conducting the performance appraisal will:**

1. Book in the appraisal with staff member at least 3 weeks prior to appraisal.
2. When booking the appraisal give the staff member:
  - a. Self-Assessment Appraisal Form to complete, which will be kept in the staff member's personnel file after the appraisal
  - b. Current Position Description to review
  - c. Current Staff Handbook.
3. Give relevant supervisor the Appraising Officers Assessment form to complete; form to be kept staff member's personnel file after the appraisal. Supervisor to take into account staff's:
  - Supervision records;
  - Skills;
  - Training; and
  - Experience.

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4. Complete own Appraising Performance Appraisal form taking supervisor's Assessment into account; form to be kept in staff member's personnel file after the appraisal.
5. Review the position description.
6. Review the previously agreed PA Action Plan agreed to in the last performance appraisal.
7. Review the staff member's history:
  - Past performance appraisals; and
  - Any complaints (client/team member/sector).
8. Using the Appraising Officers Assessment and taking account of the above information, assess the staff member's job performance against the expectations of the position using all sources of information available. Include strengths, weaknesses and opportunities for development. Provide specific examples, especially where performance is poorly rated. Note performance issues, which need to be discussed with the staff member.
9. Meet with the staff member to discuss Self-Appraisal compared to Appraising Officers Assessment. Note: individual feedback from specific co-workers, team members should not be discussed – concentrate on the issues, not who raised them. Be open and honest. Try to be positive even when dealing with negative issues. Keep in mind that this is a positive meeting for the benefit of the staff Member and CCT.
10. Complete the Appraising Officers Assessment during and after the Appraisal.
11. Agree on, complete and sign off a Performance Appraisal Action Plan.
12. Follow up Action Plan.

**The person being appraised will:**

1. Complete a Self-Assessment Performance Appraisal Form before the appraisal and give it to the appraiser at least one week before appraisal.
2. Review their position description before the appraisal and take it to the appraisal.
3. Inform themselves of, and act on, other requirements of appraisal.
4. Attend appraisal at required day, time and place.
5. Participate in the appraisal process.
6. Agree on and sign off a Performance Appraisal Action Plan.
7. Follow up Action Plan.

**Clarence Community Transport Inc.  
Section 2 Team Management  
Policy 2.06-4  
Staff Performance Appraisal**

**Standard  
HCS 1.7  
DSS 6**

<b>Steps</b>	<b>Action</b>	<b>Who does it</b>	<b>When</b>
1.	Book in the performance appraisal (PA) with the team member	Manager or delegated Team Member	Three weeks prior to appraisal
2.	Give the team member a a. Self-Assessment PA form to complete b. Position Description c. Staff Handbook	Manager  or delegated Team Member	When booking the appraisal.
3.	If relevant, give supervisor an Appraising Officers Assessment form	Manager	When booking the appraisal.
4.	Review staff members history: <ul style="list-style-type: none"> <li>• Supervision records</li> <li>• Skills</li> <li>• Training</li> <li>• Experience</li> </ul>	Supervisor	Complete 1 week prior to appraisal
5.	Review the position description.	Manager / relevant Team Member	After booking performance appraisal
6.	Review the previous Performance Appraisal Action Plan.	Manager / relevant Team Member	After booking performance appraisal
7.	Complete Self-Appraisal and give to appraiser	Staff member	1 week prior to appraisal
8.	Review Supervisor Assessments and Self Assessment	Manager / relevant Team Member	1 week prior to appraisal
9.	Review the team member's history: <ul style="list-style-type: none"> <li>• Past performance appraisals</li> <li>• Previous Action Plan</li> </ul>	Manager / relevant Team Member	1 week prior to appraisal
10.	Using the Annual Performance Appraisal – Appraising Officers assess the team member's job performance	Manager / relevant Team Member	At least 1 week prior to appraisal
11.	Conduct Performance Appraisal. Discuss Self-Assessment	Manager / relevant Team Member	At performance appraisal

	compared to Appraising Officers assessment.		
12.	Agree to, and sign off Action Plan. Provide signed copy to staff member	Manager / relevant Team Member	At performance appraisal
13.	Follow up Action Plan	Manager / relevant Team Member	According to agreed timelines.

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

DOC 2.06-4-1 Performance Appraisal – Self Assessment  
DOC 2.06-4-1a Performance Appraisal – Appraising Officer's Assessment  
DOC Performance Appraisal – Action Plan  
DOC 2.03-1-1 Staff Handbook

### **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 History**

<b>No: 2.06-4</b>	<b>Staff Performance Appraisal</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## Procedure 2.06-5-1 Staff Member Disciplinary Action

### Expected Outcome

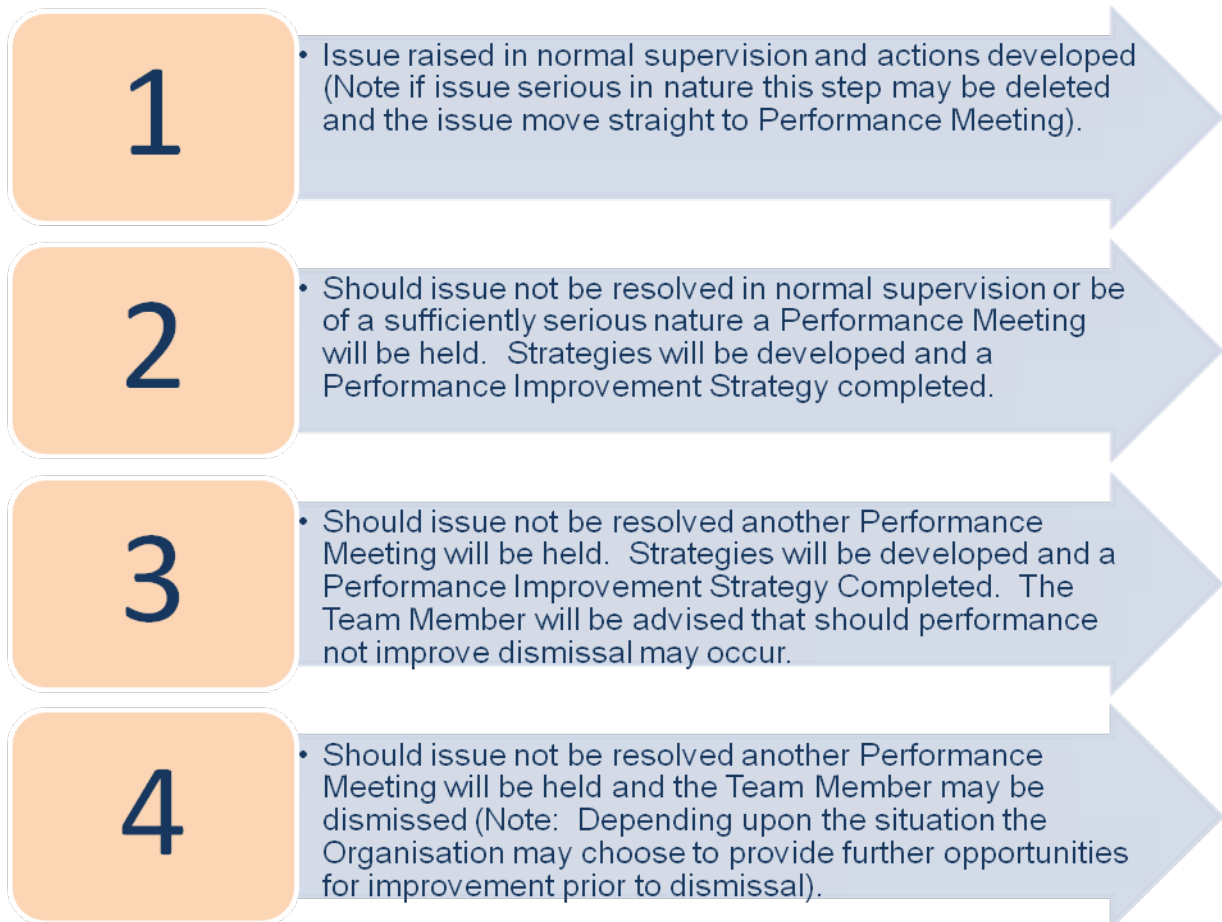
CCT stakeholders will be aware of the procedure for addressing team member grievances and/or addressing issues of poor performance by team members.

### Training Requirements

All team members

### Procedure

#### Staff Member Performance Dispute



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**Staff Member Disciplinary Action**

**Standard**  
**HCS 1.7**  
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### **Step 1**

CCT will ensure that staff members are supervised, undertake performance appraisals and are advised of any concern regarding their performance. The staff member will be told as soon as possible of any complaint concerning the performance of his/her work or conduct. Minor concerns may be addressed as part of normal supervision and strategies to assist the staff member improve performance discussed and agreed upon. Any strategies should be reviewed at a date agreed to by the staff member and supervisor.

Should a staff member's performance be a major concern, or after being discussed at supervision still remains a concern, the staff member will be required to attend a meeting to discuss the concern. The meeting will be arranged as soon as possible with the employee. The staff member may include a representative or support person of their choice (including a Trade Union representative but not a lawyer/ solicitor). The staff member's supervisor may be required to attend.

- a. At this meeting the Manager /Governance Body member will, in consultation with the employee, outline how he/she must improve his/her performance and/or conduct. The Manager /Governance Body member will explain how the issue relates to expectations and agreements concerning their job description and/or CCT policies/procedures. The staff member will be given an opportunity to explain their actions and any mitigating factors relating to their behaviour. Any assistance needed for the employee to improve his/her performance will be identified and provided where possible, e.g. training. If training or counselling is recommended the employee is obliged to attend. Notes of the meeting shall be recorded on the staff Member Performance and Grievance Notes Sheet.
- b. The employee will receive a formal **First Written Warning** which will include: .
  - o With reference to CCT's Staff Members' Disciplinary Procedure that this is a First Written Warning,
  - o the nature of the complaint,
  - o the proposed action plan
  - o timeframe
  - o date of review.

The **First Written Warning** will be signed by the Manager / Governance Body member and the staff member; a copy given to the staff member and a copy attached to the relevant staff member Performance & Grievance Notes Sheet and filed in the staff member's file. A date to review the employee's performance will be set.

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### **Step 2**

If the employee attends the review meeting set in step 1, and management have no further concerns, the meeting will be summarised in the employees employment file and no further action will be taken.

If by the date of review designated in Step 1, the employee's performance is still unsatisfactory, another meeting will be arranged. This may include the employee, a representative or support person of their choice (including a Trade Union representative but not a lawyer/ solicitor) the Manager / Governance Body member.

- a. The Manager / Governance Body member will explain how the issue relates to proposed action plan outlined in First Written Warning. The staff member will be given an opportunity to explain their actions and any mitigating factors relating to their behaviour. Any assistance needed for the employee to improve his/her performance may be identified and provided where possible, e.g. training. If training or counselling is recommended the employee is obliged to attend. Notes of the meeting shall be recorded on the Staff Member Performance and Grievance Notes Sheet.
- b. The employee will receive a formal **Final Written Warning** which will include:
  - With reference to CCT's Staff Members' Disciplinary Procedure that this is a Final Written Warning,
  - the nature of the complaint,
  - the proposed action plan (may be adaption of the first plan or a new plan)
  - timeframe
  - date of review
  - record that "should [staff member's name] performance not improve by the date of review employment may be terminated".

The **Final Written Warning** will be signed by the Manager / Governance Body member and the staff member; a copy given to the staff member and a copy attached to the relevant Staff Member Performance & Grievance Notes Sheet and filed in the staff member's file.

### **Step 3**

If the employee attends the review meeting set in step 2, and management have no further concerns, the meeting will be summarised in the employee's file and no further action will be taken.

***Note: CCT may at its discretion offer additional opportunities for improvement.***

### **Termination of Employment**

If by the time of review designated in Step 2 the staff member's performance is still unsatisfactory the Manager / Governance Body member may dismiss the staff member. A dismissal meeting will be held, this may include the employee, a representative or support person of their choice (including a Trade Union representative but not a lawyer/ solicitor) the Manager / Governance Body member.

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A notice of termination will be issued and contain all necessary information, including:

- reasons for termination,
- period of notice,
- provisions advice of entitlements.

The Manager represents the Governance Body and has the authority to dismiss staff members.

Notes of the meeting will be recorded on the Staff Member's Performance & Grievance Notes Sheet and a letter of termination detailing the reasons for termination provided to the team member.

Advice from CCT's employer association, Jobs Australia should be gained before implementing any action to terminate employment <http://ja.com.au/>.

<b>Steps</b>	<b>Action</b>	<b>Who does it</b>	<b>When</b>
1	Supervision session raises minor concerns regarding performance and strategy for improvement developed	Supervisor	When necessary
2	Major concern or minor concern unresolved –meeting with staff member, their representative and the Manager and strategy for improvement developed and agreed to	Manager; supervisor if required. If Manager's performance in dispute it will be a Governance Body member.	If performance is major concern or has not improved at review time set at supervision
3	Review undertaken – if performance issues are still not resolved employment may terminated	Manager; supervisor if required.	If performance has not improved
4	Appeal	staff member	Should they feel unfairly treated

## Unfair Dismissal

For full and up to date information can be obtained from Fair Work Australia

<http://www.fwa.gov.au/index.cfm?pagename=dismissals>  
<http://www.fairwork.gov.au/termination/unfair-dismissal/pages/default.aspx>

If the employee was dismissed **on or after 1 January 2013**, the application must be lodged **within 21 days** after the dismissal took effect.

A staff member is entitled to make an application for unfair dismissal to Fair Work Australia if they have completed the minimum employment period of:

- one year—where the employer employs fewer than 15 team members (a small business employer); and
- six months—where the employer employs 15 or more team members.

A small business is a business that employs less than 15 team members.

In addition, if the person earns more than \$118,100 per year, at least one of the following must apply:

- an award covers the person; or
- an enterprise agreement applies to the person.

**In considering whether a dismissal was harsh, unjust or unreasonable, Fair Work Australia must take into account:**

- whether there was a valid reason for the dismissal related to the person's capacity or conduct (including its effect on the safety and welfare of other team members);
- whether the person was notified of that reason;
- whether the person was given an opportunity to respond to any reason related to the capacity or conduct of the person;
- any unreasonable refusal by the employer to allow the person to have a support person present to assist at any discussions relating to dismissal;
- if the dismissal related to unsatisfactory performance by the person whether the person had been warned about that unsatisfactory performance before the dismissal;
- the degree to which the size of the employer's enterprise would be likely to impact on the procedures followed in effecting the dismissal;
- the degree to which the absence of dedicated human resource management specialists or expertise in the enterprise would be likely to impact on the procedures followed in effecting the dismissal, and
- any other matters that Fair Work Australia considers relevant.

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**Gross Misconduct**

Gross Misconduct involves a very serious breach of CCT's policies and procedures, which warrant the instant dismissal of an employee.

Examples of Gross Misconduct include:

1. theft of property or funds from CCT;
2. wilful damage of CCT property;
3. wilfully or negligently endangering the safety of a passenger, service user or any member of the general public;
4. intoxication through alcohol or other substances during working hours;
5. verbal or physical harassment of any other team member, passenger or service user, particularly in respect of race, gender or religion;
6. the disclosure of confidential information regarding the organisation to any other party without prior permission;
7. the disclosure of information concerning the passengers of the organisation other than information that is necessary to assist passengers and to ensure their safety;
8. carrying on a private business from CCT's premises or using the organisation's resources for private business;
9. falsification of any CCT records for personal gain or on behalf of any other team member;
10. failure to comply with the team member Code of Behaviour.
11. downloading inappropriate material from the internet, which includes, racial or religious vilifying material or pornography.

If an employee is accused of gross misconduct they will receive notification outlining the accusation and the employee may be instantly dismissed. The staff member will be given an opportunity to explain their actions and any mitigating factors relating to their behaviour. The employee would usually be put on instant suspension and a meeting will be arranged. The meeting is to include the employee, a representative or support person of their choice (including a Trade Union representative but not a lawyer/ solicitor) and management personnel. If an employee is dismissed for gross misconduct, payment in lieu of notice will be at the discretion of the Manager.

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

DOC 2.02-3-1     Staff Members Employment Agreement

DOC 2.06-5-1     Staff Member Performance and Grievance Notes Sheet

DOC 2.06-5-2

First Written warning template / Performance Improvement Strategy

Second Written warning template / Performance Improvement Strategy

**Corresponding Policy**

[POL 2.06     Accountability and Performance Management](#)

**Relevant Standard**

**Community Care Common Standards**

1.7 Human Resource Management

**Disability Service Standards**

8. Service Management

**Procedure History**

No: 2.06-5-1		Staff Member Disciplinary Action		Date Approved	
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## **Procedure 2.06-5-2 Team Member Grievance**

### **Expected Outcome**

CCT's stakeholders will be aware of the procedure for addressing Team Member grievances

### **Training Requirements**

All team members

### **Staff and Board Grievance Procedure**

The Staff and Board Grievance Procedure specifies the steps staff and Board members can follow if they have a dispute with a colleague or supervisor, or feel unfairly treated in their work.

It is acknowledged that conflict within an organisation is healthy and is essential to ensure continued evaluation and growth. Conflicts however can become unhealthy and destructive if appropriate mechanisms are not firmly in place and followed.

Conflict is inherent in all organisations and should be used as a positive force to assist Community Transport's continued growth and development. All staff and Board members shall take responsibility for openly acknowledging grievances and utilising the steps outlined within this Grievance Procedure to ensure their resolution.

All staff have the right to be members of an appropriate Trade Union and to seek Union representation within formal grievance processes.

### **Exceptions to this Grievance Procedure**

1. Matters of grievance relating to conditions of employment or organisational policies and procedures and performance management shall be raised directly with the Manager for resolution; or to be referred directly to the Governance Body if directly involving the Manager.
2. Issues relating to discrimination based on the following must be recorded on an Incident, Accident, Injury Complaint form (refer to Incident procedure) and forwarded to the General Manager as soon as possible. The NSW Anti-Discrimination Board's website has information about these issues at [http://www.lawlink.nsw.gov.au/lawlink/adb/ll\\_adb.nsf/pages/adb\\_adlaw](http://www.lawlink.nsw.gov.au/lawlink/adb/ll_adb.nsf/pages/adb_adlaw).

### **Grounds of discrimination covered in NSW**

[Age discrimination](#)

[Age discrimination and job advertisements](#)

[Breastfeeding discrimination](#)

[Carers' responsibilities discrimination](#)

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[Disability discrimination](#)  
[Homosexual discrimination](#)  
[Infectious diseases discrimination](#)  
[Marital or domestic status discrimination](#)  
[Pregnancy discrimination](#)  
[Race discrimination](#)  
[Sex discrimination](#)  
[Transgender discrimination](#)

Discrimination based on religion (and other grounds) is covered under the Commonwealth's *Human Rights and Equal Opportunity Commission Act 1986*.  
[Summary of federal and state anti-discrimination laws](#), with links to the full text of the legislation.

### **Timelines**

If a grievance is sufficiently serious to instigate the grievance process it must be raised and discussed as soon as possible. The aim is to resolve the issues quickly and effectively before they escalate into larger problems. Further, both parties are more likely to recall the circumstances surrounding the grievance if it is raised quickly. For these reasons grievances **must** be raised as soon as possible but at least within **one month** of their occurrence. The person whom the grievance involves should have the opportunity, and be given a reasonable time if they require it (to a **maximum of one week**) to develop their response and put their side of the story before resolution is attempted.

### **Step 1**

Staff and Governance Body members are encouraged to attempt grievance resolution directly with the person concerned. All parties should cooperate in good faith in an attempt to peacefully resolve the grievance. If the grievance is resolved at this stage no further action is required.

Team members are encouraged to:

- fully describe the conflict to the other party
- not blame other persons;
- listen carefully to what the other person is saying;
- look at the issue via different viewpoints to determine whether they have an impact upon the situation, e.g.:
  - the organisational structure,
  - the administrative system,
  - job descriptions, and
  - personal values and work styles;
- attempt to resolve the dispute with the other concerned party;

## **Step 2**

### **Step 2 (a) – Grievances between staff; and staff and Governance Body members**

If implementing Step 1 does not resolve the issue or it keeps reoccurring, then the staff or Governance Body member involved shall discuss the matter with a mutually acceptable mediator, for example the relevant supervisor or senior manager .

The mediator shall:

- arrange a meeting for the parties to discuss the issue with a view to resolution;
- set the ground rules for the discussion of the issue; e.g.
  - each party has equal time,
  - only one person speaks at a time,
  - no raised voices,
  - individual responsibilities,
  - practical solutions.
- document the nature of the grievance from all perspectives, and
- document the proceedings and outcomes of the discussion between the concerned parties.
- encourage the development of agreements between the concerned parties;
- assist development of a timeframe for their implementation and review.

The notes of this meeting will remain confidential and will not form part of the parties' personnel files.

### **Step 2 (b) – Grievances Directly Involving the Manager**

If the grievance directly involves the Manager, and completing Step 1 does not resolve the issue, staff can raise the issue with another supervisory staff member, union representative or Governance Body member for advice or to request them to act as a mediator if both parties agree.

Matters that cannot be resolved using the above steps shall be referred to the Management Body through the Chairperson or another appropriate member.

### **Step 2 (c) – Grievances Between Governance Body Members**

All matters of grievance between Board of Management Body members that are not resolved by Step 1 shall be dealt with using Governance Body meetings. All issues of grievance will be resolved in accordance with formal Governance Body decision making processes.

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### **Step 3**

If agreements cannot be reached or the review indicates that the agreements have been unsuccessful, the matter shall be referred to a **Dispute Working Party** comprised of three members of supervisory staff, senior management or Governance Body. Membership of the Dispute Working Party can be a combination of staff and Governance Body but must be mutually agreed by the parties involved in the dispute. Each party to the dispute is entitled to have their choice of support person at any relevant meeting. The Dispute Working Party shall review the matter and determine what process shall be undertaken to resolve the conflict, e.g.

- conflict resolution training,
- use of an external mediator, for example the Community Justice Centre on 1800 990 777
- referral for action under the Community Transport Disciplinary Procedure.

Team members involved in the dispute are bound to follow the recommendations of the Dispute Working Party.

### **Step 4**

If all attempts at resolving a grievance or dispute fail after having utilised the above steps, then the Governance Body reserves the right to deal with the situation as it deems fit and appropriate.

Until a grievance or dispute is resolved, work shall continue as normal in accordance with the custom or practice existing before the dispute arose. The continuance of work by any of the parties involved shall not affect the final outcome of the grievance process.

### **Misconduct**

Misconduct that may warrant suspension or immediate dismissal are detailed in the services Staff Performance Management and Discipline Procedure.

## **Volunteer Grievance Procedure**

### **Step 1**

Volunteers are encouraged to attempt grievance resolution directly with the person concerned. All parties should cooperate in good faith in an attempt to peacefully resolve the grievance. If the grievance is resolved at this stage no further action is required.

Team members are encouraged to:

- fully describe the conflict to the other party
- not blame other persons;
- listen carefully to what the other person is saying;
- look at the issue via different viewpoints to determine whether they have an impact upon the situation, e.g.:
  - the organisational structure,

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- the administrative system,
- job descriptions, and
- personal values and work styles;
- attempt to resolve the dispute with the other concerned party;

### **Step 2**

If implementing Step 1 does not resolve the issue or it keeps reoccurring, then the volunteer involved shall discuss the matter with their supervisor or the Operations Coordinator.

### **Step 3**

If the matter is not resolved the volunteer may be raise it with the Manager.

### **Step 4**

If the matter is not resolved the volunteer may be raise it with the Chairperson of the Governance Body after a request has been made through the Manager.

### **Step 5**

If the volunteer is not satisfied with the Governance Body decision, the Governance Body will provide the volunteer with the details of whom to contact within the funding body.

### **Misconduct**

Misconduct that may warrant suspension or immediate dismissal are detailed in the services Code of Behaviour and the Privacy & Confidentiality Agreement.

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

DOC 2.02-3-1	Staff Employment Agreement
DOC	Ground Rules for Mediation
DOC 1.03-3-1	Code of Behaviour and
DOC 1.03-4-1	Confidentiality Agreement

### **Corresponding Procedures**

PROC 1.03-3	Code of Behaviour and
PROC 1.03-4	Confidentiality Agreement

### **Corresponding Policy**

[POL 2.06 Accountability and Performance Management](#)

### **Relevant Standard**

#### **Home Care Standards**

1.7 Human Resource Management

#### **Disability Service Standards**

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**Procedure History**

No: 2.06-5-2		Staff Member Disciplinary Action		Date Approved	
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## Procedure 2.07-1 Contractors

### Expected Outcome

CCT stakeholders will understand how the organisation selects and monitors Sub Contractors.

### Training Requirements

Management

### Procedure

#### CCT WHS Policy

The Workplace Health and Safety of all persons employed, volunteers and clients within the organisation and those visiting the organisation are considered to be of the utmost importance. Resources in line with the importance attached to Workplace Health and Safety (WHS) will be made available to comply with the relevant Acts and Regulations and to ensure that the workplace is safe and minimises risk to health.

**Note: Duty of care cannot be delegated or contracted-out, 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 CCT.**

### Responsibilities of Management

When Contractors are engaged, the Finance Coordinator is responsible for ensuring the:

1. contractor is not put at risk by the actions of CCT
2. employees, volunteers, clients, or others at the organisation, are not put at risk by the contractors activities.
3. CCT conducts Contractor induction and completes **Contractor Induction Record**.
4. A **Contractor Agreement** must be completed for all initial contracts, signed by both the contractor and designated CCT personnel. If a Contractor continues to provide services the Contractor Agreement to be renewed every year.

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Contractors**

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5. Relevant insurances, contract agreement, induction record and risk assessment copied and filed. These to be reviewed prior to commencement of new work.
6. This procedure to be handed to each contractor at the commencement and renewal of contracts.
7. Consult with contractors re WH&S matters.

**Contractors' Responsibilities**

1. The contractor is required to operate under all WHS legislation and guidelines as is appropriate to the industry.
2. They work within the confines of their licenses and insurance and adhere to all relevant legislation, codes of practice and standards.
3. The contractor must adhere to the safety policies and procedures of CCT and comply with the relevant aspects of the WHS Program of the organisation, such as reporting hazards, incidents/injuries.
4. Contractors must ensure that they keep their equipment in good working order and that they meet all appropriate standards.
5. Ensure plant or equipment is used, erected or installed in a way that is safe and does not pose a risk to the health, safety and welfare of persons at or near the workplace.
6. It is preferable that a hazardous substance is not used if there is a non-hazardous alternative. **Approval for hazardous substances use must be obtained from the Manager prior to use.** Where the contractor uses any hazardous substance on site, they must provide a Material Safety Data Sheet to CCT prior to commencing.
7. They repair or restore any damage or modification to buildings, equipment, or the external environment caused as a consequence of their work
8. All portable electrical appliances used by the contractor are Residual Current Device Protected
9. They remove all tools, equipment, surplus materials, and waste on completion of their work.
10. Contractors work within the contractual agreement.

Relevant contractors must comply with the code of practice for construction work.

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Contractors carrying out major work (a contract that is greater than \$25,000 or where the risks associated with the job are assessed as being high) will be required to submit a **Contractor Risk Management Plan** which identifies the safe operating procedures specific to the work they will be undertaking. Construction work requires evidence of having completed the **NSW Work Cover Authority Construction Induction**. A Work Cover certification is required.

### **Contractor Insurance**

Copies of the contractor's insurance coverage to be attached to the **Contractor Agreement**.

1. If the contractor employs another worker or is an incorporated company, they must have workers compensation insurance. It is the responsibility of the Contractor to know if they are legally required to have **workers' compensation insurance** and to provide certification.
2. Contractors to provide \$10,000,000 **public liability insurance**, which covers them for accidents that may occur because of their actions.

### **Confidentiality for Contractors**

This policy is designed to ensure that personal information about clients and team members is used only to provide safe and comfortable services to clients. All Contractors are obliged to adhere to this Statement of Privacy and Confidentiality.

#### **Types of Information Which Shall be treated as Confidential**

The Clarence Community Transport (CCT) Privacy and Confidentiality Policy cover information relating to:

1. names and addresses of clients and team members;
2. disabilities or special needs experienced by clients;
3. health conditions experienced by clients;
4. behavioural conditions experienced by clients;
5. occupations or lifestyle of clients;
6. financial dealings or status of clients;
7. acquaintances or friends of clients;
8. religion/cultural background of clients;
9. client complaints;
10. personal details of team members;
11. team member disciplinary, appraisal or grievance procedures;

12. audio-visual information and images.

NB. Confidential information can occur in verbal, written, photographic, audio or computer record form.

### **Scope of the Statement**

The CCT Privacy and Confidentiality contract applies:

1. in the work place;
2. at home;
3. when talking with CCT team members;
4. when dealing with team members of other agencies or institutions;
5. in social environments;
6. when dealing with other transport providers;
7. when talking with other clients;
8. when dealing with Sub-contractors.

### **Electronic Communication Systems**

Contractors shall be responsible for taking all reasonable steps to ensure that confidential information is not broadcast or transmitted via electronic communications systems except in cases of emergency.

### **Smoking**

- Team members shall use the designated smoking area. There is to be no smoking within any vehicle being used to deliver any CCT service or program.
- No team member shall have a “cigarette break” which results in any danger to a client, team member or member of the general public (e.g. leaving vulnerable clients unattended).

### **Contractor Performance**

The organisation has the responsibility for monitoring the WHS performance and work quality of contractors to ensure that they are adhering to their contractual requirements. Any checks to monitor contractor performance need to be documented (**Contractor Performance Review**), reported and discussed with relevant individuals. These should form the basis of future decisions when appointing contractors to supply services.

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**Memorandums of Understanding / Client Service Contracts**

These are in place to ensure:

- quality service provision
- WHS compliance
- confidentiality
- IT management

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

DOC 2.07-1-1            Contractor Agreement  
DOC                      Contractors Induction Checklist  
DOC                      Contractor's Risk Management Plan

**Corresponding Policy**

[POL 2.07](#)                      [Contractors](#)

**Relevant Standards**

**Community Care Common Standards**

1.5 Continuous Improvement  
1.6 Risk Management

**Disability Service Standards**

6. Service Management

**Procedure History**

<b>No: 2.07-1</b>	<b>Contractors</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## Section 3 Service Delivery

## **Procedure 3.01 Principles to be observed in Service Delivery**

### **Expected Outcome**

Team members will actively promote client 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 client's independence by providing a service that encourages clients to maximise their mobility and wellbeing. This may be done by:
  - Developing care plans based on the clients strengths;
  - 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 clients to become independently mobile;
  - Working with other agencies (e.g. allied health) to assist re-enablement of client skills and independence; and
  - Including and working with client carers or advocates.
- Team members will not assume that they know what service would be best for or preferred by a particular client.
- Team members will always present clients with a range of options, and take account of the clients' preferences. Options may include a choice of:
  - CCT or other community services;
  - Day and/or time of service;
  - Type of service provided; and
  - Team members providing CCT services (where possible).
  - Specific options to cater to individual need

**Clarence Community Transport Inc.**  
**Section 3 Service Delivery**  
**Policy 3.01**  
**Principles to be observed in Service Delivery**

**Standard**  
**HCS** 2.1, 3.1,  
3.2, 3.3, 3.4,  
3.5.  
**DSS** 1-6

- Services will be tailored, within available resources, to suit the client's needs as well as being responsive and able to be modified to meet the client's changing need over time.

## **2. Encourages Feedback**

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

- Team members talking individually with clients at time of service;
- Surveys
- Discussing CCT and future plans informally with clients on outings and social gatherings;
- Encouraging clients and their carers to talk on a one to one basis about their needs and the services provided; and
- Planning and feedback sessions with targeted groups.

<b>Steps</b>	<b>Action/Evidence</b>	<b>Who does it</b>	<b>When</b>
1	Provision of options shown on Assessment	Assessor	At Assessment
2	Record keeping of feedback	All Team Members	Anytime

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

Computerised Client 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      Incident/Accident/Complaint Record Form

### **Corresponding Policy**

[POL 3.01    Service Principles](#)

### **Relevant Standard**

#### **Home Care Standards**

2.1 Service Access

3.1 Information Provision

3.2 Privacy & Confidentiality

<b>Clarence Community Transport Inc.</b> <b>Section 3 Service Delivery</b> <b>Policy 3.01</b> <b>Principles to be observed in Service Delivery</b>	<b>Standard</b> <b>HCS</b> 2.1, 3.1, 3.2, 3.3, 3.4, 3.5.  <b>DSS</b> 1-6
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3.3 Complaints & Client Feedback

3.4 Advocacy

3.5 Independence

### **Disability Service Standards**

1. Rights

2. Participation and Inclusion

3. Individual Outcomes

4. Feedback & Complaints

5. Service Access

6. Service Management

### **Procedure History**

<b>No: 3.01</b>	<b>Principles to be observed in Service Delivery</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## **Procedure 3.02 Information Provision**

### **Expected Outcome**

CCT Stakeholders will be aware of:

- What information is provided to clients and volunteers;
- Whose responsibility it is to ensure information is updated/reviewed
- When information is to be provided

### **Training Requirements**

Relevant team members

### **Procedure**

#### **1. Client Information Handbook**

The Quality Controller is responsible for producing and maintaining the Clients' Handbook. The Handbook will include details of how services are provided, the fees, the complaints procedure, the use of advocates and clients rights and responsibilities. At the time of initial assessment the assessor will verbally convey a summary of pertinent points contained in the handbook.

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

Ideally the Client Information Handbook will be printed in other languages relevant to the demographics.

<b>Steps</b>	<b>Action</b>	<b>Who does it</b>	<b>When</b>
1.	Producing/Maintaining Client Handbook	Quality Controller	Reviewed at least annually
2.	Handbook given to client/carers	Delegated Team Member	At time of assessment/reassessment/first service event

**Clarence Community Transport Inc.**  
**Section 3 Service Delivery**  
**Policy 3.02**  
**Information Provision**

**Standard**  
**HCS 2.1, 2.2**  
**3.1,**  
**DSS 3, 5**

## 2. Service Specific Leaflets

Leaflets may be produced to provide information to clients and their carers about specific services provided.

Steps	Action	Who does it	When
1.	Leaflets are printed and available to assessor/general public	Operations Coordinator ensures.	When new services are developed
2.	Leaflets given to clients.	Delegated Team Member	At time of assessment/reassessment /service event
3.	Leaflets are made available throughout the fleet vehicles.	Quality Controller & Manager	When new services are developed
4.	Leaflets are available to general public (see promotion procedure)	Project Managers and relevant Team Members	As per Promotions procedure

<b>Clarence Community Transport Inc.</b> <b>Section 3 Service Delivery</b> <b>Policy 3.02</b> <b>Information Provision</b>	<b>Standard</b> <b>HCS 2.1, 2.2</b> <b>3.1,</b> <b>DSS 3, 5</b>
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### 3. The Volunteers Newsletter

The Volunteers Newsletter is produced at minimum twice per annum and includes topics of interest, information, diary dates, new services, WHS matters.

Steps	Action	Who does it	When
1.	Information of interest given to Operations Coordinator	All Team Members	Whenever interesting information comes to hand
2.	Develop the newsletter	Operations Coordinator	Twice annually, (minimum).
3.	Newsletter available on Web-site	Operations Coordinator	As developed

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

DOC 3.02-1-1 Client Information Handbook

DOC 3.02-1-3 Volunteer Newsletter Coversheet

#### Corresponding Policy

[POL 3.02 Information Provision](#)

#### Relevant Standard

##### Home Care Standards

2.1 Service Access

2.2 Assessment

3.1 Information Provision

##### Disability Service Standards

3. Individual Outcomes

5. Service Access

#### Procedure History

No: 3.02	Information Provision		Date Approved		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## **Procedure 3.03 Diversity**

### **Expected Outcome**

CCT strives for 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**

To create a culture of diversity CCT will develop strategies to target identified groups and ensure these groups are representative throughout the organisation, including the Governance Body, staffing structure, volunteer composition and clients.

### **Clients:**

Individualised assessment and care planning will include client diversity and preference when designing CCT Care Plans.

Practices designed to cater to individual client diversity & need include:

- Sensitive intake procedure and relevant options e.g. inclusion of transgender.
- Choice of time and duration of service, (e.g. Carers outings – short timeframes).
- Choice of type of service (e.g. individual transport, group transport, taxi vouchers etc.)
- Choice of type of assistance (e.g. may require increased allocation of time to allow client to independently get to vehicle, may require two team members to assist client)
- Choice of type of team members (e.g. client may require a woman driver, particularly for cultural appropriateness.)
- Type of Vehicle allocated (e.g. car, bus, wheelchair access etc.)
- Choice of Booking method (e.g. phone, email, face to face - particularly in Aboriginal Communities)
- Use of interpreters
- Use of TTY

### **Clients from Culturally & Linguistically Diverse Backgrounds**

In cases where the client does not speak English an interpreter service will be used to ensure that the client understands the assessment and review process, the services being offered and the general information provided in the Client Information Handbook. If the client is in the process of accessing other services a joint assessment will be canvassed with the client.

The need for an interpreter service will be clearly identified at assessment. As much as possible an interpreter will be used in place of a family member or friend of the client. Having an independent interpreter may make the client feel more comfortable to discuss sensitive issues and will result in a more thorough assessment of the client's needs.

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

### **Clients Who Cannot Read or Write**

In cases where a client cannot read or write, team members will ensure that the information regarding the assessment, review, care plan and services are clearly explained and understood by the client.

### **Clients with Dementia/Brain Injury**

To whatever extent possible clients with dementia or brain injury will be given the same information as other clients and their questions answered. CCT is not resourced to provide services to people with high needs, however at times with the provision of paid workers and or Carers, limited services may be provided for people with severe dementia or severe intellectual, psychiatric or brain injury disabilities. Regarding information, the focus will be on ensuring that the carers and/or advocates are fully aware of the contents of the Client Information Handbook and the information regarding assessment, review, care plans and services.

### **Clients with Challenging Behaviours**

Clients with challenging behaviours should be supported wherever possible, and their family/ advocate advised about the best ways to assist. In providing a "positive approach" in service delivery, the balance between duty-of-care to clients and volunteers, dignity of risk and work health and safety issues must be carefully maintained.

A positive approach may also involve referral to services that can assist with developing specific "behaviour intervention" strategies.

Problems making informed decisions can also lead to challenging behaviours team members will consult the Ascertaining client Capacity to Make Informed Decisions Procedure.

**Clarence Community Transport Inc.  
Section 3 Service Delivery  
Policy 3.03  
Diversity**

**Standard**  
**HCS** 2.1, 2.2,  
2.3, 2.5, 3.5  
**DSS** 1,2,3,  
5,6

### **Clients with Mental Illness/Psychiatric Disability**

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."

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

After an assessment of a client with Mental Illness/Psychiatric Disability, a specific care plan will be created to suit the individual client. Every attempt will be made to enable the client to access services. Continual monitoring will occur of the client to make certain that the program is appropriate and is benefiting the client.

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

DOC 3.02-1-1                      Client Information Handbook

DOC 3.04-1-1                  Client Codes

DOC 3.04-1-2                      Interpreter Services

### **Corresponding Policy**

[POL 3.04    Diversity](#)

### **Relevant Standard**

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

2.1 Service Access

2.2 Assessment

2.3 Care Plan Development & Delivery

2.5 Service User Referral

3.5 Independence

#### **Disability Service Standards**

1. Rights

2. Participation & Inclusion

3. Individual Outcomes

5. Service Access

6. Service Management

## Procedure History

<b>No: 3.03</b>	<b>Diversity</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## Procedure 3.04-1 Assessment

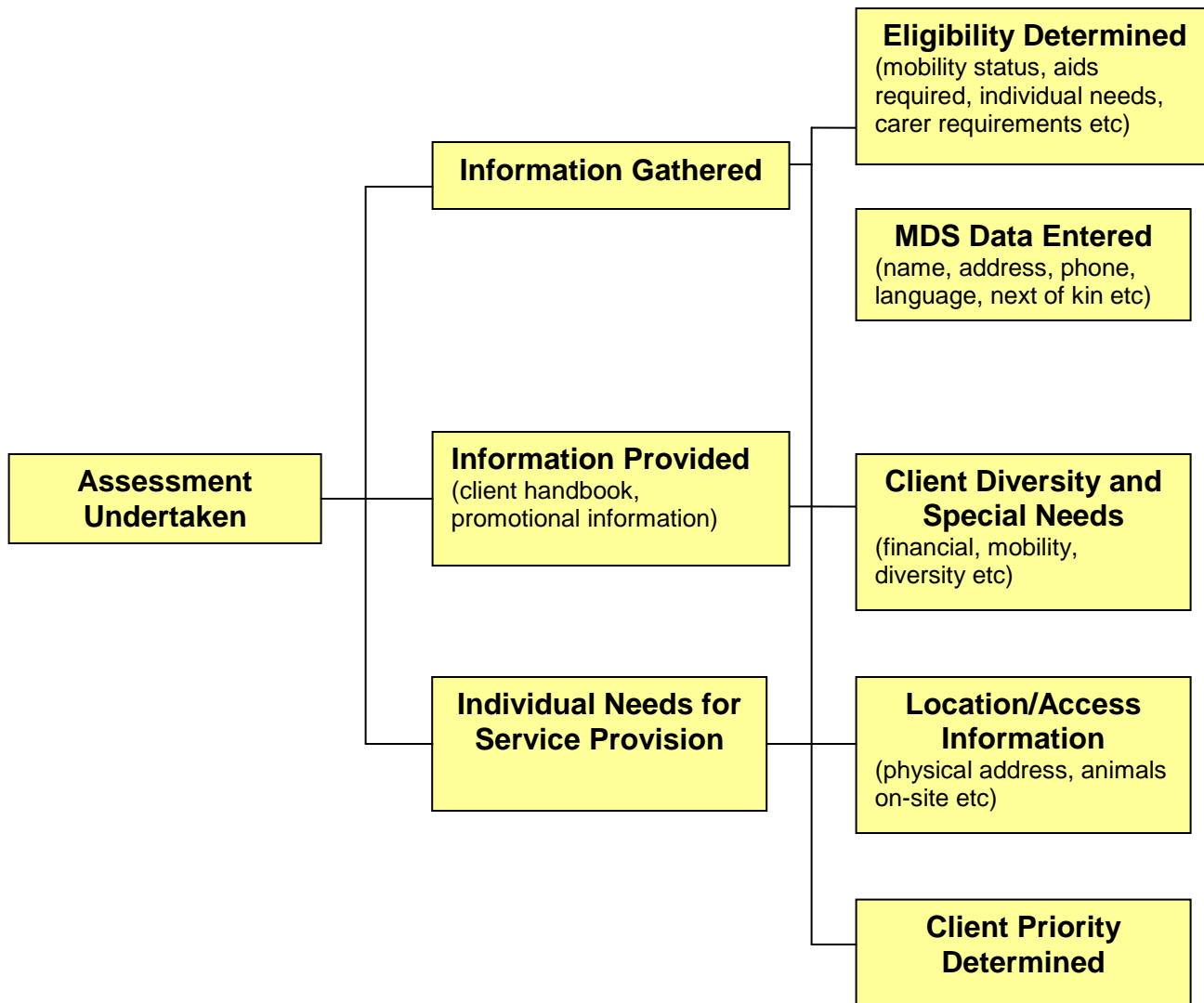
### Expected Outcome

CCT Stakeholders will be aware of how Assessments for Service are conducted

### Training Requirements

Any team members undertaking assessments of clients

### Assessment Procedure



### **Assessment Principles**

CCT places a high importance on the quality of the client assessment process to make sure each individual client is encouraged to discuss their situation to ensure the organisation can provide a service that is tailored, within available resources, to meet their individual goals and needs while protecting their rights to privacy and self- determination.

CCT will consider a person's culture, background, history, language, level of cognitive function, disability, communication, lifestyle and need for advocate during assessment.

CCT will contact the referrer, when appropriate, to facilitate a holistic assessment.

CCT will use proven and validated assessment tools and (when required) risk assessment tools, when assessing a client's care needs.

With the client's permission, CCT will include carers, family members or other significant people in the assessment as required.

In conducting the assessment/review, the following procedures will be observed:

#### **Information about the assessment/review**

The client will be made aware that they are being assessed / reviewed to determine their need for services. Clients will be made aware of the criteria used and informed of the outcome of the assessment/review.

It will be made clear to the client that their need for services will be reviewed by CCT at a minimum, every 12 months, and that services CCT provide may change as a result of the review. If services are provided on a limited basis, the client will be made aware of the limitations of service.

The client will be provided with a copy of the Client Information Handbook at the time of assessment with mention to pertinent aspects.

#### **Referrals and Co-ordination with Other Services**

When a service is unable to be provided referral options will be provided where possible. The client has the right to refuse a service. Refusal will not prejudice their future access to services.

Any referrals to another service on behalf of the client will be agreed to by the client and consent will be obtained prior to information being given to/or being requested from another agency.

When a referral is made this is to be documented on the client's file. Referrals will be followed up and the outcome noted on the client file where possible.

Confidentiality will be maintained at all times. Referral records should be utilise din planning processes.

**Clarence Community Transport Inc.  
Section 3 Service Delivery  
Policy 3.04-1  
Assessment**

**Standard  
HCS 2.1, 3.1  
3.5  
  
DSS 1-6**

**Assessments:**

Following initial contact with CCT, the Assessor will contact the person requesting the Service within seven working days to arrange an assessment interview if required.

Assessment is usually conducted by phone using an MDS compliant Computerised Client Management Program.

The assessment is between the Assessor, the client, and with their permission, his/her carer, legal guardian or advocate. Interpreter services will be used when required. Should a conflict of interest be identified another worker will undertake the assessment or another agency will be asked for support.

All clients using a wheelchair (manual/electronic) or a scooter of any kind will be provided with an Access assessment to ensure the most appropriate service is provided.

Client individual needs and how service is to be provided is recorded by the use of Client Codes and information gained at each booking made by the client.

At the completion of the assessment process if the client is deemed eligible for service and CCT has the resources to cater to the clients need, the Service will commence as soon as possible and/or at a time to best meet clients' needs.

**Declining Services:**

- a) The client is eligible for the service, however CCT does not have the necessary resources to be able to provide the requested service at that time. In this instance the client will be given information about other options and appropriate referral made with the client's permission and/or the clients name placed on a waiting list for service.
- b) The client is eligible for the Service, however because of Work Health & Safety/Duty of Care or specific service issues CCT cannot be provided at that time: In this instance discuss issues with client and thoroughly explore management strategies before Service is refused. CCT may request the assistance of the Aged Care Assessment Team, physiotherapists or other appropriate agencies to provide additional information and/or strategies to allow for service delivery

Matters that lead to a refusal of service because of Work Health and Safety and/or Duty of Care 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;
- Duty of Care could be compromised;
- The client continually makes unreasonable demands on team members;

**Clarence Community Transport Inc.**  
**Section 3 Service Delivery**  
**Policy 3.04-1**  
**Assessment**

**Standard**  
**HCS 2.1, 3.1**  
**3.5**  
**DSS 1-6**

- Transport needs constitute an unacceptable risk to the health & safety of team members;
  - Wandering or other behaviours become a danger/disturbing to the client, volunteer, employee or other clients of CCT;
  - There is need for medical supervision; or
  - Perceived dangerous unrestrained dog or animal.
- c) The client has chosen to refuse the Service:
- Clients have the right to refuse service. Refusal of service will not prejudice future requests for service. The client is encouraged to read the Client Information Handbook that was given to them at the initial assessment.
- d) The client has been exited:
- Exited clients have the right to have their circumstances reviewed, e.g. past behaviours may now be medically controlled. Requests from exited clients should be referred to Management to conduct a thorough review. The outcome of review should be conveyed verbally and or in writing.
- e) The person requesting service is not eligible for services under the funding guidelines.
- Eligibility criteria should be explained and other options provided if possible.

### **Privacy in Assessment**

The Assessor will note any particular privacy requirements of the client e.g. for a particular family member not to be present.

### **Client files**

File notes should be kept of clients' contact which involves:

- Assessment;
- Review;
- Change in care plan;
- Change in circumstances of the clients;
- Complaints;
- Reports/information from other agencies; and
- Requests from the client for any change in service.

**Clarence Community Transport Inc.  
Section 3 Service Delivery  
Policy 3.04-1  
Assessment**

**Standard**  
**HCS 2.1, 3.1**  
**3.5**  
  
**DSS 1-6**

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

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/Client 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	Client Access/Equipment Report

**Corresponding Policy**

[POL 3.05 Assessment and Care Planning](#)

**Relevant Standard**

**Community Care Common Standards**

2.2 Assessment

3.1 Information Provision

3.5 Independence

**Disability Service Standards**

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

**Procedure History**

<b>No: 3.04-1</b>	<b>Assessment</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## **Procedure 3.04-2 Service Care Plans**

### **Expected Outcome**

Each client will have their individual needs met.

### **Training Requirements**

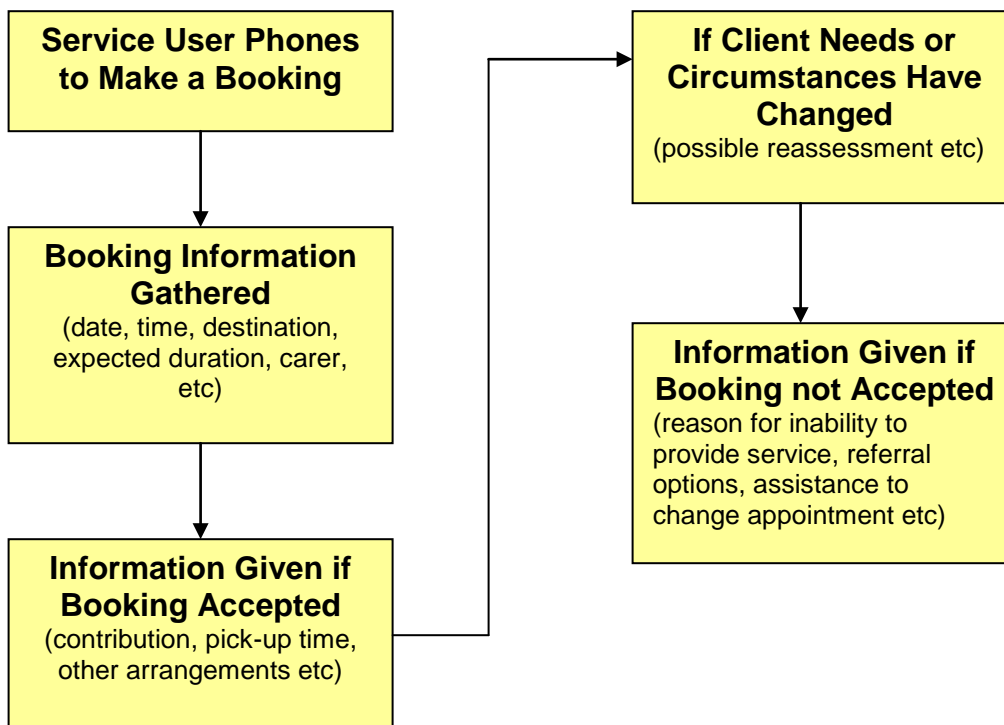
All team members taking Bookings and undertaking Assessments/Reassessments

### **Procedure**

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

Should a Team Member report a change to the clients circumstances or needs the Assessor will action and file appropriately.

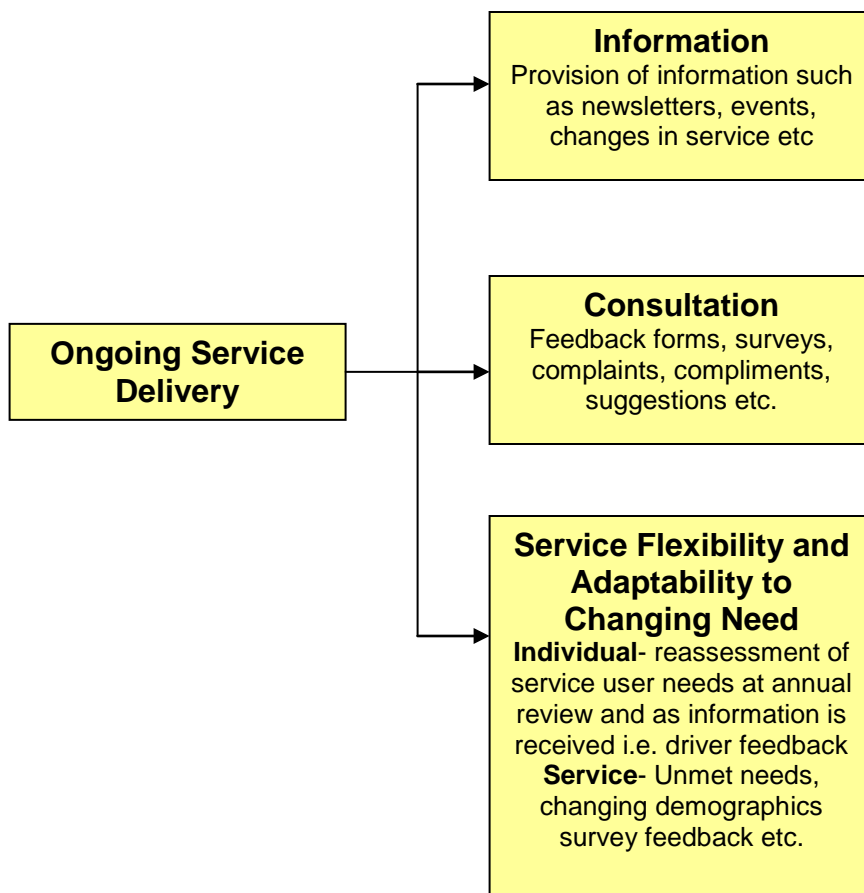
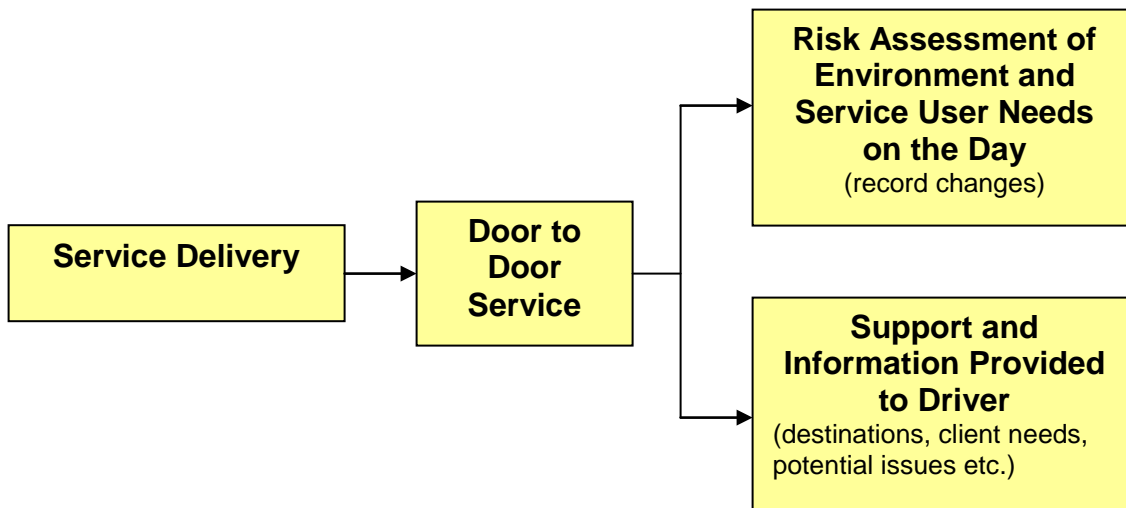
### **Transport Flowchart**



**Clarence Community Transport Inc.**  
**Section 3 Service Delivery**  
**Policy 3.04-2**  
**Service Care Plans**

**Standard**  
**HCS 2.3, 3.5**  
**DSS 1,2,3,5,6**

**Flow Chart Continued**



<b>Clarence Community Transport Inc.</b> <b>Section 3 Service Delivery</b> <b>Policy 3.04-2</b> <b>Service Care Plans</b>	<b>Standard</b> <b>HCS 2.3, 3.5</b>  <b>DSS 1,2,3,5,6</b>
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### Documents to be completed and/or related to this procedure

DOC 3.04-1-1      Client Codes  
DOC 3.05-2-1      Client Access/Equipment Report

### Corresponding Policy

[POL 3.05    Assessment and Care Planning](#)

### Relevant Standard

#### Home Care Standards

2.3 Care Plan Development & Delivery

3.5 Independence

#### Disability Service Standards

1. Rights
2. Participation & Inclusion
3. Individual Outcomes
5. Service Access
6. Service Management

### Procedure History

No: 3.04-2		Service Care Plans		Date Approved	
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## **Procedure 3.05-3 Reassessment & Service Plan Review**

### **Expected Outcome**

CCT Stakeholders will be aware of the process undertaken to re-assess clients changing needs and review of service plans.

### **Training Requirements**

Assessor

### **Procedure**

#### **Reassessment**

Re-assessments are to be completed each 12 months or as triggered by changing needs. All information on the original assessment 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 client circumstances (e.g. increased isolation, fluctuating health or the need for a carer).

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

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

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

Client reassessments will be undertaken on the next booking made by the client after the reassessment falls due. If the client is unable to undertake the reassessment at that time a suitable time will be arranged with the client.

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 clients other services.

**Clarence Community Transport Inc.**  
**Section 3 Service Delivery**  
**Policy 3.04-3**  
**Reassessment & Service Plan Review**

**Standard**  
**HCS 2.4, 3.5**  
**DSS 1-6**

### Results of Reassessment

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

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

### Review of Service Care Plan

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

### Complaints

The clients should be made aware that they can lodge a complaint should they have any concerns regarding their assessment, reassessment or care plan review.

<b>Steps</b>	<b>Action/Evidence</b>	<b>Who does it</b>	<b>When</b>
1.	Scheduled review	Assessor	Reassessment date
2.	Reassessment Triggered	Assessor	When necessary
3.	Appointment made with the client to undertake reassessment	Assessor	As appropriate
4.	Reassessment conducted	Assessor	As appropriate
5.	Client records updated	Assessor	After reassessment
6	Decisions from discussion at reassessment implemented and new care plan developed	Assessor	After reassessment
<b>Steps</b>	<b>Action/Evidence</b>	<b>Who does it</b>	<b>When</b>
7	Review actions recorded on the Computerised client Management	Assessor	After reassessment

<b>Clarence Community Transport Inc.</b> <b>Section 3 Service Delivery</b> <b>Policy 3.04-3</b> <b>Reassessment &amp; Service Plan Review</b>	<b>Standard</b> <b>HCS 2.4, 3.5</b>  <b>DSS 1-6</b>
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**Documents to be completed and/or related to this procedure**

DOC 3.05-2-1

Client Access/Equipment Report

**Corresponding Policy**

[POL 3.05 Assessment and Care Planning](#)

**Relevant Standard**

**Home Care Standards**

2.4 Service User Reassessment

3.5 Independence

**Disability Service Standards**

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

**Procedure History**

<b>No: 3.04-3</b>	<b>Reassessment &amp; Care Plan Review</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

<b>Clarence Community Transport Inc.</b> <b>Section 3 Service Delivery</b> <b>Policy 3.04-4</b> <b>Co-ordination/Collaboration with other Agencies</b>	<b>Standard</b> <b>HCS 1.3, 2.3,</b> <b>2.5, 3.1, 3.5</b>  <b>DSS 3, 5, 6</b>
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## **Procedure 3.04-4 Co-ordination/Collaboration with other Agencies**

### **Expected Outcome**

CCT Stakeholders will be aware of how CCT 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 services are provided in the most effective and efficient manner avoiding duplication or gaps in services.

CCT will keep in contact with other relevant services through the attendance at Aged & Disability Forums, Interagencies, Meetings, Case Conferences (when appropriate) and Annual Regional Planning Days.

The Manager will ensure that other agencies are aware of the Services available so that they can promote the Service amongst their own clients and refer any people who may be eligible.

Attendance by team members at other meetings outside of CCT should be discussed with the Manager and should fulfil the following purposes:

- To co-ordinate services provided by the agencies.
- To co-ordinate services provided to a client by more than one agency.
- To discuss common issues, best practices and needs including training.
- To lobby for resources and improvement in transport and other relevant services for the target groups across the funded region.
- To ensure that gaps in services are met across the region, and to avoid duplication of services.
- Co-ordination of services to an individual client, as per Case Management procedure.

<b>Clarence Community Transport Inc.</b> <b>Section 3 Service Delivery</b> <b>Policy 3.04-4</b> <b>Co-ordination/Collaboration with other Agencies</b>	<b>Standard</b> <b>HCS 1.3, 2.3,</b> <b>2.5, 3.1, 3.5</b>  <b>DSS 3, 5, 6</b>
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Steps	Action/Evidence	Who does it	When
1	Ensure Promotion material is clear and up to date	Manager ensures	Regularly
2	Ensure representation at relevant forums and networks Identify other agencies	Manager	As relevant
3	Client care plans show co-ordination with other agencies when appropriate	Assessor	At Assessment & Reassessment

### **Developing Collaborative Partnerships with Other Agencies**

Clients 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 clients;
- 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 clients (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 CCT 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

### **Corresponding Policy**

[POL 3.05    Assessment and Care Planning](#)

<b>Clarence Community Transport Inc.</b> <b>Section 3 Service Delivery</b> <b>Policy 3.04-4</b> <b>Co-ordination/Collaboration with other Agencies</b>	<b>Standard</b> <b>HCS 1.3, 2.3,</b> <b>2.5, 3.1, 3.5</b>  <b>DSS 3, 5, 6</b>
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## Relevant Standard

### Home Care Standards

- 1.3 Information Management Systems
- 2.3 Care Plan Development & Delivery
- 2.5 Service User Referral
- 3.1 Information Provision
- 3.5 Independence

### Disability Service Standards

- 3. Individual Outcomes
- 5. Service Access
- 6. Service Management

## Procedure History

<b>No: 3.04-4</b>	<b>Co-ordination &amp; Collaboration with other Agencies</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## Procedure 3.04-5 Case Management

### Expected Outcome

CCT Stakeholders will be aware of how CCT participates in case management

### Training Requirements

Program Coordinators, Management and Relevant Personnel.

### Procedure

CCT has adopted a person-centered approach and has a holistic approach to service delivery encompassing all services provided. CCT is not a Case Management service. Clients identified as *High Needs Clients* may receive limited, short term, individual case management where necessary and appropriate. Clients will be referred on to an appropriate service if Case Management is identified as an ongoing need. Case Management in this setting is responsive to client needs, outcome focused, short-term and specific to the services offered by CCT.

- The client's needs and wishes are to drive the case management process.
- Program coordinators and Management will determine which team members are to be involved in the Case Management process and outside expertise may be sought, e.g. physiotherapist.
- Family, Carers or advocates are to be involved where applicable.
- Where the nature of service delivery is ongoing *Support Agreements* are to be developed from case management processes and agreed to by all parties.
- Care plans developed from case management processes may require a trial period with frequent monitoring.
- If a client is case-managed by another service, CCT will liaise with the Case Management Agency and with the client's permission, inform them of any developments that may assist them to work more effectively with the client.

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

DOC 3.05-5-1 Notification to Case Manager

[PRO 3.05-2](#) [Service Care Plans](#)

### Corresponding Policy

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

## Relevant Standard

### Home Care Standards

2.3 Care Plan Development & Delivery

3.1 Information Provision

3.4 Advocacy

3.5 Independence

### Disability Service Standards

1. Rights

2. Participation & Inclusion

3. Individual Outcomes

5. Service Access

6. Service Management

## Procedure History

No: 3.04-5	Case Management		Date Approved		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## **Procedure 3.04-6 Government Funded Service Types Provided to Clients**

### **Expected Outcome**

CCT Stakeholders will be aware of the Service Types CCT is funded to provide.

### **Training Requirement**

All team members

### **Procedure**

CCT is provided with funds from various funding bodies. Currently CCT receives:

Service Type	To Whom	Funding Body	Program
Transport	Elderly	DSS: Dept. Social Services	HACC (Home and Community Care)
Transport	People with disabilities.	ADHC: Aging Disability and Home Care.	
Transport	Elderly, people with disabilities, geographically isolated, socially isolated, transport disadvantaged, temporary mobility problems.	Transport for NSW	Community Transport
Transport	Youth	Transport For NSW	Community Transport
Transport	Health	NSW Department of Health	NGO Programs
Transport	Aboriginal	Transport for NSW	Community Transport

The Service type descriptions change from time to time - the current service type description is contained within Document 3.05-6-1

<b>Clarence Community Transport Inc.</b> <b>Section 3 Service Delivery</b> <b>Policy 3.04-6</b> <b>Government Funded Service Types Provided to Clients</b>	<b>Standard</b> <b>HCS 1.1, 2.1,</b> <b>3.1</b> <b>DSS 5, 6</b>
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**Documents to be completed and/or related to this procedure**

DOC 3.05-6-1      Service Types Provided to Clients

**Corresponding Policy**

[POL 3.02    Information Provision](#)

**Relevant Standard**

**Home Care Standards**

1.1 Corporate Governance

2.1 Service Access

3.1 Information Provision

**Disability Service Standards**

5. Service Access

6. Service Management

**Procedure History**

<b>No: 3.04-6</b>	<b>Service Type Provided to Clients</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## **Procedure 3.04-7 Implementing New Services & Off site Activities**

### **Expected Outcome**

CCT 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, CCT will undertake the following steps to ensure the smooth implementation of the Service:

- Development of a promotion strategy including:
  - Client 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 clients 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 clients;
  - how to gather input to the new service from clients; and
  - administration arrangements for the new service.
- Development of Evaluation Strategy based on feedback from clients, the Community and team members regarding the effectiveness of the Service. Methods utilised may include:
  - Holding a focus group to discuss the new service (with clients, at networks etc.);

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**Policy 3.04-7**  
**Implementing New Services & Off site Activities**

**Standard**  
**HCS 1.5, 1.6,**  
**3.1, 3.3**  
  
**DSS 3, 5, 6**

- Conducting a survey (written/phone) of the clients, 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 clients 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 CCT 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, consultation) all off-site venues will be assessed to ensure they are suitable to the needs of clients using a Venue Checklist.

<b>Steps</b>	<b>Action/Evidence</b>	<b>Who does it</b>	<b>When</b>
1	Development of appropriate Promotion/Evaluation Strategy and Team Member Training	Project Manager/coordinators, Administrator, delegated Team Members	Prior to implementation
2.	Implement Service or Change to Service	delegated Team Members	On agreed date
3.	Evaluate	Project Manager/Coordinators,	At agreed date
4	Use feedback to improve service	Project Manager/Coordinators	As identified
5	For Outings – Outing Information & Evaluation Report completed	Team Members	Prior to and after Outings
6	Outings – Venue Checklist will be completed	Team Members	In Planning stage of Outing

<b>Clarence Community Transport Inc.</b> <b>Section 3 Service Delivery</b> <b>Policy 3.04-7</b> <b>Implementing New Services &amp; Off site Activities</b>	<b>Standard</b> <b>HCS 1.5, 1.6,</b> <b>3.1, 3.3</b>  <b>DSS 3, 5, 6</b>
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**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**

**Home Care Standards**

- 1.5 Continuous Improvement
- 1.6 Risk Management
- 3.1 Information Provision
- 3.3 Complaints & Service User Feedback

**Disability Service Standards**

- 3. Individual Outcomes
- 5. Service Access
- 6. Service Management

**Procedure History**

<b>No: 3.04-7</b>	<b>Implementing New Services &amp; Off Site Activities</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## **Procedure 3.04-8 Service Parameters**

### **Expected Outcome**

CCT 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 clients' right to be as independent as possible. Should a client require assistance the least invasive approach must be taken. Physical contact should only occur after the client has given permission. Examples include:

- Rather than leaning over the client to clip in a seatbelt; giving the seatbelt to the client to hold until the Driver is seated in the Driver's seat and can take the seatbelt and clip it in.
- Asking the client if they need assistance and following their instructions while ensuring your own safety.

**Collecting Fees** – clients should be encouraged to handle their own finances. In some situations (e.g. bad lighting) the Driver may assist the client by pointing to the correct coins and notes.

**Respecting Team Members and other Clients** - clients have a responsibility to treat other clients and team members with respect and consideration. Verbal Abuse, inappropriate language, bullying or harassment will not be tolerated by CCT.

### **Short Notice**

Often our lives cannot be planned and appointments etc. may come up with very little notice. While CCT asks that clients provide as much notice as possible, CCT 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 clients' 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 client eligible for service is unduly inconvenienced.

**Seatbelts** – referred to in other sections of this manual

**Oxygen** – referred to in the WHS manual

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

DOC 3.02-1-1 Client Information Handbook

## Corresponding Policy

[POL 3.05 Assessment and Care Planning](#)

## Relevant Standard

### Home Care Standards

2.1 Service Access

2.2 Assessment

2.3 Care Plan Development & Delivery

3.5 Independence

### Disability Service Standards

1. Rights

3. Individual Outcomes

5. Service Access

## Procedure History

No: 3.04-8	Service Parameters		Date Approved		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## **Procedure 3.05 Privacy & Confidentiality**

### **Expected Outcome**

Team members and clients are aware of, and adhere to, procedures that support Australian Privacy Principles (APPs) included in the Privacy Act 1988.

### **Training Requirements**

All team members should be aware of and understand the Privacy and Confidentiality Policy and shall receive appropriate training in order to ensure this

### **Procedure**

CCT is committed to ensuring that details about clients and team members are kept confidential, and only disclosed with the persons' permission. This procedure is aligned to the Principles of the Privacy Act 1988. 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 Manager will review all funding agreements to ensure that the organisation's Privacy procedures remain compliant with all funding requirements.

### **Types of Information Which Shall be treated as Confidential**

CCT's Privacy and Confidentiality Policy covers information relating to:

- names and addresses of clients and team members;
- disabilities or special needs experienced by clients;
- health conditions experienced by clients;
- behavioural conditions experienced by clients;
- occupations or lifestyle of clients;
- financial dealings or status of clients;
- acquaintances or friends of clients;
- religion/cultural background of clients;
- client or client complaints;
- personal details of team members;
- team member disciplinary, appraisal or grievance procedures;
- audio visual information and images.

**Note: Confidential information can occur in verbal, written, photographic, audio or computer record form.**

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**Privacy & Confidentiality**

**Standard**  
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**3.2, 3.5**  
  
**DSS 1, 3, 6**

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

The following aspects of service provision are considered to require consideration of Privacy & Confidentiality:

**Client Assessments**

Where a formal assessment is necessary it should take place in an area which provides privacy and confidentiality.

The assessment should be between an authorised team member and the client, and with the client's consent, his/her legal guardian or advocate only.

The team member should note any particular privacy requirements of the client e.g. relevant care or safety information.

**Collection & Provision of Information**

- Information held by CCT about a client will be information required by funding bodies and 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 information held by CCT regarding team members will be personal information required for the employment/recruitment of team members.
- All entries in client 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.
- CCT will provide clients and team members information regarding the purpose and use of personal information including who will have access to this information.

**Access to and Disclosure of Information**

- The consent of the client or team member must be obtained to utilise the client's/team members name, photographs, videos or voice that identify an individual. Consent should be given using a Consent to use Client image/voice in promotional material form.
- Management personnel 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 client, supervision of team members) will have access to personal information related to clients or team members.

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- Clients 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 management personnel. This right will also be made clear in team members Orientation Handbooks and Client Information Handbooks.
- Access to employee records is restricted to management personnel.
- In cases of emergencies the 'First Contact' or nominated person/advocate on the computerised Client 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.
- Clients have the right to read any personal information kept about them by CCT. Requests from clients to access files should be referred to management personnel who should ensure that assistance is provided for the client to access information on his/her file within two weeks. A team member should be made available to explain any terminology to the client.
- Clients may nominate their carer, the clients' advocate and the clients' legal guardian to access their information. Carers and Advocates must have the clients' permission, where this can be given.
- When a client joins CCT they are advised of the privacy and release of information procedures within the organisation including that information is kept confidential.
- Personal information will only be faxed or emailed where necessary to provide services. Personnel receiving information will be trained in the appropriate management of the information.
- Information that is passed on is marked 'private and confidential'.
- Access to some information may breach confidentiality of team members or another client 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 client 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

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- 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.
- Confidentiality is between the client and agency (not particular team members) team members will inform the clients that they have to report any information that may impact upon the service provided.

<b>Steps</b>	<b>Action/Evidence</b>	<b>Who does it</b>	<b>When</b>
1	Client indicates their wish for information to be released to them or delegate	Client	Anytime
2	Release of Information Form is completed	Client	Anytime
3	Information is released	Management Personnel	After consent obtained
4	Consent to release information filed in clients file	Operations Manager	After information released

**Storage of Personal Information**

- Clients or team members will be informed of CCT's responsibilities in relation to the protection of personal information through:
  - Client Handbooks;
  - Service Agreements; and
  - CCT policies and procedures regarding privacy and confidentiality.
- All computers containing information regarding clients and team members will be password protected. Passwords will be recorded on the Computer Password Register which will be kept in a secure location by the Quality Controller of CCT.
- Any Sub Contractors which CCT utilises will be required to sign a confidentiality agreement.
- The anonymity of clients 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.
- Any hardcopies of files relating to clients and team members will be kept locked when not in use. Keys to client files and team members/volunteer files will only be provided to authorised personnel.

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**DSS 1, 3, 6**

- Files removed from the office should ensure security measures are in place, e.g. coded access to on-call backup data.

**Disposal of records:**

- All confidential written material must be shredded prior to disposal.
- All records kept on databases must be erased prior to disposal of equipment

**Additionally: Governance Body members must not:**

- Disclose to any person any information concerning the financial details of the organisation or its projects;
- Disclose to any person any matter raised at Governance Body Meetings, whether documented or otherwise, without the express approval of the majority of Governance Body members;
- Disclose any matter relating to:
  - Governance Body Meetings;
  - Team member Remuneration;
  - Personnel matters, including employment;
  - Financial Arrangements;
  - Team members; or
  - Any disciplinary actions taken
- Without the express approval of the majority of Governance Body members or where the information is required in the day to day business of the projects (e.g. Financial Administration Assistant having details of team member remuneration.)
- Cause Governance Body documents to be released to any person without the express approval of the majority of Governance Body members. For the purpose herein, Governance Body papers shall include but not be limited to:
  - Financial Records;
  - Governance Body Minutes;
  - Governance Body Agenda's;
  - Governance Body Reports;
  - Correspondence and memoranda; and
  - Performance Dispute/Grievance Reports.

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

DOC 1.03-3-1	Code of Behaviour
DOC 3.06-1-1	Consent to Release Information
DOC 3.06-1-2	Consent to use Client Image/Voice in Promotional Material
DOC 3.06-1-3	Computer Password Register

### **Corresponding Policy**

[POL 1.03 Quality Management](#)

[POL 3.06 Privacy & Confidentiality](#)

### **Relevant Standard**

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

- 1.2 Regulatory Compliance
- 1.6 Risk Management
- 3.2 Privacy & Confidentiality
- 3.5 Independence

#### **Disability Service Standards**

- 1. Rights
- 3. Individual Outcomes
- 6. Service Management

### **Procedure History**

<b>No: 3.05</b>	<b>Privacy &amp; Confidentiality</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## **Procedure 3.06 Client Complaints**

### **Expected Outcome**

CCT Stakeholders will be aware of the importance CCT places on client input to service. Team members will be aware of the correct procedure to encourage input and complaints.

### **Training Requirements**

All team members

### **Statement**

Feedback from clients is important in ensuring that services are continuing to meet clients' needs and for planning appropriate services.

An important source of feedback is clients' complaints; these are welcomed and encouraged by CCT.

### **Complaints Procedure**

All clients shall be made aware of their right to complain, understand the complaints procedure and the use and availability of advocates.

Clients have a right to complain about the service they are receiving without fear of retribution and can expect complaints to be dealt with promptly.

CCT will take steps to ensure that clients feel comfortable to continue accessing the service after making a complaint.

The process for making a complaint is included in the Client's Information Handbook given to clients at the time of assessment. Information is made available periodically.

The client has the right to use an advocate of their choice to negotiate on their behalf. This may be a family member or friend, or involve an external agency.

Team members will be trained to take note of clients concerns and act promptly so that they are addressed as part of service monitoring and before concerns become a complaint.

Complaints are recorded on an Incident/Accident/Complaints Record Form and entered into the Incident/Accident/Complaints Register. The register is to be tabled at Board meetings and summary reports provided. All client complaints are to be given to the Grievance Officer.

Person/s affected by the complaint should be fully informed of all facts and given the opportunity to put their case.

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**Section 3 Service Delivery**  
**Policy 3.06**  
**Client Complaints**

**Standard**  
**HCS 1.2, 1.5,**  
**3.3**  
  
**DSS 4, 6**

## **Complaints**

- Clients are encouraged in the first instance, to raise their complaint with the team member or supervisor responsible for delivering the service concerned.
- Team members that have had a complaint expressed to them must document the matter on an Incident/Accident/Complaints Record Form and present it to the Manager ASAP.
- If the client is not happy to discuss the issue with the team member or supervisor responsible for delivering the service concerned, they may contact the Manager.
- If the complaint is about the Manager the complainant may choose to go directly to the Chairperson.
- Clients may use an advocate to negotiate on their behalf.

### **Personnel responsible for dealing with the complaint will:**

- a. endeavor to contact the client/complainant within the first week after receiving the complaint to acknowledge the complaint and to outline timelines for investigation and resolution
  - b. ensure the complaint is investigated appropriately and in a fair and impartial manner
  - c. review progress and provide complainant with a progress report if complaint cannot be resolved within one month
  - d. ensure the complaint is resolved and the resolution is communicated to the complainant within one month of receiving the complaint and ask for their feedback on the complaints procedure
- If the complainant is not happy with the outcome, the complainant may raise the issue with the CCT Chairperson.
  - The Chairperson will investigate the complaint, keeping the client updated weekly, regarding progress. The Chairperson will inform the executive of their investigations and the executive will make a determination. That determination will be advised in writing to the complainant within 28 days of the complaint being received by the Chairperson.
  - If after completion of the above steps, the issue is still not resolved, the complainant can refer the complaint to an external body. The name and contact details of the relevant government department or agency shall be given to the complainant.

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**Client Complaints**

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Outline of the following information to be included in the Client handbook:

The Aged Care Complaints Scheme contact details:

- Phone 1800 550 552 (a free call from fixed lines; calls from mobiles may be charged)
- Deaf or have a hearing or speech impairment, contact them through the [National Relay Service](#):
  - TTY and Speak and Listen users: phone **1800 555 677** then ask for 1800 550 552
  - Internet relay users: connect to the [National Relay Service](#) and enter 1800 550 552
- or lodge a complaint online using the online complaint form at <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-complaints-form.htm>
- or write to  
  
Aged Care Complaints Scheme  
Australian Department of Social Services  
GPO Box 9848  
Sydney

**People with Disabilities**, may choose to contact the Ombudsman NSW:

- Phone: 02 9286 1000 Toll free (outside Sydney metro): 1800 451 524
- Email: [nswombo@ombo.nsw.gov.au](mailto:nswombo@ombo.nsw.gov.au)
- If you are a non-English speaking person, there is a Translating and Interpreter Service (TIS) on 131 450.
- TTY users phone 133 677 then ask for 02 9286 1000.

### **Confidentiality of Complaints**

As far as possible, information regarding complaints shall be kept confidential amongst team members and other individuals directly concerned with resolution. A client's permission must be obtained prior to any information being given to other parties whom it may be desirable to involve, in order to satisfactorily resolve a complaint. In some instances however there is legal requirement and/or duty-of-care to disclose information to an external body e.g. if harm to self or others seems likely or if there are legal implications inherent in the complaint.

<b>Clarence Community Transport Inc.</b> <b>Section 3 Service Delivery</b> <b>Policy 3.06</b> <b>Client Complaints</b>	<b>Standard</b> <b>HCS 1.2, 1.5,</b> <b>3.3</b>  <b>DSS 4, 6</b>
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**Documents to be completed and/or related to this procedure**

DOC 3.07-1-1 Incident/Accident/Complaint Record Form

DOC 3.07-1-4 Incident/Accident/Complaint Register

**Corresponding Policy**

[POL 3.07 Complaints](#)

**Relevant Standard**

**Home Care Standards**

1.2 Regulatory Compliance

1.5 Continuous Improvement

3.3 Complaints & Service User Feedback

**Disability Service Standards**

4. Feedback and Complaints

6. Service Management

**Procedure History**

<b>No: 3.06</b>	<b>Client Complaints</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## **Procedure 3.07 Exiting Clients**

### **Expected Outcome**

Service Stakeholders will be aware of the process undertaken when a client exits CCT.

### **Training Requirements**

All team members

### **Procedure**

A client may exit CCT for a number of reasons including:

- Being accepted into residential care;
- Moving outside the geographic areas covered by CCT;
- CCT no longer meets the client's needs;
- A compatible team member cannot not be maintained;
- The clients home or transport needs continue to constitute an unacceptable risk to the health or safety of the client and team members;
- The continually refuses to abide by the client responsibilities agreed upon regarding use of the Service;
- The client requests the Service to be ceased;
- Improvements in a client's health or functional abilities no longer make them eligible for the Service;
- Death of the client;
- The client requests the Service to be ceased due to dissatisfaction; or
- After a review of the client's needs CCT may determine that the available resources of the program are insufficient to meet the changing/increasing client's needs and transition to another service may be appropriate.

Depending on the reason why the client is exiting CCT the following procedures will be applied.

#### **A) If the client:**

- is accepted into residential care;
- improvements in a client's health or functional abilities no longer make them eligible for the HACC program
- client moves outside the geographic areas covered by CCT; or
- dies.

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**Section 3 Service Delivery**  
**Policy 3.07**  
**Exiting Clients**

**Standard**  
**HCS 3.5**  
**DSS 1-6**

The reason for the client exiting NRCT will be entered on the client's computer records. The file will then be closed.

**B) If the client:**

- requests the Service to be ceased due to dissatisfaction; or
- is accepted into another service/s better able to meet the clients changing needs.

The client will be sent the Client Exit Survey or asked if they would like to complete the survey by phone interview.

**C) If the client:**

- Has a change in their needs CCT may determine that they have insufficient available resources to provide a safe appropriate service and the client may transition to another appropriate service.
- Discuss any issues with the Manager as there may be methods or equipment that can be utilised to enable continuity of service.
- Staff are never to exit a client without authorisation from the Manager. However staff and volunteers retain the right to decline service in instances of doubt.

The client will be contacted and an appointment made to discuss possible options, the client will be reminded that they can choose to have a carer or advocate present.

At the meeting the reason for the need for the client to exit or transition to another service will be explained including the duty of care and staff training implications. Information and brochures of appropriate services will be made available to client (where possible). Alternative services will be discussed including the services and support to be gained from the Aged Care Assessment Team.

If the client approves, referrals will be made and, if appropriate, a case coordination meeting will be arranged with appropriate services to support and arrange transition.

The client will be informed of their right to appeal decisions and will be given information regarding making a complaint. The client 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 client when and under what circumstances they can reapply for services.

After 2 weeks a standard letter will be sent to the client requesting an Exit Survey be conducted to provide valuable feedback regarding the service provided.

<b>Clarence Community Transport Inc.</b> <b>Section 3 Service Delivery</b> <b>Policy 3.07</b> <b>Exiting Clients</b>	<b>Standard</b> <b>HCS 3.5</b>  <b>DSS 1-6</b>
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**D)** If the client:

- Presents an unacceptable risk to the health or safety of the client or team members;
- Continually refuses to abide by the client responsibilities regarding use of the Service.

The relevant personnel will make every attempt to assist and support the client 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 Manager or delegated personnel will make appropriate referrals to other services (where possible), with the client's permission. If the client does transition to another service the process detailed in B above will apply

A standard letter will be sent to the client detailing the reason the Service is being withdrawn and under what circumstances it may be re-instated. The client will be advised of CCTs Complaints Policy and the procedure for making a complaint should they wish to do so. The letter will also ask if the client is willing to participate in an Exit Survey

Any input from the client, in any of the above situations, necessitating a review or change of procedure or policy of the organisation shall be acted upon by the Manager and the results recorded on the Exit Survey Form.

A copy of all correspondence and the reason for the client exiting CCT will be entered on the client's file.

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

- DOC 3.08-1-1      Client Exit Survey
- DOC 3.08-1-2      Standard Letter sending Client Exit Survey
- DOC 3.07-1-1      Incidents, Accident, Complaint form

#### **Corresponding Policy**

[POL 3.08    Exiting Clients](#)

#### **Relevant Standard**

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

- 2.1 Service Access
- 2.5 Service User Referral
- 3.1 Information Provision
- 3.3 Complaints & Service User Feedback

### 3.5 Independence

#### **Disability Service Standards**

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

#### **Procedure History**

<b>No: 3.07</b>	<b>Exiting Clients</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## **Procedure 3.08 Client Fees**

### **Expected Outcome**

CCT Stakeholders will be aware of current fees and how they are paid.

### **Training Requirements**

All team members.

### **Procedure**

#### **Capacity to Pay**

1. All clients will be informed of the fees associated with any service at the time of assessment or introduction of the Service.
2. In charging fees for services the following principles will apply:
  - The full cost of service will be charged if clients are receiving or have received compensation payments intended to cover the cost of community transport;
  - Payment of a fee for service will only be sought from clients who are assessed as having the capacity to pay; assessment will be based on the client's own statement of their financial position.
  - In cases of hardship or where clients request assistance, fees may be reduced or waived;
  - clients shall be advised and reassured that services will not be refused or withdrawn if they are unable to pay the fee;
  - clients will be advised of any forthcoming variation to fees that may affect them and be given the chance to provide input and ask questions

#### **Collection of Fees**

- Individual & Bus Transport - the client 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 hirer.
- If the client 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.
- Team members are to document any fees collected on their claim forms.

**Clarence Community Transport Inc.**  
**Section 3 Service Delivery**  
**Policy 3.08**  
**Client Fees**

**Standard**  
**HCS 2.1, 2.4,**  
**3.1, 3.5**

**DSS 1-6**

<b>Steps</b>	<b>Action/Evidence</b>	<b>Who does it</b>	<b>When</b>
1	Once the level of fee to be charged has been set, the clients will be advised (as part of their Service Care plan) of the fees payable.	Assessor	At Assessment
2	The clients will pay the fee	Direct care Team Members	At time of service
3	If the client is unable to pay the fee at the time of service, the team member will notify the Office at the end of transport.	Direct care Team Members	As required
4	If the client is experiencing financial hardship they may apply for fees to be reduced/waived	Booking personnel to record on run sheet.	As soon as hardship is identified
5	Document the fees collected	Team Member	On each Claim Form

### **Financial Disadvantage**

Upon becoming aware that a client is experiencing financial difficulty the Assessor may reduce the fee on a permanent basis or temporary basis.

CCT does not means test or ask intrusive financial questions to clients. When discussing reduction of the fee the Assessor will utilise only information freely provided by the client.

The Assessor shall identify the rate set for this level of travel and advise the client of this and ask them what they (the client) would be able to pay.

Any reduction of fee is to be noted on the computerised Client Management Program to ensure the decision is taken into account when transport is next provided.

### **Appeals Mechanism**

A client's right to appeal is included in the Client 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	Client Information Handbook
DOC 3.05-2-2	Client Access/Equipment Report
PROC 3.13-1	Handling Money & Client Funds

<b>Clarence Community Transport Inc.</b> <b>Section 3 Service Delivery</b> <b>Policy 3.08</b> <b>Client Fees</b>	<b>Standard</b> <b>HCS 2.1, 2.4,</b> <b>3.1, 3.5</b>  <b>DSS 1-6</b>
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### Corresponding Policy

[POL 3.09](#) [Client Fees](#)

### Relevant Standard

#### Home Care Standards

- 2.1 Service Access
- 2.4 Service User Reassessment
- 3.1 Information Provision
- 3.5 Independence

#### Disability Service Standards

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

### Procedure History

<b>No: 3.08</b>	<b>Client Fees</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

<b>Clarence Community Transport Inc.</b> <b>Section 3 Service Delivery</b> <b>Policy 3.09</b> <b>Advocacy</b>	<b>Standard</b> <b>HCS 2.1, 3.1,</b> <b>3.4, 3.5</b>  <b>DSS 1-5</b>
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## Procedure 3.09 Advocacy

### Expected Outcome

CCT Stakeholders will understand what an advocate is, be aware of how CCT encourages the use of advocates and how clients can appoint an advocate.

### Training Requirements

All team members and clients

### Procedure

An advocate is a person who, with the authority of the client, promotes and represents the rights and interests of the people.

Clients 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 CCT as representing the interests of the client.

Advocates may be used during assessments, reviews, and complaints or for any other communication between the client and CCT.

### Appointing an Advocate

Clients wishing to use an advocate will be sent a Notification of Appointment/Change of Advocate form for completion and return. The client has the right to change their advocate at any time and should inform CCT so a fresh Notification of Appointment/Change of Advocate Form can be sent to the client.

Team members will refer clients to Advocacy Services as relevant.

Service team members will receive training in the use of advocates.

Team members will ensure clients are aware of their right to use an advocate and ensure this information is available in the Client Information Handbook The right to use an advocate will be explained at any case assessments or reviews.

When appointed the Advocate will be given Guidelines for Advocates.

**Clarence Community Transport Inc.**  
**Section 3 Service Delivery**  
**Policy 3.09**  
**Advocacy**

**Standard**  
**HCS 2.1, 3.1,**  
**3.4, 3.5**  
**DSS 1-5**

<b>Steps</b>	<b>Action/Evidence</b>	<b>Who does it</b>	<b>When</b>
1	Client wishes to appoint an advocate	Client	At any time
2	Notification of Appointment/Change of Advocate form sent	Service personnel	As requested
3	Notification of Appointment/Change of Advocate completed & returned	Client/ Advocate	At any time
4	Service notes advocates details on client file.	Service Personnel	Within 7 days of appointment
5	Advocate is given Guidelines for Advocates	Service Personnel	At appointment of advocate

### **Team Members acting as Advocates**

A team member may only act as an advocate for a client in a one-off capacity and only if performing such advocacy will not unduly impact upon their existing workload or other clients. The one-off advocacy does not constitute any formal advocacy agreement with the client. 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 client.

Examples of team members acting as one- off client advocates include:

- helping a client fill in a form
- negotiating a change in times for medical appointment

<b>Steps</b>	<b>Action/Evidence</b>	<b>Who does it</b>	<b>When</b>
1	Client wishes one-off advocacy assistance from CCT	Client	At any time
2	Assistance is provided if within parameters of above procedure	Service Personnel	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**

- 2.1 Service Access
- 3.1 Information Provision
- 3.4 Advocacy
- 3.5 Independence

**Disability Service Standards**

1. Rights
2. Participation & Inclusion
3. Individual Outcomes
4. Feedback & Complaints
5. Service Access

**Procedure History**

<b>No: 3.09</b>	<b>Advocacy</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

<b>Clarence Community Transport Inc.</b> <b>Section 3 Service Delivery</b> <b>Policy 3.10</b> <b>Abuse</b>	<b>Standard</b> <b>HCS 1.2, 1.6,</b> <b>3.1, 3.5</b>  <b>DSS 1, 2, 3, 5</b>
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## Procedure 3.10 Abuse

### Expected Outcome

CCT 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 clients and carer's.

All team members are required to work within the guidelines of this policy to ensure the safety of clients and carer's.

Team members are to report all incidents of perceived or witnessed abuse to Management. Management will then take steps to offer support and/or to refer to appropriate agencies.

**Clarence Community Transport Inc.**  
**Section 3 Service Delivery**  
**Policy 3.10**  
**Abuse**

**Standard**  
**HCS 1.2, 1.6,**  
**3.1, 3.5**  
**DSS 1, 2, 3, 5**

Potential, suspected or actual incidents of abuse are to be reported at the earliest possible opportunity to Management. Not reporting abuse is considered a breach of Duty of Care and overrides keeping confidentiality.

Management personnel will 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 management as soon as possible.
- Implement 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 members witnesses an actual physical assault it is a reportable offence and the Police must be called immediately**

Those persons reporting abuse or possible abuse will be offered debriefing and support. team members are to talk to Management about the effects of being a part of a distressing situation. Counseling may be arranged by CCT.

**Identification:**

The following may be signs that abuse is taking place and should be reported to management for investigation.

1. Physical evidence -	Bruising/Markings Observed hitting Evidence of Restraints Appearance of malnourishment Illness not attended to Poor general hygiene Poverty of Environment
2. Emotional evidence	Crying Anger Fear Wanting to run away/running away Nervousness Tension Suicidal Not willing to speak for themselves
3. Verbal evidence	Yelling Name calling Put downs Abusive swearing

**Clarence Community Transport Inc.**  
**Section 3 Service Delivery**  
**Policy 3.10**  
**Abuse**

**Standard**  
**HCS** 1.2, 1.6,  
3.1, 3.5  
**DSS** 1, 2, 3, 5

Management personnel (or delegate) will investigate all reports of suspected or actual abuse.

Investigative mechanisms may involve (but are not limited to):

- Visiting the clients home to observe situation;
- Meeting with the client at home or at CCT or at other venue selected by the client;
- Meeting with the carer at home or at CCT or at other venue selected by the carer;
- Doing a reassessment of need;
- Making referrals to appropriate agencies; e.g. Aged Care Assessment Team (ACAT) for a full assessment.
- Providing increased support for carer;
- Monitoring situation; or
- Contacting Police.

If abuse appears evident or probable Management personnel will seek advice from the NSW Elder Abuse Helpline and Resource Unit **1800 628 221** or the National Disability Abuse and Neglect Hotline: **1800 880 052**. Strategies will be developed pending the advice of these bodies. If in doubt the Police should be contacted immediately.

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  
DOC 3.07-1-1      Incidents, Accident, Complaint form

**Corresponding Policy**

[POL 3.11 Abuse](#)

**Relevant Standard**

**Home Care Standards**

- 1.2 Regulatory Compliance  
1.6 Risk Management  
3.1 Information Provision  
3.5 Independence

### Disability Service Standards

1. Service User Rights
2. Participation & Inclusion
3. Individual Outcomes
5. Service Access

### Procedure History

No: 3.10		Abuse Identification		Date Approved	
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## **Procedure 3.10-2 Conflict between Client & Carer**

### **Expected Outcome**

CCT recognises that conflicts between people are expected, however if not resolved conflicts may also escalate into abuse. For this reason CCT will provide assistance to clients and Carers to resolve conflicts effectively.

### **Training Requirements**

Supervisors and Management

### **Procedure**

Should any team members become aware of a conflict between a client and their carer they will complete an Incident/accident/complaints report and give to management.

Management will then investigate the situation and attempt to resolve through:

- Provision of additional information
- Discussion with the client & carer
- Referral to appropriate services such as professional mediation or the Aged Care Assessment Service

<b>Steps</b>	<b>Action/Evidence</b>	<b>Who does it</b>	<b>When</b>
1	Conflict recognised	Team Members	During service delivery
2	Complete an Incident report and give to Management	Team Members	As soon as possible
3	Investigation of the issue	Management	As soon as possible
4.	Attempted resolution of the issue	Management	As soon as possible
5.	Referral to appropriate agencies to assist with resolution	Management	If conflict has not been resolved by steps 3 & 4
6.	Client file updated with notes	Relevant personnel	At each step during the process
7.	Client/carers monitored regarding interaction	Team Members	During continued service provision

<b>Clarence Community Transport Inc.</b> <b>Section 3 Service Delivery</b> <b>Policy 3.10-2</b> <b>Conflict Between Client &amp; Carer</b>	<b>Standard</b> <b>HCS 1.6, 3.5</b> <b>DSS 1, 2, 3, 5</b>
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**Documents to be completed and/or related to this procedure**

DOC 3.07-1-1 Incident/Accident/Complaint Record Form

**Corresponding Policy**

[POL 3.11 Abuse](#)

**Relevant Standard**

**Community Care Common Standards**

1.6 Risk Management

3.5 Independence

**Disability Service Standards**

1. Rights

2. Participation & Inclusion

3. Individual Outcomes

5. Service Access

**Procedure History**

No: 3.10-2		Conflict between Client & Carer		Date Approved	
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## Procedure 3.10-3 Receiving Gifts from Clients

### Expected Outcome

CCT Stakeholders will be aware of the procedure followed if offered gifts by clients.

### 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 client it is due to their employment or volunteer role with CCT.

It is natural for clients to sometimes want to give a gift to a team member, however, CCT has a Duty of Care to clients to protect them from situations that could be perceived as abuse of position.

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

Team members must not encourage clients to give gifts.

**Should a client wish to give a gift of money team members must ensure all moneys are receipted and recorded as a donation to the organisation.**

Clients who continually try to give gifts must be referred to the Manager who will discuss the organisation's procedure with them.

Team member may accept a gift to the value of \$20 or a small amount of home produce (such as a cutting of a favourite plant, homemade jam). Any team member receiving such a gift from a client must notify their supervisor immediately and have the item placed on the Gift Register, recording the gift protects both the client and the team member.

Should the gift register indicate a trend for particular clients to repeatedly give gifts to team members in general and/or specific team members the Manager will contact the client to discuss the issue and assure the client that the fee they pay for service is adequate and that while their gifts are appreciated CCT would prefer that they don't give gifts to the team members.

Additionally it is inappropriate for any team members to:

- Accepts loans from client
- Ask for anything from clients in return for special consideration/services

<b>Clarence Community Transport Inc.</b> <b>Section 3 Service Delivery</b> <b>Policy 3.10-3</b> <b>Receiving Gifts from Clients</b>	<b>Standard</b> <b>HCS 1.6, 3.5</b>  <b>DSS 1</b>
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- Make an offer or suggestion of purchase to clients regarding any property of the client (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**

##### **Home Care Standards**

1.6 Risk Management

3.5 Independence

##### **Disability Service Standards**

1. Rights

#### **Procedure History**

<b>No: 3.10-3</b>	<b>Receiving Gifts from Clients</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## Procedure 3.11 Handling Money & Client Funds

### Expected Outcome

CCT Stakeholders will be aware of the procedure endorsed by the organisation with regarding to handling money and client funds.

### Training Requirements

All team members

### Procedure

Money is required to be handled in the following situations:

- Collecting client contributions for car and bus trips
- If a client requests minor assistance with their personal money, for instance if the client is temporarily unwell, or has a vision, speech or mobility impairment.

### *Trip Contributions*

Any trip contributions collected by volunteers must be recorded on the individuals Claim Form. Volunteers may deposit monies into CCT's bank account or hand the monies into the Townsend Office. Due to the geographical expanse of the Clarence Valley CCT understands that dropping the money into the office or getting to a bank is not always practical. Any monies collected and retained by volunteers will be deducted from a volunteers claim for that claim period. If an amount collected is substantially more than the volunteers claim the Finance Coordinator will contact the volunteer to make arrangements.

On bus trips, only the bus driver, coordinator or client assistant are to collect bus fares and, subject to prior arrangements, deposit or hand into the relevant office by close of business on Friday of the same week.

Money handed into offices must be counted and receipted by a staff member in the presence of the person handing in the money. The money is to be deposited as soon as feasible.

### *Clients' Personal Money*

Generally workers do not handle clients' personal money. If a client is, for instance, temporarily unwell or has vision, speech or mobility impairment, or has literacy or other relevant issues, some assistance may be provided *if* the client requests help. The coordinator, bus driver or assistant should perform the service, with a second person as witness if possible. For example, if paying a bill for a client, the money must first be counted in the presence of the client and one other worker, or other third party if staff or a volunteer are not available. A tax invoice or receipt must be obtained and given to the client with any change as soon as practicable. Again change must be counted in front of witness with

**Clarence Community Transport Inc.**  
**Section 3 Service Delivery**  
**Policy 3.11**  
**Handling Money & Client Funds**

**Standard**  
**HCS 1.6, 2.3,**  
**3.5**  
**DSS 2, 3, 6**

reference to the tax invoice/receipt. Change and receipt must total money provided for payment.

Clients' personal banking is never to be undertaken by staff or volunteers.

### ***Branch & Service Arrangements***

Each Branch/Program is responsible for arranging collection/deposit points, timeframes and personnel with a view to compliance with this procedure.

### ***Cash Handling Procedures***

**A person's life and safety is worth more than any amount of money.**

**Workers should protect themselves, not money or goods.**

Workers are required to implement this procedure and guidelines when handling cash where prior arrangements are made with the Financial Manager to deposit cash on a regular basis.

#### **Field Guidelines**

1. Deposit cash as soon as possible after collection
2. Deposit cash during daylight hours
3. Use closest bank to deposit cash
4. Drive to bank – lock vehicle doors during trip
5. Vary routes where possible
6. Bank at random and unpredictable times where possible
7. Carry a charged mobile phone
8. Park in front or as close as possible to bank
9. Try to avoid taking cash home. If you have to take cash home count cash in a secure room where you cannot be observed by anyone. Many small business people have been robbed after driving home at night with the day's takings in a vehicle with the organisation name printed on the side. This is asking for trouble.
10. Keep an eye out for suspicious behaviour. Be alert and observant and aware of your surroundings. Robbers are likely to be unbalanced and desperate, intoxicated by drugs or alcohol and in a state of heightened excitement. If you believe that a hold-up might be about to take place, notify police immediately.
11. Ask the local police to accompany you to the bank, if you believe your movements are being watched by a potential offender. A visible police presence in a community is a major deterrent to robbers.

### **In the Event of a Hold Up, Robbery or Attempt:**

#### **Hold-Up Survival Guidelines**

##### **1. Stand Still**

Identify the situation. Keep your hands where they can be seen and do not make any sudden or quick moves. Stand slightly side on to the robber (a submissive position). The telephone must not be used.

**Clarence Community Transport Inc.**  
**Section 3 Service Delivery**  
**Policy 3.11**  
**Handling Money & Client Funds**

**Standard**  
**HCS 1.6, 2.3,**  
**3.5**  
**DSS 2, 3, 6**

**2. Obey The Robber's Instructions**

Do exactly what you are told. Allow the robber(s) to leave. The sooner they leave the safer you will be.

**3. Remain Calm And Quiet**

Speak only when spoken to. Avoid shouting or provoking the robber(s). Be submissive and avoid drawing attention to yourself. Avoid staring at the robber(s) and/or making direct eye contact.

**4. Observe, If You Can, Safely**

Make a mental note of the robber's appearance including hair colour, height, weight, clothing, race, age and type of weapon (assess height markings on the doorway). Look for identifying characteristics including scars, tattoos and speech patterns. If it is safe to do so, write down the license number and the make, model, colour and year of the get-away car.

**5. Stay Out Of The Danger Area**

The robber(s) is/are in control – DO NOT try to outsmart them. During the hold-up, do not investigate out of curiosity or bravado.

**6. Stay Where You Are. Do Not Chase**

Leave this to the police. Observe the direction of departure and getaway car details only if safe to do so.

**7. Call The Police and Ambulance**

When it is safe call the police on 000. Call an ambulance if anyone is injured. Make a full report to the police before discussing the hold-up with other staff.

**8. Seal Off The Hold-Up Area If Possible**

Evidence must not be touched. Any interference may destroy vital clues.

**9. Ask Witnesses To Remain**

The person in charge should ask all witnesses to remain until the police arrive.

**10. Report In To Your Supervisor**

Call the Office during business hours as soon as practicable after the incident, or the Manager after hours.

**In The Office**

- a) Notify management as soon as possible
- b) Activate the ***Post Critical Incident Procedure***.
- c) Inform staff about what has occurred.
- d) Return to normal operation as soon as possible.

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

DOC 3.07-1-1      Incident/Accident/Complaint Record Form

### Corresponding Policy

[POL 3.13 Handling Client Funds](#)

### Relevant Standard

#### Home Care Standards

- 1.6 Risk Management
- 2.3 Care Plan Development & Delivery
- 3.5 Independence

#### Disability Service Standards

- 2. Participation & Inclusion
- 3. Individual Outcomes
- 6. Service Management

### Procedure History

No: 3.11	Handling Money & Client Funds		Date Approved		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## **Procedure 3.12 Duty of Care & Dignity of Risk**

### **Expected Outcome**

CCT 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 or 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.

**Clarence Community Transport Inc.**  
**Section 3 Service Delivery**  
**Policy 3.12**  
**Duty of Care & Dignity of Risk**

**Standard**  
**HCS 1.2, 1.6,**  
**2.3, 3.1, 3.5**  
  
**DSS 1, 2, 3,**  
**5, 6**

CCT will ensure that all team members provide a standard of care commensurate with their position and CCT ensures the best outcome for each client whilst respecting the person's right to choose to take risks.

CCT believes that all clients have the same rights as other members of society to take risks and will assist the client to enjoy the broadest range of life opportunities and experiences, in an environment of care, support, information and education.

CCT provides clear position descriptions, team member orientation and ongoing training to ensure that all team members are aware of:

- Their roles and limitations;
- Their accountability to their supervisor;
- The extent to which they can support clients within their role; and
- How to report concerns and issues to CCT.

Being aware of the above supports CCT in ensuring duty of care is taken into account when providing service.

CCT maintains their Vehicles, Registration and Green slip Insurance to ensure the protection of the client's compensation in the event of an accident causing injury to clients or team members. (Green slip insurance does not cover the driver at fault). CCT 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 clients or anyone else while working at CCT.

### **Confidentiality -v- Duty of Care**

Confidentiality is between CCT and the client - not individuals within CCT. Therefore should a client tell a team member anything that could have an impact on how the service is provided, the team member is obligated to pass that information onto their Supervisor. The team member will inform the client of this obligation.

CCT duty of care could affect client 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.

**Clarence Community Transport Inc.**  
**Section 3 Service Delivery**  
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**Duty of Care & Dignity of Risk**

**Standard**  
**HCS 1.2, 1.6,**  
**2.3, 3.1, 3.5**  
  
**DSS 1, 2, 3,**  
**5, 6**

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 client's HIV status to anyone without the clients 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). CCT 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 they may be required to give the court CCTs files on a particular client. It is therefore important that all client 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 client to take. **NO TEAM MEMBER WILL GIVE ADVICE TO A CLIENT.**

It is the role of every team member to ensure that clients 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 clients to seek out other information before making their decisions;

**Clarence Community Transport Inc.**  
**Section 3 Service Delivery**  
**Policy 3.12**  
**Duty of Care & Dignity of Risk**

**Standard**  
**HCS 1.2, 1.6,**  
**2.3, 3.1, 3.5**  
  
**DSS 1, 2, 3,**  
**5, 6**

- Always encourage clients to seek professional advice;
- Use Active Listening techniques to ensure that the client understands the information you are providing; and
- Follow up verbal information given with written information to confirm.

When clients are making decisions CCT can assist by:

- helping identify issues for team members, the client and her/his family, other clients and the community;
- Providing information to clients, team members and family about considerations involved in evaluating the issues. This is to include information identifying duty of care obligations and the client's right to experience and learn from risk taking;
- Developing Individual Service Plans in consultation with the client, family/advocate and team members starting with the least restrictive option for the client;
- Making sure all alternatives that maintain a positive outcome for the client while reducing the risk are to be considered during the development of Individual Service Plans;
- Continuing to offer support to clients to assist them to meet their goals;
- Providing education to clients 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 client 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 appropriate referrals are made or external support or expertise sought.
- Ensuring 'Ascertaining Capacity for Making Informed Decisions' procedure is utilised.

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**

**Home Care Standards**

- 1.2 Regulatory Compliance
- 1.6 Risk Management
- 2.3 Care Plan Development & Delivery
- 3.1 Information Provision
- 3.5 Independence

**Disability Service Standards**

- 1. Rights
- 2. Participation & Inclusion
- 3. Individual Outcomes
- 5. Service Access
- 6. Service Management

**Procedure History**

<b>No: 3.12</b>	<b>Duty of Care &amp; Dignity of Risk</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## Procedure 3.13 Death at CCT

### Expected Outcome

Team members will understand the procedure to be undertaken when a person dies in the care of CCT

### Training Requirements

All team members

### Procedure

When a person dies or is found dead while in the care of CCT, Management and the ambulance must be notified immediately. Team members are not able to pronounce people dead and as such first aid procedures must be followed.

The Manager or a senior team member 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 members will cooperate with police investigations of the death.

### When a Person Dies while in the Care of CCT STAY CALM

- Act IMMEDIATELY by phoning Emergency Services 000 and asking for an ambulance. This responsibility may be delegated to someone at hand.

If there are other clients present, if possible designate a team member to cater to their needs, make clients comfortable, provide a drink and allow them to talk of the incident.

- Do not alter the scene.
- Be aware of cultural needs and if any special procedures to be carried out.
- Complete an Incident report form. Be sure not to pass on your opinion but only the facts and what emergency or qualified persons have stated.

***It is not the role of CCT 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 Manager or senior team member 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)

**Clarence Community Transport Inc.**  
**Section 3 Service Delivery**  
**Policy 3.13**  
**Death at CCT**

**Standard**  
**HCS 1.2, 1.6,**  
**2.3**  
**DSS 6**

<b>Steps</b>	<b>Action/Evidence</b>	<b>Who does it</b>	<b>When</b>
1	Phone Emergency Services 000 get ambulance.	Team Member present	Immediately
2	Nominate Team Member to care for other clients & phone Office	Team Members present	After ambulance phoned
3.	Phone contacts/next of kin to advise client taken to hospital	Manager	ASAP
4.	Complete Incident report form.	Relevant Team Member	As soon as possible after incident
5.	Provide de-briefing and/or counselling opportunities	Management	After incident

What the Medical Personnel (hospital, ambulance etc.) will do:

The Medical personnel will usually notify the Police if the person is deceased and the Police will visit the place of the death, usually prior of removal of body.

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, or was with the person and will ask them about the circumstances. Team members have a responsibility to cooperate with police, ombudsman and/or coroner and provide information.

The Role of Management

The Manager or senior team member 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, the outcomes and estimated times is essential;

**Clarence Community Transport Inc.**  
**Section 3 Service Delivery**  
**Policy 3.13**  
**Death at CCT**

**Standard**  
**HCS 1.2, 1.6,**  
**2.3**  
  
**DSS 6**

- Co-operating with enquiries from external agencies such as Police, Ombudsman and Coroner is essential and will be coordinated through the General Manager or senior team member; 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;
- Emotion;
- Team member present may feel they should have done something else, this is quite natural;
- Debriefing session will be important for clients, team members and management.

**Bereavement Support and Counselling**

CCT is committed to providing other clients and team members support after an event. CCT 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)

**Clarence Community Transport Inc.**  
**Section 3 Service Delivery**  
**Policy 3.13**  
**Death at CCT**

**Standard**  
**HCS** 1.2, 1.6,  
2.3  
**DSS** 6

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 client and reporting reviewable deaths. <http://www.dadhc.nsw.gov.au/> Client Death Policy.

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

DOC 3.07-1-1 Incident/Accident/Complaint Record Form

**Corresponding Policy**

[POL 3.15](#) [Death](#)

**Relevant Standard**

**Home Care Standards**

- 1.2 Regulatory Compliance
- 1.6 Risk Management
- 2.3 Care Plan Development & Delivery

**Disability Service Standards**

- 6. Service Management

**Procedure History**

<b>No: 3.13</b>	<b>Death at CCT</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

<b>Clarence Community Transport Inc.</b> <b>Section 3 Service Delivery</b> <b>Policy 3.14</b> <b>When Client not at Home/Destination</b>	<b>Standard</b> <b>HCS 1.6, 2.3,</b> <b>3.1, 3.2, 3.5</b>  <b>DSS 1, 2, 6</b>
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## Procedure 3.14 When the Client not at Home / Destination

### Expected Outcome

CCT Stakeholders will be aware of the procedure followed when clients do not respond to a scheduled pick up.

### Training Requirements

All team members

### Procedure

There could be various reasons for a client not answering their door when drivers call for them. It could be the client has forgotten the Community Transport (CT) booking and has gone with someone else; the client may have cancelled their appointment and not the CT trip; or the client may be injured or ill and cannot answer the door.

When a client does not answer their door:

#### Step 1

Driver must immediately phone the office to inform them. To fulfil CCT's duty of care and to protect team members, the branch office or Head Office must be advised as soon as the client does not respond.

#### Step 2

- a. The office will ring the client's home
- b. If there is no response, the office will call the appointment destination to determine if, for example, the client has arrived or cancelled their appointment.
- c. The office may call other services that the client uses to obtain any relevant information.

#### Step 3

- a. On advice from the office and if it is practical and the access is safe, the driver should check the back of the client's premises. The driver should call out as they go to warn the client someone is approaching. The driver should take time to listen very carefully for any response or unusual noises.

<b>Clarence Community Transport Inc.</b> <b>Section 3 Service Delivery</b> <b>Policy 3.14</b> <b>When Client not at Home/Destination</b>	<b>Standard</b> <b>HCS 1.6, 2.3,</b> <b>3.1, 3.2, 3.5</b>  <b>DSS 1, 2, 6</b>
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- b. If there is clear evidence that the user is at home and in need of assistance the driver must call an ambulance or request the office to do so. If practicable the driver may enter the premises to provide immediate first aid if it is required.

#### **Step 4**

While the office is making inquiries the driver could approach neighbours to ask if they have any information, taking care not to breach client confidentiality.

For example, the driver might simply say “I’ve called to pick up Mrs Smith but she doesn’t seem to be home. Have you seen her recently? Do you think she is alright?”

#### **Step 5**

The driver and the office should keep in close contact and share all relevant information. Timeframes will depend on whether it is an individual or group trip or there are other appointments. The supervisor will decide whether to advise the driver to continue their run. The supervisor may arrange for another staff member to attend the client’s home.

#### **Step 6**

If all the above does not produce sufficient information the office may call the client’s emergency contact or next of kin. If possible the office should obtain verbal permission from the emergency contact or next of kin to call the police if it becomes necessary.

#### **Step 7**

If there is no resolution the office may call the police to ask them to check the client’s home, particularly if the client is considered frail and vulnerable to accident.

#### **Step 8**

Staff member (supervisor or reception) involved in incident to complete an incident report as soon as practicable.

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

Incident Report

#### **Corresponding Policy**

[POL 3.02 Information Provision](#)

#### **Relevant Standard**

#### **Home Care Standards**

1.6 Risk Management

## 2.3 Care Plan Development & Delivery

### 3.1 Information Provision

### 3.2 Privacy & Confidentiality

### 3.5 Independence

## Disability Service Standards

### 1. Rights

### 2. Individual Outcomes

### 6. Service Management

## Procedure History

<b>No: 3.14</b>	<b>When Client not at Home/Destination</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

## **Procedure 3.15 Client Rights & Responsibilities**

### **Expected Outcome**

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

### **Training Requirements**

All Team Members

### **Procedure**

#### **Clients Rights**

- Every client has the right to receive a service that encourages and fosters their independence.
- Every client and/or (with the client's permission) their carer, has access to all information about themselves held by CCT.
- In cases where a client 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.
- Clients and/or (with the client'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.
- Clients 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 clients, is responsive to the social, cultural and physical needs of the clients and the needs of the carer.
- Clients' access to services will be decided only on the basis of need and the capacity of CCT to meet that need.
- Clients have the right to refuse a service and refusal will not prejudice their future access to services.
- Clients have a right to complain about the Service they are receiving without fear of retribution.

**Clarence Community Transport Inc.**  
**Section 3 Service Delivery**  
**Policy 3.15**  
**Client Rights & Responsibilities**

**Standard**  
**HCS** 2.1, 2.2,  
3.2, 3.3, 3.4,  
3.5  
**DSS** 1, 2, 3,

- Complaints by clients will be dealt with fairly, promptly and without retribution. The client may involve an advocate of their choice to represent his/her interests.
- Clients' views will be taken into account in the planning and evaluation of CCT.
- Clients can nominate an Advocate to speak on their behalf.
- Clients' rights to privacy and confidentiality will be respected.
- All effort will be made to ensure that the client, family member or Carer understands their Rights and Responsibilities. Where needed contracts will be developed to ensure a clear understanding

**Clients Responsibilities**

- A client should let the agency know as soon as possible if a booked service, e.g. outing, visit or a booked transport arrangement, is no longer required.
- Clients should act in a way which respects the rights of other clients and Team Members.
- Clients need to take responsibility for the results of any decisions they make including the choice not to make a decision.
- Clients must utilise seatbelts and other vehicle safety devices as directed by authorised team members.
- Clients should respect the confidentiality of information about other clients and Team Members which they may obtain whilst using services.
- Clients should inform CCT of any significant change in their circumstances, e.g. health or mobility decline.
- Clients must not be under the influence of illegal drugs or alcohol and must be reasonably presented (i.e. hygienic and without provocative messages or logos on clothing).
- Clients are to treat areas concerning culture, politics, religion, etc. with due discretion and to not use offensive language e.g. swearing.
- If a client continually refuses to abide by their responsibilities they may be exited from CCT.

(Note R & R = Rights and Responsibilities)

**Clarence Community Transport Inc.**  
**Section 3 Service Delivery**  
**Policy 3.15**  
**Client Rights & Responsibilities**

**Standard**  
**HCS 2.1, 2.2,**  
**3.2, 3.3, 3.4,**  
**3.5**  
**DSS 1, 2, 3,**

Steps	Action/Evidence	Who does it	When
1	Client R & R to be promoted to all service uses	All Team Members	At all appropriate occasions
2.	Client Information Handbook contains R & R Information	Administrator	Reviewed annually
3.	Client Files record: Assessment Reassessment Referrals Appointment of Advocate Service Action Access to Information Consent authority	Assessor	Whenever appropriate

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

DOC 3.02-1-1      Client 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      Incident/Accident/Complaint Record Form  
DOC 3.07-1-3      Complaints Flowchart

**Corresponding Policy**

[POL 3.02    Information Provision](#)

**Relevant Standard**

**Home Care Standards**

2.1 Service Access  
2.2 Assessment  
3.2 Privacy & Confidentiality  
3.3 Complaints & Client Feedback  
3.4 Advocacy  
3.5 Independence

**Disability Service Standards**

1. Rights

2. Participation and Inclusion
3. Individual Outcomes
4. Feedback & Complaints
5. Service Access

### Procedure History

No: 3.15		Client Rights & Responsibilities		Date Approved	
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date

<b>Clarence Community Transport Inc.</b> <b>Section 3 Service Delivery</b> <b>Policy 3.16</b> <b>Ascertaining Client Capacity to Make Informed Decisions</b>	<b>Standard</b> <b>HCS 2.1, 2.2,</b> <b>2.3, 3.5</b>  <b>DSS 1,2,3,5,6</b>
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## **Procedure 3.16 Ascertaining Client Capacity to Make Informed Decisions**

### **Expected Outcome**

Clients are encouraged by team members to make informed decisions. CCT recognises that some clients 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 client's capacity for decision making has decreased.

### **Training Requirements**

All Team Members

### **Procedure**

When there is reason to believe that the client does not have a general awareness of the consequences of their decisions the following steps are to be followed.

1. Report the matter to a supervisor or management personnel.
2. The supervisor or management personnel are to ascertain if the decision may create controversies, risks, conflicts or contentious consequences.
3. If there are no controversies, risks, conflicts or contentious consequences inherent in the decision then the decision and the consequence will be reiterated to the client in simple language and the client's decision acted upon.
4. If there are controversies, risks, conflicts or contentious consequences inherent in the decision:
  - a. With clients permission discuss the matter with carer/family member/next of kin.
  - b. Refer the matter to ACAT or a formal Guardianship process
5. Duty of Care overrides maintaining confidentiality where risk of harm is likely.

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

Client file notes

Referral to Guardianship board if necessary

<b>Clarence Community Transport Inc.</b> <b>Section 3 Service Delivery</b> <b>Policy 3.16</b> <b>Ascertaining Client Capacity to Make Informed Decisions</b>	<b>Standard</b> <b>HCS 2.1, 2.2,</b> <b>2.3, 3.5</b>  <b>DSS 1,2,3,5,6</b>
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## Corresponding Policy

[POL 3.02 Information Provision](#)

## Relevant Standard

### Home Care Standards

2.1 Service Access

2.2 Assessment

2.3 Care Plan Development & Delivery

3.5 Independence

### Disability Service Standards

1. Rights

2. Participation and Inclusion

3. Individual Outcomes

5. Service Access

6. Service Management

## Corresponding Policy

POL 3.02 Information Provision

## Procedure History

<b>No: 3.02-3</b>	<b>Ascertaining client capacity to make informed decisions</b>		<b>Date Approved</b>		
Date Procedure due to be reviewed	Date Procedure Reviewed:	Amendments	Positions informed/trained regarding amendments	Method	Date