

**SAMS EVALUATION REPORT FOR
THE MINISTRY OF SOCIAL
DEVELOPMENT ON
THUMBS UP TRUST
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REPORT STATUS: Final

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Overview of Methodology for SAMS Evaluations

The SAMS Multi-Perspective Approach (MPA) primarily uses qualitative methods and a partnership model.

The methodology is consistent with:

- individualised focus
- partnership
- inclusion
- equity.

The SAMS MPA enables both a process and outcome focus allowing the Evaluation Team to equitably represent the different views of defined groups and compare the outcomes for the differing groups.

Evaluations are conducted by teams and normally each team includes at least one consumer or family member as a full team member. Team leaders and team members receive comprehensive training and are accredited by SAMS for a defined period.

Information is gathered through:

- observation
- individual and group interviews
- review of protocols and procedures.

Before departing a service, initial feedback is presented to those involved in the evaluation process.

A draft report is prepared on the basis of evaluation team consensus and circulated. This draft is then negotiated with the provider to determine a final document, including recommendations for development, which is then returned to the service and, when relevant, the funder (eg, Ministry of Social Development).

Groups of People Spoken to During the Evaluation

During this evaluation the Evaluation Team met with the manager of the service, six family members and four staff members.

Documentation and Records Reviewed

See Appendix 1 for a list of documentation and records reviewed.

Key to colour codes on continuums

The darker blue is the area where SAMS believes the service is most strongly represented.

The lighter blue indicates an intentional shift in that direction with evidence that such a shift is in the process of occurring.

Directional arrows indicate the presumed path of the service given its current strategies and plans.

Executive Summary

The Thumbs Up Trust is a family and consumer driven Trust for young people with high and very high support needs. The service became independent from an organisation that initially assisted in helping the service become established, late in 2012. Since this time the service has moved from strength to strength and is continually attempting to find ways to improve. The Board of Trustees consist entirely of family members and the current strategic plan is almost totally devoted to being responsive to individual aspirations, with a focus on being involved in the community.

The people who use this service are busy in a number of activities throughout the week. These include some in-house options, some community-based activities in small groups and an increasing array of individualised activities in integrated settings. The service has been able to maintain a staffing ratio of approximately one staff member to two people. This means that staff hours can be used wisely to increase the amount of time individualised options can be pursued. Since becoming independent the service has also been able to offer increased hours for individuals to attend the service. This has been made possible through the development of a cooperative cost sharing arrangement with families. The service has also been fortunate to have received grants that have resulted in few overheads (such as being mortgage free).

The manager of the service has a positive attitude to working in partnership with allied providers and has formed a close relationship with the Argo Trust (another high quality service for people with very high needs in the Wellington area). Extending these links to other service providers and managers in the sector and with youth programmes in the greater Wellington area is also being pursued.

By starting with the people who use the service and their families, this service has built the strong foundations from which all else seems to flow naturally. The focus on individuals and how they can access and be part of their community has created an appetite to search out like minded allies and investigate what can be done for people (rather than getting stuck on limitations).

The Evaluation Team would like to congratulate all of the people and organisations involved in this service for understanding what community participation is about and making it real for the people it serves.

Provider Standards

Standard 1: Organisational Structure/Legal Status

	The service provider has a verifiable and legitimate structure in place that is current in its operating status.	In Place*	Requires Development
1	Evidence of a legitimate operational structure that is both valid and current is supplied to the Department. Examples may include: Certificates of Registration as an Incorporated Society, Trust Deeds, Company Registration, Territorial Authority status, Crown Entity status, a hospital etc.	✓	
2	Any amendments to the organisation's founding document or Deed must be current and registered, and supplied to the Department.	✓	
3	Membership must meet the statutory requirements.	✓	
4	Elected and appointed positions may only be filled by eligible persons.	✓	
5	Eligible members must be fit and competent for any substantive positions they may be elected to.	✓	
6	That the recruitment of Board members, executives and staff reflects the organisation's focus on a high quality of service delivery.	✓	

The Evaluation Team reviewed the Trust Deed, the Certificate of Incorporation as a Charitable Trust (dated 20 May 2008), the Certificate of Registration (dated 24 August 2009) and one example of an amendment to the Trust Deed (dated 19 January 2013). The service provides appropriate methods of electing Board members.

Standard 2: Organisational Structure/Legal Status

	Management information systems are in place, including adequate internal financial controls, that enable the organisation to report to a level that is commensurate with the complexity and turnover of the operation and that clearly shows how the Department's money is spent annually.	In Place*	Requires Development
1	Clear delegations are made for financial accountability ensuring the security of funds and accounts.	✓**	
2	Adequate cost-benefit accounting systems are in place.	✓**	
3	Adequate cash flow forecasting systems.	✓**	

**** subject to the limitations noted below.**

SAMS is not qualified to review financial accounts, however, the service provided evidence of the last Auditors Report (*Accounting for Charities Trust*, dated 16 October 2013). Financial statements were also reported in the Annual General Meeting (held Monday 11 November 2013) and the Annual Report 2013.

Standard 3: Human Resource Practices

	Staff recruitment policies and procedures are in place that reflect fair and equitable employment practices, and meet all mandatory requirements in relation to the hiring, employment and termination of all employees.	In Place*	Requires Development
1	The Department expects that providers are competent in managing their employment relations.	✓	
2	Mandatory requirements covering the employment of staff are met.	✓	
3	Adequate systematic information and manuals are available which detail the procedures for the recruitment and retention of personnel and which takes account of: <ul style="list-style-type: none"> a) the need to recruit the most suitable applicant for the job and b) demonstrates that equal employment opportunities for people with disabilities are in place. 	✓	
4	Information in relation to the recruitment, hiring and employment of staff is stored appropriately in keeping with the <i>Privacy Act 1993</i> .	✓	
5	The employment relationship with staff shows the use of best practice and procedures, for example, information is communicated to staff in multi-media formats and appropriate languages, where required.	✓	
6	Occupational Health and Safety policies and procedures are in place that meet the requirements of the <i>Health and Safety in Employment Act 1992</i> and give due regard to the special needs of people with disabilities, both employed and/or participating in the service. In particular, hazards are identified and warning signals are accommodating of the special needs of people with disabilities.	✓	
7	Appropriate career structures and training opportunities, which reflect the value placed on staff, are available to develop skills and increase self-esteem.	✓	
8	Where there is a requirement to demonstrate good employer obligations, these are communicated and promoted to staff. For example, some crown entities may have requirements to meet that are additional to the 'good faith' requirements in the ER Act.	✓	

Standard 4: Governance Issues

	Management structures are in place which ensures the service is able to function and operate effectively, that make clear the lines of accountability in relation to Governance issues (board/management accountability), staffing issues, and the relationship the provider has with its clients.	In Place*	Requires Development
1	Membership of the organisation meets the statutory minimum requirements.	✓	
2	Clear accountabilities exist in respect of policy and management processes between the governing agent (Board) and Executive and that this is set out in the organisation's Deed, incorporation or governing rules.	✓	
3	Identified management accountabilities are clearly indicated in the employment agreement between the Executive Officer, Manager/Head Supervisor and the governing agent.	✓	
4	No elected officer of the Board/Committee is employed in the organisation in either management or staff roles.	✓	

Standard 5: Capability to Report

	The organisation must have the capacity to report in oral and written formats and have developed internal standards for reporting at various levels on a regular basis, including establishing internal guidelines on timeliness that at least meet mandatory requirements, eg, for Board reporting, grievance and complaints procedures etc.	In Place*	Requires Development
1	The governing agent (Board) is kept fully informed by executive management and written reporting occurs on a sufficiently regular cycle that reflects the level and complexity of the organisation.	✓	
2	Reporting requirements that ensure sufficient time for the governing agent to action and manage stresses in the organisation, pre-empt fiscal risks, and investigate opportunities for growth and expansion.	✓	
3	Where the provider organisation has a statutory obligation to report (eg, through Parliament or the Auditor General or the Privacy Commissioner or Health and Disability Commissioner), the depth and detail of reports must be commensurate with these obligations.	✓	
4	Systems are in place which enables the organisation to report on all these Standards and the contract obligations as and when required under the appropriate legislation or contract.	✓	

*"In Place" is determined on the basis of information provided by the organisation/service.

The manager reports directly to the Board of Trustees and the service provided evidence of their reporting system to funders.

General Report

1. Autonomy (Self determination)

Minimal or no personal autonomy.	Choices are controlled within the parameters defined by others.	There is a developing understanding of the difference between choice and autonomy.	Individuals are encouraged to make decisions. Effective communication is developed to enable decision making.	Decisions and choices are well informed. Person focused negotiation and dialog are evident.	Personal autonomy is supported, encouraged and informed. Decisions are reflected in the supports provided and personal aspirations.	Autonomy suggests personal confidence that the service will be responsive.
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By working closely with families and with the staff many families hire to provide one-to-one support for periods of the day or week, the service is able to find methods of understanding each person's methods of communication and their likes or dislikes. The service seeks to maintain the same staff members with individuals to provide continuity and to offer support that is responsive to personal daily support needs and to assisting people to pursue interests and aspirations. Furthermore, wherever possible the service has hired the same staff employed by the families for extra hours during the week so that continuity in support is provided.

2. Customised Support & Personal Plan

Individuals are required to "fit" existing options.	Some individual options are supported outside the service structure. Often outside options are group based and choices are minimal.	Some planning for individuals is evident but poorly defined and/or implemented. Resource issues are the main limiting factors in responding to personal preferences.	Personal plans are complete and the resources required to support specific goals listed. Individualised support is the basis of most activities.	The service attempts to respond to each individual's aspirations in creative and innovated ways. The concept of using natural supports is acknowledged and understood.	The service actively seeks to understand and provide the resources required to support individual aspirations. Natural supports are an established part of the culture of customised support.	Supports and resources are tailored to individual preference and aspiration.
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The service has been developing a personal planning system and attempting to implement the goals of those plans wherever possible. The high staffing ratio of approximately one staff to two people (2.3) at any one-time, is assisted by the families using their own staff for periods of the day or week at the Thumbs Up Trust. A memorandum of understanding between the families and the Trust regarding the sharing of staff at the Trust has carefully clarified any areas where issues may arise with regard to who is employing whom and when. This sharing of staff has enabled the Trust to focus on individualised options and to sensibly share resources between all the people at the Trust. It has also allowed the Trust to extend the number of hours for every person, so everyone is able to attend the Trust during the week and thus enabled participation in a number of events/clubs in the community.

The service has a good understanding of developing natural supports networks. The Strategy Plan highlights natural supports in the key indicator of Priority 2: "every individual is connected with supportive natural networks and has mutual relationships with others in their community."

Personal Plan

Personal plan based on assessed deficit or perceived need.	No plan.	Components of a personal plan evident.	Personal plan (individual input, strengths based, preferences, aspirations, goals, timeframes and resources attached).	Plan implemented with resources.	Plan reviewed (achievements noted and adaptations made).	Themes evident in personal plans are a basis for service development.
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Personal planning is still developing within the service and each person has completed a plan in the past six months. During the evaluation no reviews were available, although some were becoming due for completion at the time of the visit. Progress notes were referred to in communication diaries, photographs, and other

documents but there were no formal arrangements to report on progress. A running record or sheet in the back of communication books or in personal files may be useful in this regard. The service continues to offer training and advice for staff who are involved in the development of plans.

Recommendations: Nil

3. Natural Authority & Strategic Planning

Individuals and their families have no input into the service operation or policy.	Involvement by others is limited to minimalistic information gathering.	Involvement by others is tokenistic (presence without support or encouragement).	Family members and service users have limited involvement through meetings/hui.	There is a link between consumer forums and governing/management forums through representation.	Individuals and/or their family members are supported to be involved at multiple forums including governance.	The service is consumer driven.
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This service was developed because a group of families saw a need to provide a high quality service for their children as they left high school. Since the service has become independent, it has fulfilled its mission to become a family and consumer driven service. Family members are the Trust members and the Board of Trustees is entirely comprised of family members. Furthermore, the focus on individualised services and personal planning that is responsive to individualised aspirations or goals means the service is attempting to be consumer driven.

Strategic Plan

Strategic plan developed with no input from service users or families.	No plan.	Elements of a strategic plan can be found in various documents.	A strategic plan is developed by the management of a service.	A strategic plan is circulated to individuals and families for comment.	The strategic plan involves limited input from individuals and/or families.	Individuals and families routinely have input into the development and review of a strategic plan.
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Not only was the Strategic Plan developed and approved by family members (in consultation with management) but all of its priorities are towards providing the best possible service for *individuals*.

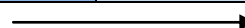
4. Identity

Individuals are part of a group with a group identity. Individuals are categorised.	Some self expression is encouraged within parameters defined by others. There is an emphasis on conformity.	The service is able to accommodate some forms of self-expression. Some prejudice and/or limited thinking restricts the expression some people.	Individual expression is encouraged and used as a foundation for communication and discovery.	Individuals are supported to express themselves, seek out other groups or individuals with similar identity. Personal decisions are <i>informed</i> and based on their particular interests.	Individuals are confident to express themselves as individuals and give voice to their aspirations.	The service is able to adapt to each unique situation and support individuals to explore their world/self identity.
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Because the service is consumer driven it actively seeks to understand each person and their preferences, and then attempts to match that person with activities, events, clubs etc at the service and in the community. Thus individuals who are interested in working with tools and wood have been introduced to Menz Sheds, people who like to learn or maintain their academic skills are individually assisted to do so with their staff member, people who want to bake are provided with the opportunity to bake either at home or at the centre, and many people enjoy active lifestyles and get out walking in the community or attend Jenkins Gym. There is a dance group and a drama group. Some people are involved in Boccia and some enjoy music and music therapy. There is a ladies group and one person likes to walk dogs. The range is not restricted to those activities listed as in-house or in small groups. The simple tasks of going to a regular hairdresser or meeting a friend for lunch assist the people to be recognised as valued members of their community.

5. Belonging

Individuals are isolated from their community, religion, culture and family/whanau.	Involvement in the community is negotiated by others and is typically group based. Cultural/religious involvement is group based, segregated or tokenistic. Family contact is minimal.	Involvement is based on personal choice and preference. In many cases involvement is on an individual basis.	<i>Individualised</i> involvement in regular community activities is supported and encouraged. Family contact is positive and encouraged. Cultural/spiritual links (where desired) are encouraged.	Involvement is <i>established</i> on an ongoing basis. Support aims to maintain long term involvement.	<i>Natural support</i> networks are established to maintain involvement in family, culture, religion and other favoured activities.	Individuals are <i>valued</i> participants in their community, culture and family.
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One of the most difficult aspects of supporting people with very high needs is the necessity of providing constant formal support. This necessity can be seen as a limitation to establishing natural supports and the amount of individualised involvement in the community a person experiences. However, rather than see this as a limitation the service states it is actively attempting to establish natural supports and sees this as a major goal in the months ahead. Although tempting, it is probably also too soon yet to say that the people are *now* valued participants in their community. They are certainly, however, valued members of their family.

6. Opportunity

<p>Individuals are part of a service system. Opportunities for personal development outside segregated group based activities do not exist.</p>	<p>Some activities are located outside the service. Some activities outside the service are attended by individuals but most are group based and/or segregated.</p>	<p>The service has developed some understanding of community based organisations that may offer access and opportunity to individuals or groups.</p> <p>The service has limited understanding of rights statements.</p>	<p>The service is aware of the rights of citizens to have equal opportunities and rights of access.</p> <p>The service has established some individuals in chosen community based organisations, events or services.</p>	<p>Many individuals participate in non-segregated community based activities. Activities may lead onto other opportunities or may themselves represent the completion of specific aspirations.</p>	<p>The service is knowledgeable about the rights of citizens. The service has extensive links with community based organisations and services. Individuals are active participants in establishing these links.</p>	<p>The service supports individuals to access organisations, services and events that will <i>enable</i> participation and personal growth.</p>
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One of the more impressive observations made at this service is the lengths some of the staff have gone to enable people to access services in their community. One staff member for instance has lobbied the local swimming pools to provide a simple changing table for adults. To date she has been successful at one pool and has used this as a model for other pools in the region. Another staff member has been lobbying for improved access into various buildings for people who have mobility issues and was even instrumental in getting a pedestrian crossing arranged in a supermarket parking lot. People with very high needs often have fundamental barriers to access and fundamental safety issues that others fail to realise or even consider. It would be helpful perhaps if this service could combine with other like-minded services in the region to increase the power of the lobby to have these fundamental requirements addressed.

Accessing the community and doing so individually, as often as possible, is an aim of this service. This aim is the lived experience of the people in this service on a daily basis.

7. Partnership

Individuals excluded.	Individuals included – according to pre-set agendas. Involvement is tokenistic.	Some individuals are involved in decisions affecting themselves personally but there is limited involvement in management decisions.	Personal communication systems are integral to assisting individuals to be involved in decision making processes. Keeping people informed is a central process for the service.	The service provides transparent decision making processes that are understood and accessible to service users and their families. Consumer involvement is built into service policy.	Individuals are included in all decision making processes that affect them personally and which indirectly affect them through service policy and decision making systems.	Partnership is the basis of all transactions that involve or affect service users and/or their families.
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The manager of this service has a close relationship with another similar service provider in Wellington city. The service has also made links with other providers in the region and is developing methods of meeting with key personnel from these services to share ideas and, perhaps, resources. Extending these links to people who offer youth programmes and the like may also be useful.

The families and the people using this service form the solid foundation from which all transactions follow.

8. Safety

Systemic abuse and/or neglect evident.	Occasional abuse and/or neglect of individuals is evident.	Reactive processes to reduce or eliminate abuse or neglect are developed.	Individuals are excluded from service processes.	Many generic safeguards are in place.	Comprehensive generic safeguards have been developed with input from individuals and families.	Personalised safeguards are developed with individuals.
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The service provides all the generic safety documentation, equipment and policies expected of a service of this type. There are smoke detectors and fire safety equipment, evacuation plans, and records of fire and earthquake drills. There are protocols concerning medication. There are complaints policies and incident reporting systems. Hazards are reported monthly or as they arise. There are systems in place to address hazards or health and safety concerns in a timely fashion. Files contain emergency contact information and risk assessments (including behaviour support plans where required).

This service also provides pandemic planning information and has spent some effort in considering procedures for immediately after a catastrophic event such as an earthquake. There is a supply of food and water and other civil emergency equipment.

9. Clarity

Conflicting priorities and practices are evident.	The service attempts to define what it is doing.	The service assesses the relevance and effectiveness of values and services.	The service develops key goals, practices and decision making processes.	The service educates individuals, families and staff regarding direction, priorities and practices.	Individuals, family and staff input into a shared frame of reference.	Agreed goals and processes are developed on an individual basis.
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Clarity often refers to the whether a service is doing what it says it is doing in its mission and vision. The mission and vision are highlighted in the Strategic Plan and the Strategic Plan is displayed diagrammatically in the main concourse of the building. This mission, vision and Strategic Plan were developed by the families and is being realised by the dedication and determination of the manager and staff.

10. Cohesion

Individuals (staff) are actively eroding cohesion.	An authoritarian approach to minimising confusion and conflict is evident.	Conflict is used to understand service/team challenges.	Roles, responsibilities, channels of communication, and objectives are clear.	Individuals feel valued when they demonstrate effective practice.	There is a sense of 'teamwork' and shared responsibility.	The team is characterised by mutuality, respect, valuing diversity and innovation.
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The mix of Thumbs Up staff and staff provided by the families is somewhat unusual in services of this type and can be considered a potential source of disunity. However, the arrangement between the family staff and Thumbs Up staff is one of mutual support and a shared vision. Most of the regular family staff members are also employed by Thumbs Up during the week. There is also an agreement that family staff members train with Thumbs Up staff and attend staff meetings. The memorandum of understanding between the families and the service make it clear that when attending the Trust with an individual, staff members are under the direction of the Thumbs Up manager. The memorandum makes provision for disputes, disciplinary issues, absences, and is clear about shared costs such as training. This degree of cooperation between the families and the Trust is exemplar of how well a service can work with all stakeholders to achieve a service of very high quality.

11. Commitment

The culture of the service is characterised by fear and suspicion.	Irregular, reactive damage control.	Clarification of service scope and responsibility.	The service has a planned approach to core issues eg, staff retention.	The service educates staff and individuals regarding service intentions and policies.	Individuals, families and staff share ideas and expectations.	Individuals, families and staff have trusting partnerships.
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All stakeholders are committed to the vision of this service and provide an exemplar of how effectively various groups can work together.

12. Cost Effectiveness

Service practices are overtly wasteful of resources.	The service has no or limited awareness of how resources are used.	Processes are in place to track the use of resources.	The effective use of resources is analysed.	Strategies are in place to maximise cost effectiveness.	Service practices are sustainable.	Costs reduce through the effective use of natural support and generic resources.
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The cost sharing arrangements developed between the Trust and the families make this service a rare example of one that is operating financially to its maximum potential. This service also has successfully secured grants that have enabled it to be mortgage free. The removal of this overhead places the service in a fiscally secure position for the foreseeable future.

13. Continual Development

Service quality is deteriorating.	The service reacts to decreasing quality on an issue by issue basis.	A comprehensive review of services is used as an initial step to creating better services.	The service clarifies direction, priorities and key quality processes.	Thoughtful planning and review processes are developed to increase quality.	Integrated processes continually monitor quality.	The service pioneers best practice and reviews effectiveness.
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Training

Training not linked to sector or service values.	No training.	Piecemeal and/or reactive training.	There is a plan for occasional training events.	Basic training can be easily accessed and additional training is available irregularly.	Regular staircased training.	Training contributes to current or emerging best practice.
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It was not surprising to hear the manager and staff in this service are keen to continue learning about developments in the sector. The service sets aside a one week, non-contact period three times a year (at the beginning of each ‘term’ or cycle within the service). This one week period allows the staff to train together, develop plans for the term ahead, discuss and refine policy and strategic directions, review progress on personal plans and review community options. Family staff members also take this time to meet and train with Thumbs Up and, although difficult for the families (in term of making alternative support arrangements), they are supportive of this arrangement.

The manager of the service is keen to find training that will equip her staff with formal qualifications.

The service monitors internal quality through its close individual relationship with the families, through progress on personal planning goals, meetings and get-togethers, staff meetings and an annual survey.

Summary of Recommendations

There are no recommendations in this report.

Suggested Follow-up

The SAMS Evaluation Team suggests a follow-up visit occurs in three years or at the request of the Ministry of Social Development.

Appendix 1

Documents sighted during the evaluation:

Personal files, including: contact details, risk assessments, personal plans
Policies and procedures, including: mission, values, staff recruitment and retention, health and safety, complaint procedures, evacuation procedures, incident reporting, civil emergency planning and pandemic planning etc
Minutes: staff meetings
Hazards register
Roll (attendance records)
Staff roster
Memorandum of Understanding for service users with very high needs: re one-to-one staff hired by families on site at Thumbs-up
Fire drills
Communication books
Incident reports
Staff Training records
Auditors letter: dated 16 October 2013
Annual Report 2013
Minutes AGM 11 November 2013
Manager's report to the Board November 2013
Certificate of Incorporation: Thumbs Up Charitable Trust 2133883, 20 May 2008
Certificate of Registration: Thumbs Up Charitable Trust, 24 April 2009
Trust Deed
Amendment to the Trust Deed, 29 January 2013
Survey results from family members March 2013