



South Coast

PSYCHOLOGY

Key Operating
Policies
&
Procedures
Manual

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Document Purpose

The purpose of this document is to provide guidance in the delivery of services when working with and for South Coast Psychology.

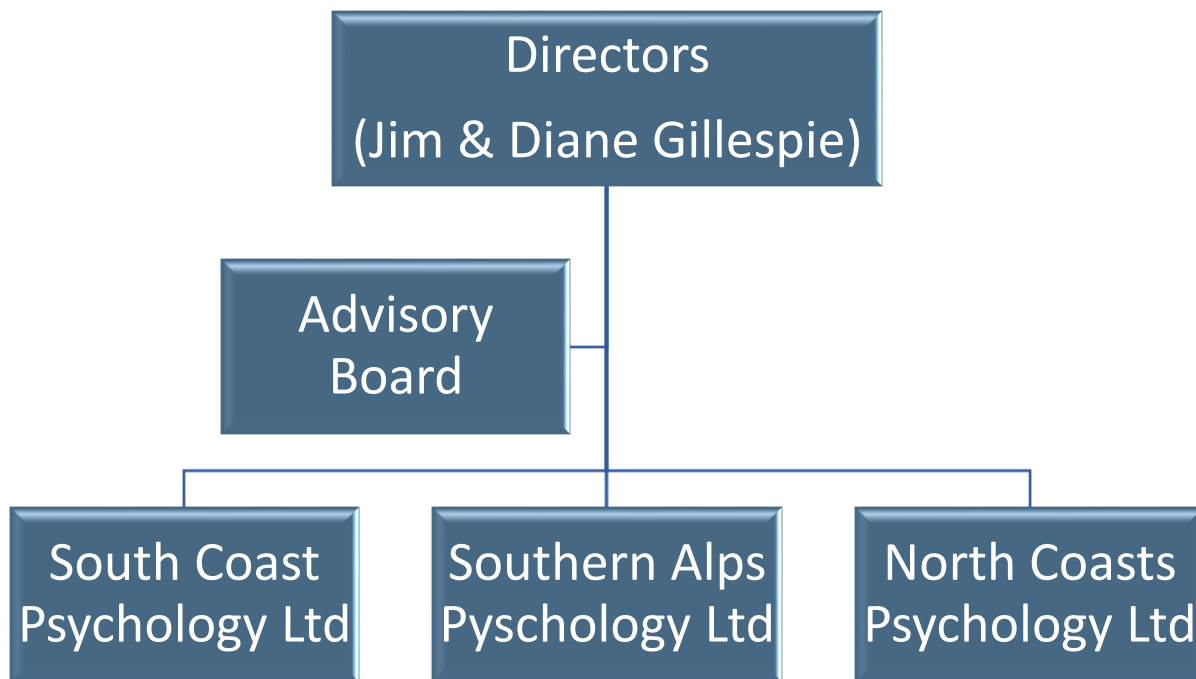
These Key Operating Policies and Procedures (KOPPs) are the guiding documents for the effective operations and practice within this business and should be consulted in making both operational and clinical decisions.

1. GOVERNANCE / MANAGEMENT

1.1. ORGANISATIONAL STRUCTURE CHART

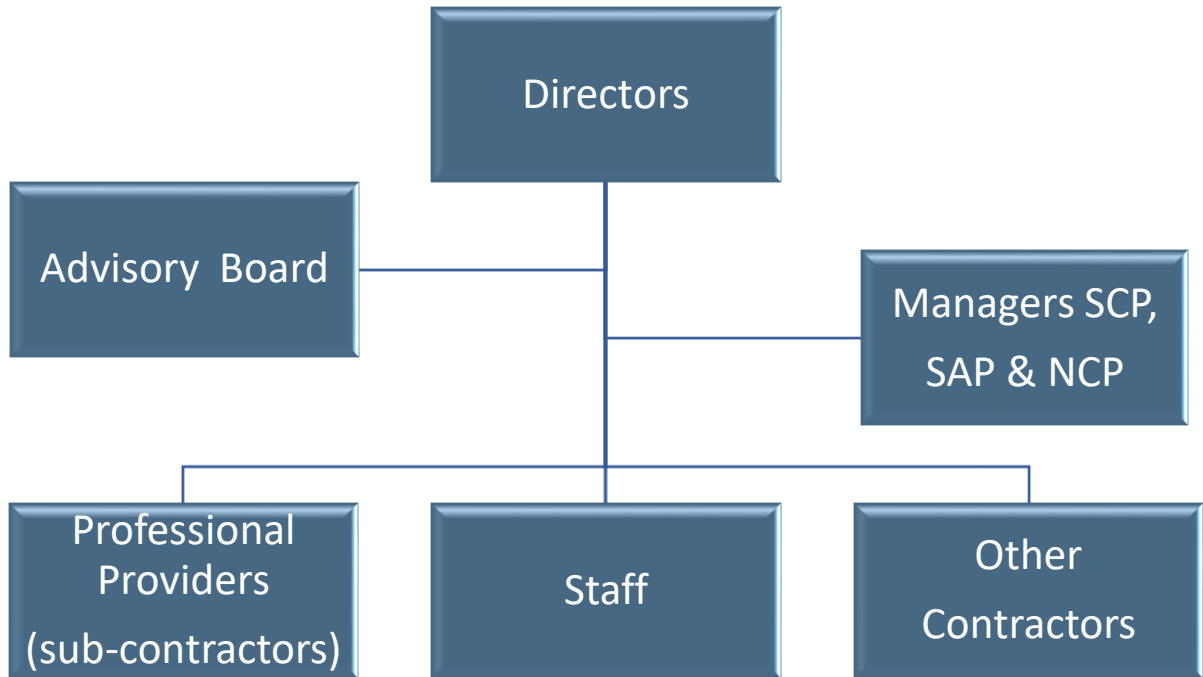
Purpose					
Approved By	DG	Effective Date	24.9.24	Review Date	

1.1.1. Collective Overview of Company Structure



Companies	Directors
South Coast Psychology Ltd	Diane & Jim Gillespie
Southern Alps Psychology Ltd	Diane & Jim Gillespie and Emily McDonald
North Coasts Psychology Ltd	Diane & Jim Gillespie

1.1.2. Individual Company Structure



1.2. VISON, VALUES & MISSION

Purpose					
Approved By	DG	Effective Date	12.6.24	Review Date	

1.2.1. Vision

The vision of South Coast Psychology is to provide a robust private mental health service for people who are experiencing or have had difficulties in their lives throughout Aotearoa/New Zealand to assist them to be all that they want to be.

1.2.2. Values

Integrity, quality, respect, kindness, compassion, dependability, reliability, humanness, diversity and groundedness are the values that underpin the service of South Coast Psychology. Policies, procedures, practices and parameters of service will be developed and delivered with these values in mind.

1.2.3. Mission

The mission of South Coast Psychology is to develop and maintain clinics throughout New Zealand to assist in addressing the psychological needs of people. With this in mind, the service aims to provide services that fit with the culture of Psychology within Aotearoa/New Zealand with responsiveness to the needs of both Māori and Tau Iwi in line with the Rangatiratanga-Kawanatanga dynamic implicit in te tiriti o Waitangi.

1.3. HISTORY / HERSTORY

Purpose					
Approved By	DG	Effective Date	12.6.24	Review Date	

History | Herstory

Diane Gillespie first began her private psychology and mental health service in 1999, as a service to support people who were experiencing psychological distress and who needed an alternative to the public mental health and psychological services. At the time she was working between three jobs as a behaviour support worker for IHC (Idea Services), a women’s refuge co-ordinator and part-time tutor for Southern Institute of technology (SIT) teaching conflict resolution, micro counselling and life skills.

Diane’s experience came from lived experience of abuse and violence as a child, working with women, children and families/whanau and political activism in the women’s refuge movement on the one hand, and working in the disability sector applying psychological methods with clients with neurodiversity due to environmental teratogens, brain injury, intellectual disability, trauma, mental health issues, and related challenging behaviour as a result. She moved from part-time to full-time teaching at SIT, including teaching psychology to nursing, health, social work, and teaching more broadly education, women’s social services and women’s studies of the Health and Humanities department.

Her qualifications majored in psychology, and minored in counselling and psychotherapy, with an undergraduate degree, Masters and Postgraduate Diploma in psychology including papers in counselling, early childhood education, women’s studies, philosophy, cultural issues and psychotherapy. She engaged in further training in dream analysis, psychodynamic psychotherapy, CBT, ACT, DBT, Equine Psychotherapy, and attachment-based psychotherapies to assist the longer-term clients she was working with.

In her private practice, she worked engaging people in psychological processes to apply the psychology, counselling, psychotherapy and trauma training to assess, plan and treat the conditions that were impacting them and causing psychological distress. During this time, she became a full member of first the social work professional body, the New Zealand Counselling and Psychotherapy professional body, and in 2012 a registered psychologist with specialities in trauma and disability. She became approved by ACC, Family Court, and MSD to provide counselling and psychological services to funded clients.

In 2014, ACC developed a new contract for its sensitive claims work the ISSC. Diane worked hard finding like-minded others in Southland and Canterbury where she had built relationships undertaking psychological assessments for particularly complex cases where people had complex histories of trauma and often disabilities. She applied for, and was awarded, an ACC contract as an individual provider/supplier, Diane Gillespie Registered Psychologist. She also developed a further contract covering Otago and Central Otago with a business partner, forming Southern Psychology (SP). Diane was the clinical lead and also undertook the bulk of the management and duties for SP with the help of a casual office assistant. In 2016 the business partner decided to focus her energies in Central Otago, and the partnership ceased. Diane then began trading as South Coast Psychology (sole trader), with counselling, psychology, psychotherapy, social work providing services throughout Aotearoa New Zealand.

Owing to demand, these services then grew to include complementary therapies, group work, Kaupapa Māori services, mentoring students and interns, psychiatry, supervision and training.

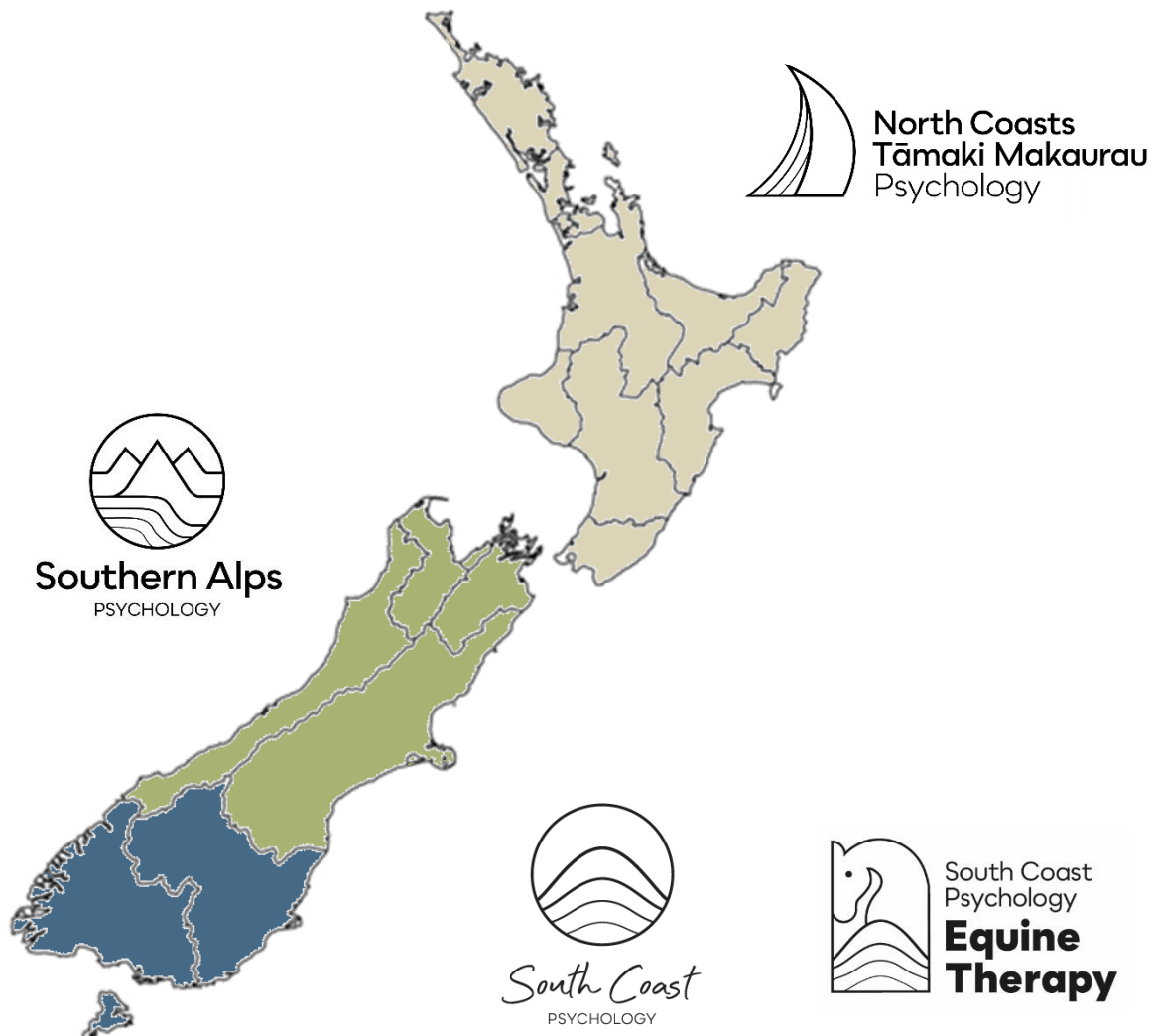
In the background, Diane engaged with her horses for self-care and keeping her grounded and aware. In 2019, due to Diane and her husband’s (Jim Gillespie) love of horses, they then developed an Equine Therapy service at their property at Edendale, and Diane began researching equine psychotherapies and the growing body of research showing the effectiveness of working psychotherapeutically with the assistance of horses for healing the impacts of trauma. She then trained in equine psychotherapy through the Equine Psychotherapy Institute and began offering equine psychotherapy to clients.

In September 2021 South Coast Psychology became South Coast Psychology Ltd (a limited liability company) with Diane and her husband Jim Gillespie as directors. To support the development of the growing company in 2022, Diane and Jim looked at how the business could be better managed to allow for longevity and legacy.

Two arms were then developed to assist in developing and managing the regions outside South Coast (Waitaki Bridge down).

These two companies were registered in February 2023.

1. Southern Alps Psychology (SAP – from the Waitaki bridge up in the South Island)
2. North Coasts Psychology (NCP – all of the North Island)



1.4. ADVISORY BOARD

Purpose	The purpose of the SCP Advisory Board is to bring together people who collectively have wide knowledge and experience in the business, psychology, health and social sectors, accountancy and administration fields, working with the specified cohort of people who will benefit from psychology and social services, as an advisory group on the design, management and development of solutions to further the delivery of psychology services in Aotearoa New Zealand and offer the directors support and guidance.				
Approved By	DG	Effective Date	24.9.24	Review Date	

In 2023, the Advisory board of South Coast Psychology Ltd was developed out of a need for expert guidance from persons who have proven records of adhering to South Coast Psychology’s values, vision, mission, and way of operating, and have the necessary expertise to give advice about the strategic direction of SCP.

The advisory board is to provide new insights and guidance to solve business problems or explore new opportunities by stimulating robust, high-quality conversations. The role of the advisory board is not to make decisions, but rather to provide current knowledge, critical thinking and analysis to increase the confidence of the directors.

As at 9.10.24, the members are:

- Anna Huffstutler
- Colleen Te Au – Cultural Advisor
- Dallas Frederikson – Board Administrator
- Erin Howes – Accountant
- Jenny Beer
- Matt McDonald
- Nancy McGregor – Chair
- Ria Bond
- Sonia Pera – Cultural Advisor

1.5. ROLES & RESPONSIBILITIES

Purpose	South Coast Psychology clearly defines and communicates the roles and responsibilities of each personnel involved in any contract we hold to minimise confusion and ensure accountability.			
Approved By	DG	Effective Date	11.5.24	Review Date

1.5.1. South Coast Psychology's personnel include:

Directors

- Overall legal and fiduciary responsibility for the company and all operations.
- Managers' report to the Directors and Advisory Board.
- All kiritaki can approach the Directors; however, this is usually done through the NSP, SP, to the Manager who reports to the Director.

Advisory Board

- South Coast Psychology employs a governance Advisory Board. An Advisory Board has no authority or fiduciary responsibilities., but support sound governance.
- The Advisory Board has roles of Chair, Clinical Psychology, Health & Social Services, Business, Administration, Finances, and Kaupapa Māori, along with the Directors. We select experts in this field to provide governance and contract experts from outside of these roles when required for governance support.
- The Advisory Board guidance is sought by Management and Directors when dealing with any problems that arise. Their advice is usually sought in monthly reports but can be sought earlier with agreement from the Directors.

Clinical Managers

The Clinical Manager/s (CMs) are involved in providing oversight of clinical services to kiritaki, the role is crucial in ensuring the successful delivery of care to our kiritaki who have experienced sensitive or traumatic events, and/or wish to engage in assessment and therapeutic psychological services, and also uphold standards and qualities of best practice in both clinical work and reporting.

- Provider clinical onboarding
- Oversight, guidance and training to provider clinical practice
- Provider clinical compliance
- CMs are readily available to support NSP and SP. They have oversight of all clinical work undertaken by those contracted by SCP.
- CMs are well trained and experienced clinicians who know our contracts and services well, and are here to support the efficient, effective and professional service delivery.
- CMs will liaise with ACC & Clinical Supervisors (CS) to address problems with NSP and SP compliance.
- CMs will escalate issues if necessary to various sources both within and outside of SCP.

Assistant Manager

The Assistant Manager (AM) is pivotal in helping the practice run smoothly and efficiently. In this role, effective communication, organisational skills, strategic thinking as well as attention to detail, and a compassionate approach are essential. Being proactive, resourceful, and able to handle multiple tasks simultaneously can significantly contribute to the success of the psychology services business. Key responsibilities:

- Supports Directors, Managers and staff in all aspects of the company operations
- Supports NSP and CM support of kiritaki
- Manages diary of the Executive Director for appointments
- Assists in arranging trainings and support
- Supports clinical aspects of service delivery

Clinical Supervisors

SCP supports Clinical Supervisors (CS) playing a critical role in the development and support of all NSP & SP. CS are engaged by individual NSP & SP. CS have strong interpersonal skills, cultural sensitivity, clinical expertise, and a commitment to ongoing professional development. Building a supportive and collaborative relationship with supervisees can contribute to their growth and success as they maintain competent and ethical practice. NSP & SP are expected to contract an experienced professional supervisor who meets ACCs guidelines will offer NSP and SP sound support and professional advice to meet the needs of the contract supported by engagement with CM as the need arises. CS will:

- Offer guidance on clinical practice, ethical considerations, and professional conduct.
- Assist supervisees in developing their therapeutic skills and theoretical knowledge.
- Monitor and assess the progress and competency of supervisees professional practice.
- Support supervisees in creating and achieving their professional development goals.
- Encourage ongoing learning, reflection, and self-awareness in supervisees.
- Facilitate opportunities for supervisees to engage in relevant training and educational activities.
- Stay informed about the latest research and best practices in the field of practice and specifically in trauma, abuse and evidence-based practice.
- Ensure that supervisees adhere to ethical guidelines and legal regulations in their practice.
- Address any ethical dilemmas or breaches that arise during supervision sessions.
- Provide guidance on managing boundaries and confidentiality in clinical practice.
- Offer constructive feedback on the clinical work of supervisees.
- Conduct regular evaluations to assess the performance and progress of supervisees.
- Identify areas for improvement and provide guidance on how to enhance skills and competencies.
- Acknowledge strengths and achievements to foster confidence and motivation.
- Promote cultural competence and sensitivity in clinical practice.
- Help supervisees understand and navigate issues related to diversity, inclusion, and social justice.
- Encourage an awareness of how cultural factors may impact the therapeutic process.
- Support supervisees in working effectively with clients from diverse backgrounds.
- Monitor and review supervisees' case notes and documentation for accuracy and quality.
- Foster connections with other professionals in the field of practice

Administration Manager

The Administration Manager works closely with the Director/Primary Psychologist in the effective and efficient running of the company. There is an expectation that the Administration Manager will develop the transfer of their skills to the sister company managers. Alongside this to oversee all administration within South Coast Psychology, including:

- Overseeing Administration Assistant
- Provider administrative onboarding
- Provider administration training
- Provider administration compliance
- Policy writing / updating
- Groupwork applications administration
- Contract applications (with support from Managers)
- Liaising with ACC's engagement and performance manager in conjunction with Director/Primary Psychologist
- General IT support for all personnel

Financial Manager

The Financial Manager works in conjunction with the Accountant & Administration Manager, reports to the board, and is responsible for:

- Supporting financially prudent company dealings
- Undertake Provider payments
- Undertake other provider and advisor invoicing and payments

- General debtors & creditors
- Coding transactions in Hubdoc and following up personnel for invoices
- Payroll
- Intercompany invoicing
- Credit card reimbursements from Directors
- Liaising with the bank and accountant
- Supporting the accountants with GST and taxation filing
- Uploading invoices from CMS to ACC

Administration Assistant/s

To assist the Administration Manager with tasks, including:

- Referral management and reporting
- Intake with Clinical Management oversight
- Loading purchase order
- Quarterly reporting
- Website / Facebook updates
- Advertising through website
- Updating website resources

1.5.2. Under the ACC Sensitive Claims Contract, providers who deliver treatment are called Named Service Providers

Psychiatrists

After consulting their CS and/or their CM about appropriateness of pathway, NSP will engage with a psychiatrist through the administration manager.

- Provide a Specialist Assessment (Pathway B) with or without a function assessment when there is need for psychiatric input (e.g. complex mental health presentations, physical complications to the mental injuries, requires medication or a medication review requires a function assessment for capacity to work (a small number of clinical psychologists can also undertake function assessments)).
- The psychiatrist may also offer therapy for certain specialist therapies (e.g. EMDR) for very complex presentations (pathway B) or when standard treatments have not worked

Psychologists

After consulting their CS and/or their CM about appropriateness of pathway, NSP (*who is not a psychologist, as psychologists can do their own assessments in consultation with their CS & CM*) will engage with a psychologist by approaching them directly to:

- Provide a Specialist Assessment (Pathway B) without a function assessment i.e. a psychological assessment that evaluates cognitive, emotional, and behavioural functioning, using standardised tests, interviews, and observations to determine the presence of mental injuries; to which they formulate accurate diagnoses, and give opinions or findings based on diagnostic criteria and clinical findings in relation to links between sensitive claims event/s and the mental injury/ies.
- To provide specialist therapeutic interventions to clients that are outside the NSP scope of practice or expertise, or a psychological approach is warranted (pathways A & B).

Psychotherapists

NSP may contact a psychotherapist after consultation with CS & CM to provide specialist interventions to clients, within the psychotherapists scope of practice. Examples where this might be prudent would be:

- Psychodynamic psychotherapy for attachment problems related to the MICSA.
- Sex therapy for sex and intimacy problems related to the MICSA.
- Hypnotherapy for behavioural or affective problems related to the MICSA.
- And so forth.

Counsellors (including counselling Social Workers)

Most NSP undertaking this work are counsellors (including counselling social workers). As such, they are governed by professional bodies such as New Zealand Association of Counsellors (NZAC), NZ Christian Counsellors Association (NZCCA) and The NZ Social Workers Registration Board (NZSWRB). They seek clinical supervision and clinical management support to reflect on personal biases, enhance self-awareness, and ensure ethical decision-making in counselling practice. In ACC Sensitive Claims Services work it is important that all NSP, including counsellors/counselling social workers, get to know the specialisations and areas of expertise of each other so that they can work collaboratively for the benefit of their clients.

Specialisations may include:

- Equine Therapy
- CBT
- Internal Family Systems Therapy
- Art Therapy
- Somatic Experiencing
- Hypnotherapy
- Trauma Informed Yoga
- Music Therapy
- Sand Tray therapy
- ACT
- DBT
- Mindfulness based treatments
- Lego based CBT
- Play based CBT
- And so forth

Areas of expertise may include:

- Young children
- Children
- Youth
- Older people
- Men
- Women
- Māori
- Gender diverse
- LGBTQAI+
- Particular ethnic groups
- Sign interpretation
- Disabled people
- And so forth

1.5.3. As part of the Sensitive Claim Services contract, Service Providers can also be used to assist kiritaki in their recovery

Social Workers

- Support to address social issues that might be impacting on overall wellbeing e.g., housing, financial management, childcare issues –
- Building relationships with community services for long term sustainable support

Occupational Therapist

- Exploring meaningful activity and roles
- Support with engagement in meaningful everyday activities and life roles
- Providing trauma-based education within the context of real-life experiences
- Implementing strategies to manage within everyday life
- Provide opportunities to build confidence within a range of environments and situations

Physiotherapists

- Graded return to physical activity in an environment that the survivor feels safe
- Breathing techniques for stress and anxiety management

Speech and Language Therapists

- Development of social and interpersonal communication skills
- Building confidence with expressing self
- Learning tools to manage any trauma related communication difficulties

Dietician

- Support for recovery from disordered eating
- Advice on nutrition for overall wellbeing

Registered Nurse

- Overall wellbeing support
- Education around medication in liaison with the GP and or Psychiatrist
- Building relationships with health providers for long term sustainable support

1.5.4. There are also a number of other roles that can be accessed for kiritaki within the Sensitive Claims Contract

Cultural Advisors

Cultural advisors (CA) may be sought for cultural support and advice by NSP, generally when interacting with kiritaki who have different needs from their own. The role of CA is supporting kiritaki, and advise NSP in their practice with kiritaki, and/or assisting the therapeutic alliance if cultural barriers are present in the work. Examples of areas where NSP seek cultural support and advice may be:

- Ethnicity
- Gender diversity
- Disability
- Sexuality
- Culture e.g. Celtic, Middle Eastern, Te ao Māori, etc / sub-culture e.g. youth, particular iwi, deaf, etc
- Spirituality
- And so forth

TIY Instructors

NSP may seek TIY instructors:

- As adjunct therapy providers if they are also NSPs.
- To support an NSP in running a TIY group therapy programme or retreat.

Equine Specialists

NSP may seek equine specialists”

- As adjunct therapy providers if they are also NSPs.
- To support an NSP in running an Equine Therapy group programme or retreat.

Other specialists

NSP may seek other specialists:

- As adjunct therapy providers if they are also NSPs.
- To support an NSP in running a group therapy programme or retreat in a specialist area.

1.6. COMPANY CONFLICTS OF INTEREST

Purpose	This is a guide for Clinical Managers, with support of Managers, to manage Named Service Providers, Service Providers, and other Personnel conflicts of interest in relation to making, receiving, and incentivising referrals and in the delivery of the services and any interdependent or related services for kiritaki. The policy is used to effectively identify, address, and manage conflicts of interest in a way that upholds ethical standards, promotes fairness, and maintains the trust of clients, employees, and the community.				
Approved By	DG	Effective Date	6.5.24	Review Date	

South Coast Psychology is a family-owned psychology business with people brought together who are like minded and follow the same value base. This approach to business has its strengths and weaknesses.

Strengths may include:

- a shared value base, making fostering a commitment to company values easier
- a commitment to growth and development
- knowing each other well and wanting the best for each other and the company

Weaknesses may include:

- Limited perspectives: A family-owned business might have less diverse viewpoints since its members share the same values and backgrounds, which can result in overlooking alternative approaches or innovative ideas.
- Nepotism: Hiring and promotion decisions might be influenced by familial relationships, potentially leading to less qualified individuals in key roles and reduced employee morale.
- Difficulty attracting external talent: Top talent from outside the family may be hesitant to join a family-owned business due to concerns about growth opportunities or perceived favouritism.

Recognising these potential weaknesses can help South Coast Psychology develop strategies to mitigate their impact and create a more balanced, successful business model.

A conflict of interest means the independence, objectivity or impartiality of a party or provider can be questioned. Conflict of interest occurs when the personal interests or relationships of family members, and others involved in the business, interfere with their ability to make unbiased decisions that are in the best interest of the business, its clients, or its employees/sub-contractors including:

- providing preferential treatment or opportunities to family members or those that personal with whom there are relationships over other employees
- using business resources for personal gain or benefit
- making decisions based on personal relationships rather than professional criteria
- any personnel giving preferential treatment above others

Conflicts of interest can be:

- actual: where the conflict currently exists
- potential: where the conflict is about to happen or could happen
- perceived: where other people may reasonably think that a person is compromised.

To manage conflicts of interest, South Coast Psychology has implemented the following practices at all levels of company operations:

- We have developed this written Conflict of Interest Policy so that all members of the company understand conflict of interests and their responsibilities and will sign this document to confirm their understanding.
- Managers and Clinical Managers undertake the conflict of interest duty with all staff and contractors, and administrators will record any conflicts of interest in relation to directors and board members.
- All personnel, including directors, advisory board members, managers, staff, contractors, and volunteers are charged with disclosing conflicts of interest, including any personal or financial interests that could



potentially create a conflict with the ethical operation of the business or its service to clients. This information is documented and reviewed every two months, by the Administrator and Advisory Board to ensure transparency.

- We have appointed an Advisory Board who will review any potential conflicts of interest and determine the appropriate course of action to help ensure impartial decision-making, particularly in relation to employment, finances, and business administration matters. All decisions made relating to conflicts of interest are recorded in advisory board minutes to maintain a clear record of actions taken.
- We have a culture of transparency and accountability that holds directors, advisory board members, managers, staff, contractors, and volunteers accountable for disclosing conflicts of interest to their reporting channel/s.
- In complex situations where conflicts of interest may be difficult to navigate internally, we seek advice from external advisors, such as legal or ethical experts, Clinical and Managerial Supervisors to help identify and address potential conflicts.
- We encourage directors, advisory board members, managers, staff, contractors, and volunteers who have personal connections with those they work with to separate personal relationships from business when making business decisions to ensure that choices are based on the best interests of the company and its stakeholders.
- South Coast Psychology regularly reviews and update policies, including this Conflict of Interest Policy to address any new challenges or changes within the business. We are proactive in managing conflicts of interest to prevent issues from arising in the future.
- In making and accepting referrals, Clinical Manager oversight is used to ensure that:
 - referrals are **made** to appropriate Provider/s and agencies
 - and **accepted** by the most appropriate Provider/s and agencies for the most effective treatment for kiritaki, and in kiritaki-centric service delivery, inside or outside our service.
- Clinical Manager oversight of the intake process ensures that providers do not receive referrals that pose a conflict of interest for the service or the provider, in a culture of open communication and transparency.
- We don't tolerate incentivising referrals, and access to services is based on equity and timeliness of delivery of services and any interdependent or related services for kiritaki. Clinical Manager oversight and support helps staff and contractors to deliver the right service, by the right person, at the right time.

Personnel Name:	
Date:	
Signature:	
Conflicts of Interest you may have within South Coast Psychology whether actual, potential or perceived:	

1.7. UPDATING POLICIES & CONTRACT CHANGES / DOCUMENT CONTROL

Purpose	When we update a policy, we must ensure effective communication of these changes. This is essential for clarity, understanding, and compliance.			
Approved By	DG	Effective Date	26.4.24	Review Date

South Coast Psychology updates their policies as follows:

- When contracts and/or best practice guidelines change
- A change is warranted due to continuous improvement
- Annual review

To ensure effective communication we will:

1.7.1. Clear Documentation

- Create clear, concise, and easy-to-understand policy documents. Use plain language and avoid jargon or overly complex terminology
- Organise policies logically, with headings, bullet points, and examples where applicable

1.7.2. Notify and Explanation

- Notify providers of new policies, updates in contracts, etc, via email
- Clearly explain the reasons behind the new policies, including any benefits or impacts on providers

1.7.3. Training Sessions

- Training sessions will be conducted (if required)

1.7.4. Interactive Discussions

- After training sessions there will be time for Q&A

1.7.5. Visual Aids and Examples

- Flowcharts, slideshows, etc to illustrate key points or processes related to the new policies (if applicable)
- Provide real-life examples or scenarios to help providers understand how the policies apply in different situations

1.7.6. Feedback Mechanisms

- Listen to provider feedback (either through the training session, or conversations/email after the training) and address any concerns or suggestions promptly

1.7.7. Regular Reminders

- Reinforce the new policies / changes during discussions / meetings / trainings with providers
- Highlight specific aspects of the policies / changes that are particularly important

1.7.8. Accountability

- Clearly outline the consequences of non-compliance with the new policies

1.7.9. Accessibility

- Even though updated policies are emailed out, they will also be uploaded to our website (provider password required)

1.8. WORKING WITH MĀORI STRATEGY

Purpose					
Approved By	DG	Effective Date	11.5.24	Review Date	

1.8.1. Background

Te Tiriti o Waitangi is a foundational document in the legal and settlement history of Aotearoa/New Zealand. It sets a relationship of partnership or whakawhānaungatanga between Māori and the Crown.

According to Te Tiriti the partners have a duty to act reasonably and in good faith. Te Tiriti gives the Crown the freedom to govern, and it has a duty to actively protect Māori interests and wellbeing, and to remedy past breaches of Te Tiriti. Māori retain rangatiratanga or sovereignty over their resources and taonga and have all the rights and privileges of citizenship.

Tino rangatiratanga, that Māori never ceded in Te Tiriti, includes self-management of resources and other taonga/treasures according to Māori culture including all valued resources and intangible cultural assets. The treaty can be adapted to meet new circumstances. The Crown has a duty to consult with Māori and as the needs of both Māori and non-Māori must be met, it requires active participation by both partners.

Bicultural competence means applying Te Tiriti o Waitangi as partners of the foundation document. Partners have a duty to treat each other with respect. Bicultural practice in psychology is based on the assumption that providers as registered health professionals, and as such agents of the crown, have a legal obligation to Māori under the principle of Oritetanga to consult with Māori, non-Māori providers also have a legal and ethical duty to support and protect kaupapa and tikanga Māori in achieving and maintaining “Tino rangatiratanga”, and form partnerships/ whakawhānaungatanga with Māori in the spirit of Te Tiriti and the Rangatiratanga-Kawanatanga dynamic.

1.8.2. Access for Māori

South Coast Psychology has close links with mana whenua and Nga Hau E Wha Marae in the Southland District and is considered manuhiri at many. South Coast Psychology seeks to facilitate access to appropriate psychological services for Māori kiritaki and kaupapa Māori services in increasing and developing the Māori psychological workforce by collaborating and contracting with kaupapa Māori services and providers, reciprocal agreements for consultation, making and taking referrals and building and maintaining links with Māori.

Whaea and cultural supervisor, Sonia Pera of South Coast Psychology, is a respected member of the local South Island tribe (Ngai Tahu). She also has links into Northern Iwi to Whakatōhea, Ngāti Ira, and Taranaki.

In each area of service, South Coast Psychology and her sister companies Southern Alps Psychology and North Coasts Tāmaki Makaurau Psychology contract mana whenua cultural supervisors for overall guidance and support towards cultural safety. They also contract providers who have full membership to professional bodies with clear cultural competencies or are in training with clinical and cultural oversight and required adherence to bicultural competencies as part of their training programme. These competencies include the ability to work with Māori using Māori models of health, development and world views, the application of Te tiriti o Waitangi, and knowledge and application of basic te reo and tikanga Māori.

South Coast Psychology has in its plan to develop links in the North Island, where our service delivery is developing. Whaea Sonia is supporting us with this.

1.8.3. Māori Cultural Advisors / Supervisors

See our Cultural Advisors Policy.

1.8.4. Culturally Appropriate Service Delivery

South Coast Psychology’s providers ensure culturally appropriate service are delivered by being client centric, seeking cultural supervision/collaboration to ensure cultural appropriateness, having training, skills, policies and

practices that reflect the principles of Te Tiriti o Waitangi, collaborating and contracting with kaupapa Māori services and providers and ensuring contracts expect a culturally trained workforce.

Cultural supervision is available to provide guidance and support toward cultural safety. Contracts with providers expect full membership to professional bodies with clear cultural competencies and/or in training with clinical and cultural oversight and required adherence to bicultural competencies as part of their training programme including: knowledge, skills and experience in Māori models of health, development and world views, basic tikanga and Te Reo and the application of Te Tiriti o Waitangi.

1.8.5. Measurement of outcomes for Māori

Interventions for Māori are measured by regular reviews, client feedback, feedback from within the areas of service delivery, and reflection in cultural supervision. The data from these sources is then used to evidence effective service delivery to funders and key stakeholders and to further develop the service in terms of responsiveness to Māori.

1.8.6. Our Strategy

In accordance with Te tiriti O Waitangi and in line with [Pūao-te-Āta-tū](#) we have developed policies to secure our commitment to working in whakawhanaungatanga with Māori, with cultural respect, cultural sensitivity, cultural awareness, and a commitment to building trust and understanding. Our strategy for working with Māori includes:

1.8.6.1. Cultural Awareness and Training

South Coast Psychology ensures that all personnel working with Māori kiritaki receive cultural competency training. This training should cover the historical context, cultural values, protocols, and communication styles of the Māori community the areas where services are delivered. Aotearoa/New Zealand training courses in Health & Social Services include these. Internationally trained providers require confirmation of these competencies in their training record.

1.8.6.2. Engagement and Relationship Building

South Coast Psychology directors, advisors, staff and providers are expected to build relationships with local Māori communities and leaders by attending community events, engaging in consultation processes, and seeking guidance from Māori advisors or cultural experts to understand the specific needs and preferences of the community.

1.8.6.3. Culturally Appropriate Services

South Coast Psychology offers services that are culturally appropriate and responsive to the needs of Māori clients by actively recruiting Māori advisors, managers, and providers, along with providing services in both English and Te Reo Māori, incorporating cultural practices and rituals into service delivery, and offering support from culturally competent providers.

1.8.6.4. Respect for Tapu and Noa

South Coast Psychology respects the concepts of tapu and noa in Māori culture. All personnel must ensure that services are delivered in a way that respects the tapu of individuals and honours cultural protocols related to sacred spaces, objects, and practices.

1.8.6.5. Whanaungatanga (Relationship Building)

In working with all people, and particularly Māori, South Coast Psychology emphasises to personnel, the importance of building trust and rapport with all people, and particularly based on the principles of whanaungatanga, taking the time to listen actively, show empathy, and demonstrate a genuine interest in the well-being of kiritaki, staff, contractors and their whanau.

1.8.6.6. Cultural Consultation and Collaboration

At all levels, South Coast Psychology involves Māori stakeholders in the development and implementation of policies, procedures, and services that affect Māori clients. We actively seek input from Māori advisors, community leaders, and organisations to ensure that our services are

culturally safe and responsive.

1.8.6.7. Holistic Approach to Healing

South Coast Psychology recognises and respects the holistic approach to health and well-being in Māori culture. South Coast Psychology offers services that address not only the psychological but physical but also the mental, emotional, and spiritual aspects of healing (with reference to [Te Whare Tapa Wha](#) and incorporate culturally relevant healing modalities and practices into our service delivery e.g. [Te Wheke](#), etc).

1.8.6.8. Continuous Learning and Improvement

South Coast Psychology has a commitment to ongoing learning and improvement in cultural competence. We regularly review and evaluate our practices, seek feedback from Māori clients, advisors and communities, and incorporate learnings into our organisation's policies and procedures.

1.8.7. Cultural Safety and Responsiveness

Ensuring that all services are delivered in a culturally responsive, appropriate, and safe manner requires a multifaceted approach. South Coast Psychology adheres to ACC's Cultural Safety Policy ([Kawa Whakaruruhau](#)), and takes note of guidance on Māori cultural competencies for providers ([Te whānau Māori me ō mahi](#)), and the [Health and Disability Services \(Safety\) Act 2001](#) in service development and delivery, including:

1.8.7.1. Training and Education

South Coast Psychology ensures at initial recruitment that all personnel have completed comprehensive training and ensure that all personnel have read and understand the principles outlined in Kawa Whakaruruhau and Te whānau Māori me ō mahi, including understanding of cultural differences, communication strategies, and respectful engagement with Māori clients, by their acknowledgement in the training register.

1.8.7.2. Cultural Competency Assessment

South Coast Psychology regularly assess providers cultural competency levels and provide ongoing support and training to address any gaps identified by way of self-assessment, peer evaluations, feedback from Māori clients, and signed off by their Clinical Supervisor and Clinical Manager.

1.8.7.3. Policy Implementation

South Coast Psychology ensures that ACC's Cultural Safety Policy and Guidance on Māori cultural competencies for providers are integrated into all organisational policies and procedures by reviewing and updating existing policies to align with cultural safety principles and legal requirements.

1.8.7.4. Consultation and Collaboration

South Coast Psychology consult and collaborates with Māori stakeholders, including iwi, hapū, and Māori health providers, to ensure that services are culturally appropriate and responsive to the needs of Māori clients in our advisory groups, partnerships, and consultation to inform service development and delivery.

1.8.7.5. Cultural Safety Audit

South Coast Psychology, through its managers and cultural advisors, conduct regular audits of service delivery practices to assess compliance with cultural safety principles and legal requirements. These audits include input from kiritaki Māori feedback, and from community representatives to ensure a broad range of perspectives.

1.8.7.6. Feedback Mechanisms

South Coast Psychology has robust feedback mechanisms that allow Māori clients to provide input on their experiences with ACC services, through service evaluation forms and formal channels for complaints and compliments. South Coast Psychology uses this feedback to identify areas for improvement and make necessary adjustments to service delivery.

1.8.7.7. Continuous Improvement

South Coast Psychology fosters a culture of continuous improvement where providers are encouraged to reflect on their practice, engage in professional development opportunities, and contribute to initiatives aimed at enhancing cultural safety within the organisation.

1.9. BUSINESS CONTINUITY PLAN

Purpose	<p>South Coast Psychology has been a successful business for many years due to policies, procedures, adherence to professional standards, ethical codes and best practices, enabling the business to continue through minor incidents, complaints, and disruptions.</p> <p>South Coast Psychology seeks to maintain business viability. This business continuity plan is to ensure the continued delivery of services to kiritaki in the event of unexpected disruptions or disasters.</p>				
Approved By	DG	Effective Date	11.5.24	Review Date	

1.9.1. Communication

To ensure that communication can occur quickly, admin has created an email distribution list for all personnel in South Coast Psychology. There is also a list of all personnel names, phone numbers and email addresses stored on our website (secure login) along with the master being stored in the shared Dropbox folder. This list is updated regularly.

Emergency contact details for Executive Director / Primary Psychologist Diane Gillespie

In an emergency the following people have been briefed and trained to undertake necessary tasks to ensure the least possible disruption and continuity of day-to-day business and service delivery. These tasks include contacting one another and all other appropriate people to ensure kiritaki and personnel safety and business continuity.

Position	Name	Phone Number
Director / Husband / Next of Kin	Jim Gillespie	x
Back up Clinical Manager	Nancy McGregor	x
Back up Clinical Supervisor		x
Assistant Manager	Dallas Frederikson	x
Administration Manager	Jenny Beer	x

Other important contacts include:

Position	Name	Phone Number
Accountant	Erin Howes	x
Bank Manager	Amit James – ANZ	x
	Pam Potter – ANZ	x
Lawyer - Business	David Gray – AB Gray Law	x
Lawyer – Employment & Business	May-Jane Thomas & PR Law	x
Professional Body	NZ Psychological Society	04 473 4884
Registration Board	NZ Psychologists Board	04 471 4580
Insurance • Offices • Vehicles, etc	Lantern Insurance	x
Insurance • Professional Indemnity • Statutory Liability • Public Employers and Statutory Liability • Cyber Liability	Aon	x
Insurance - Life	ANZ Life Insurance / Chubb	x

A spare key for the filing cabinet/s, and an envelope with passwords for information technology is held with the lawyer of South Coast Psychology.

Contract Funders Contact Details

Contract	Name	Contact Details
ACC	Engagement & Performance Manager	
MBIE	Ann-Cherie Feary Lead Advisor Wellbeing	x
East Health Trust (PHO) NCTMP	Rudy Bakker Cathy Martin	x
Alliance Health – The Cause Collective (PHO) NCTMP	Siliva Togatuki	x

1.9.2. Workforce Continuity

We cross-train our personnel to ensure minimal interruption to services in case of changes to personnel, i.e. resignation, illness (short or long term) or even death. The three sister companies in Auckland, Canterbury and Southland each have cross training and access to the other's resources for workforce continuity should one region become disabled.

Personnel	Cross Trained Personnel / or Mitigation
Director	Director, Managers & Administration Manager
Manager	Director & Assistant Manager
Assistant Manager	Director, Managers & Administration Manager
Clinical Manager	Other Clinical Managers and Directors
Providers	Other providers will fill gaps in service delivery when needed due to illness, emergencies, holidays, etc.
Administration Manager	Administration Assistant, Assistant Manager & Accountant
Administration Assistant	Administration Manager
Finance Manager	Administration Manager and Accountant

1.9.3. Provider Unexpected Long-Term Leave

If a Provider is on unexpected long-term leave, the steps involved to ensure kiritaki safety are:

- Provider to advise the clinical Manager as soon as practical
- The Clinical Manager (with support of Manager and Administration Team) will make an individual plan for each kiritaki:
 - Names and phone numbers gained from provider (if possible), otherwise the Administration Assistant can check the referral data for kiritaki contact information
 - Contact each kiritaki and discuss of the following options:
 - Transfer to another provider for short-term treatment until original provider returns
 - Transfer to another provider within our own supply chain
 - Transfer to another supplier if no appropriate providers are available
 - Discuss other community options, and if taking a therapeutic break is appropriate with Clinical Supervisor and Clinical Manager
 - Advise the funder, i.e. ACC, Police, Oranga Tamariki, Women's Refuge, MSD Permanent Caregiver Support Services, MBIE, etc

1.9.4. Premises

For all our personnel, whether they are the directors, managers, providers or part of the administration team, if their house (if they work from home for administration or seeing clients via zoom) or office premises becomes suddenly unavailable due to i.e. fire, flood, extreme weather, etc, we have the following contingency plan to ensure services can continue with little disruption:

- All personnel have access to, and have been trained to use, video conferencing software, i.e. Zoom, Doxy.me, Google Meet, etc, so that they can use any location to continue delivery services. See **Telehealth Policy**. All personnel must confirm with their kiritaki what platform they will use to communicate.

- All personnel have access to our contact list (via website) so that they can contact another team member to share their office space. This is also emailed out, so that if our website is inaccessible, they still have access to the recent contact list.

1.9.5. Technology & Data Protection

To ensure that we can continue to use our critical systems in the advent of an emergency, we have the following in place:

System	Data Protection / Backup
Xero	<ul style="list-style-type: none"> • A secure web-based platform that can be accessed from anywhere there is an internet connection • Access to Xero includes: accountant, director, manager, assistant manager, financial manager, administration manager and administration assistant <p>Security:</p> <ul style="list-style-type: none"> • Xero encrypts your business information and replicates it in several locations online. This means it's safe, secure and available when you need it. • Multi-factor authentication (MFA) adds an additional layer of security by checking that it's really you when you log in to Xero.
Client Management System (CMS)	<ul style="list-style-type: none"> • A secure web-based platform that can be accessed from anywhere there is an internet connection • Full access to CMS includes: CMS staff, director, manager, assistant manager, financial manager, administration manager and administration assistant • Provider access to CMS only allows them to see their own kiritaki <p>Security:</p> <ul style="list-style-type: none"> • CMS confirm that they adhere to standards from ISO27001 (International standard for information security) • CMS is currently hosted with Linode in a Sydney data centre and each CMS is backed up nightly and stored off-server at an AWS data centre also located in Sydney.
Banking	<ul style="list-style-type: none"> • Invoices to pay can be loaded through Xero (see above) and then batch paid using ANZ Direct Online (ADO). <p>Security:</p> <ul style="list-style-type: none"> • We use a third-party online security service based offshore to help protect your security when using ANZ Direct Online. That third party collects and analyses information from your browser session, including your IP address, session identifier, web-browser type, HTTP headers, and malicious software data, to help detect security threats. • We will endeavour to provide a secure system within which you can carry out your banking Transactions and retrieve information, as long as the computer or Mobile Device you use to access ANZ Direct Online uses a supported web browser that supports 128-bit encryption.
Emails	<p>The emails created from our Domain Names can be access by our Web Developer, Administration Manager and Administration Assistant:</p> <ul style="list-style-type: none"> • @southcoastpsychology.co.nz • @sapsych.co.nz • @nctmpsyh.co.nz • @scp-equinetherapy.co.nz
Dropbox	<ul style="list-style-type: none"> • Cloud storage that can be accessed from anywhere there is an internet connection • Allows a hardcopy to be stored on your device (if internet is down) • Folder permission - personnel only have access to the files they require

	<p>Security:</p> <ul style="list-style-type: none">• Two-factor authentication, user and device management, and a zero-knowledge password manager keeps your account secure from unknown login attempts.• Secure 256-bit AES and SSL/TLS encryption technology keeps your files safe from harm during data transfer.• Dropbox meets global regulatory standards for many of your data handling and file storage needs, including GDPR compliance and support for HIPAA compliance for teams.• We keep our systems safe from bad actors, with vulnerability testing, dark web monitoring, and enterprise detection and response capabilities.
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1.9.6. Review & Update

South Coast Psychology will regularly review and update our business continuity plan to reflect any changes that may occur, as we want to ensure that we can continuity of services to kiritaki in the face of unforeseen disruptions.

By being prepared we can minimise the impact of these disruptions and maintain kiritaki trust and satisfaction in our service.

1.10. ASSET MANAGEMENT

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

1.11. RESOURCING

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

1.12. NEWS / SOCIAL MEDIA

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

1.13. REDUCE EMISSIONS AND WASTE

Purpose					
Approved By		Effective Date		Review Date	

1.13.1. South Coast Psychology will try and reduce emissions and waste as much as they can by:

- Company cars are electric/hybrid to reduce fuel emissions.
- Regional meetings are held via Zoom/Teams to avoid unnecessary travel via car or air
- Paper and printing costs are reduced utilising Dropbox and email
- Composting practices to support pasture management in our equine services properties
- Continue to look for ways to reduce waste and emissions

1.13.2. All of our wastes are recycled, and where possible, we use green initiative where possible:

- most of our cars in our fleet are electric plug in or hybrid
- horse manure turned into worm castings pro-biotic for soil, using composting worms and spread on local farms in Edendale improving the ecosystem

2. HUMAN RESOURCES – STAFF

To be divided into Staff / Contractors – Policy under review

3. HUMAN RESOURCES – CONTRACTORS

3.1. RECRUITMENT & APPOINTMENT

Purpose	In the context of a private psychology service in New Zealand, it is essential to adhere to relevant employment laws and regulations, especially considering the sensitive nature of the services provided. Additionally, ensuring that staff and contractors meet the necessary qualifications, certifications, and professional standards specific to psychology practice is vital for maintaining quality services and safeguarding kiritaki well-being.				
Approved By	DG	Effective Date	7.6.24	Review Date	

3.1.1. Recruitment Process

- 3.1.1.1. Job Analysis:**
Clearly define the roles and responsibilities of each position to understand the requirements.
- 3.1.1.2. Job Posting:**
Advertise job openings through relevant channels to attract suitable candidates.
- 3.1.1.3. Application Screening:**
Clinical managers and assistants to review applications against predetermined criteria to shortlist candidates.
- 3.1.1.4. Interviewing:**
Clinical managers to conduct interviews to assess candidates' skills, experience, and fit with the organisation. During this interview, applicant will also confirm if they have any current complaints or adverse findings.
- 3.1.1.5. Reference Checks, Police Vetting and Children's Worker Safety Checking:**
Administration will verify candidates' credentials through reference checks to ensure their credibility, along with obtaining their police vetting (see Personnel – Safety Checking Policy).
- 3.1.1.6. Offer and Negotiation:**
A written offer will then be extended to selected candidates along with negotiating terms and conditions.
- 3.1.1.7. Documentation:**
Complete necessary documentation such as contracts, confidentiality agreements, etc.

3.2. PRIVATE PROVIDER APPLICATIONS

Purpose					
Approved By	EM & DF	Effective Date	17.9.24	Review Date	

Private Provider Application Form

Please type directly into this form. Do not print it and write on it (other than when it's complete and you need to insert your signature). The text boxes will automatically increase in size as you type your information within them.

About you	
Name	
Email Address	
Phone Number	
Location / District	
GST Number (if applicable)	
Bank Account Number	
What is your standard fee?	
Can you provide TeleHealth sessions (e.g. Zoom, Teams, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
History	
Previous two employers or if self-employed last two clinical supervisors / mentors / trainers who have a supervisory or mentoring capacity:	
Name:	
Role:	
Contact Details:	
Name:	
Role:	
Contact Details:	
Endorsements	
Do you have any endorsements for your work (i.e. an individual, agency, iwi, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
Children's worker safety check (please provide 2 referees)	
Name:	
Organisation:	
When Employed:	
Relationship:	
Email:	
Name:	
Organisation:	
When Employed:	
Relationship:	
Email:	
Have you provided us with:	
<input type="checkbox"/> Completed Police Vetting Form	
<input type="checkbox"/> Two forms of ID – i.e birth certificate / driver licence / passport (one must include a photograph)	
<input type="checkbox"/> CV	<input type="checkbox"/> Academic Transcript/s <input type="checkbox"/> Certificate/s
Mental Health Experience	
How many years' experience do you have in working in mental health?	
What experience have you had directly delivering social/health/Hauora services to mental health consumers?	
What certificates or qualifications do you currently hold?	

What modalities do you utilise throughout your therapeutic work?	
What training / professional development have you completed around mental health, health and wellbeing or Hauora?	
Do you belong to a Professional Body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, which professional bodies code of ethics do you elect to adhere to, (Ie, SWRB, NZC,NZPS) and what are your plans for gaining Professional membership in the future?	
Contact Details of your current clinical supervisor?	Name: Profession: Phone: Email: Duration:
Sexual Abuse/Trauma Experience	
Please provide details of your experience working with people who have experienced sexual abuse / trauma:	
Approximately how many survivors of abuse/trauma have you worked with over the last 5 years?	
Have you worked with clients previously and what modalities have you used?	
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Children 0 -15 <input type="checkbox"/> Young People 16-17 <input type="checkbox"/> Adults (18-64) <input type="checkbox"/> Older Adults (65+)
Skills, Expertise and Cultural Experience <input type="checkbox"/> Alcohol and other drugs <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTQIA+) <input type="checkbox"/> Prisoners <input type="checkbox"/> Māori <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Island Māori <input type="checkbox"/> Tongan <input type="checkbox"/> Korean <input type="checkbox"/> Niuean <input type="checkbox"/> Japanese <input type="checkbox"/> NZ European Pakeha <input type="checkbox"/> Other (please name)	Modalities <input type="checkbox"/> ACT <input type="checkbox"/> Art Therapy <input type="checkbox"/> CBT <input type="checkbox"/> DBT <input type="checkbox"/> Eating Disorders <input type="checkbox"/> EMDR <input type="checkbox"/> Family Therapy <input type="checkbox"/> HAKOMI <input type="checkbox"/> ISTDP <input type="checkbox"/> Mindfulness <input type="checkbox"/> Narrative <input type="checkbox"/> NLP <input type="checkbox"/> Play Therapy <input type="checkbox"/> Psychodynamic <input type="checkbox"/> Relationship <input type="checkbox"/> Solution-focused <input type="checkbox"/> Somatic <input type="checkbox"/> Systemic <input type="checkbox"/> Trauma Yoga <input type="checkbox"/> Other (please name)
Adverse Findings	
There is an ongoing requirement for you to declare any adverse findings whatever the nature so ones involving both minor concerns and serious concerns.	

Complaints			
Have you currently, or at any time in the last five (5) years, as an individual or as part of a practice, been the subject of a complaint made to the Health and Disability Commissioner, the Police or a Professional Body or a fraud investigation in New Zealand, Australia or the Pacific Islands?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Performance Management Plans			
Have you ever been required to participate in a performance management plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
De-registration / Termination			
Have you ever been de-registered or terminated from a contract with any government agency as a result of a complaint or adverse finding?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to any of the above please provide dates, details and outcomes:			
Please also provide details and outcomes of any or all complaint(s) / incident(s) pending or otherwise:			
Conflicts of Interest			
Do you have any actual, potential or perceived Conflict of Interest with South Coast Psychology?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Treaty of Waitangi			
Do you adhere to bicultural competencies as part of your training programme including: knowledge, skills and experience in Māori models of health, development and world views, basic tikanga and te reo and the application of te tiriti o Waitangi?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Declaration			
I declare that the information given to South Coast Psychology is true and correct in all aspects.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I will adhere to the processes documented in South Coast Psychology's Key Operating Policies and Procedures (KOPPs).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I will be guided and adhere by the Health and Disability Consumer rights and to the Health and Disability Act Code of Health and Disability Services Consumers' Rights — Health & Disability Commissioner (hdc.org.nz)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If possible, please insert your signature below and save the document as a PDF. Otherwise, once this form has been completed, please print, sign, scan and email back to us.			
Signature:		Date:	

3.3. CULTURAL ADVISOR APPLICATIONS

Purpose					
Approved By		Effective Date	15.8.24	Review Date	

3.3.1. ACC's Cultural Support & Advice

The provision of Cultural Support and Advice acknowledges the cultural diversity of Aotearoa New Zealand and the importance of culture in the delivery of and effective engagement in therapy.

The Lead Provider can request funding for Cultural Support and Advice (maximum 10 hours) to engage an appropriate person in the community determined to have the right level of stature within that community and expertise necessary to facilitate **the removal of cultural barriers to a client's recovery**.

The removal of cultural barriers will be different for different people and may include:

- Facilitating access to culturally relevant social services and supports
- Facilitating connectivity to cultural community networks
- Addressing the culturally specific spiritual or holistic aspects of healing

Note: The Lead Provider cannot be funded to deliver Cultural Support and Advice themselves.

3.3.2. ACC's Definition of a Cultural Barrier

When a person of a particular culture encounters the context of another culture, a clash can occur, resulting in barriers to achieving treatment goals. In the context of the ISSC, this could be a Māori client being treated by a Tauwiwi Provider using a Tauwiwi clinical framework rather than from a Te Ao Māori worldview. This meeting of two different cultural contexts may inhibit the effectiveness of therapy for the client.

Given that any client from a non-dominant culture (the dominant culture of Aotearoa New Zealand is Pākehā, heterosexual and cisgender) is encountering the context of another culture every day, it may be that the barriers inhibiting therapy from being successful are multifaceted and complex. For Māori, this may include the impact of intergenerational trauma due to colonisation, forced assimilation, and subsequently, urbanisation and disenfranchisement.

3.3.3. Cultural Support & Advice is Not for Cultural Supervision

Cultural Support and Advice is not intended to replace Cultural Supervision for a Provider. The distinction between Cultural Supervision and Cultural Support and Advice is:

- Cultural Supervision is intended to increase a Provider's cultural competency in general
- Cultural Support and Advice is **relevant to a specific Client and focusses on the removal of cultural barriers and alignment to treatment goals to increase the effectiveness of therapy**.

3.3.4. Rongoā Māori Practitioners

For those Clients without an accepted claim, a Rongoā Māori practitioner may be an appropriate third party to approach to deliver Cultural Support and Advice. Cultural Support and Advice may incorporate elements considered to be Rongoā Māori, however, the two are considered different services for ACC clients, with Cultural Support and Advice focussed on the removal of cultural barriers and alignment to treatment goals to increase the effectiveness of therapy.

3.3.5. Invoicing

Once you have seen a client, you will create an invoice for services and send to accounts@southcoastpsychology.co.nz which must include the client's name, session dates and hours used. When ACC pays us, we will pay you.

3.3.6. Our Responsibilities

As the ACC contract holder, South Coast Psychology will:

- Ask you to complete the included application form

- Complete police vetting
- Contact your referees
- Seek approval from our manager/advisory board
- Once approved, advertise you on our website
- Support you with invoicing and payment for services without charging you any fees or taking any commission
- Advise you of any price increase when ACC updates their Service Schedule

Cultural Advisor Application Form

Please type your answers into this Word document.

About you	
Name	
Email Address	
Phone Number	
Location / District / Iwi affiliation	
What kind of Cultural Advice are you offering, i.e. Māori, Pasifika, LGBTQIA+, faith based, etc.	
Bank Account Number	
GST Number (if applicable)	
History	
Previous two employers or if self-employed last two clinical supervisors / mentors / trainers who have a supervisory or mentoring capacity:	
1.	
2.	
Endorsements	
Do you have endorsement from: Māori cultural supervisor - mana whenua and/or your own iwi? or your cultural group e.g. Pasifika and/or your own cultural or subcultural group (e.g. faith based, LGBTQIA+, Celtic, other ethnic groups, deaf, disability, neurodiversity, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
Children's worker safety check	
Name: Organisation: When Employed: Relationship: Email:	
Name: Organisation: When Employed: Relationship: Email:	
Have you provided us with:	
<input type="checkbox"/> Completed Police Vetting Form <input type="checkbox"/> Two forms of ID – i.e birth certificate / driver licence / passport (one must include a photograph) <input type="checkbox"/> CV <input type="checkbox"/> Academic Transcript/s <input type="checkbox"/> References / Testimonials <input type="checkbox"/> Certificate/s	
Work experience	
Do you have experience in working with your culture?	
What experience have you had providing cultural advice?	
Do you currently have a mentor/supervisor?	

What experience to you consider qualifies you to provide cultural advice for others?	
Sexual Abuse Experience	
Please provide details of your experience working with people who have experienced sexual abuse / trauma:	
If applicable, approximately how many survivors of abuse have you worked with over the last 5 years?	
Which client demographic have you worked with in the past	
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Children 0 -15 <input type="checkbox"/> Young People 16-17 <input type="checkbox"/> Adults (18-64) <input type="checkbox"/> Older Adults (65+)
Please describe:	
Adverse Findings	
There is an ongoing requirement for you to declare any adverse findings whatever the nature so ones involving both minor concerns and serious concerns.	
Complaints: Have you currently, or at any time in the last five (5) years, as an individual or as part of a practice, been the subject of a complaint made to the Health and Disability Commissioner, the Police or a Professional Body or a fraud investigation in New Zealand, Australia or the Pacific Islands?	<input type="checkbox"/> Yes <input type="checkbox"/> No
De-registration / Termination: Have you ever been de-registered or terminated from a contract with any government agency as a result of a complaint or adverse finding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above Adverse Findings please provide dates, details and outcomes:	
Please also provide details and outcomes of any or all complaint(s) / incident(s) pending or otherwise:	
Conflicts of Interest	
Do you have any actual, potential or perceived Conflict of Interest with South Coast Psychology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treaty of Waitangi	
Do you adhere to bicultural competencies as part of your training programme including: knowledge, skills and experience in Māori models of health, development and world views, basic tikanga and te reo and the application of te tiriti o Waitangi?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Declaration	
I declare that the information given to South Coast Psychology is true and correct in all aspects.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will adhere to the processes documented in South Coast Psychology's Key Operating Policies and Procedures (KOPPs).	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read this document and understand my role as a Cultural Advisor under the ACC contract.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	Date

I can confirm that the above has been approved by South Coast Psychology as a Cultural Advisor:			
Manager Name		Date	
Manager Signature			

3.4. SAFETY CHECKING

Purpose	At South Coast Psychology, we work with vulnerable kiritaki; therefore, all our personnel (including Mental Health Providers, Support Staff, Cultural Advisors, Administration, etc) will be safety checked before they begin working with kiritaki.		
Approved By	DG	Effective Date	19.4.24
		Review Date	

Safety checking providers includes:

- Police Vetting
- Children’s Worker Safety Checks
- Pending Convictions or Complaints
- An Interview

3.4.1. Police Vetting

All personnel will be checked through the [NZ Police Vetting Service](#). Police vetting provides conviction history reports and other relevant non-convicted information on the person being vetted.

The vetting service does not make a recommendation or decision regarding someone’s suitability for a position. A Police Vetting result is a **point-in-time** check that forms one part of the process for determining an applicant’s suitability to work within South Coast Psychology.

Forms & ID

Administration will ensure they:

- Use the current [Request & Consent Form](#)
- Confirm the identity of the person being vetted. Two forms of ID must be sighted, one primary and one secondary, one of which must be photographic. See [Guide to PVS Request & Consent Form](#). NB: If the two identity documents provided have different names (e.g., a Birth Certificate contains the applicant’s maiden name and a Driver Licence contains their married name), evidence of a name change must be sighted such as a marriage certificate or statutory declaration.
- Check that the applicant has signed the Request & Consent Form to confirm that consent has been given.

Results

Once the Police Vetting result has been received via email from the NZ Police, the Administrator will log into the Police Vetting website and download the full PDF report. The report will be saved in the appropriate personnel file, and the date of the results were received added to our provider database.

If the results are returned with any offence against any of sections 124 to 210 of the [Crimes Act 1961](#) or similar offence, they will be unable to provide services for South Coast Psychology.

If any other result is returned (not under section 124 to 210 of the Crimes Act 1961) then South Coast Psychology’s Manager will assess the results, discuss them with the applicant, and assess any potential risk. The manager will weigh the risk with support from the Advisory Board before any decision to hire is made.

Renewal

All personnel will have their Police Vetting renewed every three years.

3.4.2. Children’s Worker Safety Checks

The [Vulnerable Children Act 2014](#) introduced measures that ensured children could be better protected from abuse and neglect both in their homes and in the community. Children’s worker safety checking and child protection policies (see our Child Protection Policy) are initiatives to support the workforce to collectively build knowledge and skills to keep children safe.

The [Children’s Act 2014](#) gives the following definitions:

- **child** means a person who is under the age of 18 years
- **children’s worker** means a person who works in, or provides, a regulated service, and the person’s work—

- may or does involve regular or overnight contact with a child or children (other than with children who are co-workers); and
- takes place without a parent or guardian of the child, or of each child, being present
- **core worker** means a children’s worker whose work in or providing a regulated service requires or allows that, when the person is present with a child or children in the course of that work, the person—
 - is the only children’s worker present; or
 - is the children’s worker who has primary responsibility for, or authority over, the child or children present
- **non-core** worker means a children’s worker who is not a core worker

All South Coast Psychology providers are deemed either **core** or **non-core** children’s workers. For South Coast Psychology’s purposes, a **core** children’s worker is a provider who works with children in treatment. **Non-core** workers are those who have regular but limited child contact, e.g. people who work with parents, families, administration staff, etc.

To meet the requirements of a Children’s Worker Safety Check, Administration and Business Manager will complete “Appendix 1 – Personnel Safety Checking” for each person. This includes:

Requirement	How will this be achieved?
Interview with the Applicant	South Coast Psychology’s Manager will interview all new personnel
New Zealand Police Vetting Check	Administration – see previous section
Identity Verification Check	Obtained when completing Police Vetting
Professional Membership Check (if applicable)	Personnel asked to provide this
Employment Verification Check	A CV for all personnel must be obtained
Reference Check (professional or personal)	Administration will contact the personnel members referees to ask specific children’s safety checking questions
Risk Assessment	Once all the above is completed, South Coast Psychology’s Manager will complete a risk assessment

Note: If a potential personnel member provides us with a [CVCheck \(NZ\) Ltd](#), all the above requirements have already been completed. This document has a three-year expiry date from when it was issued.

Results

This document is then saved in the appropriate personnel file, and the date of the results added to our provider database.

Renewal

All personnel will have their Children’s Worker Safety Checking renewed every three years.

Directors/Managers

To ensure that there is no bias when obtaining information for South Coast Psychology Directors and Managers, they will be required to obtain a third-party Children’s Worker Safety Check through [CVCheck \(NZ\) Ltd](#).

3.4.3. Interview

Policy under reviewed

Appendix 1 – Personnel Safety Checking

Name:				
Initial Interview Notes:				
Contract Signed:				
APC:				
Professional Body:				
Identification:	<input type="checkbox"/> Drivers Licence	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (please name)	<input type="checkbox"/> Other (please name)
Police Vetting:	Submitted: Click or tap to enter a date.		Received: Click or tap to enter a date.	
Police Vetting Results:	<input type="checkbox"/> No Result <input type="checkbox"/> Result (please specify)			
Next Police Check Due:	Click or tap to enter a date.			
CV Provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Core or Non-Core:	<input type="checkbox"/> Core – directly working with clients under 18 <input type="checkbox"/> Non-core - may come into contact with children under 18			
Referee Check 1:	Referee Name:			
	Organisation:			
	When Employed:			
	Relationship:			
	Did you have any concerns about them working with children?			
	Do you think they are suitable to work with children who have sensitive claims?			
	Check Completed by:		Date: Click or tap to enter a date.	
	Referee Check 2:	Referee Name:		
Organisation:				
When Employed:				
Relationship:				
Did you have any concerns about them working with children?				
Do you think they are suitable to work with children who have sensitive claims?				
Check Completed by:		Date: Click or tap to enter a date.		
Risk Assessment Comments:				
Supervisor Name:				

3.5. ONBOARDING & TRAINING

Purpose					
Approved By	DG	Effective Date	7.6.24	Review Date	

South Coast Psychology's onboarding and training includes:

3.5.1. Orientation

Provide a comprehensive orientation to familiarise new personnel with company policies, procedures, and culture.

3.5.2. Training

Offer training programs to ensure personnel are equipped with necessary knowledge and skills, e.g. Health & Safety and Risk Management, Children Protection, Privacy, use of systems, etc.

3.5.3. Introduction to the Team

Facilitate introductions with team members and key stakeholders.

3.5.4. Setting Expectations

Clearly communicate job expectations, performance goals, and key performance indicators.

3.5.5. Feedback and Support

Provide regular feedback, support, and mentoring to assist personnel in their roles.

3.5.6. Integration

Encourage integration by organising team-building activities and fostering a sense of belonging.

3.6. STAFF – WAGE & TIME RECORDING

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

3.7. STAFF – TIME IN LIEU

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

3.8. CODE OF CONDUCT

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

3.9. PROFESSIONAL PRACTICE & ETHICS

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

Refer to your Professional Code of Ethics and practice standards

3.10. SUPERVISION

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

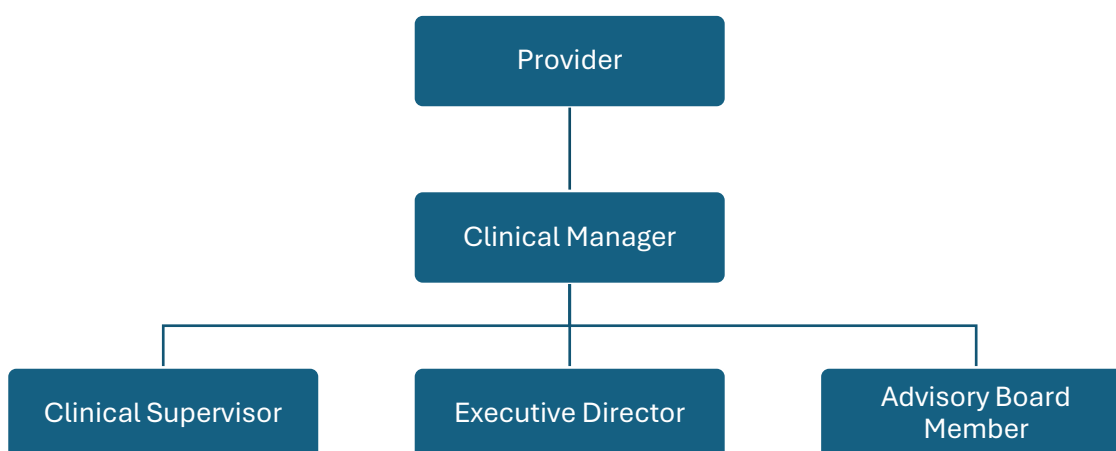
3.11. INTERNAL ESCALATION PROCESS

Purpose	When a concern has been raised internally, i.e. provider performance, outcomes not being met, continual non-compliance with funders requirements, we like to address the concern promptly and effectively. Before an official complaint is lodged, we can use our Escalation Process to try and resolve the concern and give extra support, where needed.				
Approved By	DG	Effective Date	15.5.24	Review Date	

3.11.1. Who is Involved

In the first instance, the Clinical Manager will support the Provider to address any concerns that have been raised. If the Clinical Manager is unsure how to best support the Provider to resolve the concern, the Clinical Manager may need to seek support/advice from:

- Their Clinical Supervisor
- Executive Director
- Advisory Board Member



Finally, if the concern is not resolved, then it will be handled through the **Complaints, Concerns & Adverse Findings Policy**.

3.11.2. Steps to Take:

1. **Gather information / Documentation:** The Clinical Manager would begin by gathering specific details about the concern/s, and any communication regarding these concerns, ensuring that everything is documented
2. **Review policies and procedures:** Examine the existing policies and procedures to ensure they are clear, comprehensive, and up-to-date with current contract requirements.
3. **Contact the Personnel Involved:** Reach out to the personnel involved to discuss the concerns and gather their perspective. This may involve setting up a meeting (face-to-face, virtually or phone) to ensure open and transparent communication.
4. **Identify root causes:** Work collaboratively with the personnel to identify the root cause/s of the concern/s. This may involve reviewing their internal processes and systems, and supporting the NSP to engage in additional Clinical Supervision
5. **Develop an action plan:** Based on the identified root causes, develop an action plan to address the concerns. The action plan may include targeted interventions, such as workload management, additional staff training, updated reporting processes, or new technology solutions. Set clear goals, responsibilities,

and timelines for each action item.

6. **Implement and monitor the action plan:** Work with the personnel to implement the action plan and monitor progress. This may involve regular check-ins, progress reports, or data analysis to track improvements.
7. **Evaluate and adjust:** Continuously evaluate the effectiveness of the action plan and make adjustments as needed. This may involve refining interventions or addressing any new concerns that arise.
8. **Communicate:** Maintain open communication with all involved throughout the process, keeping them informed of the steps being taken to address the concerns and sharing progress updates.

3.12. PERFORMANCE CHECK-IN

Purpose					
Approved By		Effective Date		Review Date	

Policy under Review

3.13. PERFORMANCE APPRAISAL

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

PA process will be developed over the course of 2025

3.14. PERFORMANCE IMPROVEMENT PLAN

Purpose					
Approved By	DG	Effective Date	23.6.24	Review Date	

Policy under review

3.15. INTERNS

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

3.16. VEHICLE USE & MILEAGE

Purpose	This policy outlines the proper use of company vehicles to ensure safety and compliance with South Coast Psychology's standards. It applies to all personnel (employees and contractors) who are provided with company-owned vehicle or who use a vehicle on behalf of the company.			
Approved By	DG	Effective Date	22.6.24	Review Date

3.16.1. On Road Vehicles

1. Authorised Use

- Company vehicles are to be used solely for conducting company business.
- Personal use of company vehicles is strictly prohibited unless specifically authorised by management.

2. Driver Qualifications

- Personnel must possess a valid driver's license (appropriate for the type of vehicle they are operating) and provide a copy of their Driver Licence to the Administration Manager. Note: this is often completed as part of the Police Vetting check as a form of ID.
- Personnel are responsible for maintaining a clean driving record. Any violations must be reported to their manager immediately.

3. Vehicle Maintenance

- South Coast Psychology will ensure that all vehicles have a current Warrant of Fitness and Registration, along with regular servicing and maintenance.
- Personnel are required to promptly report any issues or damage to company vehicles to their manager.

4. Safety

- All personnel must adhere to NZ traffic laws, regulations, and company safety policies while operating a company vehicle.
- Any infringement received while driving a company vehicle, e.g. speeding, not wearing a seat belt, running a red light, etc, will be paid by the personnel member who committed the violation.

5. Fueling and Expenses

- Fueling of company vehicles should be completed with a company credit card.
- Personnel are responsible for keeping invoices for fuel, and other vehicle-related expenses, and submitting them in accordance with company policy.
- If a company credit card is declined, and personnel pay for the vehicle expense themselves, they will be reimbursed upon providing an invoice.

6. Care of Vehicles

- Personnel are expected to treat company vehicles with care and respect.
- Vehicles should be kept clean and free of clutter at all times.
- Smoking, eating, or drinking in company vehicles is prohibited, except for beverages in a spill-proof container.

7. Accidents and Incidents

- In the event of an accident or damage to a company vehicle, personnel must immediately notify their manager.
- Personnel involved in accidents must cooperate fully with law enforcement and insurance investigations.

8. Compliance

- Personnel are required to comply with this policy and any additional guidelines or directives issued by management regarding the use of a company vehicle.
- Violations of this policy may result in disciplinary action, up to and including termination of employment.

3.16.2. Off-Road Vehicles (Equine Personnel)

The following procedures are the same for on-road vehicles.

- Authorised Use
- Vehicle Maintenance
- Care of Vehicles
- Accidents and Incidents
- Compliance

1. Driver Qualifications

- Company-owned off-road vehicles **do not** require personnel to have a Driver Licence.

2. Training

- Personnel must have the appropriate training for the specific type of vehicle they are operating. This might include tractors, motorbikes, side by sides, etc.
- Once training has been completed, and the personnel member deemed competent to use the vehicle, it will be signed off on their training matrix.

3. Maintenance and Inspection

- Regular maintenance and inspections are carried out on vehicles to ensure they remain in safe operating condition.
- Personnel are required to promptly report any issues or damage to company vehicles to their manager.

4. Safety Equipment

- Vehicles should be equipped with necessary safety features such as seat belts, roll-over protection structures (ROPS), and lighting for visibility, especially if operating during low-light conditions.

Acknowledgement: By using a company vehicle, personnel acknowledge their understanding of, and agreement to, comply with this policy. Failure to adhere to these guidelines may result in disciplinary action.

Personnel Name	
Personnel Signature	
Date	

3.16.3. Personal Vehicle Use

This policy establishes guidelines for reimbursing employees who use their personal vehicles for business-related purposes to ensure fair compensation. It applies to all personnel (employees and contractors) who use their own vehicles for company business and seek reimbursement for kilometres or related expenses.

1. Authorised Use

- Personnel may use their personal vehicles for company business when it is more practical or efficient than using a company-provided vehicle or other transportation options.
- Business-related travel includes activities necessary to fulfil job responsibilities.

2. Reimbursement Rates

- Kilometre reimbursement rates will be set by the company and updated periodically. These rates cover the cost of fuel, maintenance, insurance, and depreciation.
- The current reimbursement rate is **\$0.40 per km** (GST incl).

3. Documentation and Reporting

- Personnel must maintain accurate records of all business-related kilometre and expenses (i.e parking) incurred while using their personal vehicles.
- Reimbursement requests must be submitted on a regular basis (e.g. monthly) using South Coast Psychology's Personnel Reimbursement Form – See Appendix 1.

4. Approval Process

- Reimbursement requests must be approved by the employee's Manager or another designated person within the company before processing.
- Managers (or another designated person) should verify the accuracy and appropriateness of the claim and ensure it aligns with company policies and business purposes.

5. Disputes

- Any disputes regarding kilometre reimbursement or related expenses should be resolved through discussions between the personnel member and their manager, with escalation to the Directors and/or Advisory Board if necessary.

3.17. INTERNET, EMAIL & PHONE USE

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

4. PROVISION OF SERVICES

4.1. SERVICES

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

4.2. FUNDERS

Purpose					
Approved By	Effective Date	Review Date			

Policy under review

4.3. CONFLICTS OF INTEREST WITH KIRITAKI

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

4.4. CONCERNS, COMPLAINTS & ADVERSE FINDINGS

Purpose	South Coast Psychology is committed to focusing on the needs of its kiritaki (clients). All complaints will be investigated at the level appropriate to the complexity and gravity of the complaint promptly, fairly, in an unbiased way, and without prejudice to either party. The concern/complaint will be treated with respect and courtesy and in a timely manner.				
Approved By	DG	Effective Date	26.4.24	Review Date	

Feedback is important to us, and we want to hear both compliments, positive and negative comments when kiritaki, whānau, organisations, public or sub-contractors, especially if they are not satisfied with the service. We rely on feedback to help us know how well we are doing our work and what areas we are able to initiate improvements in our services.

In any complaint, conciliation and satisfaction for all concerned is our established/desired goal. South Coast Psychology believes that it is much easier to resolve complaints in a timely manner keep kiritaki, subcontractors, the service, and funders safe and free from adversity arising from untimely resolution of concerns or complaint.

South Coast Psychology Ltd takes into account its legal obligations under the:

- Accident Compensation Act 2001
- Consumer Guarantees Act 1993
- Health and Disability Services (Safety) Act 2001
- Health Practitioners Competence Assurance Act 2003
- Privacy Act 2020
- Health and Safety at Work Act 201

South Coast Psychology also takes into account its contractual and legal obligations to third party funders, professional bodies and registration boards. It also prioritises its obligations to kiritaki and colleagues as outlined in the code of ethics and standards of professional practice.

4.4.1. Making a Complaint

If any kiritaki, family/whānau member, organisation, member of the public, or subcontractor of South Coast Psychology is unhappy about any aspect of our services including: suspected breach of the law, the standard of service, procedures, attitudes or actions of staff, or sub-contractors, you are invited to bring this to the attention of the manager of the service.

If possible, first speak or write to the person concerned and attempt to resolve your concern with them. If you do not feel able to do this, or the matter has not been resolved to your satisfaction, then contact the Manager/Director Diane Gillespie (027 246 8437 or di@southcoastpsychology.co.nz).

You are welcome to contact an advocacy service, including the independent advocate appointed under the Health & Disability Commissioner Act, or have support person assist you with your complaint/concern.

Complaints are able to be verbal or written. A complaint form is available from South Coast Psychology, or you can download one from our website. All complaints are to be documented; therefore, if a verbal complaint is received, the Manager in charge of the service, or their appointee, will record in writing the substance of the complaint and seek the complainant's authentication of the written information. [See Appendix 1 – Complaint, Concerns or Adverse Event Receipt Form.](#)

All complaints will be:

- Drawn to the attention of the managing directors
- Acknowledged in writing within 7 working days
- Investigated thoroughly and fairly within 15-20 working days (you will be advised if an extension is necessary)

All practical steps will be taken to resolve the issue giving rise to complaint confidentially, promptly, and impartially.

In addition, you also have the right to make a complaint to:

- Professional body of the staff member or sub-contractor
- Health & Disability Commissioner
- Chief Children's Commissioner
- Privacy Commissioner
- Contracting Funder of the Service, e.g. ACC, Ministry of Justice, Victim Support, Oranga Tamariki, Ministry of Business, Innovation & Employment, Work & Income, Police, etc

4.4.2. Complaint Process

- The directors are to be informed of a complaint within 3 days, or sooner if there is a risk of adverse actions or media.
- Where a complaint has been made against **staff member/s**, the staff person concerned must be notified as soon as possible. The supervisor or manager of the staff person who is subject to a complaint is also to be informed of the complaint. Documentation will not be placed on any personnel record unless disciplinary action is subsequently taken.
- Where a complaint has been made against a **subcontractor**, they must be notified as soon as possible.
- The identity of the complainant and staff/sub-contractor involved is to be protected as far as possible, maintaining confidentiality within the bounds of reporting requirements.
- Each party will be informed of the complaints process and will be given the opportunity to have support person/s with them throughout the process.
- The staff person/sub-contractor will be given the opportunity to respond to the concerns or allegations made.
- Relevant questions will be asked to clarify information from both parties.
- Both parties will be kept informed about progress of an investigation.
- Both parties' safety is protected during an investigation, including protection from retaliation or victimisation.
- Both parties will be given full opportunity to read/see and respond to all evidence collected in an investigation before a decision is made.
- The manager investigating the complaint will ensure there is serious consideration of all the evidence, weighing it carefully before deciding whether there is substance to the complaint.
- Where it is acknowledged that there is some substance to the complaint, the complainant will be advised of the action (to be) taken.
- Where it is determined that the facts do not support the complaint, the complainant is to be informed of the reasons for this.
- Both parties will be provided with a copy of the decision and the reasons for the decision, and their options in terms of settlement, review, etc.
- Any disciplinary action required it is to be proportionate to the level of behaviour complained of.
- In certain situations, South Coast Psychology may escalate the finding to funders and/or professional bodies in line with funding, and/or professional requirements.

If the complainant is not satisfied with the outcome of the investigation, they must be advised to communicate with directors of South Coast Psychology. The directors will then contract a third-party person, experienced to undertake the investigation on behalf of the company.

If a complainant feels dissatisfied with the outcome of their complaint/investigation, they may choose to contact other people, such as the provider's professional body or their registration body, the Health and Disability Commission, a local Member of Parliament, the Minister of Oranga Tamariki, the Ombudsman, Privacy Commissioner, or the funder of the service (eg ACC, Ministry of Justice, Victim Support, Work and Income, Oranga Tamariki, etc).

4.4.3. Guidelines for a Fair Complaints Process

The person determined to investigate the complaint will be made on the principles of a fair complaints process which includes freedom from bias on the part of the person making the decision / judgment, and transparency and fairness of the procedure.

As complaints are taken seriously, the manager of the service, in consultation with the directors, will conduct an investigation into the complaint ensuring:

- The investigation is undertaken thoroughly and fairly.
- That both parties are treated respectfully and both are involved in the complaint/resolution process.
- That all practical steps have been taken to resolve the issue confidentially, promptly and impartially.
- All parties concerned have confidence in South Coast Psychology ability to investigate a complaint.
- Should a complaint be related to the manager, the directors will be informed and will contract an independent third-party investigator will undertake the investigation.
- Should a complaint be related to the directors or the managing directors, the advisory board will be informed and appoint an appropriate person to undertake the investigation/resolution.
- If there is any actual or perceived conflict of interest and/or the manager is unable to handle the complaint with expediency, a third-party appropriate professional (trained and experienced in managing complaints) will be contracted to manage the complaints process.

All correspondence and details relating to the complaint are to be recorded and must reflect the methods used to investigate the complaint.

4.4.4. Adverse Findings

To uphold the safety of kiritaki, there is an ongoing requirement for staff and sub-contractors to declare any adverse findings which could include both minor and serious concerns.

An adverse finding is being the subject of a complaint made to:

- The Health and Disability Commissioner
- The Police
- A Professional Body
- A fraud investigation

All staff and subcontractors must report any adverse findings concerning themselves to their manager who will utilise the Complaints, Concerns & Adverse Events policy to ensure potential service discontinuity is managed and averted.

When appropriate, South Coast Psychology will escalate the finding to funders and/or professional bodies in line with organisational, funding, and/or professional requirements.

4.4.5. Procedure for Complaints and Adverse Findings

When a complaint or adverse event is received, a Complaint / Concern / Adverse Event Receipt Form will be completed (see [Appendix 1](#)). This will be held in the Complaint folder within the South Coast Psychology Dropbox.

A Complaint / Concern / Adverse Event Management Form (see [Appendix 2](#)) is also completed for each formal complaint received to ensure all steps have been completed.

These forms will be used to identify service delivery issues, improve the service, and in reporting to third party funders.

All documents relating to complaints and investigations will be filed in the South Coast Psychology Complaint folder.

The outcomes are reported by managers in their monthly reports to the advisory board and the board supports the directors to ensure that outcomes are followed through.

Appendix 1: Complaint, Concern or Adverse Event Receipt Form

To:	<input type="checkbox"/> South Coast Psychology <input type="checkbox"/> Southern Alps Psychology <input type="checkbox"/> North Coasts Tāmaki Makaurau Psychology <input type="checkbox"/> Equine Services <input type="checkbox"/> Managing Directors
Name of person making complaint:	
Address:	
Phone:	
Email:	
Are you making a complaint on behalf of someone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your answer is YES, please state the person's name, address and your relationship to that person:	Name: Address: Your relationship to that person:
If you are making this complaint on behalf of someone else, is that person aware that you are taking this action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your answer is No, please give reasons:	
Complaint / Concern / Adverse Event:	
Date(s) of event:	
Location	
Person(s) involved	
Please state your concerns (attach a separate sheet and continue if necessary):	
What would be an acceptable or desired outcome for you?	
I understand and agree that information relating to this complaint will be released to persons involved with the complaint, and Managing Directors to ensure that the investigation is fair and impartial to all concerned.	
Signed:	
Date:	
Name:	
For office use only:	
Received by:	
Date:	
Complaint seen by managing directors:	
Date:	

Appendix 2: Complaint, Concern or Adverse Event Management Form

Service:	
Date complaint received:	
Date complaint acknowledged:	
Date managing director advised:	
Date staff/service concerned informed of complaint:	
Complainant's expected outcome:	
Date investigation commenced:	
Investigation actions taken – key steps only : (Please note all meetings, phone calls, emails, etc need to be detailed in full and attached to this).	
Date investigation completed:	
Complaint resolved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date complaint resolved:	
Any actions required:	
Has it required referral/escalation of complaint to Professional Body, Funder or other Agency/Body (e.g. ACC):	
Reason for the escalation:	
Date complainant notified of outcome:	
Complainant satisfied with outcome:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of person handling the complaint:	
Signature of person handling the complaint:	
Complaint Handling Form is to be attached to all documentation relating to the complaint	

4.5. REFERRALS

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

4.6. INTAKE

Purpose					
Approved By	DG	Effective Date	6.6.24	Review Date	

Intake is conducted by trained Intake Workers or Named Service Providers with sensitivity and care and the oversight and support of a Clinical Manager.

Kiritaki (client) Information	
Name	
Date of Birth	
Address	
Phone Number	
Email Address	
Emergency Contact	
Name	
Relationship	
Phone Number	
Primary Care Physician	
Name	
Contact Number	
General	
Ethnicity & Iwi	
Gender Identity	
Pronouns	
Languages Spoken	
Provider Gender / Profession	
What kiritaki (client) wants	

4.7. TRIAGE

Purpose					
Approved By		Effective Date		Review Date	

Triage is performed by a knowledgeable and trained Mental Health Professional or a Named Service Provider with oversight from the Clinical Manager. During triage risk can begin to be assessed.

Name					
Reason for Seeking Services					
Presenting Problem/s and Current Symptoms					
Previous Therapy / Counselling / Other Interventions					
Provider's Name					
Reason for Ending					
Length of Treatment					
Medical Information					
Current Medications					
Allergies					
Medical Conditions					
Have you ever been hospitalised for a mental health issue?					
Other Information					
Do you have any legal issues pending that may impact your treatment?					
History of violence, drug use, etc?					
Scope of Service Therapeutic mental health services do not undertake crisis intervention or follow up.					
Privacy and Limits South Coast Psychology ensures that we are handling your personal information in a respectful, secure, and legally compliant manner, by:					
<ul style="list-style-type: none"> only collecting information that is relevant for your therapy collecting the information directly from you letting you know why we need this information ensuring the information is accurate before it is used only disclosing your personal information with your consent; however, in certain circumstances, the law permits or requires us to disclose your personal information without consent (disclosure is necessary to avoid endangering someone's health or safety / disclosure is necessary to uphold or enforce the law) 					
Confidentiality To keep your information confidential, we:					
<ul style="list-style-type: none"> store it on password protected computers keep physical information locked in filing cabinets 					
By law, we must keep your information for 10 years, at which point we securely destroy it.					
Consent for Treatment – I, the undersigned, consent to treatment with [Therapist Name] for the purpose of addressing my mental health concerns. I understand that the information I provide will be kept confidential except in cases where disclosure is required by law.					
Signature					
Date					

4.8. RISK ASSESSMENT & SAFETY PLANS

Purpose					
Approved By		Effective Date		Review Date	

Mental Health providers have a responsibility to identify risks and assist kiritaki in maintaining their safety. Providers should ensure that kiritaki have a **Safety Plan** where risks have been identified and that appropriate referrals have been made (e.g. to Police, acute mental health services, Oranga Tamariki, etc). If kiritaki is under an ACC contract, ACC should also be notified. Safety Plans should be part of the Providers discussions with their Clinical Supervisor and Clinical Manager.

When interviewing kiritaki, if risk is suspected (whether safety, mental or physical health deterioration, or any other aspect of safety) the Provider will undertake a formal **Risk Assessment** and develop a **Safety Plan**.

Providers may use their own templates, or the supplied appendices can be adapted and used.

- Mental Health Risk Assessment
- Kessler Psychological Distress Scale (K10)
- Safety Plan

The safety plan will be clear concise and draw on the kiritaki established networks and community supports. If kiritaki do not have access to supports, a social worker will be engaged to identify and explore supports with the kiritaki.

The safety plan will ensure kiritaki understand that the therapeutic services do not undertake crisis intervention or follow up and the Provider will call emergency services if they are concerned for kiritaki and / or others.

As far as reasonably possible, Providers will access support for kiritaki presenting with risks, as per the exceptions to the Privacy Act (**see Privacy Policy**).

If the Provider is concerned about safety in any form, they will contact the police and request a Welfare Check and inform ACC. Providers will complete a Health and Safety report as required.

Providers holding clients with potential risk have access to Clinical Managers and their Clinical Supervisors.

Mental Health Risk Assessment

NAME:								
SOURCE OF INFORMATION		<input type="checkbox"/> Kiritaki / client			<input type="checkbox"/> Immediate carer (parent, spouse, child)			
<input type="checkbox"/> Other informants (family, friends)		<input type="checkbox"/> Previous clinical records			<input type="checkbox"/> Assessing clinician's knowledge of consumer's past behaviour/current clinical presentation			
<input type="checkbox"/> Police/ambulance/other agencies		<input type="checkbox"/> Other (please specify)						
SUICIDALITY		Yes (1)	No (0)	Not Known	Dynamic (current) risk factor	Yes (2)	No (0)	Not Known
Static (historical) factors								
Previous attempt(s) on own life		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expressing suicidal ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous serious attempt		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has plan/intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family history of suicide		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expresses high level of distress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major psychiatric diagnosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hopelessness/perceived loss of coping or control over life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major physical disability/illness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent significant life event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separated/Widowed/Divorced		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduced ability to control self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of job/retired		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current misuse of drugs/alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROTECTIVE FACTORS (describe):								
LEVEL OF SUICIDE RISK (total score):				<input type="checkbox"/> LOW (<7) <input type="checkbox"/> MODERATE (7-14) <input type="checkbox"/> HIGH (>14)				
AGGRESSION / VIOLENCE		Yes (1)	No (0)	Not Known	Dynamic (current) risk factor	Yes (1)	No (0)	Not Known
Static (historical) factors								
Recent incidents of violence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expressing intent to harm others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous use of weapons		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to available means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paranoid ideation about others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 35 years old		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violent command hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal history		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anger, frustration or agitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous dangerous acts		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preoccupation with violent ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childhood abuse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inappropriate sexual behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Role instability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduced ability to control self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of drug/alcohol misuse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current misuse of drugs/alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROTECTIVE FACTORS (describe):								
LEVEL OF VIOLENCE RISK (total score):				<input type="checkbox"/> LOW (<7) <input type="checkbox"/> MODERATE (7-14) <input type="checkbox"/> HIGH (>14)				
OTHER RISKS IDENTIFIED (AND RISK FACTORS)								
RISK MANAGEMENT ISSUES (please ensure alerts are noted here)								
PRINT NAME:		DESIGNATION:		SIGNATURE:		DATE:		

Kessler Psychological Distress Scale (K10)

These questions concern how you have been feeling over the past 30 days.		None of the time	A little of the time	Some of the time	Most of the time	All of the time
1	In the past 4 weeks, about how often did you feel tired out for no good reason?	1	2	3	4	5
2	In the past 4 weeks, about how often did you feel nervous?	1	2	3	4	5
3	In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?	1	2	3	4	5
4	In the past 4 weeks, about how often did you feel hopeless?	1	2	3	4	5
5	In the past 4 weeks, about how often did you feel restless or fidgety?	1	2	3	4	5
6	In the past 4 weeks, about how often did you feel so restless you could not sit still?	1	2	3	4	5
7	In the past 4 weeks, about how often did you feel depressed?	1	2	3	4	5
8	In the past 4 weeks, about how often did you feel that everything was an effort?	1	2	3	4	5
9	In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?	1	2	3	4	5
10	In the past 4 weeks, about how often did you feel worthless?	1	2	3	4	5

Developer Reference: Kessler, R.C., Andrews, G., Colpe, .et al (2002) Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine*, 32, 959-956.

Safety Plan

Name		
Know When to Get Help What are the warning signs that you are beginning to struggle with your problem? These can include thoughts, feelings, or behaviours.		
Use Coping Skills What can you do, by yourself, to take your mind off the problem? What obstacles might there be to using these coping skills?		
Reach Out to Social Support If you are struggling to handle your problem alone, contact trusted family members or friends.	Name:	Contact:
Seek Help from Professionals If your problem persists, or if you have suicidal thoughts, reach out for professional support.	Name:	Contact:
	My mental health provider	
	Emergency Mental Health Services	
	Need to talk?	Text 1737
	Lifeline	0800 543 354
	Samaritans	0800 726 666
	Depression Helpline	0800 111 757
Youthline	0800 376 633	

Safety Plan - Adapted from [Mental Health Foundation – Personal Safety Plan](#) (or use the online [Interactive Plan](#))

<p>Name</p>	
<p>Notice What's Going On?</p> <p>How do my thoughts, moods or behaviours change when things get really bad?</p> <p>What are my warning signs that tell me I should take action?</p>	<p><input type="checkbox"/> Sleeping a lot more than usual, or not getting enough sleep</p> <p><input type="checkbox"/> Withdrawing from whānau and friends</p> <p><input type="checkbox"/> Feeling like a burden</p> <p><input type="checkbox"/> Feeling like I can't cope</p> <p><input type="checkbox"/> Losing interest in things I usually enjoy</p> <p><input type="checkbox"/> Drinking to cope with difficult thoughts and feelings</p> <p><input type="checkbox"/> Getting into arguments</p> <p><input type="checkbox"/> Feeling like I don't deserve help</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>My reasons to live</p> <p>When I'm feeling bad, what are the things I can remember that are worth living for?</p>	<p><input type="checkbox"/> Someone I love</p> <p><input type="checkbox"/> My whānau or friends</p> <p><input type="checkbox"/> My religion or spirituality</p> <p><input type="checkbox"/> My pets</p> <p><input type="checkbox"/> My children or mokopuna</p> <p><input type="checkbox"/> Things I haven't done yet, that I'm looking forward to</p> <p><input type="checkbox"/> My job or volunteer work</p> <p><input type="checkbox"/> Something I believe in</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Keeping Safe</p> <p>How can I make my environment safer, or take myself out of unsafe situations?</p>	<p><input type="checkbox"/> Get rid of things I might use to hurt myself – throw them away, lock them up or give them to friends</p> <p><input type="checkbox"/> Get someone to stay with me</p> <p><input type="checkbox"/> Give my car keys to a friend</p> <p><input type="checkbox"/> Avoid people who hurt or upset me</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>What I can do by myself</p> <p>How can I distract myself from these thoughts?</p> <p>What are some things I'll be able to do even when I'm feeling really low?</p>	<p><input type="checkbox"/> Waiata alone if I can't face being with anyone</p> <p><input type="checkbox"/> Write down how I am feeling</p> <p><input type="checkbox"/> Play with a pet</p> <p><input type="checkbox"/> Do some exercise</p> <p><input type="checkbox"/> Practice breathing exercises or meditation</p> <p><input type="checkbox"/> Have a coffee</p> <p><input type="checkbox"/> Watch a movie</p> <p><input type="checkbox"/> Do some gardening</p> <p><input type="checkbox"/> Take a shower or bath</p> <p><input type="checkbox"/> Treat myself to a small thing I usually enjoy</p> <p><input type="checkbox"/> Go for a walk</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Who can I connect with?</p> <p>Who can I be around that will help lift my mood?</p> <p>Where can I go to connect with other people?</p>	<p><input type="checkbox"/> Hang out in a public place, like a café, library or a busy park</p> <p><input type="checkbox"/> Call, txt, message, or go and visit a friend</p> <p><input type="checkbox"/> Spend time with my whānau</p> <p><input type="checkbox"/> Find a support group or community centre</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

4.9. CLIENT CARE INDICATORS

Purpose					
Approved By	DG	Effective Date	6.6.24	Review Date	

Client Care Indicators under ACC Contracts – [ISSC Operational Guidelines Feb 2023](#)

ACC may not always have access to detailed information concerning a client's history, but if a client has been identified to ACC as posing a risk, they will provide relevant information to help you mitigate health and safety risks to service providers and others.

An ACC team member supporting a client with a care indicator will advise you in writing or via the telephone, either:

- Prior to your initial contact with the client, or
- If you are already providing services to the client, as soon as possible when ACC becomes aware of you seeing them; or receives new information about the client and this risk.

Please report any threatening behaviour to the police immediately if you feel that it is warranted in the circumstances and advise ACC, [Clinical Manager] and any other parties that are at risk as soon as possible.

ACC clients who meet any **one** of the following more **serious criteria** are also considered a health and safety risk and will also have a Care Indicator activated:

- Have been or are physically violent (this unacceptable behaviour may not have occurred directly towards ACC employees)
- Have a history of violence or aggressive behaviour, have known convictions for violence
- Made threats previously against ACC, ACC employees or agents acting on ACC's behalf
- Intimidated an employee through written abuse or verbal abuse (face-to-face or over the telephone) to the extent they felt unsafe
- Exhibited homicidal ideation.

ACC clients who meet **two** or more of the **following criteria** are considered to pose a potential risk to safety, and will have a Care Indicator activated by ACC:

- Have continued to demonstrate intimidating and/or offensive behaviour (e.g. body language and verbal dialogue has made employees feel unsafe)
- Been abusive, verbally or in writing
- Made racist or sexist comments
- The current actions being undertaken on their claim by ACC are known to have caused or are expected to cause a significantly negative response from the Client. For example, Prosecution, Fraud Investigation, cessation of Weekly Compensation, etc.

4.10. CLIENT CARE WHEN TAKING LEAVE

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

4.11. GILLICK COMPETENCE

Purpose	If a provider is working with a child/tamaiti under 16 years where the guardian is not considered safe, then the child/tamaiti can be assessed as competent based on the Gillick Competence to manage their own claim.		
Approved By	DG	Effective Date	1.5.24
		Review Date	

4.11.1. Privacy Commissioner

The Privacy Commissioner website "[Children's right to privacy](#)" states: " The Privacy Act's [Health Information Privacy Code](#) says a health agency is entitled to disclose information to a parent or representative if a patient is unable to consent. If a young person objects or specifically requests privacy, it is open to the health agency to make an assessment of the young person's ability to make that request. A test called 'Gillick competence' is used by doctors to evaluate a patient's competency in this regard."

4.11.2. New Zealand Psychologist Board

The New Zealand Psychologist Board has [Guidelines on Informed Consent](#) which gives the following information on the Gillick Competence.

If a service is to be provided to a child, then consent may be obtained from the child's parent or guardian. However, if the child is regarded as a mature minor, then that child is considered to have the capacity to consent (or to decline treatment) on his or her own behalf.

4.11.3. Defining a mature minor

The House of Lords Gillick v West Norfolk and Wisbech Area Health Authority (1985) decision ruled that a child's right to make their own decisions superseded parental rights of decision making when "a boy or girl is capable of understanding what is proposed and is capable of expressing his or her own wishes". The Court in the Gillick decision also stated that practitioners should make every effort to encourage the child to involve the parents. The Supreme Court of Canada has addressed the issue of the identification of a mature minor and has defined the following checklist as an aid to assessing that the child's wishes reflect true, stable, and independent choices.

Gillick Competence Checklist / Guide

Name of Client	
DOB / Age	
Name of Provider	
What are the nature, purpose, and utility of the recommended treatment? What are the risks and benefits?	
Does the young person demonstrate the intellectual capacity to understand the relevant information and the potential consequences?	
Is there reason to believe the young person's views are stable and a true reflection of his or her core values?	
What is the potential impact of the young person's lifestyle, family relationships, and broader social affiliations on his or her ability to exercise independent judgement?	

Are there any existing emotional or psychiatric vulnerabilities?	
Does the young person's illness or condition have an impact on his or her decision-making ability?	
Is there any relevant information from adults who know the young person, such as teachers or doctors?	
As the provider for the abovenamed, I deem them mature enough to choose for him or herself, the role of the parent or guardian ideally becomes one of advisor and supporter.	
Signature of Provider	
Date	

4.12. CHILD PROTECTION

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

4.13. TELEHEALTH

Purpose					
Approved By	DG	Effective Date	2.5.24	Review Date	

4.13.1. If a provider is using Telehealth with kiritaki (client) the provider must ensure that they are:

- providing a service in line with any funders guidelines, i.e. ACC, both provider and kiritaki must be within NZ and the [ACC8331 – Telehealth Guide](#) must be followed.
- providing a service in line with their professional body requirements, i.e. for psychologists [New Zealand Psychologists Board – the Practice of Telepsychology](#).

During provider induction Provider's must confirm they have read this policy and the date recorded in their Training Schedule.

Kiritaki consent to using telehealth must be recorded in their notes (including a summary of the discussion and the outcome of the discussion). Conversations about the risks and benefits of telehealth should also continue past the pre-engagement stage, and the following factors should be considered (see ACC Telehealth Guide for more information):

- Kiritaki safety
- Engagement and communication
- Kiritaki's cultural, spiritual and psychosocial needs and preferences
- Technology
- Privacy and confidentiality
- Kiritaki capacity, including age, stage and developmental needs
- Financial costs to kiritaki
- Distance between provider and kiritaki location
- Kiritaki expectations and boundary issues
- Assessment requirements

4.13.2. Example of Kiritaki Consent Statement:

I have had the use of telehealth (including the risks and benefits of this form of treatment) explained to me and been given a copy of the relevant telehealth guidelines and had these explained to me.

I am able to provide a private space, free from intrusions, for the duration of my telehealth sessions and understand that for safety reasons my therapy provider will close the session if intrusions occur.

I have discussed with my therapy provider and understand our:

- plans for addressing issues such as clinical safety in emergencies
- plans for addressing misunderstandings
- clarification of provider availability and likely response time to kiritaki contacts
- plans for ensuring privacy and confidentiality both during contacts and of the records of these contacts
- clear identification of the limits of confidentiality

I consent to my therapy being delivered by telehealth.

4.13.3. Potential Risks and Mitigation

Telehealth is appropriate when the risks and benefits are carefully considered and informed consent sought from kiritaki prior to the first meeting.

Clinical risks

- If kiritaki is at high risk of harm to self or others, who experiences difficulties such as emotional dysregulation or dissociation, or is mentally severely unwell, then they may not be suitable for telehealth,

or may require a Provider present in the same location (face-to-face) during consultations. Therefore, careful background information must be considered prior to utilising telehealth sessions.

- At the beginning of the telehealth sessions, a safety plan needs to be developed collaboratively in the event of a crisis, with regular review dates of this plan.
- The limitations of telehealth can be discussed with kiritaki regarding any miscommunication or misunderstandings.
- We need to discuss with kiritaki having access to a support person nearby and giving them the option of coming into the Provider's office, from time to time (if kiritaki is within the Provider's geographical area).
- In terms of engagement and communication, the way to mitigate risks of any problems with engagement or therapeutic alliance, would be to ascertain additional questions to compensate for the loss of in-person contact, and by checking my impressions or understanding more frequently to gather sufficient clinical information.

Boundary issues

- Expectations of the Provider and boundaries must be strictly maintained so that professional boundaries aren't eroded. For instance, it is important for the Provider not to provide the image of being casual but continue to always appear formal and professional during these sessions.

Unstable living circumstances

- Some kiritaki in unsafe homes may be subject to monitoring or surveillance by others or may not be allowed to speak in private.
- Some kiritaki without a fixed home may not be able to access an Internet connection or quiet space at the required time.
- Some kiritaki may not have a private, safe place to speak openly.
- In these circumstances, liaison with local social, health or welfare providers for the use of a room may be required.
- It may also be necessary to consider more unusual or wider options, such as access to a private room in a public library.

Technology failures

- Kiritaki must have access to suitable equipment (hardware and software) as well as adequate and stable internet access. The devices that are used must be safe and only allow the intended recipient to receive the session. Also, the quality of the image being transmitted needs to be considered of a good quality.
- Kiritaki must be able to operate the technology themselves (or can have a facilitator present) and have sufficient cognitive, mental, and physical capacity to participate.
- If technology fails, it is important that the Provider and kiritaki have a clear and agreed plan for alternative forms of contact, for instance, if technology fails either rescheduling the meeting as a backup plan if it is a non-urgent meeting or completing it by telephone may suffice. If a visual connection is crucial, then having a back-up plan of another location with a more reliable connection or liaison through an onsite facilitator. In other words, we will ensure that the Provider and kiritaki have more than one set of contact details and more than one way of contacting each other.'

Change in circumstances

- This may include change in risk or health status, loss of access to facilities, or permanent equipment failure. As part of our informed consent processes, we will have discussed options for ensuring continuity of care as another form of treatment delivery (collaborate process).

Threats to privacy / confidentiality

- Kiritaki should be able to access a private space for telehealth where they can safely share confidential information.
- Our risk management and consent plans will make provision for anything unexpected happening, for example, if kiritaki is feeling unsafe during any part of the telehealth session due to a family member arriving home unexpectedly, they may be able to discretely text the Provider of this, or they (the Provider

and kiritaki) will have collaboratively decided on a 'safe word' or a 'safe sentence' that signals to the Provider that the session needs to end immediately due to confidentiality issues.

4.13.4. When Telehealth is Not Appropriate

- If kiritaki is not able to operate technology.
- If technology requirements, data storage and privacy can't be ensured.
- If kiritaki is mentally unwell and risk of harm (risk cannot be accurately assessed via telehealth; therefore, face-to-face session is needed). Kiritaki may require assistance from a mental health worker to be able to participate in these sessions.
- If kiritaki is cognitively impaired it will be difficult to provide telehealth sessions and it is not a suitable mode of service delivery.

We must weigh risks and benefits in each instance and informed consent provided, i.e. will kiritaki have privacy and an adequate environment in which to receive these sessions.

4.13.5. Use of Telehealth in Groups

Care is taken to ensure clients are appropriate to online delivery with triage undertaken by experienced Mental Health Clinicians, with the oversight and support of Clinical Managers. Demographics of the groups is carefully ascribed, assuring appropriate group members.

When a NSP is running an online group, the Providers will always have their cameras on. Kiritaki are encouraged to have their camera on to check in and greet at the beginning of the group, and if confident, to leave their camera on for the remainder of the group. However, if the group is i.e. Trauma Informed Yoga, kiritaki are encouraged to turn their cameras off during the sessions. At the end of the group, kiritaki are encouraged to turn their cameras on to say goodbye. The Provider will follow-up if any kiritaki does not check in at the end.

To ensure safety when running online groups, Providers will ensure that they have kiritaki contact details on hand during every session. It is expected that the Lead Service Providers will manage the overall safety and support of their kiritaki while they attend the group, and they will ensure that their kiritaki is stable and safe for the group.

The Providers running the group are solely there to run the group and monitor kiritaki during sessions - any further work is to be completed by the Lead Service Providers.

If any safety concerns arise in the group sessions, the Providers would manage this and inform the Lead Provider, so they are able to continue supporting kiritaki regarding safety.

4.14. CLIENT CLOSURE / EXIT

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

4.15. CLIENT FEEDBACK

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

5. HEALTH & SAFETY

5.1. FOR EMPLOYEES

Purpose					
Approved By	DG	Effective Date	6.6.24	Review Date	

South Coast Psychology is committed to protecting the Health, Safety, and Wellbeing (HSW) of our people. We are committed to effectively managing risks (as far as reasonably practicable) to ensure that we provide and maintain a healthy and safe working environment for our personnel, kiritaki whānau, and communities where we provide services. We recognise that Health, Safety, and Wellbeing are fundamental and underpin how we work every day. As such, we acknowledge our moral and legal obligation to protect the physical and mental wellbeing of our people from the risk of harm arising from our business operations.

Our team consists of Managers, Directors, and the Advisory Board; however, we also involve all employees and subcontracts as they are required to participate in the Health & Safety processes and report all Health & Safety incidents to South Coast Psychology so that we may actively monitor them, to ensure risk elimination, or risk minimisation, as far as it is reasonably practicable and effect positive improvements in our practices and processes.

Please refer to [Incident Management Process \(Appendix 1\)](#) for a flowchart to show where to report accidents / incidents.

South Coast Psychology will give each new **employee** a Health and Safety briefing during their induction and provide them with this document.

The employer and employee will meet their obligations under the Health and Safety at Work Act.

The **employer** will complete the following:

1. Providing and maintaining a safe working environment for employees and others in the workplace
2. Providing and maintaining facilities for the welfare of the employee while at work
3. Providing all necessary training and instructions to employees
4. Making sure machinery and equipment is safe
5. Making sure working arrangements are not hazardous
6. Making sure health and safety employee engagement and participation processes are in place
7. Consulting and cooperating with other businesses operating in the same workplace(s) to keep everyone safe and healthy.

As an **employer**, this will be achieved by

1. This Health & Safety Policy
2. Mandatory Health & Safety training during Induction
3. Watching the South Coast Psychology Health & Safety video on our website
4. ACC's induction and development modules (if working under an ACC contract)
5. A Hazard Identification Register (for appropriate areas)
 - Ensuring the action points and mitigation notes are being followed
 - Reviewing the register regularly
 - Adding any new hazard to the register
6. Online resources on our website
7. Staff being provided with training, i.e. First Aid training, etc
8. Opportunities for additional training and professional development
9. Records of staff training and certifications will be added to their Induction & Training Schedule

The **employee** will follow the **employer's** health and safety rules and procedures. The employee will take reasonable care to look after their own health and safety at work, their fitness for work, and the health and safety of others.

The **employee** can take reasonable care include:

- following all reasonable health and safety rules and instructions
- participating in health and safety discussions
- exercising their right to refuse to do unsafe work
- taking reasonable care that their actions (or inactions) do not cause harm, or risk of harm, to themselves or others
- not reporting for duty under the influence of alcohol or drugs that impair their performance or fitness for work
- wearing all necessary personal protective equipment and clothing.

The **employee** must report any potential risks, incidents and near misses so the **employer** can investigate, and eliminate or minimise harm or risk of harm.

Failure to follow reasonable health and safety rules may be considered serious misconduct.

5.2. FOR CONTRACTORS

Purpose					
Approved By	DG	Effective Date	6.6.24	Review Date	

South Coast Psychology will give each new subcontractor a Health & Safety briefing during their induction and confirm with them that they have reviewed and understood this document by recording their **Induction & Training Schedule**.

We will also hold mandatory Health & Safety meetings via Zoom annually. These meetings are recorded and are uploaded onto our [website](#) for personnel to access (via password).

5.3. PROVIDER PREMISES

Purpose	South Coast Psychology expects all office space where kiritaki, whanau, staff, visitors, and the community are hosted is comfortable, safe and inviting, in line with company value of manaakitanga.		
Approved By	DG	Effective Date	14.4.24
		Review Date	

The ACC4451 Sexual Abuse & Mental Injury: Practice Guidelines for Aotearoa New Zealand (March 2008) states the following in regard to the physical setting of the therapeutic environment:

“The quality of the therapeutic environment will influence the outcome of therapy. The therapeutic environment is an important context within which the development of an effective relationship occurs. It includes the physical setting in which the therapy takes place ... The aspects of the environment that may be important are that it feels safe, warm, welcoming, inviting, comfortable, private, accessible, homely, and non-intrusive.”

5.3.1. Location

All providers must advise South Coast Psychology of the physical address of the premises they use to see kiritaki. If this address changes, the provider must notify the Administrator immediately.

The administrator will update the South Coast Psychology register of offices. If this provider works under a contract where the funder requires notification (e.g. ACC’s Sensitive Claims Services), the Administrator will update the funder of the provider’s new address.

5.3.2. Minimum Standards

To ensure that providers premises meet our minimum standards, all providers will complete the attached checklist and return to the supplier. See Premises (Therapeutic Space) Check List.

Appropriate	Inappropriate
Kiritaki are safe and respected - suitable for survivors of sexual abuse and assault	
Safe environment - where kiritaki feel safe coming for therapy	The same waiting area or building as a service that represents a conflict of interest, i.e. stopping violence group
Quiet environment - minimise distractions by keeping noise levels down	A noisy environment is distracting for both therapist and kiritaki. Noise is also stress-inducing.
Comfortable furniture - soft furnishings and décor to create a relaxing atmosphere	Kiritaki in uncomfortable environment, i.e. wooden stool/chair and office clutter, may feel anxiety, discomfort, or agitation.
Enough space - to respect kiritaki personal boundaries	Lack of space between seats, leading to kiritaki’s discomfort or a sense of intrusion
Confidential	
Soundproofing measures to prevent conversations from being overheard i.e. soundproof walls or the waiting area must have i.e. music/radio playing to muffle sounds	Kiritaki, whānau and colleagues in the waiting area or other offices can overhear conversations in the therapy room
Storage solution for kiritaki files	Other kiritaki, whānau, colleagues, etc, may see confidential information
Appropriate to the age and developmental stage of the kiritaki	
If you are working with tamariki (children): <ul style="list-style-type: none"> provide age-appropriate materials and activities that align with the tamariki’s interests and developmental abilities use decor and materials that are familiar and comforting to the tamariki’s age group 	If you work with tamariki (children) in a premises is only adult-oriented: <ul style="list-style-type: none"> the furniture may be too large or imposing for a tamariki, making them feel physically uncomfortable or overwhelmed

	<ul style="list-style-type: none"> tamariki may feel unfamiliar with the environment and unsure of how to behave or what to expect in an office designed primarily for adults
Appropriate area for whānau to meet and engage in whānau support	
<p>If you are engaging with the kiritaki's whānau to support them:</p> <ul style="list-style-type: none"> provide a space with enough comfortable seating to allow you to build good relationships (whakawhānaunga). This may <u>not</u> be your usual therapy room. consider manaakitanga (hospitality plus) 	<p>The whānau room is:</p> <ul style="list-style-type: none"> too small for the intended number of attendees and whānau feel uncomfortable, making it difficult for participants to engage effectively in discussions. not private for open and honest discussions with whānau

5.3.3. Suggestions (not minimum standards)

- incorporate natural elements such as plants or wood accents to bring warmth to the space
- offer manaakitanga (hospitality) such as coffee, tea, or snacks to make people feel at ease
- if applicable, ensure that the room is accessible to all kiritakis, including those with mobility issues, i.e. ramps or elevators if the room is located on an upper floor, as well as ensuring that furniture is arranged to accommodate wheelchairs or other mobility aids.

5.3.4. Answering Services

All provider answering services (telephone and email) will have messages directing kiritaki to crisis services for a mental health emergency as we do not provide a crisis or a drop-in referral service. This will be confirmed in Premises (Therapeutic Space) Check List.

All messages will be checked and responded to daily during business hours.

5.3.5. Health & Safety

To ensure that all providers are delivering services in premises that are in line with relevant Health & Safety legislative requirements (including those mandated in the Health and Safety at Work Act 2015), the attached checklist must be completed by each provider. See Premises (Health & Safety – Office Hazards) Check List.

For more information about Health and Safety in an Office, please visit [WorkSafe – Offices](#)

5.3.6. Escalation – Premises Not Meeting Minimum Standards

All providers will complete the Premises (Therapeutic Space) Check List and return it to the Administrator. If there is a health and safety issue, this will be forwarded to the Health & Safety Officer and the Manager of the provider. If SCP becomes aware that any of our providers are operating out of premises that are not appropriate for kiritaki, the appropriate person (i.e. Administrator or Health & Safety Officer for the company) and the provider's manager will:

- investigate and request the provider to rectify the space, with the managers guidance, if required i.e. provider has a set timeframe to remedy / provider must use telehealth / provider must source new rooms, etc
- if the space is still not fit for purpose the Administrator will follow the appropriate policy i.e. Health & Safety or Funder Escalation Policy to escalate as appropriate
- the provider will be supported to maintain the space with regular check ins

Premises (Therapeutic Space) Check List

This check list applies to the premises where you see kiritaki face-to-face. Please complete and return to the Administrator.

Provider Name			
Address of Premises			
Date of Check			
Please complete the following checklist	Yes	No	N/A
Kiritaki are safe and respected – suitable for survivors of sexual abuse and assault			
Safe environment - where kiritaki feel safe coming for therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quiet environment - minimise distractions by keeping noise levels down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfortable furniture - soft furnishings and décor to create a relaxing atmosphere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enough space - to respect kiritaki personal boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality			
Soundproofing measures to prevent conversations from being overheard i.e. soundproof walls or the waiting area must have i.e. music/radio playing to muffle sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage solution for kiritaki files	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate to the age and developmental stage of the kiritaki			
If you are working with tamariki (children):			
• provide age-appropriate materials and activities that align with the tamariki's interests and developmental abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• use decor and materials that are familiar and comforting to the tamariki's age group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate area for whānau to meet and engage in whānau support			
If you are engaging with the kiritaki's whānau to support them:			
• provide a space with enough comfortable seating to allow you to build good relationships (whakawhānaunga). This may <u>not</u> be your usual therapy room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• consider manaakitanga (hospitality plus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of hours contact			
• Telephone (voice mail) and email (autoreply) will have messages directing kiritaki to crisis services for a mental health emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence Provided			
Have you provided photos of your therapy space and waiting area (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered n/a to any of questions, please explain why			
If you have answered no to any of the questions, how do you intend to remedy it			
Therapeutic premises approved by			
Date			
Notes (if required)			

Premises (Health & Safety – Office Hazards) Check List

This check list applies to the providers designated workspace area (not all will be applicable). Please complete and return to Administrator.

Provider Name			
Address being Assessed			
Date of Check			
Please complete the following checklist	Yes	No	N/A
SEISMIC SAFETY			
All furniture used in the workspace is stable and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL CONSIDERATIONS			
Adequate lighting is present in dedicated workspace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workspace is able to be kept at a comfortable temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric cords, telephone and computer cables are secured to prevent tripping hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRE AND ELECTRICAL SAFETY			
Working smoke detector installed in room or nearby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All electrical machinery is in good condition and properly grounded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical multi-boxes are not overloaded (only used for low power items, i.e. computers, not for high power devices, i.e. heaters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All electric appliances are properly wired and turned off when not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to exit office safely in the event of a fire or emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER			
Emergency exits clearly marked and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid kit readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read the Emergency Plan for your building, i.e. in case of fire, earthquake, tsunami, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health & Disability Rights poster/pamphlet on display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered n/a to any of questions, please explain why			
If you have answered no to any of the questions, how do you intend to remedy it			
H&S office check approved by			
Date			
Notes (if required)			

5.4. HAZARD IDENTIFICATION REGISTER

Purpose					
Approved By	DG	Effective Date	14.4.24	Review Date	

The 5 steps of risk assessment are:

1. Identify the **hazards**
2. Identify **who** might be harmed and **how**
3. **Evaluate** the risk and decide on the precautions
4. **Record** your findings and then **implement** them
5. **Review** the assessment and **update** as necessary

The Hazard Identification Register aims to identify risks within South Coast Psychology (including subcontractors), along with providing mitigation notes so that controls can be put in place.

As new hazards/risks are identified, they will be added to the register and the entire document will be reviewed **annually**.

The Hazard Identification Register is stored in the shared Health & Safety Dropbox folder and copies uploaded to our website.

Hazard/Risk Identification Register

Location	Date	Completed By	
Potential Hazard/Risk	What is the Hazard Who are at Risk and How	Control Measures Already in Place	Date of Last Review
Hazards within the providers premises	Safety of provider, kiritaki and whanau	<ul style="list-style-type: none"> Provider Premises Policy 	
Hazards engaging in telehealth	Kiritaki may be at risk of breaching confidentiality, risk of triggering in the home (safe place) environment	<ul style="list-style-type: none"> Telehealth Policy Clinical oversight by CM and Supervisor 	
Unsafe providers	Kiritaki at risk of harm by the provider	<ul style="list-style-type: none"> Personnel - Safety Checking Policy which Police Vetting, Children's Worker Safety Checking and referee checking Complaints process Clinical oversight 	
Cultural Risk	Kiritaki at risk of culturally unsafe services	<ul style="list-style-type: none"> All our providers are trained in cultural competencies in their clinical training Kiritaki cultural needs are identified upon engagement with our service Providers have access to regular cultural supervision Providers are encouraged to access to cultural advisors both within our company and in the community 	
Kiritaki/client risk to self	Serious self-harm, suicidal ideation	<ul style="list-style-type: none"> Complete a Risk Assessment Create a Safety Plan Contact Mental Health Emergency Services if necessary Monitor risk throughout engagement Reporting for Providers (under ACC) 	
Mental / physical health deterioration	Kiritaki at risk of mental/physical health deterioration	<ul style="list-style-type: none"> Complete a Risk Assessment Create a Safety Plan Contact Mental Health Emergency Services if necessary Monitor risk throughout engagement Refer to other/additional services if progress is not being made 	
Kiritaki/client risk to others	Serious harm to others	<ul style="list-style-type: none"> Complete a Risk Assessment Create a Safety Plan Contact Mental Health Emergency Services if necessary Monitor risk throughout engagement Reporting for Providers (under ACC) 	



		<ul style="list-style-type: none"> Contact the Police if necessary 	
Kiritaki risk to and from others (child)	Overwhelmed kiritaki may increase the risk of child abuse Child client may be at risk of physical, sexual, psychological	<ul style="list-style-type: none"> Child Protection Policy All providers professional training includes child abuse reporting All providers understand the care of children’s act and their responsibilities under it 	
Risk to providers/staff	Provider feels unsafe or threatened by kiritaki (verbal or physical aggression), their representative or support personnel	<ul style="list-style-type: none"> Terminate the session immediately Notify your supplier as soon as possible and fully document the reasons for the termination of the treatment or assessment in your report If the kiritaki/client is under one of the ACC contracts, make the contact your supplier and use ACC's online form for reporting Health & Safety incidents. ACC will add a “care indicator” to the kiritaki for future reference Debriefing Supervision Ring the Police if necessary 	
Risk to providers/staff	Working Alone	<ul style="list-style-type: none"> Supervision requirements of disciplines and contracts Debriefing available from Managers Provider Premises Policy 	
Risk to providers/staff	Work-related stress	<ul style="list-style-type: none"> Health and wellbeing planning Managerial and clinical support Supervisory support Employment contracts and leave provision for employees Insurance and indemnity for company and employees Providers required to have their own insurances 	
Risk to staff	Driving	<ul style="list-style-type: none"> Restrictions on who can drive company vehicles Insurance for staff driving vehicles 	

5.5. INCIDENT / ACCIDENT REPORTING

Purpose					
Approved By		Effective Date		Review Date	

If an accident / incident occurs, an Accident / Incident Register must be completed and forwarded to your Manager.

If there is “Serious Harm” WorkSafe must be notified, and an official form must be completed. See section on Notifiable Events. If practicable, please preserve the scene and take photos as soon as possible as WorkSafe will require them.

All information will be added into our Health & Safety Dropbox folder and will be added to our Master Hazard Identification Register.

5.5.1. Active Monitoring

The above incidents / accidents that have occurred will also be investigated, monitored and reviewed by the Manager in order to manage working risks. Any actions required from this process will enable identification of risks, elimination of those risks, or practicable minimisation if the risk cannot be eliminated.

Managers will ensure that a record of Incident Reports/actions and outcomes is forwarded to Admin.

An overview of all incidents will be held by the on a regular basis to ensure that all actions have occurred to ensure increased safety and continuous quality improvement in our service.

If the incident/accident falls under an ACC contract, then it will also be recorded in the Supplier six-monthly report.

5.5.2. Reporting For Providers (If Working Under an ACC Contract)

Reporting Health and Safety Incidents

If you're a provider working under an ACC contract, you need to report Health & Safety incidents to [ACC](#) through your supplier. Here is a guide to why, what to report and how to report it.

1. Why your supplier should report Health and Safety incidents to ACC

We all play a part in protecting the health and safety of ourselves and others in the workplace. South Coast Psychology and ACC will use your report to identify areas where we can work together to improve health and safety. This helps to:

- improve the way we deliver our services
- make sure you have the information you need to help keep people safe.

To meet all of our obligations under the [Health and Safety at Work Act 2015](#), we need to work with ACC to manage health and safety risks. WorkSafe has more information about working with other businesses to improve health and safety: [WorkSafe - Working with other businesses](#).

2. Incidents we need to report

You should report any health and safety incidents that happen while working for under an ACC contract. This can be incidents that affect you, your supplier, administration staff, or our mutual ACC clients.

a. Notifiable events

If you're doing work for ACC and South Coast Psychology (as the contract holder), we need to know about any notifiable events. This includes death and serious illness or injury.

WorkSafe has more information about what a notifiable event is - [Find out more about notifiable events](#).

b. Threats

ACC and South Coast Psychology need to know about any threats relating to your work under an ACC contract. These are:

- **Personal threats** – against you, your supplier, administration staff, another provider or a member of ACC staff
- **Organisational threats** – to a place of business such as your practice, other South Coast Psychology offices, or resources, or ACC sites.

c. Other risks

Report any other risks that could cause harm or you think ACC and/or South Coast Psychology need to know about.

3. What to do if there's an incident:

- a. Keep people safe. Follow your internal incident management process to keep everyone safe. Report serious threats to the police.
- b. Call your South Coast Psychology Manager and the ACC Provider Contact Centre or the recovery team of the client involved. Phone 0800 222 070 (Monday to Friday, 8:30 am to 5:00 pm) or email providerhelp@acc.co.nz.
- c. Contact WorkSafe if it is a notifiable event. If the incident is a notifiable event, you'll need to keep the site of the event clear and report it to WorkSafe along with the supplier. Follow WorkSafe's instructions about what to do - [Report a notifiable event to WorkSafe](#).
- d. Complete the online form. Even if you've already called ACC and your supplier, you still need to report incidents to ACC (in writing) using the online form - [Online form to report health and safety incidents](#)

4. After you and your supplier have made a report to ACC

ACC will contact South Coast Psychology, and South Coast Psychology will contact you, as soon as possible if there's something in the online form that needs ACC's urgent attention. ACC may also follow up with South Coast Psychology and you if they need more information.

Investigating Health and Safety incidents: It's South Coast Psychology's responsibility to investigate health and safety incidents. It is your responsibility as a provider to assist as much as possible with this. If South Coast Psychology hasn't investigated at the time of reporting, ACC may follow up with South Coast Psychology and you to see how it went.

South Coast Psychology personnel will use Accident / Incident Investigation Form to investigate health and safety incidents.

5.5.3. Reporting A Notifiable Event (Injury & Incident) WorkSafe

If you are witness to a [notifiable event](#) occurring in your South Coast Psychology workplace, South Coast Psychology expects its contracted providers and employees to complete the following steps:

You must notify the PCBU "*Person Conducting a Business or Undertaking*", your supplier and ACC (if relevant) immediately.

What is a notifiable event?

A notifiable event is any of the following work-related events:

- a death
- a notifiable injury or illness or
- a notifiable incident

Only serious events are intended to be notified. These trigger requirements to preserve the site, notify the regulator and keep records. The notifiable incident, injury, illness or death must arise from the conduct of the business or undertaking. It could be due to the condition of the work site, the way the work activity is organised,

or the way equipment or substances are used. Notifiable events may happen inside or outside the actual work site

What is a Notifiable Injury?

These are specified serious work-related illnesses or injuries. All injuries or illnesses that require (or would usually require) a person to be **admitted to hospital** for immediate treatment are notifiable. Admitted to a hospital means being admitted to hospital as an inpatient for any length of time – it **doesn't include** being taken to the hospital for out-patient treatment by a **hospital's Emergency Department**, or for corrective surgery at a later time, such as straightening a broken nose.

What is a Notifiable Incident?

A notifiable incident is an unplanned or uncontrolled incident in relation to a workplace that exposes the health and safety of workers or others to a serious risk arising from **immediate or imminent exposure** to:

- a substance escaping, spilling, or leaking
- an implosion, explosion or fire
- gas or steam escaping
- a pressurised substance escaping
- electric shock (from anything that could cause a lethal shock, for example it would not include shocks due to static electricity, from extra low voltage equipment or from defibrillators used for medical reasons)
- the fall or release from height of any plant, substance, or thing
- damage to or collapse, overturning, failing or malfunctioning of any plant that is required to be authorised for use under regulations
- the collapse or partial collapse of a structure, etc

5.5.4. What must a PCBU do if a Notifiable Event occurs?

1. PRESERVE the site

The PCBU who manages or controls the workplace (and the providers/employees undertaking the tasks) must take all reasonable steps to ensure the site of a notifiable event is not disturbed until authorised by an Inspector (i.e. an Inspector gives permission for normal work to resume at the site of a notifiable event).

What are the exceptions to this requirement?

Exceptions are if the disturbance is:

- to help an injured person
- to remove a deceased person
- essential to make the site safe or to minimise the risks of a further notifiable event
- by or under direction of a police officer
- permitted by the regulator or an Inspector

Regulations can also exclude particular sites from the requirement to preserve sites in particular circumstances (i.e. there are none at present).

What should the PCBU (and the providers/employees undertaking the tasks) do?

To ensure that the site is not disturbed:

- the work set-up should not be changed
- any plant, substances or other things involved in the event should stay where they are
- work that could interfere with the scene of the event should stop
- no alterations should be made to the plant, vehicles, or structures involved

Can work continue?

- Work can continue in other parts of the workplace

5.5.5. A PCBU must NOTIFY THE REGULATOR as soon as possible

When must notification occur?

- A PCBU must ensure the regulator is notified as soon as possible after it becomes aware of a notifiable event arising from the conduct of the business or undertaking. This notification must be done even if emergency services attend. Only one notification is required for each notifiable event.

If there are multiple PCBUS, who is responsible for notifying?

- If multiple PCBUs are involved in the work, one PCBU should be nominated to notify the regulator. However, all PCBUs are responsible for ensuring a notification is made. As such contractors are responsible for notifying SCP and we will determine who notifies the regulator, employees notify SCP and the PCBU will notify the regulator.

How do PCBUS notify?

- The regulator must be notified by the fastest means possible given the circumstances.
- The person giving the notification must provide details about the notifiable event as requested by the regulator.
- For phone notifications, the regulator will send an acknowledgement that the notification has been received.

REGULATOR	CONTACT
WorkSafe	<ul style="list-style-type: none">• If someone has been killed as a result of work, notify us immediately by phone: 0800 030 040 (24/7).• In the case of emergency, phone 111.• For all other notifications, go to the WorkSafe website: www.worksafe.govt.nz and select 'Notify WorkSafe'.

5.5.6. Continuous Improvement

South Coast Psychology is committed to continually improve our Health, Safety, and Wellbeing system. In reviewing our practice/policy we will seek feedback from staff, providers and take note of feedback from kiritaki. Continuous improvement is an ongoing journey. By regularly reviewing our Health & Safety practice/policy, making changes / adaptations / increasing safety and wellbeing we will enhance our services to be more effective and better serve our kiritaki and personnel.

6. FINANCIAL MANAGEMENT

6.1. FINANCIAL CONTROL

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

6.2. PROVIDER PAYMENTS

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

6.3. EXPENDITURE & RECEIPTING

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

6.4. REIMBURSEMENTS

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

6.5. CREDIT CARD USE

Purpose					
Approved By		Effective Date		Review Date	

Policy under review

7. EQUINE

Purpose					
Approved By	DG	Effective Date	29.3.24	Review Date	

South Coast Psychology will give each new Equine Services employee/contractor a Health and Safety briefing during their orientation. As they review each section, the employee/contractor's Equine Training Matrix ([Appendix 1](#)) will be signed off.

7.1. HAZARD IDENTIFICATION REGISTER

The Hazard Identification Register ([Appendix 2](#)) aims to either eliminate, isolate or minimise hazards at the Equine Services facility, along with providing mitigation notes so that controls can be put in place.

During the employee/contractor orientation, all equine service providers will be taken through the Hazard Identification Register by the Equine Manager (or whoever the Equine Manager appoints to complete the orientation).

As new hazards are identified, they will be added to the register. The entire document will be reviewed **annually**.

The Hazard Identification Register is stored in the Equine Office.

7.2. SAFETY PROCEDURES AROUND HORSES

All employees/contractors, who will be working with the horses, will be taken through the Safety Procedures Around Horses ([Appendix 3](#)) list. If, at any time, the employee/contractor does not follow one of these procedures, they will be taken back to the list to review it with the Equine Manager (or an appointee of the Equine Manager).

7.3. INCIDENT / ACCIDENT REPORT

If an accident/incident occurs during Equine Services, the Accident/Incident Register ([Appendix 4](#)) must be completed. If there is "Serious Harm" WorkSafe must be notified, and an official form must be completed. See section on [Notifiable Events](#).

If practicable, please preserve the scene and take photos as soon as possible as WorkSafe will require them. During orientation employees/contractors will review the previous incidents/accidents that have occurred at the Equine Services facility.

7.4. EMPLOYEES

South Coast Psychology will give each new **employee** a Health and Safety briefing during their orientation and provide them with this document.

The employer and employee will meet their obligations under the Health and Safety at Work Act.

The **employer** will complete the following:

1. Providing and maintaining a safe working environment for employees and others in the workplace
2. Providing and maintaining facilities for the welfare of the employee while at work
3. Providing all necessary training and instructions to employees
4. Making sure machinery and equipment is safe
5. Making sure working arrangements are not hazardous

6. Making sure health and safety employee engagement and participation processes are in place
7. Consulting and cooperating with other businesses operating in the same workplace(s) to keep everyone safe and healthy.

As an **employer**, this will be achieved by following the requirements in this Health & Safety Policy.

The **employee** will follow the **employer's** health and safety rules and procedures. The employee will take reasonable care to look after their own health and safety at work, their fitness for work, and the health and safety of others.

The **employee** can take reasonable care include:

- following all reasonable health and safety rules and instructions
- participating in health and safety discussions
- exercising their right to refuse to do unsafe work
- taking reasonable care that their actions (or inactions) do not cause harm, or risk of harm, to themselves or others
- not reporting for duty under the influence of alcohol or drugs that impair their performance or fitness for work
- wearing all necessary personal protective equipment and clothing.

The **employee** must report any potential risks, incidents and near misses so the **employer** can investigate, and eliminate or minimise harm or risk of harm.

Failure to follow reasonable health and safety rules may be considered serious misconduct.

7.5. PERSONAL PROTECTIVE EQUIPMENT (PPE)

The work being done by the employee **may** involve risks to their health and safety from time to time for which **personal protective equipment (PPE) must be used or worn**.

Employer and Employee Responsibilities: The **employer** will provide suitable PPE, as well as training and information about how it must be used or worn, where it is stored, and how it is maintained.

This PPE may include:

- Riding Helmet
- Suitable Footwear
- Gloves
- Sunscreen
- Vest
- Riding pants
- Wet weather gear

If the **employer** agrees in advance, the **employee** can choose to provide their own PPE at the **employer's** cost for genuine reasons of comfort and convenience. The **employer** must be satisfied that this PPE is suitable and:

- The **employee** must follow any conditions about its use laid down by the **employer**.
- The **employer** will provide training and information about how and when PPE must be used or worn, where it is stored and how it is maintained.
- The **employee** may, at any time, tell the **employer** they no longer wish to provide their own PPE — and the **employer** will provide it instead.

The **employee** must take all reasonable care at all times when dealing with risks. They must use or wear PPE when appropriate. At all times, the **employee** must follow the **employer's** health and safety policies and use safe and appropriate practices.

Failure to use or wear PPE as instructed may be considered serious misconduct.

7.6. FIRST AID CERTIFICATION

During equine sessions, there must be **one** employee/contractor onsite who holds a current first aid certificate.

7.7. CLIENT SAFETY DURING SESSIONS

Before a client begins Equine Therapy, they must be given the Informed Consent & Waiver of Liability Form ([Appendix 5](#)).

This form can be emailed to the client in advance; however, the client must be taken through the document in person, explained to ensure the client fully understands the risks of working with horses, and signed before any Equine Therapy begins.

If the client is a child, the form will be completed by the child's caregiver.

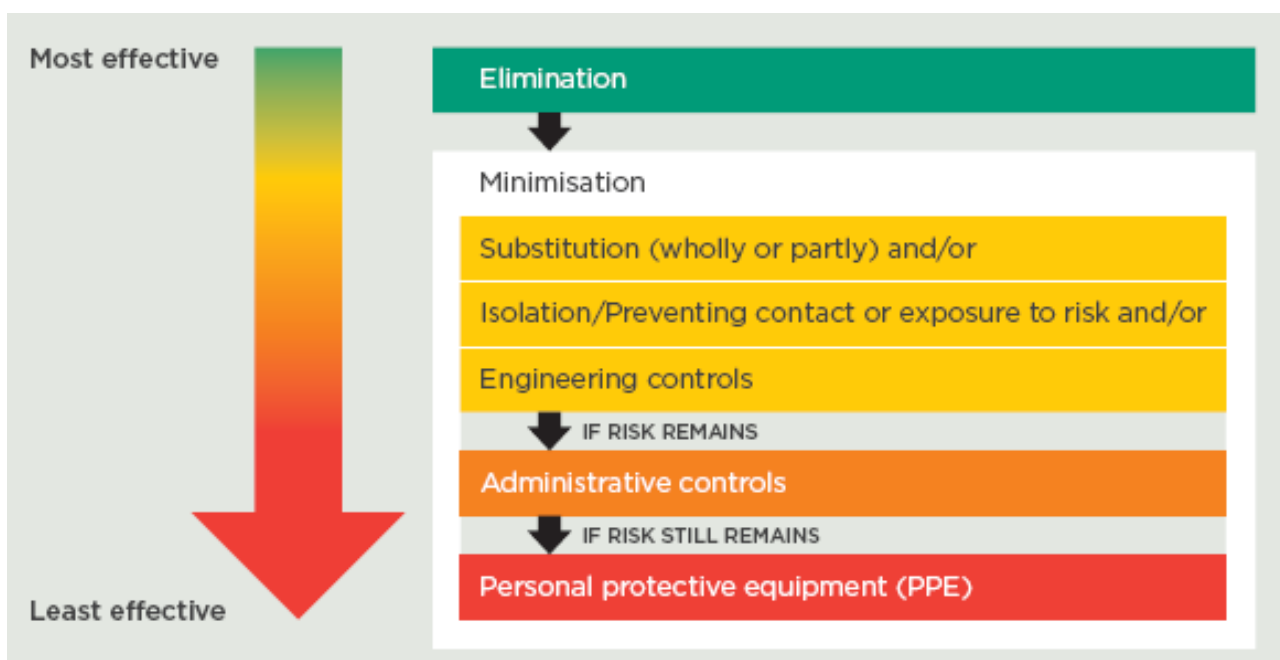
When clients are in a session working directly with the horses, there must always be at least **two** people present. Mobile phones must always be available.

7.8. NOTIFIABLE EVENT (INJURY & INCIDENT)

(See main SCP Policy)

7.9. HAZARDOUS SUBSTANCES – HIERARCHY OF CONTROLS

For any hazardous substances at the Equine Services facility, there must be control measures implemented using the [HSW Act hierarchy of controls](#).



Elimination: removing the source of harm, i.e. getting rid of unwanted chemicals, using another pest control method not involving agrichemicals.

Minimisation:

- **Substitution:** using lower risk alternative
- **Isolation:** separating the person from the risk
- **Engineering:** use mechanical devices or processes, ventilation systems
- **Administrative:** procedures or rules for workers to follow, i.e. prohibiting eating and drinking near hazardous substances
- **PPE:** used to reduce exposure to any remaining risk. (Note that PPE is the last, not the first, level of risk management) i.e. gloves, overalls, eye protection.

7.10. HAZARDOUS SUBSTANCES – SAFETY DATA SHEETS

A safety data sheet (SDS) provides comprehensive information about the properties of a hazardous substance, how it affects health and safety in the workplace and how to manage these risks. A SDS explains how the substance should be safely used, stored, transported and disposed of. It provides first aid information, information about the personal protective equipment that the person handling the substance should wear and what to do in the event of an emergency, such as a spill or fire.

All chemicals stored at the Equine Services site **must** have a [Safety Data Sheet](#) (full 16 paragraphs) from a NZ supplier stored in the Equine Services Health & Safety folder.

All chemicals will be [Inventoried](#) using the [Hazardous Substances Calculator](#) and the link/pin will be emailed to the relevant parties. The inventory represents the **maximum** quantity of each hazardous substance likely to be at each workplace, not the current quantity. Each time the inventory is updated with a new chemical, the Inventory List will be printed and replaced in the Equine Services Health & Safety folder.

As per [GrowSafe](#) requirements, the signs 2WE AgriChemicals and No Smoking will be displayed where hazardous products are stored to alert people and emergency responders that they are approaching an area where hazardous substances are present.



7.11. EARTHQUAKE

We follow the [Civil Defence Guidelines](#) of Drop, Cover and Hold.

Drop, Cover and Hold is the right action to take during an earthquake. It stops you being knocked over, makes you a smaller target for falling and flying objects, and protects your head, neck and vital organs.

If you feel an earthquake:

- DROP down on your hands and knees. This protects you from falling over but lets you move if you need to.
- COVER your head and your neck (or your entire body if possible) under a sturdy table or desk (if it is within a few steps of you). If there is no shelter nearby, cover your head and neck with your arms and hands.
- HOLD on to your shelter (or your position to protect your head and neck) until the shaking stops. If the shaking shifts your shelter around, move with it.

Inside an Office: Drop, Cover & Hold. Stay indoors until the shaking stops and you are sure it is safe to exit. In most buildings in New Zealand, you are safer if you stay where you are until the shaking stops. Do not run outside after an earthquake.

Outside: If you are outside, find a clear area away from buildings, trees, power lines as these may fall and cause injuries during an earthquake. Drop, Cover & Hold.

Horses: If safe to do so, let the horses into an open area way from structures.

After the Earthquake:

- Check yourself for injuries and get first aid if necessary. Help others if you can.
- Look quickly for damage around you, particularly in buildings where furniture and fittings may have become hazardous.
- Look for small fires and, if safe to do so, extinguish them.

7.12. FIRE

Get yourself and your client/s out of the building immediately (don't try and save possessions)

Close doors behind you as it slows down the spread of the fire

Alert others

If it's a small fire and it's safe to do so, use your fire extinguisher – if it's a large fire, don't try to extinguish it – go to the evacuation point and call 111 and ask for Fire

Meet at the designated evacuation point

Don't go back into the building



Appendix 1 – Equine Training Matrix

Equine Team Member Name:		Start Date:			
<ul style="list-style-type: none"> Initially assess new Equine Team Member, if new to the task fill out the “in training” section and ensure they are supervised. If after initial assessment it is clear the Equine Team Member is experienced, fill out the “trained” section and they may work unsupervised. Once “in training” Equine Team Members are assessed as competent they become “trained” and can work unsupervised. 		<ul style="list-style-type: none"> Equine Team Members that are very competent and good at teaching others the job can be marked as “able to train others”. Ensure Equine Team Member and their manager both sign and initial the form to show that they have reached that training level. Keep these sheets as training records. 			
Task Description	In Training	Trained	Able to train others	Equine Member Signature	Manager Signature
	Date:	Date:	Date:		
	Equine initial:	Equine initial:	Equine initial:		
	Manager initial:	Manager initial:	Manager initial:		
	Date:	Date:	Date:		
	Equine initial:	Equine initial:	Equine initial:		
	Manager initial:	Manager initial:	Manager initial:		
	Date:	Date:	Date:		
	Equine initial:	Equine initial:	Equine initial:		
	Manager initial:	Manager initial:	Manager initial:		
	Date:	Date:	Date:		
	Equine initial:	Equine initial:	Equine initial:		
	Manager initial:	Manager initial:	Manager initial:		
	Date:	Date:	Date:		
	Equine initial:	Equine initial:	Equine initial:		
	Manager initial:	Manager initial:	Manager initial:		
	Date:	Date:	Date:		
	Equine initial:	Equine initial:	Equine initial:		
	Manager initial:	Manager initial:	Manager initial:		



Appendix 2 – Hazard Identification Register

Location:							
Hazard		Action (✓)			Notes	Reviewed By	
Hazard Identification (brief summary of the hazard)	Impact Description (what could potentially occur)	Eliminate	Isolate	Minimise	Mitigation Notes (controls put in place)	SCP Member	Date of Last Review
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Appendix 3 – Safety Procedures Around Horses

We select equine staff with the requisite skills, experience and aptitude for working with a herd of horses at liberty and riding. Equine staff participate in regular communication, team meetings and training to ensure their ongoing engagement and competence. The following are particular safety procedures when working with horses

1. Always regulate yourself and clients before you enter the arena
2. Always give clients an overview of the safety guidelines and education about horses
3. Introduce each horse to clients and talk about any safety issues
4. Ensure you gain consent from horses when engaging with them to reduce the likelihood of protective behaviours
5. Feed horses outside the fence
6. No feeding the horses by hand
7. Use tape to separate the other horses when in an equine session
8. Don't walk between horses

This list will be added to.

Appendix 4 – Accident Investigation Form

Date		Time	
Scene Preserved	Yes / No	Photo/s taken	Yes / No
Name of person injured			
Where did the accident / incident occur			
Type of accident / incident			
Type of injury			
Action taken / treatment given			
SCP member name recording the incident		Signature	
Outcomes / instructions given / new procedures required			
WorkSafe Notified by: (if applicable)		Date:	

Appendix 5 – Informed Consent & Waiver of Liability Form

INFORMED CONSENT - Service Agreement

Welcome to South Coast Psychology's Equine Services. This document contains important information about our professional services and business policies. Although these documents are long and sometimes detailed, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Helping activities occur in a relationship between people, that works in part because of clearly defined rights and responsibilities held by each person. As a client in Equine Assisted Psychotherapy, Growth, Learning &/or Coaching, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. South Coast Psychology's Equine Services management and specialists have/has corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

i. Services

All psychotherapy, learning & therapeutic activities, including Equine Assisted Psychotherapy, Growth, Learning & Coaching have both benefits and risks. Risks may include experiencing uncomfortable feelings, (sadness, guilt, anxiety, anger, frustration, loneliness and helplessness), because the process of psychotherapy, learning & therapeutic activities often requires discussing the unpleasant aspects of your life. However, psychotherapy, learning & therapeutic activities, including Equine Assisted Psychotherapy, Growth, Learning & Coaching have been shown to have benefits for individuals who undertake it. Therapy, learning & therapeutic activities often lead to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. There are, however, no guarantees about what will happen. All psychotherapy, growth, learning, and coaching requires a very active effort on your part.

South Coast Psychology's Equine Services offers a treatment modality called **Equine-Assisted Psychotherapy, Growth, Learning & Coaching** which is an experiential form of psychotherapy, growth, learning and coaching where horses are involved in the sessions. "Experiential" means that you will be involved in hands-on experiences with the horses designed to reflect things going on in your life. The process is not always about interacting with the Equine Specialist or your therapist, although that will happen at times. It is about providing you the opportunity to experience, explore, problem-solve, discover, be creative, gain insight and experience practical applications of what you are learning in the moment. The process is about "doing" along with the "talking."

Why horses? There are several reasons we choose to use horses in this work, but primarily it is due to their nature as a social and prey animal. As a result of this nature, they have an extraordinary ability to read our nonverbal communication – picking up on messages we are sending which we are not always conscious we are doing. With this, they start responding to us in familiar ways reminding us of other people and things in our life. It is through this they become metaphors (symbols) providing us the opportunity to work on ourselves in relation to those aspects of our lives. The horses tend to play out our life stories, and then may either show us or provide opportunities to change what those stories look like.

Horses do not know our past, education, gender, race or other labels we may apply to ourselves and each other. They are in the moment and can be a part of this relationship without the biases we humans put on each other. This provides even more value in the insight they can provide us about ourselves.

There are some risks in being around horses due to their size and nature of being an animal. This is covered in the Release and Waiver of Liability Form we have provided for your review and signature and which we have covered verbally with you. It is important you understand the risks and benefits and ask any questions you may have about that in making your decision to be involved in these services.

South Coast Psychology's Equine Services follows an adapted form of the **Eagala and Equine Psychotherapy Institutes Models of Equine-Assisted Psychotherapy, Growth and Learning**. This means:

1. Sessions are usually conducted by a facilitating team of a growth, learning, coaching and/or therapy facilitator, along with a qualified Equine Specialist, and the horses in your sessions. Sometimes the therapist and specialist are the same person and sometimes not. The Equine Specialist is trained in a specialised training in an Equine assisted growth, learning or therapy model, with requirements of ongoing continuing education and adherence to standards of professionalism and practice (usually either Eagala or EPI or an international

training programme of certification which reaches certain standards). While both members of the team are involved in your growth, learning, coaching and/or therapy process, the role of the Equine Specialist is to oversee physical safety needs and provide observations on the behaviours of the horses. Your growth, learning, coaching and/or therapy practitioner is there to oversee the growth, learning, coaching and/or psychotherapy process and help you make the parallels of the horse observations to your goals and life.

2. Sessions are usually on the ground – there is little riding of horses involved (although some exercises may involve mounted sessions) in the growth, learning, coaching and/or therapy process. This is a growth, learning, coaching and/or therapy process, and even though you may learn a thing or two about horses, it is not the intent or focus to learn about horses or how to ride them. We are here to address your growth, learning, coaching and/or therapy goals and we commit to utilising the methods we have found to best support that focus.
3. The process is both insight and solution-oriented – meaning we believe you have the best solutions for yourself when provided the opportunity to discover them. We are here to provide the space and guidance through exploring what is happening in the process. You are an individual, and every life situation you are involved in will have its own unique solutions which fit best for you – we are here along with the horses to help you find them.
4. This process also incorporates “Best Practice” or “Evidence Based” interventions as determined by your therapist. All of South Coast Psychology practitioners are trauma informed, and experienced in working with people in a culturally safe way.
5. Eagala and the Equine Psychotherapy Institute are internationally recognised. Eagala is a non-profit professional association for Equine-Assisted Psychotherapy and has standards and a code of ethics which our Eagala trained practitioners follow and have accountability to as Eagala trained professionals. You may review a copy of the Code of Ethics as well as go to www.eagala.org for more information. You can also read more about why horses and Eagala Model Equine-Assisted Psychotherapy at www.eagala.org and feel free to ask questions at any time. The codes of ethics and more information regarding the Equine Psychotherapy institute code of ethics and models used by our equine psychotherapy practitioners and equine assisted learning, growth and coaching practitioners can be found here: <https://www.equinepsychotherapy.net.au/>.

Sometimes the first one or two sessions will involve assessing your needs and working with you to create a plan to outline your goals and objectives and address any questions regarding goals and estimated length of your programme. We will periodically review this plan with you to discuss progress or changes in the goals.

If you have questions about our procedures, please discuss them with your therapist or the Equine Specialist whenever they arise.

ii. Appointments

Appointments will ordinarily be 45-50 minutes in duration (longer for groups as outlined by your group facilitators), once per week at a time we agree on, although some sessions may be more or less frequent, as needed. If you need to cancel or reschedule a session, we ask that you and your practitioner/s provides the Equine Specialist with 24 hours notice. If it is possible, we will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

iii. Professional Fees

Equine-Assisted Psychotherapy, Growth, Learning & Coaching sessions will be for 1 hour in total and will be held at the SCP Equine Therapy venue (95 Turner Street, Edendale) or

a property obtained by a contracted provider of services.

There is a fee of per session for the Equine Specialist and horses. You (or your funding source) will receive an account for this fee.

iv. Professional Records

We are required to keep appropriate records of the Equine-Assisted Psychotherapy, Growth, Learning & Coaching services we provide. Your records are maintained in a secure location per professional standards. We keep brief records noting that you were here and our Equine Specialist's observations. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them with us, or have them forwarded to another mental health professional to discuss the contents. If we refuse your request for access to your records, you have a right to have our decision reviewed by another mental health professional, which we will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

v. Confidentiality

All sessions and their content, as well as your records, will be kept strictly confidential. To the extent possible, you will be informed before confidential information is disclosed, and in that event only the essential information required by law or to collect payment will be revealed.

There are legal limits to this confidentiality creating circumstances in which we may disclose mental health records without consent or authorisation which include: 1) If we feel you are a danger to yourself or others, 2) if we suspect a child or elderly or incapacitated person is abused or neglected, 3) disclosure is required by the court.

Information about your privacy rights can be found <https://www.privacy.org.nz/your-rights/your-privacy-rights/>. We have discussed your privacy rights. Please remember that you may reopen the conversation at any time during our work together.

vi. Contacting Us

Please contact us through your Equine-Assisted Psychotherapy, Growth, Learning & Coaching provider. If we are your therapy provider, the following applies: we are often not immediately available by telephone. We do not answer our phone when in session with clients or otherwise unavailable. At these times, you may leave a message on our confidential voice mail and your call will be returned as soon as possible.

If, for any number of unforeseen reasons, you can't contact your therapy provider, or you do not hear from us or we are unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, please go to your local hospital emergency room or call 111 and ask to speak to the mental health worker on call.

viii. Emergency Policy

In the event of an emergency, we will contact the usual emergency services as appropriate.

ix. Other Rights

If you are unhappy with what is happening in Equine-Assisted Psychotherapy, Growth, Learning & Coaching sessions, we hope you will talk with us so that we can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that we refer you to another therapist and are free to end Equine-Assisted Psychotherapy, Growth, Learning & Coaching services at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, colour, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of Equine-Assisted Psychotherapy, Growth, Learning & Coaching services and about our specific training and experience. You have the right to expect that we will not have personal or sexual relationships with clients. Your Equine-Assisted Psychotherapy, Growth, Learning & Coaching provider is accountable to their professional body

We hope that we can talk problems through. If you have any concerns, please talk directly to the Equine Specialist or your Equine-Assisted Psychotherapy, Growth, Learning & Coaching provider. If you feel they are not addressed, please contact the primary Psychologist of South Coast Psychology, Diane Gillespie (di@southcoastpsychology.co.nz or through the website) and she will assist you in addressing the concern if she can or help you find the appropriate person to address your concern.

You also have the right to submit formal concerns to your therapy providers professional body in the event your concerns are not addressed by us following our professional codes.



Your signature below indicates that you have read and understand this Agreement and agree to their terms.

Signature of Client or Personal Representative

Printed Name of Client or Personal Representative

Date

Description of Personal Representative's Authority

WAIVER OF LIABILITY FORM

Assumption of Risk and Indemnity Agreement

IN CONSIDERATION for allowing
(name of applicant wishing to participate in equine activities at South Coast Psychology Ltd)

Address.....

Tel:..... Email:.....

to participate in the equestrian activities, including but not limited to groundwork (there may be minimal riding involved), I agree to this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement. On behalf of myself and my personal representative, estate, heirs, assigns, and next of kin do hereby forever release, waive, discharge and covenant not to sue, South Coast Psychology Ltd, 95 Turner Street, Edendale, or any of its officers, directors, instructors, principals, agents, employees, or affiliates (hereinafter the "Released Parties") from all liability for personal injury, property damage or wrongful death, however caused, arising out of, or related to, the equestrian activities that I, personally, or as parent (s) and/or guardian (s) of my child participate in, any training or instruction received, arising out of facilities and equipment (including the negligence of the released parties, whether active or passive). The undersigned does hereby affirm, acknowledge, and understand that I have been informed that Equestrian activities, including horseback riding, **ARE POTENTIALLY DANGEROUS ACTIVITIES** which involve certain inherent hazards and risks, and no amount of care, caution, instruction or expertise can eliminate the inherent dangers.

By signing this document, I am confirming my understanding of the following:

I AFFIRM and recognise that there are **SUBSTANTIAL RISKS** involved in equestrian activities which include, **BUT ARE NOT LIMITED TO**, severe injuries resulting in permanent physical disabilities, bone and joint injuries, muscle strain and muscle injuries, brain injury, neurological damage, and death. Horses are unpredictable and they may react to the conduct and actions of other riders and persons. Horses may, without warning, kick, bite, balk, stomp, stumble, rear, bolt, fall down, and react to sudden movements, noises, vehicles, other animals, or objects. Equestrian activities involve equipment that may break, fail, or malfunction. Other participants/ horse handlers may not control their animals, ride or handle their horses within their ability, and cause a collision or other consequence.

Equestrian activities will be conducted in a controlled area which, although unlikely, may be subject to constant change in condition according to weather, temperature and natural and man-made changes in the landscape, where objects are not marked and hazards may not be visible; where weather is changeable, unpredictable and dangerous; and where lightning, thunder and other natural hazards and dangers may exist. I affirm and recognise that there are other risks, hazards and dangers that are integral to equestrian activities. I further affirm that the description of the risks in this document are not complete and that there are other risks, hazards and dangers associated with participating in equestrian activities in an outdoor environment that may be unknown or unanticipated.

I AFFIRM that I have inspected the facilities and I am satisfied that all premise conditions are reasonably safe for the intended purpose and usage I expressly acknowledge that the staff and employees of South Coast Psychology Ltd are not employed for the purpose of determining whether my riding and/or horse handling ability is sufficient for my horse, nor is the staff or subcontractors of South Coast Psychology Ltd on the premises to ensure that I exercise the proper standard of care around the horses or other animals.



I EXPRESSLY ACKNOWLEDGE that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES and therefore agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreements extends to all acts of negligence, whether active or passive, by the Released Parties and is intended to be as broad and inclusive as permitted by the laws of New Zealand. I agree to release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my participation in the equestrian activities

I HEREBY AGREE to indemnify and save and hold harmless the Released Parties and each of them from any lawsuit by myself or by anyone on my behalf personal representatives, estate, heirs, next of kin or assigns arising out of, or related to, horseback riding related activities that I may engage in or any other related equestrian activities for whatever period said activities may continue, whether caused by negligence, whether active or passive, of the Released Parties. I agree that I will not make a claim of any kind against the Released Parties as a result of any damage, injury, paralysis or death, or my property and agree to save and hold harmless, indemnify and forever defend the Released Parties as a result of my participation in the equestrian related activities, as well as expenses and liabilities, including reasonable attorneys' fees incurred by the Released Parties resulting from any such claim, action or demand. I agree that any provision of this Release and Waiver of Liability Assumption of Risk and Indemnity Agreement is determined by a court of competent jurisdiction to be illegal or unenforceable, such provision shall be deemed to be severed and deleted and neither shall such provision, its severance or deletion, affect the validity or the remaining provisions of this Release and Waiver of Liability Assumption of Risk and Indemnity Agreement.

I UNDERSTAND the nature of the equestrian activities, my experience and capabilities and believe that I am qualified, in good health, and in proper physical condition to participate in such activity. I have read this consent and agreement, release and waiver of liability, assumption of risk and indemnity agreement; I fully understand its terms and understand that I have given up substantial rights by agreeing to it. As parent(s) and/or legal guardian(s), I/we are signing this document on behalf or myself and my heirs. I have agreed to this release and waiver of liability freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and I understand that this document represents a legal contract.

Signed: Dated:

If the user of the facilities is a minor i.e., person under 18 years of age, then parent or guardian must also sign this document.

I,
parent or legal guardian of the above signatory acknowledge that I have read and understood this Release and Waiver of Liability Assumption of Risk and Indemnity Agreement, and I agree to abide by these conditions.

Signed: Dated: