

# Family Start Programme Manual



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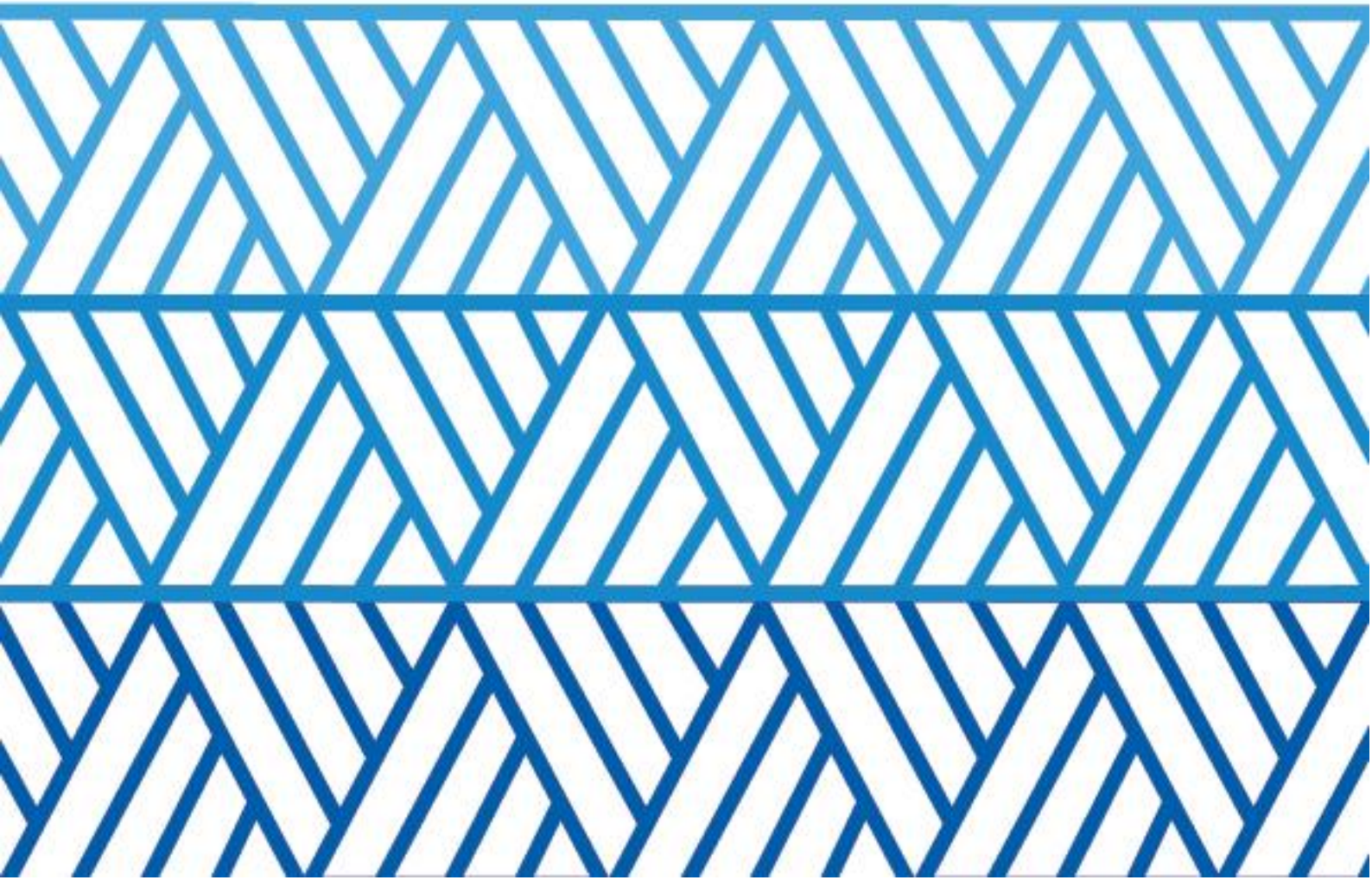
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# Section 1: Introduction



## About the manual

The manual provides detailed information about Family Start service delivery.

It sets out the intent (policy and meaning) and process to be followed by Family Start providers. Providers with contracts for delivery of Family Start will be required to deliver services in accordance with this manual.

Outcome Agreements with Family Start providers require that Family Start is delivered in accordance with the Programme Manual. The Programme Manual is a living document and may be varied at the discretion of Oranga Tamariki—Ministry for Children. Oranga Tamariki will inform the partner of any variation to be made to the Programme Manual.

## Programme Manual

The Programme Manual sets the minimum standard from which the partner can develop a service that reflects their organisation's philosophical base, incorporating local need and the culture within which the provider works. The provider should use the Programme Manual to assist them to competently deliver the service.

## Purpose of the manual

The Programme Manual assists Family Start stakeholders by providing:

- Detailed information about service delivery and practice in a more easy-to-read format than is possible to include in an Outcome Agreement
- A resource tool to help providers deliver services consistently and in line with the national goals
- A way for Oranga Tamariki to improve its responsiveness to feedback regarding changes to the service delivery component of the Outcome Agreement.

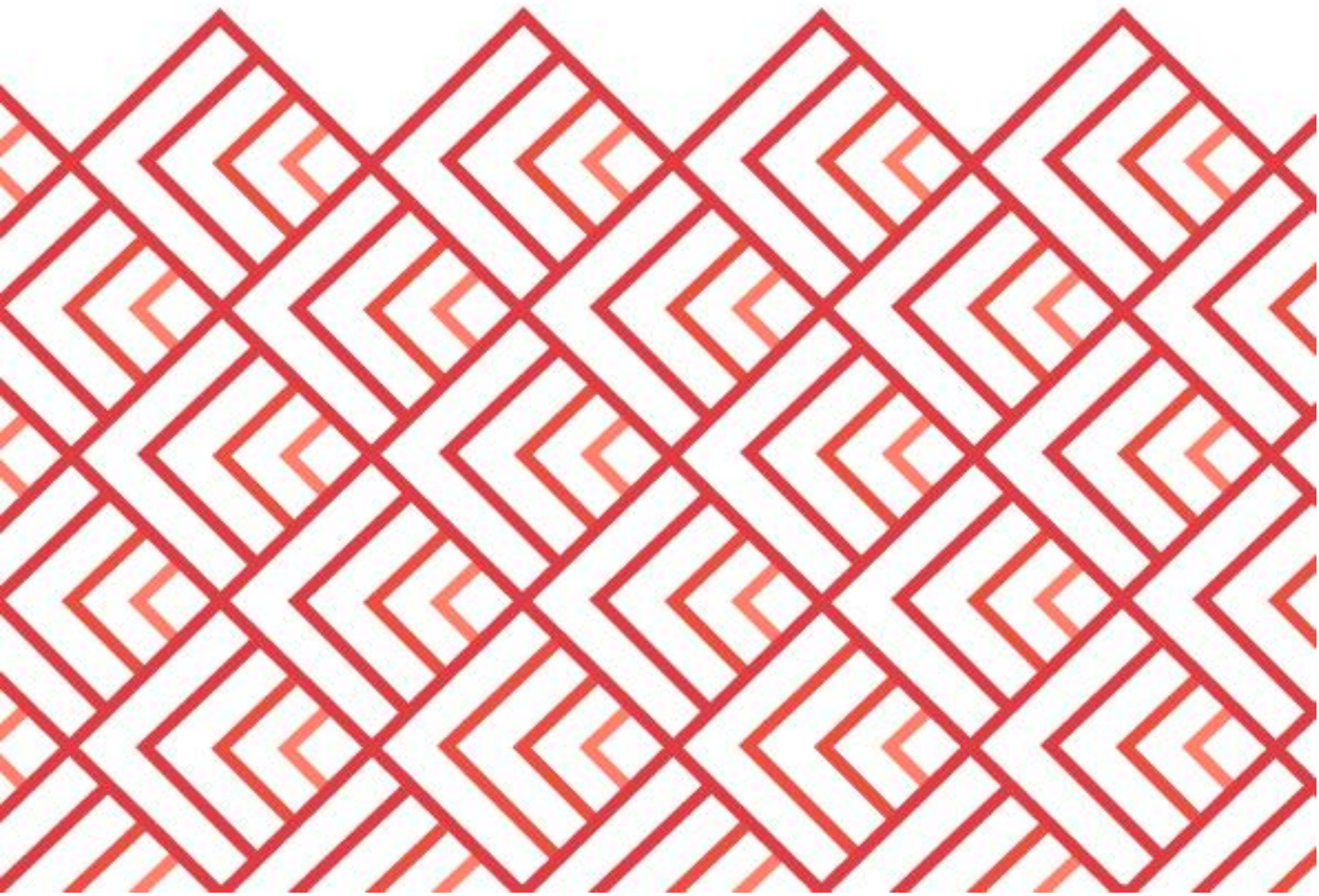
## Programme Manual reviews

The Programme Manual is reviewed on a regular basis. The review process ensures that the:

- Programme Manual reflects the most current decisions of the Government that affect the service and the activities being funded
- Reporting measures are up-to-date, relevant and collecting the most useful information on service delivery and effectiveness.



# Section 2: Overview of Family Start



## Overview of Family Start

Family Start is a child-centred, intensive home visiting programme that focuses on improving children's health, learning and relationships, family/whānau circumstances, environment and safety.

The programme supports families/whānau who struggle with challenges or problems that put health, education and social outcomes for their children at risk. Participation by families/whānau in the programme is by consent.

### Programme goals

- To support vulnerable children and reduce maltreatment.
- To promote health and education outcomes.

An important part of the Family Start programme is to encourage uptake of Well Child Tamariki Ora health services, immunisation, health/oral health screening and early childhood education participation from 18 months of age.

### Health screening

The Family Start worker will ensure that all families/whānau are aware of the health and development needs of their children and of the Well Child Tamariki Ora health services available in their area. All Family Start workers are actively encouraged to engage and link families/whānau with these services.

### Early childhood education

Attendance in quality early childhood education has been shown to be beneficial for a child's development while providing additional benefits for parents/caregivers.

The Family Start worker will actively encourage the family/whānau to explore suitable early childhood education options once the child reaches 18 months of age.

The Early Learning Payment helps pay the costs of early childhood education for children aged 18 months to three years who are from families/whānau enrolled in Family Start. This is administered by Work & Income.

### Family Start principles

Family Start is founded on the following principles:

- The safety of the child is paramount and the best interests of the child will be the primary consideration in matters affecting the child.
- Children have a right to life, health care, education and positive family/whānau relationships.
- Every person, adult and child, has the right to respect and dignity.
- Every person and every family/whānau have their own unique abilities, needs, strengths and resources.

- Children and adults communicate and understand their world best within the context of their own language and cultural traditions.
- Services must be responsive to the needs of Māori, Pacific peoples, migrant communities and other ethnicities and cultures.
- Connection to family, whakapapa and community support networks is a fundamental need for families/whānau.
- Every person, adult and child, has the potential to learn, grow and change.
- Parents want to be good parents and want the best for their children.
- Having information on child development assists parents/caregivers in their parenting role and this early support helps to prevent difficulties later.

## **The Family Start worker**

Family Start workers should be facilitators of change who place child safety at the forefront. They must be clear about their role and the boundaries of their tasks. They are not a substitute for family/whānau or other community support.

The role of the worker is to work in partnership with families/whānau to improve health, education and social outcomes for their children. Managers and Supervisors will monitor workloads to ensure that workers are able to work safely with families/whānau and should be guided by a ratio of one Family Start worker to 12-16 families/whānau with an average of one Family Start worker to 14 families/whānau. Refer to page 92 for further information.

## **Safety of the child**

Child safety is the fundamental service principle. Family Start providers are expected to:

- Provide services that ensure the child is living in a home free of violence, abuse, neglect, physical and environmental hazards
- Ensure Family Start workers are able to recognise the signs of family/whānau violence and/or child abuse or neglect, and to make timely referrals to Oranga Tamariki and/or the Police if there are concerns about the child's care and protection
- Provide parents/caregivers and family/whānau with support, advice and referrals to specialised services as appropriate (e.g. family violence agency).

## **Strengths-based approach**

Family Start is a child-centred programme and operates on a strengths-based approach of working with vulnerable children and families/whānau. Strengths-based practice emphasises people's self-determination and strengths. It is a philosophy and way of viewing clients as resourceful and resilient in the face of adversity. It is client-led with a focus on future outcomes<sup>1</sup>.

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<sup>1</sup> Saleebey, D (ed) (2002). *The strengths perspective in social work practice*. Allyn and Bacon, Boston



Within this approach careful attention must be paid to maintaining a balance between supporting parents and ensuring child safety is paramount.

## **Tākai – online resource for whānau workers**

The Tākai website (<https://www.takai.nz>) is a tool that enables the principles of Family Start to be actualised. It reflects the child-centred, family-focused, strengths-based kaupapa and the paramount importance of the role of parents in creating and maintaining a safe and secure world for their children and building resilience for their family/whānau.

This tool is based on New Zealand resources and has been developed in consultation with Family Start workers and the wider whanau support sector to use in their day-to-day support of family/whānau. It is flexible, easy to use, and relevant to New Zealand families and is designed to integrate into the Family Start programme.

It is not to be viewed as a separate curriculum or programme but a tool to support all aspects of the Family Start child-centred, family/whānau-focused programme.

The resource contains:

- A wealth of research-based information and background knowledge on key kaupapa for Family Start workers to build their understanding of child development and positive parenting practices
- Articles (previously known as session notes and supporting information) to enable Family Start workers to initiate and maintain conversations with family/whānau about their parenting practices and the needs of their children
- Other useful items such as Mahinga (Activities) and Ara Mātua–Parenting Pathway
- Links to relevant web pages and YouTube clips for workers and family/whānau.

A short introductory video has been created to help Family Start workers navigate the Tākai website. The video has been sent to Family Start providers to use with staff.

The content was originally developed in conjunction with SKIP (now named Tākai) and Brainwave Trust and is open to all. This means that other supporters and professionals working with family/whānau will be able to access it. You may want to share it with others.

## **Family Start extranet (FS-Net) and FS-Net User Guide**

FS-Net is the web-based database application used by Family Start programme providers which captures individual family/whānau information and the various activities and processes required to deliver the programme.

Reports are generated monthly and quarterly from FS-Net based on the information entered by Family Start programme staff.

All Family Start programme staff are required to be familiar with their organisation's information management, security and privacy policies – especially where client

records and data entry are being updated, as FS-Net is able to be accessed both on-site and in off-site/out-of-office locations.

All required information for FS-Net should be recorded in a timely manner. Case notes (relating to home visits) are expected to be recorded in FS-Net weekly.

An FS-Net User Guide is available to support Family Start providers with FS-Net. This is an important document which will help users to enter or amend details about the Family Start programme and its participants. Providers are encouraged to become familiar with and make use of this Guide in order to competently deliver the service and to ensure the progress of the children who participate is captured accurately.

## Family Start theory of change

Successful home visiting programmes are based on strong theories of change that identify specific outcomes and objectives and link these to evidence-based strategies and content.

The Family Start programme is grounded in theories of human ecology<sup>2</sup>, self-efficacy<sup>3</sup>, human attachment<sup>4</sup>, strengths-based child-centred approach<sup>5</sup>, partnership models<sup>6</sup> and Tikanga Māori. Together these theories and approaches emphasise the importance of understanding a family's social context and individual beliefs; and of considering motivation, emotions and internal presentations of their experiences in explaining developmental behaviour. They demonstrate how specific helper qualities and skills, when used in partnership with family/whānau, enable parents and families/whānau to overcome difficulties, build strengths and resilience and fulfil their goals.

Human ecology theory emphasises that children's development is influenced by how their parents care for them, and this is influenced by characteristics of their family/whānau, social networks, communities and the interrelations with them. This theory also aims to enhance the material and social environment of the family/whānau by involving other positive family/whānau members and linking families/whānau with health and community services.

Attachment theory posits that babies naturally want to be close to specific caregivers in times of stress, illness, or fatigue in order to promote survival. Attachment theory hypothesises that children's trust in the world and their later capacity for empathy and responsiveness to their own children is influenced by the degree to which they formed attachment with a caring responsive and sensitive adult during childhood.

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<sup>2</sup> Bronfenbrenner, U (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, 22(6), 723–742.

<sup>3</sup> Bandura, A (1977). Self-efficacy: Toward a unifying theory of behavioural change. *Psychological Review*, 84(2), 191–215.

<sup>4</sup> Bowlby, J (1969). *Attachment and loss: Attachment (Vol. 1)*. Basic Books, New York.

<sup>5</sup> Saleebey, D (ed) (2002). *The strengths perspective in social work practice*. Allyn and Bacon, Boston.

<sup>6</sup> Davis, H & Day, C (2010). *Working in Partnership: The Family Partnership Model*. Pearson, London.

The programme therefore promotes responsive, sensitive and engaging caregiving in the early years of a child's life.

Research also shows that the success of any intervention is heavily influenced by the quality of the relationship between the client and the professional. Therefore, the Family Start programme is designed in a way that facilitates face-to-face time between clients and workers and the flexibility to match workers and clients appropriately.



# Family Start Theory of Change Model

Programme goals: Support vulnerable children and reduce maltreatment

## Theoretical framework

- Family Partnership model
- Ecological model
- Strengths-based practice model
- Attachment theory
- Neuro-developmental research
- Tikanga Māori

The Family Start programme provides a voluntary intensive home visiting service that promotes safe parent-child relationship and maternal, infant and early childhood wellbeing in high-need families.

## Core quality components (inputs/resources)

- Qualified and professional Family Start workers
- Quality Family Start worker-client relationships
- Reflective clinical supervision
- Effective data management and support
- Community outreach and cross-agency co-ordination
- Adequate and sustained funding
- Parent education

## Core service components (outputs/activities)

- Regular and on-going home visits
- Supports parents' understanding of child development and positive parenting practices
- Identification of issues impacting on the health and wellbeing of the child (e.g. alcohol and drugs, family violence)
- Identification of social connections to community/whānau/hapū/iwi
- Setting of specific, measurable, attainable, realistic, timely (SMART) goals to achieve families' aspirations

## On-going support and continuous quality improvement

## Assumptions

- Children's development and health will improve if parents are supported to access health and education services.
- When parents understand child development their children are more likely to have improved circumstances.
- Children's wellbeing will improve if parents understand the detrimental effect that family violence and addiction can have on their children.
- If the issues of family violence, post-natal depression and addiction are not addressed in families, children are less likely to become well-adjusted adults.
- Voluntary programmes work best with families that are willing to make positive changes in their lives.

## Short-term outcomes

### 1. Child's health and safety

- Children's health and safety issues are identified early and addressed.
- Parents increase confidence in their ability to keep their children safe.
- Parents increase knowledge of and confidence in ability to positively engage with Well Child/Tamariki Ora and primary health organisations (PHOs).
- Address family violence and alcohol and drug misuse that impact on the child (access to specialist community services).
- Identification of and access to services for mothers with post-natal depression.

- Child/family enrolled with PHO.
- Child enrolled with Well Child/Tamariki Ora and oral health provider.
- Child immunisations are up-to-date.

### 2. Parenting skills and practices

- Parents increase knowledge of child development.
- Parents increase knowledge of and confidence in their ability to provide warm, sensitive, consistent and competent childcare.

### 3. Participating and connected

- Families increase knowledge of other supportive family members and services and the confidence to access them.

- Parents have access to community resources to assist with child development.

### 4. Personal and family circumstances

- Families have a sense of hope and increase their knowledge of future options, including educational opportunities and employment.
- Family/whānau is supported so they can culturally identify with their community of interest (iwi/hapū/whānau/church).
- Parents increase knowledge and confidence to connect with a supportive community.

## Medium-term outcomes

### 1. Vulnerable children/tamariki live in a safe environment

- Family members are receiving treatment for family violence and alcohol and drug abuse services.
- Mothers with post-natal depression are receiving treatment.

### 2. Family/whānau demonstrate improved parenting skills and practices

- Parents routinely spend time interacting in a nurturing and positive manner with their children.

- Parents have improved parenting attitudes and exhibit positive parenting behaviour.
- Parents demonstrate knowledge of their children's developmental abilities and emerging skills and stages.
- Parents have increased ability to accomplish their goals.

### 3. Families/children have connection to formal and informal

- Family/whānau is supported by their community of interest (iwi/hapū/whānau/church).

- Parents have connections and are active in a supportive community.

- Child is participating in quality early childhood education.

### 4. Family/whānau demonstrates improvements in their personal and family circumstance.

- Parents are more optimistic about the future (have a sense of hope).
- Parents have strong relationships that are nurturing, violence-free and addiction-free.

## Long term outcomes

- Reduction in child maltreatment
- Children are physically and mentally healthy
- Children/tamariki/families/whānau are healthy and resilient

## Evaluation outcomes measures

- Population outcomes
- Results-based accountability (RBA) outcomes



# Family Start Child and Family/Whānau Journey

## Referral

Children/whānau must have certain referral criteria to be accepted onto Family Start. These criteria are based on high-need factors linked to poor life outcomes for children.

Due to the consensual nature of the programme it is expected that the referrer will engage the family/whānau and inform them of the referral to Family Start. The Family Start referral process is set out on page 20.

## Initial contact and acceptance

Once a referral has been received, initial contact is made with the family/whānau to confirm the appropriateness of the Family Start programme for their needs and to decide on whether to accept them into the programme.

Eligibility for participation in Family Start is verified using the Family Start referral criteria on page 20.

The process for making initial contact and accepting referred families/whānau onto the programme is set out on page 25.

## Service delivery

Family Start aims to provide support services as early as possible in the life of the child that:

- Are specific to the strengths and needs of the child and the family/whānau
- Meet the programme outcomes
- Are appropriately adapted to fit in with family/whānau and local community need
- Emphasise the needs of the child and ensure that the child's safety is paramount
- Overcome barriers to families/whānau accessing other programmes and services
- See families/whānau move towards self-determination as they grow in confidence and establish healthy whānau and community connections.

The Family Start programme has the following essential features:

- The Tākai website for whānau workers and Tākai resources for whānau
- Assessments of family/whānau strengths and needs e.g. Strengths & Needs Assessments (SNA)
- Assessment of Risk e.g. Child Safety Tools (CST)
- Planning and goal setting e.g. Child Family Plans (CFP).

The delivery of these essential features follows a cyclic process with Tākai inherent throughout. Continuous reassessment, review and planning is important to ensure services are responsive to the changing strengths, needs and dynamics of the



family/whānau as illustrated in the Family Start Child and Family/Whānau Journey Diagram on page 18.

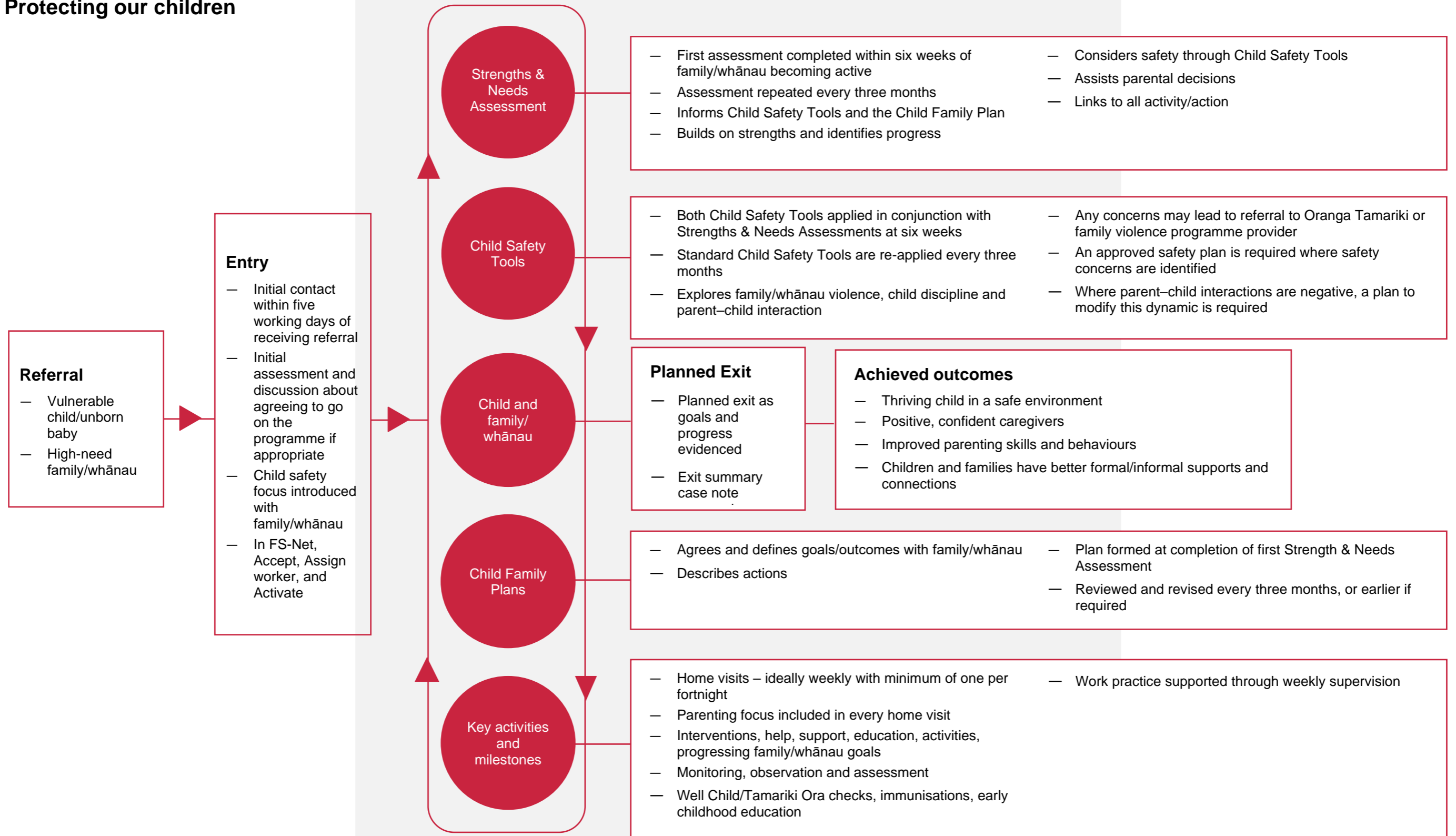
### **Programme completion**

Ideally a family/whānau will exit the programme in a planned mutually agreed way when their circumstances have significantly improved.



# The Family Start Child and Family/Whānau Journey Diagram

## Protecting our children



# Section 3: Referral and intake process



## Referral and intake process

Family Start providers should use the Family Start referral criteria to ensure that the right vulnerable children and their family/whānau are engaged with the programme.

The Family Start programme prioritises referrals for at-risk pregnant mothers and high-needs babies up to 12 months of age. The literature indicates that this early, regular home-based support is likely to result in better health, education and welfare outcomes for children.

Referring agencies are required to identify which Family Start criteria the family/whānau meet when referring to the programme. The Family Start provider decides whether to accept the referral.

### Referral age

Families/whānau with high needs can be referred to Family Start from the time the mother has her pregnancy confirmed up until the baby is 12 months old. However, very high needs families/whānau with an older pre-schooler may be accepted at the discretion of the Family Start provider management. In these cases, a rationale for the decision should be documented on file. Depending on the need of the family/whānau, and if there is a clear role for Family Start, children can remain on the programme until they transition into school.

### Referral criteria

The Family Start referral criteria fall into two categories (List A and List B).

**List A** sets out the key criteria for Family Start. Families/whānau need to be experiencing challenges in one or more of these areas to be referred; or

**List B** sets out additional circumstances where families/whānau may have challenges that in themselves would not meet the criteria for Family Start. Where a combination of these criteria exists, and in recognition that 'high need' can sometimes be created through a unique set of circumstances, a referral can also be made.

### List A – Key referral criteria

#### Mental health issues

Either parent/caregiver has one or more of the following mental health problems:

- Post-natal depression
- Anxiety
- Depression
- Self-harm or suicidal tendencies
- Other (specify)

### **Addiction problems**

Either parent/caregiver has a problem with one or more of the following:

- Alcohol use
- Illicit drug use
- Gambling
- Excessive gaming
- Other (specify)

### **Childhood history of abuse**

Either parent/caregiver experienced abuse/neglect/family violence as a child or young person.

### **Care or protection history**

- Oranga Tamariki is currently working with, or has previously been involved with, this family/whānau.
- One or more children have been removed from the family/whānau following concerns for their care and protection. This includes formal court-ordered removal and informal removal arranged by family/whānau.

### **Relationship problems**

Evidence of relationship problems, including:

- Family/whānau violence, including emotional abuse and control
- On-going conflict and tension that impacts on parenting.
- Multiple partner changes or significant instability within the family/whānau.

### **Parenting, child health and development issues**

- Bonding and attachment issues – parents/caregivers struggling to build a connection with their baby/child
- Child with disabilities or significant health needs, including premature babies
- Parents/caregivers/child's sibling has a disability or impairment and needs support
- Parents/caregivers struggling to establish successful feeding and care routines
- Recurring health issues – parents/caregivers struggling with recognising or meeting child's needs
- Foetal abnormalities
- Little or no antenatal or postnatal care

## **Young parents (under 18 years of age) who are experiencing additional challenges or needs**

- Young parent who also meets other referral criteria from List A or B

## **List B – Additional criteria**

### **Sudden unexplained death indicators** (e.g. smoking during pregnancy)

### **Multiple births or short inter-pregnancy intervals**

### **Lack of positive support networks**

- Disconnected from family/whānau, lack a sense of cultural belonging
- Only reference group are unsupportive or high needs themselves
- Isolated from or new to community – Migrant, refugee, seasonal workers
- Difficulty accessing services

### **Criminal justice involvement**

- Police involvement, charges pending or previous convictions
- Protection orders
- Youth justice involvement
- Parent incarcerated, history of imprisonment
- Gang involvement

### **Financial and material resource difficulties**

- Lack of basic amenities – power, water, phone
- Living conditions are unsanitary
- Low income
- Difficulties managing day-to-day expenses resulting in debt issues
- Lack of access to transport

### **Frequent change of address or housing issues**

- Transiency i.e. parents/caregivers and child have changed address more than twice in last six months
- Homelessness
- Emergency/transitional housing

### **Parent educational difficulties**

- Left school early or with no formal qualification
- Literacy and/or numeracy difficulties

- Parent/caregiver has disability or impairment

## Referral process

Family Start providers should ensure that potential referrers are aware of Family Start referral criteria and of its key point of difference as an in-home parenting support service.

The standardised Family Start Referral Guide

<https://www.orangatamariki.govt.nz/assets/Uploads/Support-for-families/Support-programmes/Family-Start/Family-Start-referral-guide.pdf> sets out this referral process/criteria and encourages referrers to involve parents/caregivers in the referral process and to obtain consent for the referral.

## Referral form

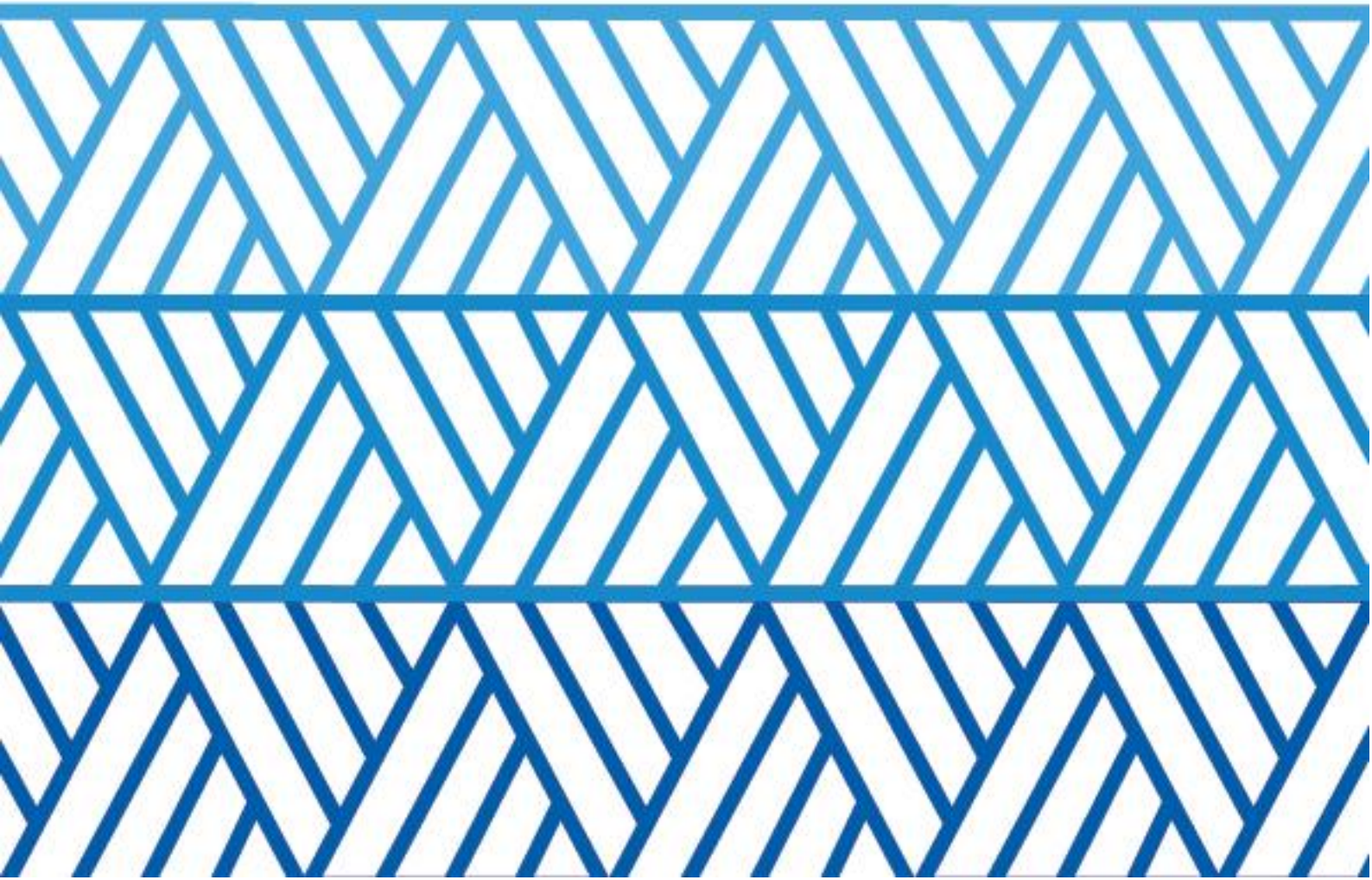
Family Start providers may, in consultation with Oranga Tamariki, use their own referral form. This form will include the information set out below:

- Referral date
- Referrer's name and contact details
- Child's name, date of birth (or due date for unborn), address, ethnicity
- Parents/caregivers names, date of birth, address, ethnicity, first language
- Clear indication and detail regarding which referral criteria are met
- Family/whānau consent form



# **Section 4:**

## **Entry – Initial contact and acceptance**





## Entry – initial contact and acceptance

Initial contact is made with families/whānau to establish eligibility for acceptance onto the Family Start programme. It is important for the Family Start worker to explain the essential features of the programme and to ensure the family/whānau understand the importance of regular, frequent visits.

The Family Start worker is encouraged to engage with the family/whānau using the Family Partnership principles of respect, open communication and shared understanding and goal setting. A partnership between the family/whānau and the Family Start worker is central to the success of the programme and for achieving positive outcomes for the child.

### Initial contact

Begin engagement with family/whānau at the earliest opportunity; ideally within five working days of receiving the referral. At the initial visit the Family Start worker will assess the suitability of the programme for the family/whānau. The provider is responsible for ensuring the referral criteria are consistently applied.

During the initial visit, the Family Start worker will ensure that the family/whānau is provided with clear information about the essential features of the programme, including:

- The importance of regular, frequent home visits and the expectation that the parent/caregiver will commit to these
- The Family Start child will always be sighted at each visit except in exceptional circumstances (e.g. child in hospital)
- An understanding that parenting is an integral part of Family Start and that an interactive element focusing on parenting will feature at each visit
- Regular assessments which identify family/whānau strengths and needs and inform their plans e.g. Strengths and Needs Assessment (SNA) and Child Family Plans (CFP).
- Assessments should include genograms or Whakapapa/Family Tree to identify the nature and quality of whānau, hapu and iwi connections. This will help understand the dynamics of the whānau and those adults of significance in their roles/relationship in the life of the Family Start child.
- Regular assessment of risk - particularly taking the vulnerability of any infant/pre-schooler into consideration e.g. Child Safety Tools (CST).

The Family Start worker should also:

- Establish if there are any specific cultural and language needs
- Make the parents/caregivers aware of the next steps should they be accepted onto Family Start

### Obtain written consent regarding:

- Confidentiality and information sharing
- The complaints procedure

- Their agreement to participate in the programme
- Provide specific written information to the parent/caregiver on their rights and the provider's rights
- Establish if there are any pressing safety issues or risks that need addressing, and if there are any immediate priorities for the family/whānau
- Offer to refer the family/whānau to another agency (as appropriate) if they are not accepted onto Family Start.

### **Establishing a partnership relationship**

It is important for the Family Start worker to foster a healthy partnership relationship with the family/whānau so that they are working together to give the child the best start in life. The Family Start worker needs to establish an open and honest relationship right from the start. This will ensure both parties are clear about expectations and responsibilities to promote the wellbeing and safety of the children and family/whānau and enable courageous conversations where required.

### **Acceptance decisions**

All decisions to accept a family/whānau onto the programme will be made in conjunction with the supervisor/manager in order to maintain consistent service provision and manage referral flow and case allocation.

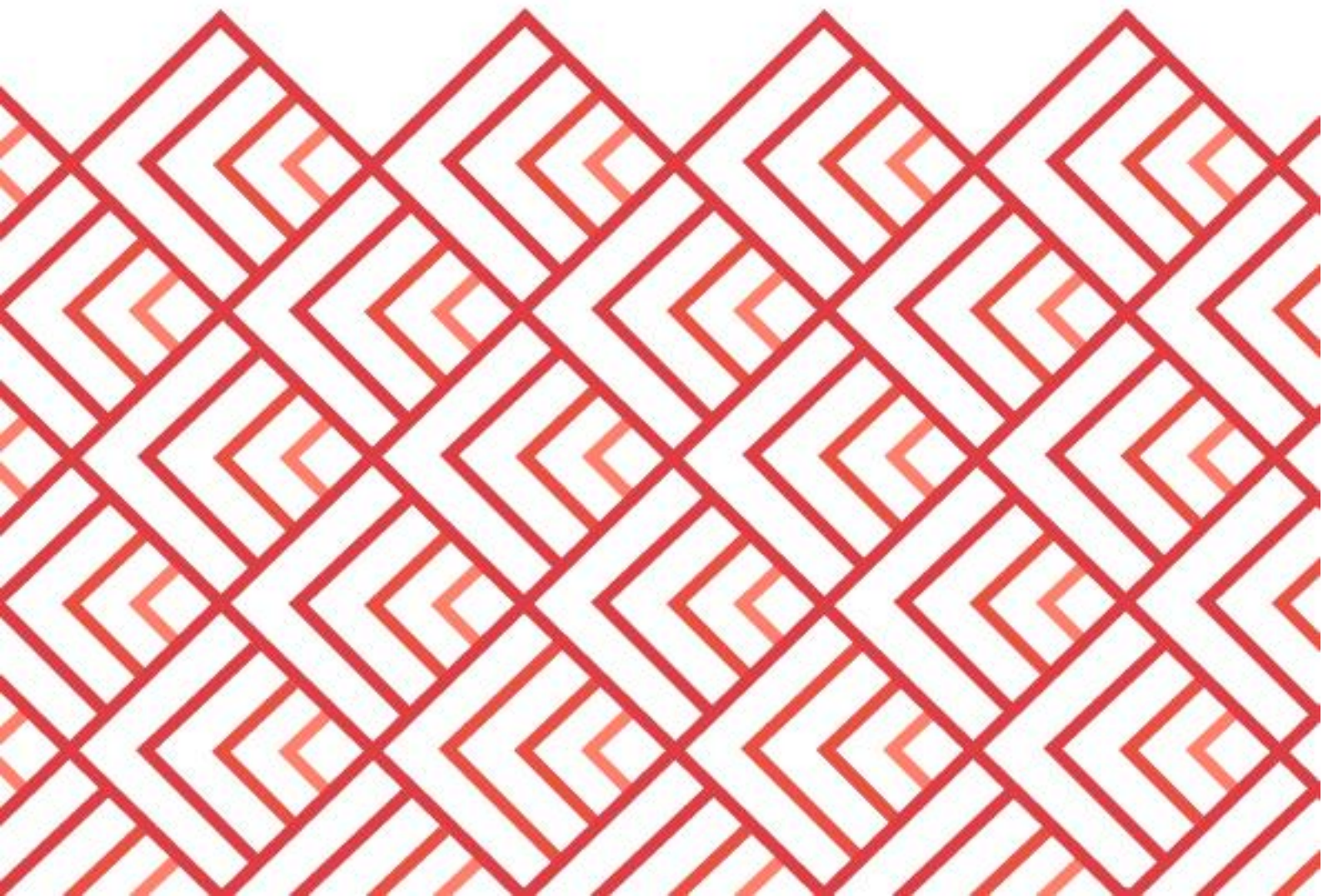
### **Advising agencies**

The provider will advise whether the family/whānau has been 'accepted' or 'declined' onto the programme; or referred to another service.

### **Allocation to a Family Start worker**

Allocation to a Family Start worker will take into consideration the match between the family/whānau needs, characteristics and cultural background and the worker's experience and expertise.

# Section 5: Home visits



## Home visits

Family Start is an intensive home visiting programme. For home visits to be effective they need to be planned and purposeful.

Research on intensive home visiting programmes indicates frequent home visits in the first three to six months are critical for building a strong connection with families/whānau and are the key to making good assessments and plans for improving outcomes for vulnerable children and their families.

### Home visits – key factors

The Family Start child will always be sighted at each visit except in exceptional circumstances (e.g. child in hospital). This includes checking that all children in the home are safe, especially those under five, and knowing who is primarily responsible for them.

The visit should take place in the child's primary place of residence and Family Start workers should see where the child sleeps. The environment in which a child lives is a strong indication of how the parents/caregivers are coping. Even if an outing is in the best interests of both parent and child the worker should visit the home prior to or after the outing to observe the home environment.

At each visit Family Start workers are expected to build relationships with the person/s described as primary carers. These are the persons responsible for the child's day-to-day care and wellbeing.

A visit also provides an opportunity to gain information on who else lives in the home and to engage with them as part of the assessment process.

### The home visit needs to include:

- An interactive parenting component with the primary caregiver and child present however other caregivers should be encouraged to participate.
- An update of the family/whānau situation since last visit
- An on-going assessment of risk
- A focus on the child including developmental progress and observations of interactions between them and their parents/caregivers
- A discussion with the parents/caregivers about their own situation, particularly needs that impact on parenting
- A regular review of the planning/goal setting document e.g. Child Family Plan (CFP) with agreement on next tasks to be completed
- Time for recapping and providing encouragement.

Visits would normally be approximately one hour long but can be determined by family/whānau need.

In exceptional circumstances a visit may need to be conducted outside of the home (e.g. in a refuge or hospital).

In addition to home visits, Family Start workers are likely to have other contact with the family/whānau such as meetings outside the home, Work and Income appointments, Family Group Conferences and phone contact. These contacts need to be validated by a case note and recorded in FS-Net as direct client contact or phone calls.

## Frequency of home visits

Family Start referral criteria ensure that all families/whānau coming onto the programme are high needs. As such it is expected that the majority will receive weekly visits for the first three to six months. Intensive home visits are critical for building a strong connection with families/whānau.

A **minimum of one visit per fortnight** is acceptable in certain circumstances – for example, multiple agencies visiting, a compromise reached with a resistant family/whānau or when significant progress has been made and the family/whānau circumstances have improved considerably.

Family Start workers, *with the approval of their supervisors*, can exercise their judgement as to when the frequency of visiting can be reduced, or increased, depending on the changed level of need. This decision should be recorded in a case note.

## Visiting pregnant mothers

The evidence suggests that the most gains to be made with home visiting programmes are with young, first-time mothers. Mothers enrolled during pregnancy have shown more positive birth outcomes and stronger parenting outcomes than women who enrolled after the birth of their child.<sup>7</sup>

Pregnant mothers meeting the Family Start criteria will have high level of need. Engaging and establishing a rapport with them and their families/whānau early on in their pregnancy provides an ideal opportunity to influence change.

Workers should use the Tākai website from the very first visit to plan a session that engages the parent and keep the focus on their unborn child.

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<sup>7</sup> Peacock, S, Konrad, S, Watson, E, Nickel, D & Muhajarine, N (2013). Effectiveness of home visiting programs on child outcomes: A systematic review. *BMC Public Health*, 13(17).

# Section 6: The Tākai website



## The Tākai website

The Tākai website (<https://www.takai.nz>) is a tool designed to enable the principles of Family Start to be actualised. It reflects the child-centred, family-focused, strengths-based kaupapa and the paramount importance of the role of parents in creating and maintaining a safe and secure world for their children and in building resilience for their family/whānau.

This tool, based on Tākai resources (previously known as SKIP), has been developed after consultation with Family Start workers and other whānau supporters for use in day-to-day support of family/whānau. It is flexible, easy to use, contains relevant information for New Zealand families/whānau and is designed to integrate with the Family Start programme. It is freely available on the internet and can be accessed by a wider audience including parents/caregivers.

The content was originally developed in partnership with Brainwave Trust and has been peer reviewed by a number of trusted colleagues and professionals.

**The website is designed specifically for use by workers supporting families with young children. It is not to be viewed as a separate curriculum or programme, but as the key practice tool to support all aspects of the Family Start child-centred, family/whānau-focused programme.**

### The Tākai website contains:

- A wealth of research-based information and background knowledge on key kaupapa for Family Start workers to build their understanding of child development and positive parenting practices
- Articles (previously known as session notes and supporting information) to enable Family Start workers to initiate and maintain conversations with family/whānau about their parenting practices and the needs of their children
- Other useful items such as Mahinga (Activities) and Ara Mātua–Parenting Pathway
- Links to relevant web pages and YouTube clips for workers and family/whānau.

### Practice expectations:

- Every home visit will include a specific parenting session e.g. modelling an activity that parents/caregivers and their child can do together, discussion around ‘what’s happening for baby’, observations of parent/child interactions.
- Establish with parents/caregivers right from the initial contact that they can expect this parenting focus at every visit. Taking along a mat or a blanket to the visit for the parenting session helps maintain a child-focus and ensures a clear floor space.
- Preparation for each visit should include use of the Tākai website to find information and resources about what’s going on for a baby of that age and stage and ways for parents to help. The articles contain useful questions and conversation starters that workers can use along with background content to ensure workers can have confidence in the information they are sharing with parents/caregivers.

- Family Start workers should record in their home visit case-notes what was included in the parenting session and observations of how the parents/caregivers and their baby responded to the activity and to each other.
- It is a good idea to leave parents/caregivers with an activity from the Tākai website or a Tākai resource to help with their baby's development. Family Start workers should follow-up at their next visit to see how this activity practice went and what parents/caregivers enjoyed doing with their baby.

## **Integration of Tākai with the Family Start programme**

### **Initial Visit**

The Family Start worker should allow sufficient time at the initial visit to ensure the family/whānau feel listened to and have time to ask questions about the programme. Building a partnership and relationship of trust early on with the Family Start parents/caregivers is the key to outcomes for their tamariki.

Explain that the Family Start child is the primary Family Start client and that the Family Start worker will expect to see them at each weekly visit. Family Start workers should pay attention to what the child is doing and bring the parent's/caregivers attention to this by making a positive comment which describes the child's actions. This is a good way to start a conversation with the child at the centre. Encourage parents/caregivers to share by using questions like "What else can he do?" "How long has he been able to do that?"

Some parents/caregivers will have limited experience of what is expected age-related behaviour and may need ideas for playing or interacting with their children. Family Start workers should select an activity from the Tākai website and model this to engage the parents/caregivers and child. Introduce the parents/caregivers to Tākai resources and to the Ara Mātua parenting pathways. Sit alongside them with a resource e.g. a page from an age appropriate Whakatipu booklet or a picture from the frieze and talk about it together.

Completing the administrative requirements of Family Start as required at the initial visit can feel formal and intrusive. Parents/caregivers may have had a tough time in the past and might be feeling judged and a bit defensive. Therefore, it is especially important to focus on the positive things that parents/caregivers are doing by using the Tākai resources.

Try to create a future focus. Help parents/caregivers to imagine how they might like things to be different for them and their tamariki. The 'Mātuatanga – thinking about parenting booklet' for instance asks parents/caregivers to imagine their child aged 5, 15 or 30 years old. What will they be like? What will they tell their kids about how it was growing up for them?

Invite them to share their thoughts and dreams for their children before talking together about how the Family Start programme can support them.



## Weekly Visits and Case Notes

Family Start workers are expected to use the Tākai website to help plan their weekly visits. Consider the previous visit - were there things about the child or about parenting that the parents/caregivers were curious about or that they wanted to work on? (This information should be in the parenting or follow-up section of the case note record.) Family Start workers are encouraged to search up the topic on the website to make sure they feel confident and have the latest information ready to share.

The articles contain useful ideas about what's going on for the child and how parents/caregivers can help. They have links to fun activities for use at each visit. Incorporating an activity into each visit ensures there is a child-focus to the time with the family/whānau.

At each visit check with parents/caregivers about how things have been going. How did they get on with the activity? What did they notice about baby when they tried that? What's been working well or not so well? What thoughts or conversations have they had about the previous parenting information that was shared? Have they got any questions?

All family/whānau are likely to have some successes and some challenges. Encourage and support them. Using the Ara Mātua parenting pathways is a useful way to give positive specific feedback. For example – “I couldn't help but notice how quickly you responded to baby and how he has calmed right down; or I saw how you copy baby's sounds so she learns about turn-taking, fantastic”!

Some information from the Tākai website can be printed to take out on a visit, although usually the Whakatipu booklets and other Tākai resources will be sufficient.

## Child Safety

The Whakatipu booklet Te Pihinga 2 (page 20) describes baby as ‘tamaiti haututū’ — a playful child who is continually exploring and testing out everything he comes across. As Family Start workers, we have a responsibility to help educate parents/caregivers about how to keep this precious child safe.

Family Start workers can find it difficult to know how to have ‘courageous conversations’ with parents/caregivers when they are worried about the child's safety. This is especially hard when there are conflicting views. For example: statements from parents/caregivers or grandparents about ‘a little smack never hurting anyone’ or ‘not needing fireguards when they were little - they just learnt’.

The Tākai website has lots of useful ideas and resources to make such conversations easier. The article ‘Making home a safe place for baby’ for example has some practical ideas and questions that can be used to help parents/caregivers see things from their child's point of view. There are also links to helpful resources for parents/caregivers such as Whānau Āwhina Plunket tips and Safekids Aotearoa.

The Ara Mātua parenting pathways can be used to help start conversations about things like what upsets baby, adults in our home looking after each other, and smoke or alcohol-free homes. Family Start workers can use these to gently challenge the family/whānau about what they might be able to do to make the home safer for baby.

Another good place to start can be talking together about Ngā Tohu Whānau (The six principles) or looking at the Aroha in Action booklet.

Sometimes parents/caregivers will be finding life a bit of a challenge or feeling a bit stuck. Family Start workers can search words like 'struggle' and 'hard' on the Tākai website for ideas on helping a family/whānau manage stress.

Aim for a balance by including a fun, child-centred activity from the website as part of every visit even when there are more difficult topics that need to be addressed. This can help ease the tension and give baby and family/whānau a sense of structure to your time together.

## **Strength & Needs Assessments (SNA)**

Family Start workers are expected to use the Tākai website to support their Strength & Needs assessments (SNA). They should reflect first on all the positive things they have observed when visiting the home. For example, what did they notice about how the parents/caregivers responded to the child's cues? Did parents/caregivers try out the activities suggested and modelled by the Family Start worker, or come up with other good ideas to help their child develop well? Was there lots of quality talking and turn-taking in the home? What efforts have family/whānau made to ensure the child is safe?

Family Start workers can use the Ara Mātua parenting pathways to reflect on what parents/caregivers were doing when they first joined the Family Start programme and what changes have been made since. Refer to the check lists for the appropriate age and to case notes under the parenting heading for strengths to record in the assessment summary.

Use the same process to think about what the child still needs to reach their potential, or about any safety concerns that will need to be addressed. Record these in the SNA so they can form the basis of a new Child Family Plan (CFP) for the family/whānau.

Gathering information for the history domain can be a sensitive topic. Family Start workers are encouraged to use information from the website to start a conversation with parents/caregivers about how it was for them growing up. Try using the 'Mātuatanga – thinking about parenting' booklet which has a page about the different types of parenting – the rock, tree and paper models. Use this with family/whānau to have a talk about their style, their parents' style and then maybe what type of parent/caregiver they would like to work towards becoming. This can then link through to a goal in the next plan.

## **Child Family Plans (CFP)**

An effective Child Family Plan needs to be developed together with the family/whānau after the Family Start worker has talked with them about what the strength & needs assessment has highlighted. It should link through from the assessment and look at practical ways to meet any outstanding needs or risks for baby.

While some of the goals in the plan might need to be focused on social issues like stopping family violence, getting help with addiction problems or finding a house it is important to ensure that the plan includes a goal purely focused on parenting.

Talk with parents/caregivers about something they can do with their baby every day that is fun and free like talking, singing or reading. The Whakatipu booklets 'Whānau Say' sections or the articles on the Tākai website contain useful, practical ideas about how parents/caregivers can help. These can be used as tasks in the plan.

If the family/whānau are reluctant to work on a plan it can be helpful to talk with them about the dreams and moemoea they shared at the initial visit. Family Start workers can use the 'Mātuatanga – thinking about parenting' booklet to support this conversation. Revisit the ideas that parents/caregivers had about what kind of people they hoped their children would be at 5, 15 or 30 years old and about how they hoped their child would later describe their own childhood. Most parents/caregivers are motivated by wanting a better life for their children and are likely to engage in the planning process if they can see this connection.

Reviewing the plan at every visit is good practice. It gives Family Start workers a chance to celebrate the family/whānau successes even if they are small and to check how things are going. Family Start workers are encouraged to sit alongside parents/caregivers and to look at the Ara Mātua parenting pathways together. This helps create a positive, goal-oriented relationship.

Note: The series of 'Tui Tips' – short video clips have been removed from the Tākai website as these are no longer relevant. It is likely that further resources which suggest ways that a Family Start worker can effectively integrate use of the Tākai resources and information into every component of their work will be developed and made available in the future.

## **What do the family/whānau get?**

The Tākai website is a tool to support Family Start workers to prepare for home visits. Using electronic devices to share the website with families/whānau in the home is optional and, even though it may enhance discussions with families/whānau, it is not essential. There is no intention to make website discussions with families/whānau during home visits reliant on electronic devices.

The materials for family/whānau are the Tākai booklets. The key parent/caregiver resource is the Whakatipu series which covers child development information from pre-natal to age 5, appropriate parental responses, and support for the family/whānau in their care of their tamariki. There are also Tākai posters, booklets, stickers, and fridge magnets. The Tākai baby wall frieze consists of twelve simple pictures which tell the whole story of neuroscience and attachment in the early years.

All Tākai resources are freely available and can be ordered at [resources.takai.nz](https://resources.takai.nz)

At the bottom of each article there are links to downloadable resources for family/whānau. The activities are written to parents/caregivers so a copy can be printed off and given for reference between visits. Songs are written for everyone.

There is no harm in directing families/whānau to the Tākai website – but this should not be done instead of the Family Start worker’s input. It should not be an expectation. If families/whānau are interested and curious they are welcome to browse and find information.

## **Ara Mātua – Parenting Pathways**

The Ara Mātua parenting pathways are checklists of practical actions for family/whānau to help build their parenting confidence and strengthen their relationship with their tamariki. They are available as downloadable files for each age and stage) within the articles section that can be tailored, adjusted and added to for individual families/whānau.

Alongside Ara Mātua is an article titled ‘Using Ara Mātua’ which emphasises the value of working alongside family/whānau, setting goals together and the importance of everyday parenting behaviour and contains useful conversation starters.

## **Navigating the Tākai website**

The Tākai website uses bilingual headings throughout. We have included both te reo Māori and English headings below.

On the homepage of the Tākai website there are three headings, Toro Kaupapa (Explore Kaupapa), Rapu Rauemi (Find Resources) and Whakatipu Hapori (Grow Communities).

Click on Toro Kaupapa to find tiles for key topics such as Kia Matua Rautia (Conscious Parenting), Hinengaro Māharo (The Amazing Brain) and Te Ao Tākaro (Power of Play). Remember to scroll down to the bottom of each page to find the important information there.

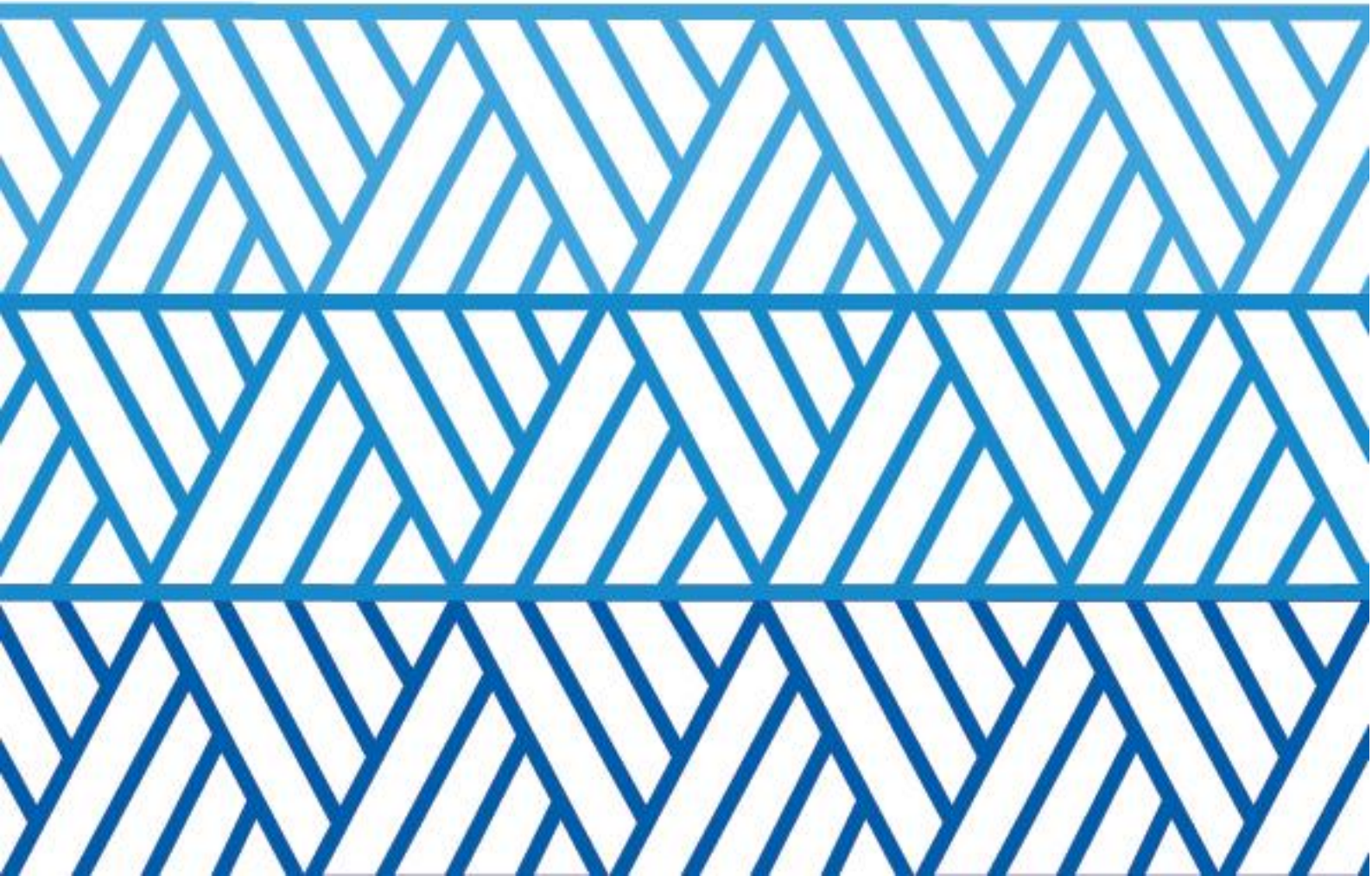
Clicking on Rapu Rauemi will take you through to tiles including Kaupapa Mahi (Articles), Mahinga (Activities) Waiata (Songs). Here you can also order Tākai print resources, this is an external link to the distribution company.

Whakatipu Hapori (Grow Communities) links you through to information about Wānanga (Training) and Rangahau (Research) and other items of interest.

At the bottom of every page and under the Whakatipu Hapori (Grow Communities) section there is a page called ‘Get in touch’. Here you can send an email to the national office website support team if you require help or advice ([Kiaora@takai.nz](mailto:Kiaora@takai.nz)).

The more Family Start workers use the website, the more familiar they will become with it and the easier they will find that it is to navigate.

# **Section 7: Strengths and Needs Assessment (SNA)**



## Strengths & Needs Assessment (SNA)

The Strengths & Needs Assessment (SNA) is important for determining the level of service provision required. It forms the basis of the Child Family Plan (CFP). An initial assessment should be completed within six weeks followed by a fuller SNA assessment every three months thereafter.

A quality SNA and the relationship established between the Family Start worker and the family/whānau form the foundation for successful programme delivery.

The Family Start worker should use the SNA tool to gather information about the strengths and needs of the family/whānau. This is an on-going process of assessment, reflection and analysis to ensure that the services delivered are meeting the needs of the child and family/whānau. Identifying and addressing risk is a fundamental component of the SNA.

An element of working with family/whānau is promoting and supporting health and education outcomes.

### Purpose

SNA provide the basis for worker analysis and inform planning. By using them, the Family Start worker, in conjunction with the family/whānau, can identify what might need to change if the child is to flourish and be safe.

The circumstances of children and their families/whānau will constantly change over time, as will the level and type of support they require. On-going assessment provides the opportunity to re-evaluate any changes and adjust support accordingly. An assessment establishes a baseline about the vulnerability of the child and the needs of their family/whānau.

The Family Start worker's assessment will identify and review:

- The child's wellbeing and situation within the family/whānau environment, and the presence or absence of factors that lead to better results and longer-term benefits for children – **it will identify any risk factors for the child and family/whānau**
- Significant changes in the child's or family/whānau circumstances, including any new strengths and needs
- Gaps in support for the family/whānau that have not been addressed and that should be included in the CFP.

### Timing

An initial assessment should be completed within six weeks of accepting the family/whānau onto the programme. Subsequent assessments will be completed every three months following review of the family/whānau situation and of the CFP.

## Domains and topics

The Family Start SNA covers four aspects of family/whānau life known as domains. Using this assessment tool will help provide the Family Start worker with a picture of how the family/whānau is functioning and identify areas that require further exploration.

The four assessment domains:

- **Child** – the degree to which the child (pre or post-natal) is showing good health, steady development, wellbeing, resilience and freedom from abuse/neglect.
- **Parent/s** – the degree to which the parenting behaviour is meeting the child's needs and the degree to which the family/whānau demonstrate resilience and can look to the future. Remember to include fathers whenever possible.
- **Environment** – the degree to which the household is managed to meet the basic needs of food, shelter, clothing and safety, and how connected the family/whānau is to their whānau/community.
- **History** – the degree to which parents' past history impacts on their current parenting abilities. Ideally this information is gathered within the initial assessment period so the history domain only has to be completed once. However, further historical information can be added to this domain at any time.

Within each domain there are specific topic areas and prompts (see below) that draw attention to protective factors known to contribute to strong and resilient families/whānau and children. For example, a good sense of connection to their community can offer a family/whānau much needed support.

The Tākai website will help the Family Start worker gain an understanding of the underlying influence of parenting across all domains. For example, child development will inform the child domain; Ara Mātua–Parenting Pathway relates to the parenting domain; safety information supports the environment domain; and the Tākai booklets *Whakatipu* and *Mātuatanga – thinking about parenting* inform an understanding about the effect of history.

There are also prompts that encourage the worker to explore potential areas of risk. For example, the worker might never know the child gets hit unless they ask about discipline; or know about the child's health and development and health status unless this is measured. Page 50 contains additional prompts and detail about areas to explore with the family/whānau.

Whakapapa/Family Tree, Genograms, eco-grams and timeline visuals are helpful tools for workers to use when gathering information. They engage the family/whānau in the process and remind workers to think and act systematically.

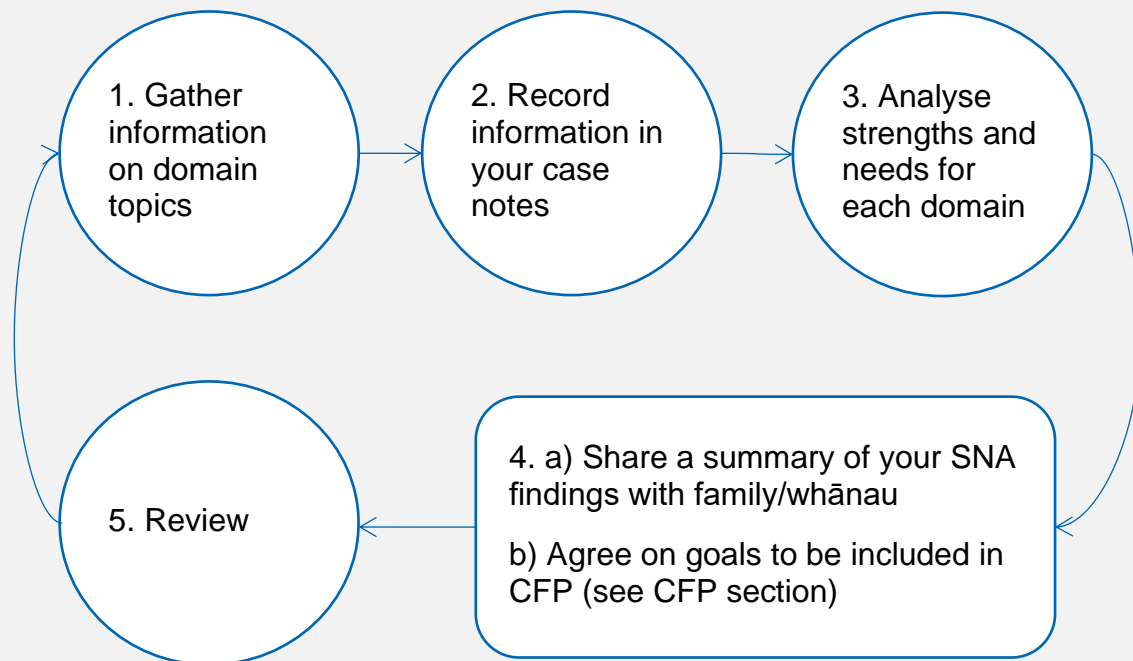
## Domains and topic prompts

| Domain                               | Topic prompts  |
|--------------------------------------|--|
| <b>1. Child (Pre- or Post-Natal)</b> | <ul style="list-style-type: none"> <li>– Is there a healthy emotional attachment to one competent adult? Describe the interactions between the child and parents/caregivers.</li> <li>– Is the father of the child involved? What value can he add?</li> <li>– Steady development – meeting developmental milestones.</li> <li>– Are there any chronic health conditions or disabilities? If yes, do parents have a competent understanding of the health issues and expectations?</li> <li>– Growing social skills and sense of identity. What language and culture are important to this child/whānau?</li> <li>– Safe sleeping practice, breast-fed, immunisations up-to-date</li> <li>– Environment free from abuse and violence.</li> </ul>   |
| <b>2. Parenting</b>                  | <ul style="list-style-type: none"> <li>– Parenting capacity and understanding of child’s physical and emotional needs. Are these being met? Secure attachment to child/responsiveness to child. How does this look? Ability to put child’s needs before their own.</li> <li>– Violence-free – parent educated regarding shaken baby syndrome.</li> <li>– Child discipline – How are boundaries set and consequences managed?</li> <li>– Healthy personal functioning (e.g. smoke-free, substance use, contraception, exercise, diet, addictions and the impact on the child).</li> <li>– Parent physical and mental health – How does this impact on parenting?</li> <li>– Problem-solving skills and demonstrated resilience.</li> <li>– Family/whānau connectedness to whakapapa and community.</li> </ul> |
| <b>3. Environment</b>                | <ul style="list-style-type: none"> <li>– Adequate housing/shelter – Is the home suitable for family/whānau living?</li> <li>– Home safety (e.g., safe vehicle, car seats, fire alarms, stair guards, pool fences).</li> <li>– Income to meet basic needs like food and clothing, any debt.</li> <li>– Proximity and engagement with community resources (e.g. medical centres, libraries, playgrounds, sports clubs, transport).</li> </ul>  |



|                   |  |
|-------------------|--|
|                   | <ul style="list-style-type: none"> <li>– Employment/resources and supports.</li> <li>– Gang involvement.</li> <li>– Cultural identity – whakapapa connectedness, belonging, pride, te reo me ona tikanga.</li> </ul>   |
| <b>4. History</b> | <ul style="list-style-type: none"> <li>– History of this child – planned/unplanned, wanted, antenatal care, birth experience</li> <li>– Parents’ own childhood experiences and impact on how they parent now</li> <li>– Any children not in parents’ care and why not?</li> <li>– Family support and positive relationships</li> <li>– Parents’ past relationships – note any violence or conflict</li> <li>– Significant past trauma for family/whānau and how dealt with</li> <li>– Past addiction and mental health issues for parents or wider whānau</li> <li>– Level of education</li> <li>– Cultural identity – whakapapa connectedness, belonging, pride, te reo me ona tikanga</li> </ul> |

## Strengths & Needs Assessment process



### Step 1 – Information-gathering

At each contact Family Start workers will explore the domain/topic prompts in order to build a comprehensive picture of the family/whānau situation. They will be creative and flexible about how information is gathered and explored with parents/caregivers.

Information to include in case notes and assessment includes:

- Discussions had with parents/caregivers about strengths, needs and risks
- Observations of child, parent/child interactions and of home condition
- Information shared by other family/whānau
- Information from consultations with other agencies involved
- Professional opinion supported by rationale.

### Step 2 – Recording information

All information gathered should be promptly recorded to ensure accurate and valid records are kept. It is expected that detailed case notes will be recorded on FS-Net.

Complete the initial six-week and subsequent three-monthly SNA with reference to the information gathered. It is not necessary to repeat and duplicate information already in the case notes.

### **Step 3 – Analyse information and complete SNA**

Reflect upon the information gathered. Using the SNA template, record a brief summary of strengths and needs for each domain followed by narrative analysis. When completing the analysis refer to the template prompts and consider the views of other agencies involved with the family/whānau and the information contained on Tākai.

Think about the following:

- The degree to which the child's needs are being met in this domain area
- The key areas of strengths and evidence for this – i.e. observations, interactions, parental attitudes. What resources and strengths can be built on and developed?
- The areas causing the most concern or worry and the evidence for this. What needs of the child are not being fully met?
- Any factors that indicate risk to the child's safety
- Any factors that indicate neglect or failure to thrive
- How will these findings best be shared with the family/whānau?
- What would the child's life be like if the challenges and needs identified were no longer present?

The summary/analysis should be discussed with, and signed off by, the supervisor before sharing with the family/whānau.

### **Step 4(a) – Share the findings with family/whānau**

Once the SNA is completed it will provide the basis for a discussion between the worker and the family/whānau about their identified strengths and needs.

Discuss a summary of your SNA findings with the family/whānau. Make sure to be honest and transparent about your findings. Sharing these supportively with the family/whānau is valuable preparation for planning and helps facilitate discussions about what to include in the CFP.

### **Step 4(b) – Agree on goals to include in the Child Family Plan (CFP)**

With reference to the SNA summary as above, the next step is to work together to prioritise common goals for the CFP. These should clearly link through from needs identified in the referral and the SNA.

Use the Tākai website information to help parents understand the impact on their child of these needs going unmet and to look at what they can do to help the child reach their potential.

### **Step 5 – Review**

SNA reviews are undertaken every three months to evidence progress made and to identify any new areas of strength and need. Goals to address these new or unmet needs should be included in the next CFP.

SNA reviews follow the same process and format as the first SNA. Use a new SNA template for each one rather than adding to an existing document.



# Strengths & Needs Assessment template (Example only)

File number: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

## History domain

### *History of this child and family/whānau*

Describe the parents' relationship together (include length of time together, any separations, issues with child custody/contact with either parent). Was the pregnancy planned or unplanned? Was the pregnancy wanted? Did the mother receive antenatal care?

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### *Relationship history*

Describe each parent's significant past relationships. Were these healthy relationships? Was there any family violence and what was the impact of this on the family/whānau?

If either parent has children to another relationship, then provide details of the child, current whereabouts, any custody/contact issues and of any Oranga Tamariki involvement for them.

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### *Childhood history of each parent*

Describe each parent's childhood including any healthy attachments, any history of abuse/neglect, any Oranga Tamariki involvement. Is there any risk to children now from those who historically abused the Family Start parent (e.g. grandparent)?

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## Analysis

Past behaviour is the best predictor of future behaviour.

- What risks to the child does this history suggest?
- What past resilience can these parents draw upon to cope with current stressors or conflicts?
- What past strengths demonstrated do they bring to parenting this child?
- Do parents have an understanding of the impact that their own childhood experience of being parented may have on their own ability to parent well without support?

File number: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

Child's name: \_\_\_\_\_ DOB and age: \_\_\_\_\_

### Child domain (pre- or post-natal)

| Strengths | Needs |
|-----------|-------|
|           |       |
|           |       |
|           |       |
|           |       |
|           |       |

### Risks

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### Analysis

- What is your sense of the child’s overall wellbeing?
- Does the child have any developmental needs?
- What do they need right now?
- Consider parenting capacity. What would this child’s life look like if the challenges and needs identified were no longer present?
- Consider the child’s age, stage, culture and gender – how do these factors increase or decrease this particular child’s vulnerability to future harm?
- **From the child’s point of view**, what needs to change to enable their safety, stability and healthy development?

### Parent domain

| <i>Strengths</i> | <i>Needs</i> |
|------------------|--------------|
|                  |              |
|                  |              |
|                  |              |
|                  |              |
| <i>Risks</i>     |              |
|                  |              |
|                  |              |
|                  |              |
|                  |              |

### Analysis

- What concerns do you have about how the parents are caring for the child?
- What are parents doing for each child?
- Consider parenting observations –are parents reading their child’s cues and responding appropriately?



- How are the parent’s own problems impacting on child’s safety and development?
  - How have parents put the child’s interests before their own?
  - How has the parents’ own upbringing impacted on how they now parent?
  - Do the parents have the ability to recognise and use their own strengths to bring about change and problem solve?
  - **From the parents’ point of view**, what needs to change to enable them to be the best parent they can be?
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### Environmental factors

| <i>Strengths</i> | <i>Needs</i> |
|------------------|--------------|
|                  |              |
|                  |              |
|                  |              |
|                  |              |
| <i>Risks</i>     |              |
|                  |              |
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|                  |              |

| <i>Analysis</i>  |
|--|
| <ul style="list-style-type: none"> <li>– How connected to their whānau/hapū/iwi is this family/whānau?</li> <li>– How does this impact on the child?</li> <li>– How is the family/whānau community support network making a positive difference?</li> <li>– How is the family/whānau socio-economic situation impacting on the child?</li> <li>– What environmental factors are adding to risk for child?</li> </ul> |





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| – Consider parenting observations – Is the home healthy, secure and child friendly? |
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**Analysis summary**

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|---|
| <i>Analysis</i>   |
| <ul style="list-style-type: none"> <li>– What do the facts and opinions written in this assessment tell you about the degree to which the child’s best interests are being met?</li> <li>– What factors are having the greatest effect on the child’s development?</li> <li>– Consider balance of strength/need.</li> <li>– Question the information you have, ask what information might be missing and why this might be important.</li> <li>– Consider different interpretations of the same information.</li> <li>– Have we been helpful?</li> <li>– What else could we try?</li> <li>– What could/should have been done differently?</li> <li>– Do you have any concerns for this child’s safety? Remember, past behaviour is the best predictor of future behaviour.</li> </ul> |
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|   |
| <b><i>Supervisor comments:<br/>(include a comment on agreed home visit frequency and a rationale for this)</i></b>  |
|   |
|   |
|   |

Date of sign off: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

Supervisor: \_\_\_\_\_ Family Start Worker: \_\_\_\_\_



## Additional assessment prompts

To best meet the child and their family/whānau needs it is important that workers gather thorough and accurate information. This section provides additional headings and prompts to ensure key information is collated and captured within case notes. This information then forms the basis for the SNA and analysis.

The relationship between the Family Start worker and the family/whānau forms the foundation for successful Family Start service delivery. Exploring the topic areas should be done sensitively and creatively rather than as a tick-box exercise.

### Historical domain

| <i>Historical domains<br/>(can be added to)</i> | <i>Topic prompts</i>   |
|---|--|
| History of child                                | <ul style="list-style-type: none"> <li>— Antenatal, birth and post-natal history</li> <li>— Chronic conditions and/or health concerns</li> <li>— Interactions with parents/caregivers</li> </ul>   |
| History of family/whānau                        | <ul style="list-style-type: none"> <li>— Family/whānau formation</li> <li>— Past challenges, coping strategies and outcomes</li> <li>— Past significant trauma for family/whānau</li> <li>— Children not in care of family/whānau</li> <li>— Any previous harm to other children</li> <li>— Other children connected to the family/whānau</li> <li>— Patterns of transience</li> </ul> |
| History of parents/caregiver's childhood        | <ul style="list-style-type: none"> <li>— Own upbringing/experience of family/whānau</li> <li>— Adolescent experiences</li> <li>— Abuse/neglect in parents/caregiver's childhood</li> <li>— Relationships with family/whānau</li> </ul>   |
| History of parental capacity                    | <ul style="list-style-type: none"> <li>— Age</li> <li>— School and past work experiences</li> <li>— Qualifications</li> <li>— Disabilities</li> <li>— Addictions/mental health issues</li> <li>— Physical health issues</li> <li>— Guidance and supervision of children</li> </ul>   |
| History of wider family/whānau                  | <ul style="list-style-type: none"> <li>— Who is where?</li> <li>— Family/whānau cohesiveness</li> <li>— Patterns of violence</li> <li>— Connections to wider family/whānau and community</li> </ul>  |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>– Support offered by wider family/whānau</li> <li>– Cultural responsiveness, iwi and whakapapa connections, cultural pride, community engagement</li> </ul> |
|--|--|

## Child domain (pre- or post-natal)

|   |
|---|
| <i>Health</i>   |
| <p>Describe the child’s current health status (physical, emotional, mental), previous health history (injury/illness, contact with health practitioners, admissions to hospital), physical development, disability; protective health practices (e.g. smoke free, safe sleeping, immunisation status).</p> <p>Is child enrolled with a PHO, Well Child/Tamariki Ora, and an oral health provider? Any outstanding referrals that need following up?</p> |
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|   |
| <i>Learning and development</i>   |
| <p>Describe the child’s cognitive development, age/developmental stage, expressive and receptive language, motor development, interests and abilities, self-care and independence skills, early childhood education participation if age appropriate.</p>   |
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|   |
| <i>Identity, language and culture</i>   |
| <p>Describe what aspects of identity, language and culture are important to this child/family. What are their ways of knowing, being and doing? Consider the child’s sense of connection to family/whānau. Do they share social occasions like birthdays with family/whānau?</p>  |
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*Interaction with parents/caregivers*

Describe the interactions between the child and the parent/caregiver, other significant adults, and siblings, responsiveness of parent/caregiver to the child's needs, the child's response to the parent/caregiver's care and attention. Is there evidence of a healthy attachment between the child and the parent/caregiver?

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*Relationships*

Describe the child's ability to engage and communicate with peers and adults. Is there a strong emotional connection to at least one competent caring adult? Does the child have opportunities to build stable relationships with family/whānau and peers?

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*Behaviour*

Describe the child's behaviour towards others/objects, and their ability to express and manage feelings and behaviour. What is their attention-span like, and do they show age-appropriate self-control?

How does the parent manage any challenging behaviours?

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## Parent domain

| <i>Health</i>  |
|--|
| Describe the parent/caregiver's current physical health status and history, current mental health status and history, and protective health practices (e.g. smoke free, healthy eating, exercise, substance-use and health literacy).  |
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| <i>History and influences</i>  |
| Describe the parent/caregiver's intellectual functioning and level of education achieved, offending, ability to recognise and use own strengths to bring about change, ability to problem solve, previous engagement with the child protection and/or youth justice system, own history of being parented, exposure to family/whānau violence. |
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| <i>Relationship with the child</i>   |
| Describe the parent/caregiver's view of the child, level and consistency of support provided to the child, level of warmth and affection, ability to put the needs of the child ahead of their own.  |
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|  |
| <i>Skills and knowledge</i>  |
| Describe the parent/caregiver's level of knowledge about child development and positive parenting strategies, willingness and capacity to change, ability to change own behaviour and circumstances over time, ability to identify the need for support and to seek help for this support.   |
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| <i>Safety and basic care</i>  |
| Describe the parent/caregiver's provision of food, drink, warmth, housing and appropriate clothing for the child, responsiveness to child's health/disability needs, ability to identify and manage risk, ability to manage current and previous relationship with partner/spouse (e.g. conflict, family/whānau violence), consistency of household membership. |
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| <i>Guidance and supervision</i>   |
| Describe the parent/caregiver's supervision of the child, ability to be a positive role model, ability to regulate own emotions, set boundaries and manage consequences, support child's learning needs and development.  |
|   |
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|   |

**Environment domain**

|   |
|---|
| <i>Networks of support</i>  |
| Describe the child and parent/caregiver's social/community relationships, cultural connectedness, access to supports that actively promote and support positive parenting and family/whānau wellbeing, and availability and access to community services (e.g. social services, playground, library). |
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*Resources available*

Describe the child and parent/caregiver's housing, employment, financial resources, access to health services, educational, transport, telephone, internet.

*Family/whānau/hapū/iwi*

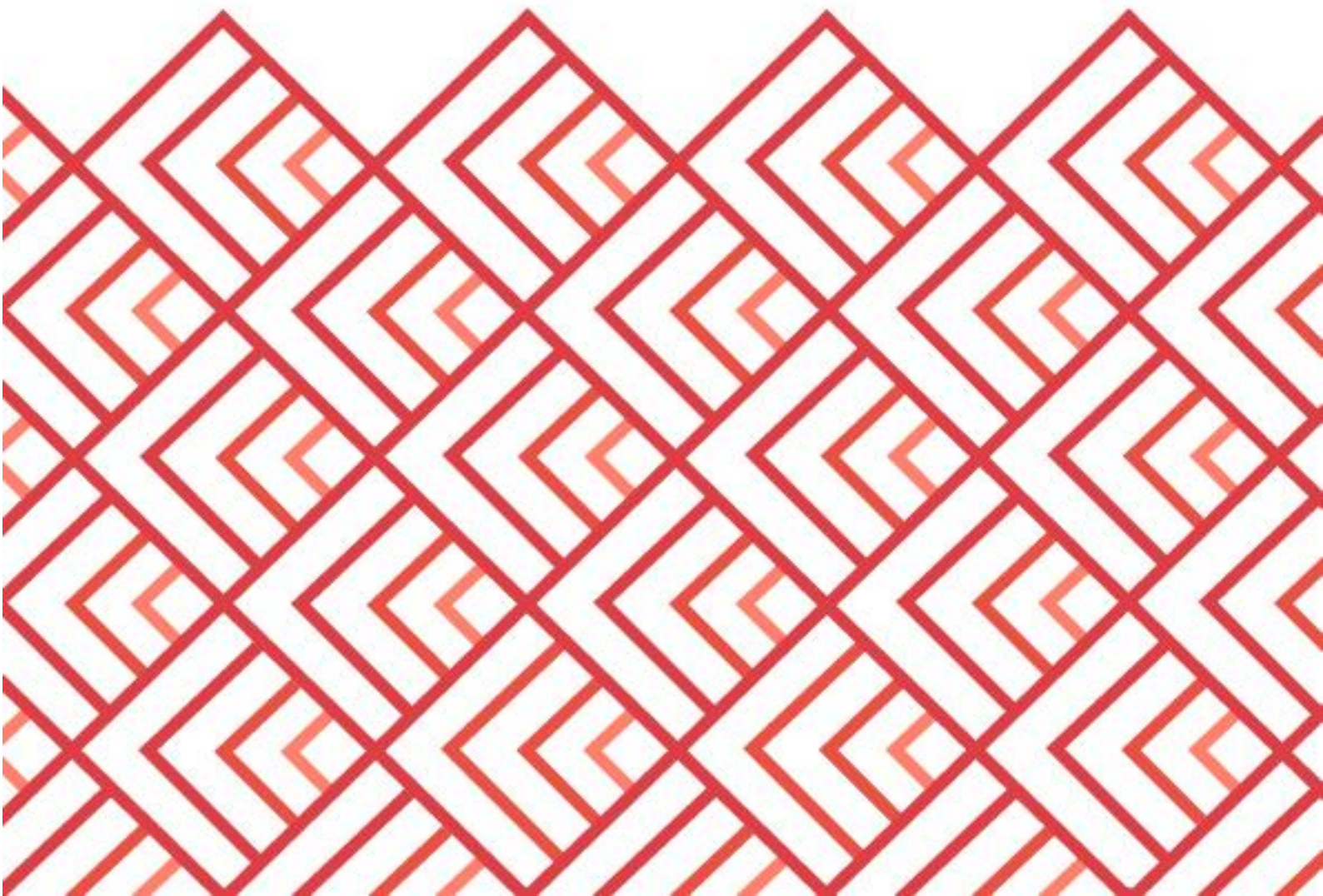
Describe the child and parent/caregiver's extended family/whānau connections and relationships, family/whānau history and functioning, significant loss and/or traumatic life events.

*Education context*

Describe the child's access to and participation in early childhood education. Consider any barriers to accessing quality educational opportunities. Is the family/whānau aware of Early Learning Payment support available?



# Section 8: Case notes





## Case notes

Case notes should reflect purposeful work with family/whānau and evidence how Family Start workers are facilitating positive change and making a difference for the child and their family/whānau. There should be a link made between referral criteria, SNA and CFP goals.

A quality case note should be easily understood, in content and context, by anyone reading it. Use of headings is encouraged to ensure all important information is captured and that child safety remains paramount.

Family Start workers are expected to record their case notes on FS-Net as soon as possible after the contact is made.

Use of the Tākai website information will be captured in the case note narrative.



# Family Start case note template (Example only)

Date: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

Present (names and relationship to the child): \_\_\_\_\_

## *Parenting*

Kaupapa Mahi and Mahinga (articles used to guide home visit, shared songs/rhymes and/or activity), Ara Mātua–Parenting Pathway used to review parenting practice and focus discussion, Tākai website information used to inform SNA, CST and CFP?

## *Observations of child and of parent/child interaction*

How does the child appear, is parent attuned to child's needs, assessment of parenting capacity?

## *General discussion/observations of home*

What's been happening since last visit, home orderly/chaotic, anything out-of-the-ordinary, exploration of information-gathering guide/SNA topic prompts, child progress indicators?

## *General safety and CST*

Information to support CST responses (e.g. discussion about shaken baby prevention/DVD shown, discussion regarding family violence, safety in home/car)



*Engagement with other services*

What is their role/key contact information? How engaged are the parents? Any sharing of information/collaborative work?

*CFP and follow-up*

How are plans going? Note progress made or roadblocks.

*Worker follow-up tasks*

Reminders regarding agencies to contact, resources for next visit, concerns to monitor.

Date: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ Family Start Worker: \_\_\_\_\_



# Section 9: Child safety tools (CST)



## Child Safety Tools (CST)

Family Start engages with vulnerable children and high-need families/whānau. Use of risk assessment tools such as the Child Safety Tools (CST) ensures Family Start maintains a consistent focus on child safety. Refer to pages 68-74 for the CST templates.

The CST should be part of all strengths and needs assessments. This will help Family Start workers to identify where safety risks have arisen and ensure that appropriate action has been taken.

Continuous focus on parenting and the use of the Tākai website enables the Family Start worker to regularly engage in relevant conversations. Use of Ara Mātua– Parenting Pathway will keep a focus on where help is most needed and what progress is being made.

### Purpose

The CST provide guidelines for assessing risk. They:

- Cover the past three months (retrospective)
- Help Family Start workers identify where risks exist or have arisen, and should ensure appropriate action is taken to address these risks
- Show that Family Start workers understand and have taken note of the key factors for reducing vulnerability and establishing positive and safe care
- Demonstrate that the Family Start programme provides for and maintains a high level of scrutiny around child safety while working with high-need families/whānau and their vulnerable children
- Help the worker to focus families/whānau on the safety of their child and their families/whānau.

To focus on child safety, workers will need to:

- Be knowledgeable about signs and symptoms of abuse/neglect
- Understand child development and children's needs
- Be sensitive to family/whānau cultural context – seek to understand this as well as possible so that sound judgements can be made
- Be aware of the extra vulnerabilities of parents/caregivers – likely triggers and stress-points
- Document concerns clearly and do not allow these to drift
- Be familiar with the provider's own child abuse reporting protocol and follow it
- Have regular quality supervision
- Never act alone – decide next steps in consultation with the supervisor.

Be alert to these additional issues:

- New partners and changed family/whānau dynamics (e.g. recent separations can present increased risk).

- Consider all the children in the family/whānau, not just the ‘enrolled’ child. If risk is identified, then action is required.
- Consider the risks associated with drug and alcohol use, obsessive gaming, family violence, gang involvement and mental health issues. How do these factors impact on parenting? Get advice from experts in these fields and work together.
- Ensure families/whānau is aware of the new requirement to report significant child safety concerns to Oranga Tamariki. Failing to do so is a criminal offence.

## Timing

- The **Initial and Standard CST** will be completed for all children and their family/whānau during the first six weeks of being accepted onto the programme. They explore any history of family/whānau violence for either parent and for any other adult living in the home. This includes any history of child abuse, Oranga Tamariki involvement or offending. See initial CST template 68.
- The **Standard CST** is to be completed every three months as part of the SNA and CFP reviews. It explores more recent family/whānau violence, child discipline and child abuse; and includes questions about safe sleeping and shaken baby syndrome. See Standard CST template 70.
- CST can be used at any point where concerns are identified and further exploration of risk is required to assist decision-making.
- CST will be completed for pregnant mothers. It is good practice to consider the mother’s environment and significant relationships, in particular the potential for family/whānau violence, and assess potential risk of harm to the baby.

## Process

The CST questions should be answered to the best of the Family Start worker’s ability based on conversations with parents/caregivers, information gathered from other family/whānau/professionals and on observations made in the home. Using Ara Mātua–Parenting Pathway will also provide an opportunity to focus on child observation and parent/child interactions and to discuss safety issues in the home.

Things to remember about using CST:

- Apply them sensitively – i.e. explore the CST questions within a conversation with parents/caregivers. Do not use them as a ‘tick-box’. Think about timing of conversations.
- Consider the safety of the parents/caregivers and child when asking questions about family violence.
- Be prepared to respond to positive disclosures. Workers must have an awareness of local specialist agencies and need to follow through with accessing

additional support for the family/whānau as required (e.g. refuge, anger management, alcohol & drug services)

- Responses to CST questions must be able to be verified by information contained in the case notes.

The CST are not a substitute for regular practice discussions, supervision and decision-making. Incidents and concerns will continue to be highlighted and acted on as they arise. The CST are an additional regular check and record regarding child safety.

The CST will be approved and signed by supervisors.

## Safety plans

Safety plans are required when risks or safety concerns are identified. The Family Start worker will develop a safety plan in conjunction with the victim and their family/whānau to minimise the risks to them and their children.

The CST help provide clarity about the level of risk and best course of action to address the concerns. Options include:

- A formal safety plan, which sets out immediate responses to a risk situation (e.g. family/whānau violence, harsh physical discipline)
- A CFP, which sets goals to address the longer-term change required (e.g. counselling, anger management, parenting course)
- Use of both a safety plan and a CFP to ensure the safety and on-going wellbeing of the child.

Safety plans will be dated and approved by a supervisor. Safety plans must be kept on the family/whānau file and a copy may be provided to families/whānau. Safety plans should be reviewed regularly and evidenced in case notes. Refer to page 75 for the Safety Plan Template.

In consultation with their supervisor, workers will consider whether the degree of concern warrants a referral to Oranga Tamariki or to a family/whānau violence agency.

Here are some questions to consider<sup>8</sup> when developing a safety plan with a victim of abuse:

- What have they tried before?
- Would they do it again?
- If not, why not?
- What was their partner's reaction?

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<sup>8</sup> Family Violence Death Review Committee (2014). *Fifth Report: January 2014 to December 2015*. Health Quality & Safety Commission, Wellington. Retrieved from:

[Family Violence Death Review Committee Fifth Annual Report :: Health Quality & Safety Commission \(hqsc.govt.nz\)](https://www.hqsc.govt.nz/family-violence-death-review-committee-fifth-annual-report)

- What resources do they have access to?
- What fears do they have for themselves or for their children?

## Referring to Oranga Tamariki

All Family Start providers will have an organisational protocol which guides workers through any child safety concerns.

Oranga Tamariki has the statutory responsibility for investigation and management of child protection matters.

Family Start workers have a responsibility for ensuring that children are safe, by passing on relevant information and quality assessments which describe perceived risk, and by acting in collaboration with Oranga Tamariki.

When parents/caregivers have had children permanently removed from their care due to abuse or neglect in the past there is a requirement for Oranga Tamariki to complete an assessment to address subsequent child specific matters.<sup>9</sup> Family Start workers must verify with Oranga Tamariki that they are aware of the family/whānau having a subsequent child due or in their care so Oranga Tamariki can complete their assessment.

Once Oranga Tamariki has received a Report of Concern, they will make a judgement about the level of potential risk to the child. The conclusions and details of this should be communicated clearly to the family/whānau and to the Family Start provider.

A decision as to whether there is an on-going role for Family Start following a Report of Concern needs to be made in consultation with relevant agencies. The rationale for this decision needs to be clearly documented. Role clarity will be crucial.

Further guidance regarding child care and protection issues can be found on the Oranga Tamariki Practice Centre website (<https://practice.orangatamariki.govt.nz>) or by referring to the Working Together Interagency Guide<sup>10</sup>. Family Start providers will have a strong working relationship with their local Oranga Tamariki site office and will contact them to discuss any child protection concerns.

## Family Start serious injury or child death process

In the event that a child within the Family Start family/whānau is seriously injured or dies, it is expected that the Family Start partner will:

- Promptly advise the Police and Oranga Tamariki of Family Start involvement.
- Cooperate fully with the Police and Oranga Tamariki as needed – provide them with full copies of the file.

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<sup>9</sup>When a care and protection assessment is for a subsequent child  
<https://practice.orangatamariki.govt.nz/policy/subsequent-child/>

<sup>10</sup>Working closely in partnership with Others  
[Working together to support tamariki, rangatahi and their family/whānau \(orangatamariki.govt.nz\)](https://practice.orangatamariki.govt.nz/policy/subsequent-child/)



- Notify your Partnering for Outcomes Advisor and Quality Advisor (Programmes and Practice) without delay.
- Make all file information (FS Net, providers data base and/or paper file) relating to the family/whānau available to the Quality Advisor if requested.
- Consider if anyone in the family/whānau needs to be advised of this information-sharing process.
- Put appropriate support in place for affected staff (e.g. supervision, critical debrief).
- Ensure that any information added to the file after the incident occurred clearly states what date the information pertains to and when it was entered.

### **Quality Advisor review process**

- A Quality Advisor Programme and Practice may contact the Family Start provider to arrange a time to complete a practice review on the file if required. A sudden unexplained death in infancy (SUDI), for example, may not require a full file review. This decision will be made by the Quality Advisor.
- The file review may be shared with other parties, such as the Minister for Children, Oranga Tamariki and the Family Violence Death Review Committee, if deemed appropriate. The provider may receive a copy of the completed review.

## **Child safety indicators**

### **Neglect**

Neglect is the most common form of abuse. Though the effects may not be as obvious as those of physical abuse, they are just as serious, leading to damaged self-esteem and a lost opportunity to thrive. Neglect can consist of:

- Physical neglect – not providing the necessities of life like a warm place, enough food and clothing
- Supervisory neglect– leaving children home alone, or without someone safe looking after them during the day or night
- Emotional neglect – not giving children the comfort, attention and love they need through play, talk and everyday attention
- Medical neglect – the failure to take care of their health needs
- Educational neglect – allowing chronic truancy, failure to enrol children in school, or inattention to special education needs. (This may apply to older children in the family/whānau engaged with Family Start.)

### **Emotional, physical and sexual abuse**

Emotional abuse is a pattern of behaviour where the child is rejected and put down. They may be isolated, constantly degraded and criticised, or negatively compared to others.

Physical abuse is any behaviour which results in physical harm to a child. This may be unexplained bruises, welts, cuts, burns and abrasions or fractures and dislocations.

The Family Start worker should be concerned if the parents/caregivers can't recall how the injuries occurred or their explanations don't make sense.

Sexual abuse is any act where an adult or a more powerful person uses a child or young person for a sexual purpose. The child may have physical indicators of abuse, engage in age-inappropriate sexual play or interest and have a fear of a certain person or place.

### **Further information on abuse and neglect**

*An Interagency Guide: Working Together to support tamariki, rangatahi and their family/whānau*<sup>11</sup> is the Oranga Tamariki document that gives more detailed information about the signs and symptoms of abuse and neglect. It is also a guide to help Family Start workers decide what to do where there is a concern of risk.



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<sup>11</sup>[Working together to support tamariki, rangatahi and their family/whanau \(orangatamariki.govt.nz\)](https://www.orangatamariki.govt.nz)

## Initial History Child Safety Tool (Example only)

Answer the following questions to the best of your knowledge based on conversations with parents/caregivers and on information gathered from other family/whānau/professionals.

1. Is there any history of family violence for the mother of the child (victim, perpetrator, childhood abuse or exposure to violence)?

Yes

No

Unknown

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2. Is there any history of family violence for the father of the child (victim, perpetrator, childhood abuse or exposure to violence)?

Yes

No

Unknown

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3. Is there any history of family violence for any other adult living in the home? If so, who is this person and what is their relationship to the child?

Yes

No

Unknown

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4. Have there ever been any incidents of strangulation or suffocation involving the parents/caregivers?

Yes

No

Unknown

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5. Is there any history of child abuse/neglect (physical/emotional/sexual/environmental) involving any child by either parent? (The parent/caregiver being the perpetrator of the abuse/neglect. This includes children exposed to family violence.)

Yes

No

Unknown

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6. Does either parent/caregiver have a history of offending (convictions, charges and/or arrests)?

Yes

No

Unknown

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7. Is there any history of Oranga Tamariki involvement with the parents/whānau (in childhood or as an adult)?

Yes

No

Unknown

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## Standard Child Safety Tool (Example only)

Answer the following questions to the best of your knowledge based on conversations with parents/caregivers, observations in the home and information gathered from other family/whānau/professionals.

1. Have the parents/caregivers been yelled at, put down, threatened, or controlled by their partner or someone close to them in the past three months?

Yes

No

Unknown

2. Have the parents/caregivers been slapped, smacked, kicked, punched, hit or physically hurt by their partner or someone close to them in the past three months?

Yes

No

Unknown

3. Have there been any incidents of strangulation or suffocation involving the parents/caregivers in the past three months?

Yes

No

Unknown



4. Have the police been involved in any of these incidents?

Yes

No

Unknown

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5. Have the parents/caregivers indicated in any way that they feel afraid of their partner or anyone close to them in the past three months?

Yes

No

Unknown

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6. a) Have parents/caregivers recently separated or begun new relationships?  
b) If so, has the situation been assessed by worker regarding potential risk to child?

Yes

No

Unknown

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7. Is there any gang involvement in this family/whānau?

Yes

No

Unknown

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8. Is substance abuse an issue for either parent/caregiver?

Yes

No

Unknown

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9. Does either parent/caregiver have a problem with excessive gaming or gambling?

Yes

No

Unknown

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10. Have any child(ren) in the home been subject to harmful discipline?

Yes

No

Unknown

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11. Has there been any child abuse/neglect – known or suspected, including experience of family violence, for any child by either parent/caregiver in the past three months?

Yes

No

Unknown

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12. Have the family/whānau been educated about coping with a crying baby and the risks associated with 'shaken baby'?

Yes

No

Unknown

13. Have safe sleeping practices been discussed and are they being followed?

Yes

No

Unknown

14. Is there any current Oranga Tamariki involvement?

Yes

No

Unknown

15. Has a report of concern about this family/whānau been made to Oranga Tamariki by Family Start during the past three months?

Yes

No

Unknown





16. Have the parents/caregivers engaged with any other agency for support in regard to abuse and any other identified risks

Yes

No

Unknown

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**Worker:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Date discussed** \_\_\_\_\_

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Is a safety plan required?

Yes

No

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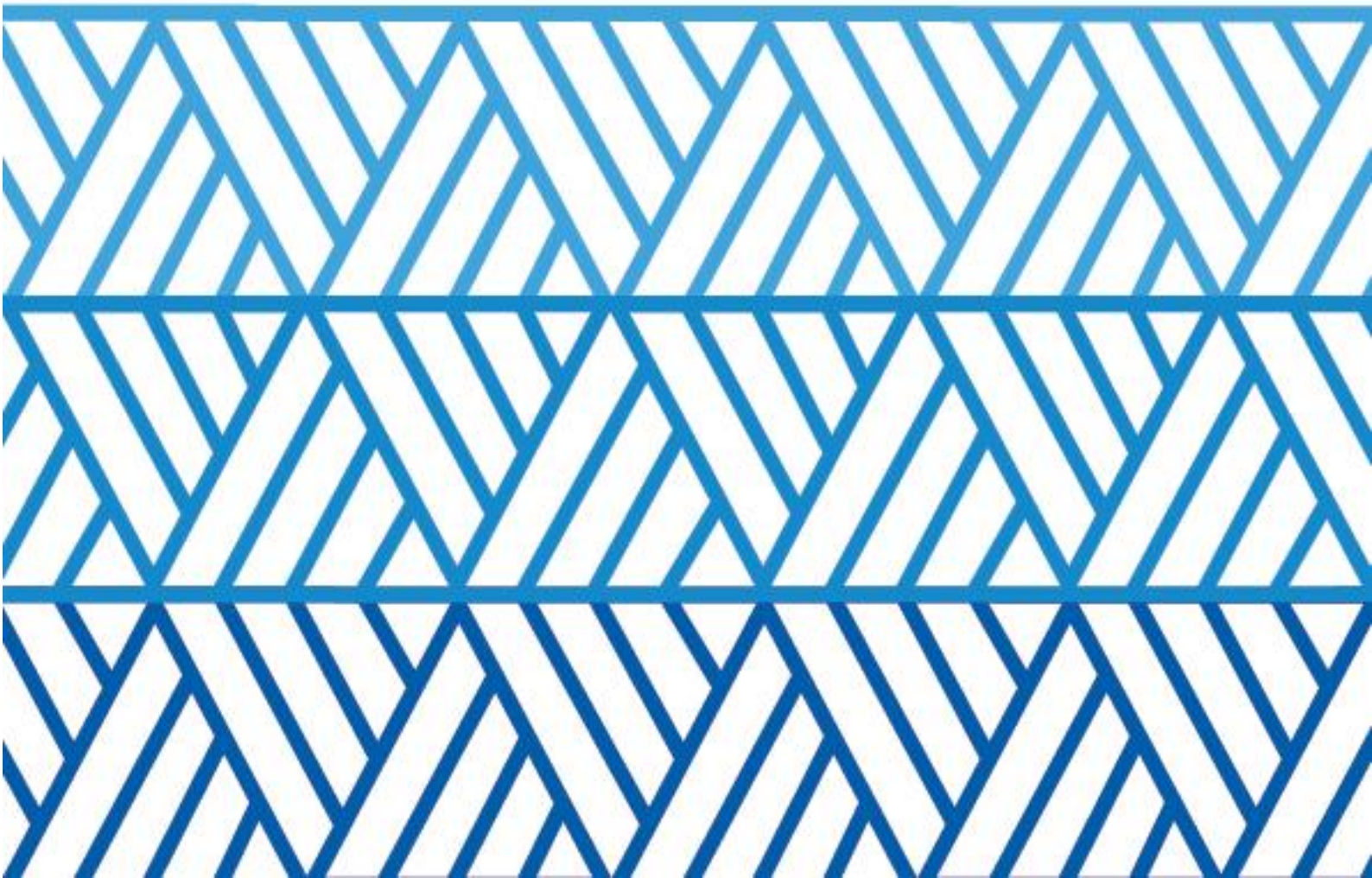


## Suggested safety plan template (Example only)

First use this template as a worker/supervisor framework. Think about the 'bottom line' for each safety plan – what is 'non-negotiable'? Then discuss, agree and negotiate with family/whānau on what the plan will include. Ensure there is a copy for the family/whānau and that a copy is placed on the file.

| Safety agreement and plan  |  |                    |
|--|--|--------------------|
| Name of child:<br>_____  |  |                    |
| Name of parents/caregivers:<br>_____   |  |                    |
| We are worried because:<br>(outline incident, what you are worried might happen and impact on the child) |  |                    |
|  |  |                    |
|  |  |                    |
| Actions:<br>(be specific about what must be done)  | Who:<br>(person responsible for completing the action) | Date:<br>(by when) |
|  |  |                    |
|  |  |                    |
|  |  |                    |
|  |  |                    |
| Support persons and contact numbers  |  |                    |
|  |  |                    |
|  |  |                    |
|  |  |                    |
| To keep _____ as safe as possible we agree to this safety plan.<br>[child]                               |  |                    |
|  |  |                    |
|  | Name and signature                                     | Date               |
| Parents/Caregivers:  |  |                    |
|  |  |                    |
| Family Start worker:   |  |                    |
| Other/s:   |  |                    |
| Supervisor:  |  |                    |
| Date to review:  |  |                    |

# Section 10: Child Family Plan (CFP)



## Child Family Plan (CFP)

The Child Family Plan (CFP) is a document developed in consultation with the family/whānau, to address their needs, reflect and to build on their strengths. It changes as necessary to recognise their progress towards increasing independence.

An example of a Child Family Plan template has been included on page 81.

The CFP outlines the tasks to be undertaken and the services to be provided to increase the capability of vulnerable families/whānau to give their children the best possible start in life.

The CFP should be informed by the information gathered from the SNA, the CST and Tākai work.

The CFP goals should clearly relate to the referral criteria and the identified needs of the Family Start child and their family/whānau.

### Purpose

The CFP provides clarity about the family/aspirations or moemoeā – i.e. what they ultimately hope to achieve by being on the programme.

The CFP should contain goals that will support the family/whānau to provide a protective environment in which their child can flourish and to increase their own resilience. These goals should address referral criteria concerns and areas of need identified in the SNA, the CST and Tākai website discussions.

High needs families/whānau are likely to require a range of services to support them and address their needs. This will require Family Start to work collaboratively with other service providers to support families/whānau to achieve their goals. The contribution of other services should be recorded in the CFP.

### Timing

A CFP should be completed within two weeks of each assessment being completed and shared with the family/whānau.

The first plan should prioritise pressing, up-front issues and focus on early change. This may be the first opportunity for the family/whānau and the worker to consider together the challenges the family/whānau may be facing and the strengths they have.

### Process

#### Step 1 – Identify the family/whānau aspirations or moemoeā

After a summary of the SNA has been shared with the family/whānau, organise a time and place to develop the CFP that is convenient and comfortable for them. Ensure the family/whānau is aware of the purpose of the CFP and the process for developing it.

Revisit earlier discussions about the family/whānau aspirations and moemoeā – what they ultimately want to achieve by being on the programme.

Remember an aspiration or moemoeā is not a goal. It is a dream that will ideally be turned into reality.

## **Step 2 – Develop and prioritise the CFP goals**

Next, assist the family/whānau to prioritise goals that will help them achieve their aspirations. These should:

- Have a child-focus within the wider family/whānau context
- Link to the concerns in the referral
- Link to the needs identified in the SNA, the CST and Ara Mātua–Parenting Pathway.
- Draw upon ideas from the Tākai website that the family/whānau can use to help their child

### **Be S.M.A.R.T.**

- **Specific:** Not general statements but concrete descriptions of specific behaviours or states. Who, what, when, how?
- **Measurable:** Can we count, compare, consider impact and meet standards or benchmarks? How much, how many, how will I know when the goal is accomplished?
- **Attainable:** Are they relevant and meaningful to the family/whānau, do they see the point and rationale and can the vision be broken into manageable steps?
- **Realistic:** Is the goal realistic for this family/whānau? Will they see success? Are they willing and able, with support, to achieve them?
- **Timely:** Goals that are tied to a timeframe create their own sense of urgency, importance and priority.

## **Step 3 – Describe the actions required to achieve these goals**

Work with the family/whānau to break down their goals into manageable steps and actions. Discuss with them:

- What their child needs right now
- The strengths they bring which they can use to help them achieve their goals
- The specific support they may require from others to achieve each goal (eg, wider family/whānau and other community agencies).

Agree on tasks required to achieve each goal and prioritise these to ensure the healthy development and safety of the child. Some tasks may need to happen immediately or the near future whilst others may be actioned over a longer timeframe.

Make sure the tasks include specifically what needs to be done, by whom and by when. It is important to acknowledge completion of each task – this provides parents/caregivers with a sense of achievement and helps motivate them as they work towards achieving the bigger goal.

#### **Step 4 – Record the CFP**

Following discussion and agreement with the family/whānau ensure that:

- A formal written copy of the CFP is recorded
- The plan is signed and dated by the family/whānau and the worker, and has supervisor sign-off
- A hard copy is given to the family/whānau
- The plan records any other attendees or persons responsible for tasks
- A copy is sent to other services involved (with family/whānau consent).

#### **Step 5 – Using the CFP to guide the purpose of all home visits**

CFP are 'live' working documents for discussion and informal review at each visit. Family Start workers should have a hard copy with them when they visit and use this to initiate conversations and ensure a purposeful approach to the work.

Check with the family/whānau how they are progressing with their tasks and acknowledge any successes. In particular, consider what is preventing progress and what might be done to address this.

Record these discussions in case notes.

#### **Step 6 – Review of the CFP**

CFP are formally reviewed on a three-monthly basis following completion of each SNA however plans should be informally reviewed regularly at home visits. Include these discussions in case notes. This ensures that the plan remains responsive and relevant. Reviewing the CFP is central to identifying and acknowledging progress made. It also ensures the plan remains responsive and relevant to the child and family/whānau situation over time.

Where progress has occurred and actions are completed, it is important to keep the momentum going and consider new goals/tasks.

Where progress has not occurred, workers will need to work with family/whānau and liaise with other agencies to consider what is preventing progress, and what needs to be done to ensure goals are met. CFP reviews should include:

- What positive difference has been made in the child and family/whānau life
- What goals/tasks have been successfully completed
- What goals/tasks have not been completed, reasons why and ideas to address these
- A new or amended plan with goals for the next three months.

## Child Family Plan template (Example only)

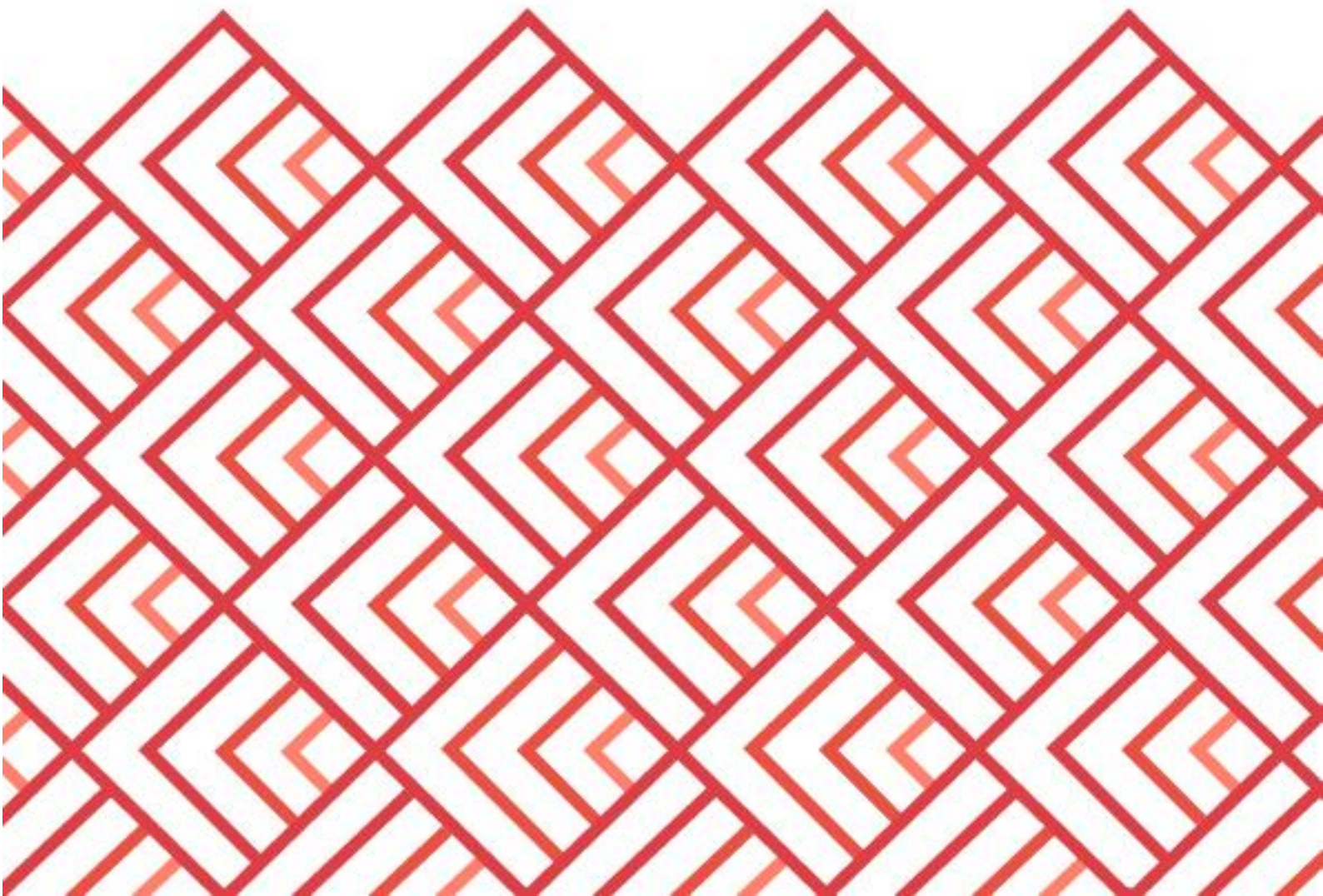
|                           |
|---------------------------|
| <p><b>Our dream:</b></p>  |
| <p>Whānau name: _____</p> |
| <p>Ref: _____</p>         |
| <p>Review date: _____</p> |

| Family goal:<br>(Make it SMART and descriptive) | Action:<br>(What is the action, task, service or intervention?) | Who:<br>(Who is responsible?) | Achieved by:<br>(When will tasks be completed?) |
|---|---|-------------------------------|---|
| Goal:   |   |                               |   |
| Goal:   |   |                               |   |
| Goal:   |   |                               |   |

This plan has been developed by our whānau and our Family Start Worker and we commit ourselves to actions agreed.

|                | Name and signature | Date |
|----------------|--------------------|------|
| Whānau:        |                    |      |
| Whānau worker: |                    |      |
| Supervisor:    |                    |      |

# Section 11: Exit process





## Exit process

As family/whānau progress through the Family Start programme their strengths and self-determination will increase and their need for support is expected to diminish. Regular use of the Family Start tools will assist the Family Start worker and family/whānau to identify their achievements and demonstrate their movement towards greater independence.

Ideally, family/whānau will exit Family Start because their goals are largely met and there is agreement that they no longer require assistance from the programme. Where possible, exit from the Family Start programme should be formally celebrated and acknowledged.

When a family/whānau advises they are moving to a new area outside of the area covered by the original partner and they still meet the criteria, the original partner will:

- Identify the Family Start provider in the new area.
- Encourage the family/whānau to consider this option and obtain their consent to a transfer to the new Family Start provider.

### Definition of ‘planned’ and ‘unplanned’ exits

A planned exit is recorded in FS-Net when the following conditions have been met:

- There is documented evidence that the family/whānau circumstances have improved. For example – case notes, SNA, CST and CFP all indicate positive progress has been made and that the child is safe.
- There is mutual agreement between the family/whānau and the Family Start worker that the family/whānau will no longer be participating in the Family Start programme.

An exit is always considered to be unplanned when any other situations exist, such as:

- An exit due to Oranga Tamariki intervention
- The family/whānau cannot be contacted after six consecutive weeks
- The Family Start worker has not seen the child for a period of three months because the child is with another full-time carer
- The family/whānau chooses to exit from Family Start and the Family Start worker does not agree that this is in their best interests
- The family/whānau moves out of the area (other than to transfer to another Family Start programme), and the partner is unable to determine that the family/whānau circumstances will improve.

If Oranga Tamariki statutory services have been involved with the family/whānau best practice would be for the provider to advise them when the whānau exits Family Start, particularly where this is an unplanned exit.

A comprehensive **exit summary** should be completed for any exit from the programme. See sample exit template on page 85.

## Re-entry to Family Start

A family/whānau who exits Family Start can later re-enter the programme if they still meet the high needs criteria and following due consideration as to whether the goals of the programme can be achieved. This decision is at the discretion of the provider. The child of the family/whānau re-entering Family Start is not required to be less than two years of age.

## Transfers

When a family/whānau advises that they are moving to another area, the original provider will encourage the family/whānau to transfer to the Family Start/Early Start provider in their new location. A list of Family Start providers and contact details is in the Family Services directory at <https://www.familyservices.govt.nz/directory/>

With the consent of the family/whānau the original partner will:

- Contact the Family Start provider in the new area and arrange the transfer
- Complete a detailed exit summary and send this to the new provider. This information will provide the new provider with an overview of the family/whānau progress to date and of the goals that they are still working towards.

Best practice with any transfer is that conversations occur between providers before a transfer is made.

If the new provider has a valid reason for not picking a referral up, they should make their reasons clear and suggest an alternative agency to link the family/whānau with.

If the new provider agrees to take the child and their family/whānau on they should give them high priority. Continuity of the service we deliver is important.

There is an expectation that providers will accept transfers within 10 working days so that there is a smooth transition with consistent support provided to the child and their family/whānau.

If Oranga Tamariki is involved it is important that the original provider contact their local Oranga Tamariki site to advise them of the family/whānau proposed move. The new provider should also contact their Oranga Tamariki site to advise they have picked up the case. This conversation is important to ensure that support for the child is seamless. A written record of this advice to Oranga Tamariki must be kept on file.

The process for managing the transfer in FS-Net is outlined in the FS-Net User Guide. Once the new provider has accepted the transferring family in FS-Net they will be able to see all the family/whānau previous Family Start information including case notes.

## Suggested Family Start exit summary template (Example only)

|   |  |
|---|--|
| Date:   |  |
| Client number:                                    |  |
| Family Start child name:                          |  |
| Primary caregiver name and relationship to child: |  |
| Mother:   |  |
| Father:   |  |
| Significant others:                               |  |
| Reason for exit:                                  |  |
| <b><i>Case summary</i></b>                        |  |
| Date accepted onto Family Start programme:        |  |
| Referral criteria:                                |  |
| Summary of progress made/issues addressed:        |  |
| Any outstanding concerns/risks:                   |  |
| Recommendations for follow-up:                    |  |
| Worker name/sign-off:                             |  |
| Supervisor name/sign-off:                         |  |

# Appendix 1: Family Start management guidelines



# Family Start management guidelines

## Introduction

These guidelines support Family Start providers and Family Start workers in the following areas:

- Family Start outcomes and key deliverables for performance assessment and reporting
- Guidance for professional and practice supervision for the delivery and case management of effective, competent and safe services
- The Family Start Competency Framework for professional and competency development

## Your obligations under the Privacy Act

Providers are required to have clear organisational policies and procedures for the management of personal client information. Family Start workers should be guided by these at the time of the initial contact visit so that family/whānau are made aware of the criteria for being accepted on the programme.

In supplying information to Oranga Tamariki using FSNet, providers are required to comply with their own obligations under the Privacy Act 2020, by ensuring that where personal information is collected from clients in the delivery of the service, the client be informed;

1. That information is being collected.
2. The purpose for which it is being collected.
3. The intended recipients of the information.
4. The agency collecting the information.
5. The agency holding the information.
6. If the collection of the information is authorised or required under law.
7. The particular law.
8. Whether it is voluntary or mandatory.
9. The consequences of refusing.
10. The right to access and correction of the information.

## Relationship principles

Oranga Tamariki and Family Start providers shall collaborate to ensure the services are effective and accessible. In so doing they recognise that the service is a joint endeavour, in which both parties have a shared goal to achieve positive benefits for the target group.

The following principles guide all our dealings under the outcome agreement.

Both parties agree to:

- Act honestly and in good faith
- Communicate openly and in a timely manner
- Work in a collaborative and constructive manner
- Recognise each other's responsibilities
- Encourage quality and innovation to achieve positive outcomes.

Both parties shall appoint contract managers who will be responsible for effectively managing the contract relationship by providing assistance and support as required. Details of the contract managers nominated by both parties are set out in the outcome agreement.

## **Cultural responsiveness**

Oranga Tamariki and Family Start providers recognise the needs of all people, including Māori, Pacific, ethnic communities and all other communities, to have services provided in a way that is consistent with their social, economic, political, cultural and spiritual values.

## **Good practice approach**

Oranga Tamariki and Family Start providers support the development of good practice in the delivery of the service.

This includes:

- Basing the service on current good practice approaches, taking into account the local context and community and the knowledge and skills relevant to the purpose and focus of this service
- Being client-focused, including:
  - involving clients appropriately in decisions about the delivery of the support they receive
  - recognising the importance of cultural responsiveness in service delivery
  - designing services and physical facilities in a way that supports accessibility to services for clients
- Using a collaborative approach across services and agencies where possible
- Undertaking regular review, reflection and monitoring of the effectiveness of the service, including client, staff and external feedback, and changing and modifying practice in response
- Ensuring that formal feedback processes are used for reporting purposes and that clients participating in them are aware of how the information they provide will be used

- Undertaking relevant professional development and (where appropriate) supervision
- Engaging with a ‘community of practice’ to share ideas, information and build professional practice knowledge.

# Section 1: Family Start Client Result Measures

## Outcomes

There are three long-term outcomes for the Family Start programme as outlined in the Family Start Theory of Change (page 15) The table below identifies the Key Deliverables that will contribute directly to the achievement of these three outcomes. The Key Deliverables are also required in order to assess provider performance in the delivery of each Family Start service component.

1. **Outcome:** Reduction in child maltreatment
2. **Outcome:** Children are physically and mentally healthy
3. **Outcome:** Children/tamariki/families/whānau are healthy and resilient

| Key Deliverables                  | Performance measure  | Standard |
|-----------------------------------|--|----------|
| Contracted volumes                | Number of families/whānau the Family Start programme is working with as a percentage of contracted volumes.  | 85–100%  |
| Home visits                       | Families/whānau receive a minimum of one visit per fortnight.  | 95–100%  |
| Child Family Plan                 | Child Family Plans are reviewed every three months.  | 95–100%  |
| Supervision                       | Family/whānau workers receive one hour of supervision per week.  | 95–100%  |
| Client Result Measures            | Performance measure  | Standard |
| Immunisations                     | Percentage of children who have had their scheduled immunisations during the quarter it came due.            | 95%      |
| Well Child/Tamariki Ora visits    | Percentage of children receiving scheduled Well Child/Tamariki Ora visits during the quarter it came due.    | 80%      |
| Early childhood education         | Percentage of children aged 18 months and over attending licensed or certificated early childhood education. | 65%      |
| Primary health organisation (PHO) | Percentage of children enrolled with a PHO.  | 95%      |



|                         |   |     |
|-------------------------|---|-----|
| Oral health visits made | Percentage of children who have had their scheduled oral health visit during the quarter it came due. | 90% |
|-------------------------|---|-----|

## Section 2: Family Start performance monitoring and reports

The Family Start programme contract sets out monitoring and reporting requirements for all Family Start programme providers. A Family Start provider agrees to deliver the Family Start programme to a specified number of families/whānau (volumes) and to the standards of delivery as outlined in the Family Start Programme Manual to achieve the key deliverables and Client Result Measures.

Regular performance monitoring and reporting allows both Oranga Tamariki and the Family Start provider to identify areas of programme delivery needing improvement at an early stage, and to provide support and feedback. It also enables Partnering for Outcomes Advisors to report to Senior Management in Oranga Tamariki on the delivery of the Family Start programme.

A Family Start provider's performance is monitored in the following ways:

### — FS-Net reports

Family Start providers will use the Family Start FS-Net electronic database by entering relevant data by the 10th of each month. Monthly and quarterly reports will be generated from FS-Net and will be available for providers to upload on the 11th of each month. These reports will provide statistical information on individual provider performance against the key deliverables and will be discussed during monitoring visits. FS-Net also provides Oranga Tamariki and Family Start providers with a national performance overview.

### — Provider monitoring visit

A Partnering for Outcomes Advisor will undertake regular monitoring visits to providers in accordance with their Outcome Agreement. They will complete a monitoring template and may monitor client files. The Partnering for Outcomes advisor will discuss the provider's performance in delivering the Family Start programme against the Key Deliverables, Client Result Measures, and Whānau Worker Vacancy Reports. A follow-up report summarising areas for development will be provided.

### — Programme development/practice support

A Quality Advisor Programme and Practice will support Family Start providers to improve their practice and quality standards as required. The Quality Advisor will work with the provider to address areas of practice that need improvement and develop actions to achieve agreed outcomes. This may include providing training, support and advice. The frequency of this input will depend on the level of support required as agreed by the advisor and provider.

### – **Social Services Accreditation Standards**

Providers delivering Family Start services are required to meet Level 2, social services accreditation standards. Providers are required to maintain their Approval Level according to the relevant Approval and Accreditation Standards. For more information, please visit <https://tekāhuikāhu.govt.nz>

## **Section 3: Variable Caseload**

### **Variable Caseload**

The variable caseload model implemented in October 2020 adjusts the Family Start worker caseload from 1 FTE :16 whānau to 1 FTE :12-16 whānau with a median of 1 FTE: 14 whānau.

Whānau referrals are allocated Family Start workers based on a combination of factors such as:

- worker experience and skills
- worker capacity i.e. intensity of cases already on their caseload, resiliency
- ethnicity or cultural match (including speaking other languages)
- geographical location of client
- whānau situation (complexity)

Most worker caseloads will be a mix of whānau with high, medium or low levels of intensity or need. The needs of whānau are likely to change over time, moving up or down the intensity levels as crises arise and are resolved. Ideally this results in the whānau being ready to exit Family Start because their goals are largely met and there is agreement that they no longer require assistance from the programme.

The variable caseload model considers the 'amount of work' required to support each whānau as an indicator of 'intensity/whānau need'. It offers a logical way for caseloads to be managed that reflects the amount of work required.

Implicit in this model is maintaining continuity of worker with a whānau wherever possible. This is recognised as best practice and helps maintain effective working relationships.

The amount of 'home visits', 'direct client contact' time and 'calls to client' are an indicator of level of intensity. 'Time spent on behalf of clients' provides further evidence of whānau need. FS Net data, client case notes and supervision records go some way to evidencing what level of need a whānau is at.

For example:

| Level  | Home Visits     | Direct client contact | Calls to client | Time spent on behalf of client |
|--|-----------------|-----------------------|-----------------|--------------------------------|
| High   | 1-2 per week    | 1-2 per week          | 1-2 per week    | Yes                            |
| Medium                                       | 1 per fortnight | 1 per fortnight       | 1 per fortnight | Yes                            |
| Low<br>Exit plan – for a maximum of 3 months | 1 – 2 per month | 1 per month           | 1-2 per month   |                                |

Key understandings:

Home visits – this figure represents the *number of* home visits only and does not specify a number of hours or the length of time taken for visits as this will vary for each whānau.

Direct client contact – includes whānau worker and parent/caregiver attending activities outside the home such as FGCs, health appointments, W&I appts, counselling appointments, attending a playgroup together etc.

Calls to client – calls that include meaningful conversations about the health and well-being of the whānau.

Time spent on behalf of client – includes for example arranging food parcels, meeting with/talking to other professionals, referrals to the other agencies

## Section 4: Staffing

### Family Start Worker Requirements

Family Start workers work with vulnerable young children and their families/whānau. They will often be called upon to make crucial decisions involving safety and wellbeing based on their professional judgement. Therefore, it is necessary to ensure that people working with children have the appropriate knowledge and skills to carry out their roles safely and in partnership with others in the workforce. It is important that all workers are competent and qualified.

A general expectation is that Family Start workers and supervisors have a qualification and experience relevant to working with children and their families/whānau in for example social work<sup>12</sup>, education or health.

<sup>12</sup> As of the 27<sup>th</sup> February 2021, all social workers need to be registered and the title “social worker” has become protected. That means only social workers who are registered by the Social Workers Registration Board can use the title “social worker”. Any person who wishes to use names, words, titles, initials or otherwise imply they are a social worker is required to be registered. For further information please refer to the Social Workers Registration Board website <https://swrb.govt.nz>

## Supervision

It is important that Family Start workers have an adequate level of supervision to support professional practice. Family Start workers will receive at least one hour of supervision each week.

It is expected that the person providing this supervision will have a sound understanding of the Family Start programme and practice in accordance with accepted professional standards.

It is preferred that they have completed training in professional supervision. Ideally this training would incorporate an element of practice involving formal assessment and be delivered by a registered and accredited education provider.

As all family/whānau enter the programme with high needs the provider should be guided by an average ratio of 1 supervisor to 7 Family Start workers.

Regular supervision is also a requirement for all supervisors delivering supervision within the Family Start programme. This can be through an external or internal professional.

### **Definition of supervision**

Supervision is a process that enables and guides a practitioner towards competent, safe and accountable practice. It provides case and performance management, as well as on-going professional development and support. It also addresses duty of care issues that affect a family start worker, such as staff safety, wellbeing and the emotional impact of the work.

For supervision to be effective it must be:

- Regular and planned
- Recorded and reviewed
- Uninterrupted and confidential
- Challenging and supportive
- Stimulating and enjoyable.

### **Recording of supervision**

The Family Start supervisor has a responsibility to keep a detailed record of both formal supervision sessions and impromptu or 'open-door' case discussions.

A suggested template is available on FS-Net.

It is recommended that both the Family Start worker and the supervisor sign a copy of the supervision notes to verify it is an accurate record of what was discussed and agreed to. The supervisee may choose to have a copy for their own records.

To capture any critical decisions, Family Start workers may want to record a brief case note in FS-Net, such as "Supervision #3333 – discussed family violence incident, safety plan put in place".

## **Supervisory functions**

Family Start providers may choose to split supervisory functions and arrange for them to be managed by external supervisors or by separate individuals within the organisation. However, it is best practice for Family Start workers to receive their clinical supervision from an on-site supervisor.

Where managerial and clinical support is separated it is vital there is clarity and agreement about the following aspects of supervision:

- Accountability
- Performance feedback
- Confidentiality
- Integration of day-to-day case decisions
- Addressing potential relational dynamics
- Communication arrangements between supervisor and supervisee
- Qualification standards are maintained by all those in a supervisory role.

Where supervision is provided externally, there will be written agreement regarding purpose, frequency, duration, reporting back procedures, payment and the specific requirements of the Family Start programme.

## **Cultural supervision**

Family Start workers should have the opportunity to have culturally relevant supervision as part of, or in addition to the mandatory weekly professional supervision.

## **Group/Peer supervision**

Group supervision involves the use of a group setting to implement some of the responsibilities of supervision. It does not necessarily require the presence of a supervisor but can include one.

Peer supervision refers to colleagues of equal status and does not usually include a supervisor.

For Group/Peer supervision to be effective, the following factors need to be agreed:

- The purpose, focus and key tasks
- Mandate of the group and decision-making authority
- Boundaries and rules
- Facilitator role and appropriate skills/experience
- Agreement of methodology
- The process of safe support and challenge of individuals
- Content of practice issues/case work to be discussed in the sessions.

Group/Peer supervision can be included as part of the ‘one hour a week’ key deliverables if the current standard of one-to-one supervision is of an acceptable quality. The achievement of this standard will be assessed by the Partnering for Outcomes Advisors in discussion with the partner, and will consider the following factors:

- Partner supervision key deliverables have been consistently met.
- The partner can demonstrate that the factors listed above have been considered and agreed to.
- Individual supervision continues and group time accounts for only half of the required weekly amount.
- Staff subject to performance management should continue to have one hour of individual supervision a week.

## Section 5: Family Start competency framework

This section defines 15 competencies covering two Family Start roles: Family Start worker and Family Start supervisor.

### Purpose

The competencies were developed to enable a common understanding among providers and funders of the core competencies of the roles of Family Start workers and supervisors. They are designed to inform training requirements; the development of individual training plan templates; recruitment, retention and development of family start workers; and the type and level of qualifications required for each role.

They have the potential to improve the operational effectiveness of the Family Start programme through competency-based training and qualifications specifically related to the delivery of Family Start, as well as linking human resource recruitment, management and development to priority outcomes for Family Start.

### The competencies

| <b>Working with others</b>     | <b>Specialist expertise</b>        | <b>Administration and management</b> | <b>Professional and cultural</b> |
|--------------------------------|------------------------------------|--------------------------------------|----------------------------------|
| 1. Building relationships      | 1. Facilitating change             | 1. Enabling reflective practice      | 1. Cultural skills               |
| 2. Interpersonal communication | 2. Linking to resources            | 2. Managing performance              | 2. Integrity and self-awareness  |
| 3. Managing conflict           | 3. Solving problems                | 3. Organisation and record-keeping   | 3. Professionalism               |
| 4. Teamwork                    | 4. Specialist knowledge and skills |                                      | 4. Taking responsibility         |

## Example

The following pages list the competencies in detail. Each competency consists of a title, a description, a definition (which may include different levels), and a set of behaviors. See the example below:

| <b>Title:</b>                 | <b>3. Solving problems</b>   |
|-------------------------------|--|
| <i>Description (overall):</i> | A person with this competency makes good decisions and finds effective ways to deal with issues.   |
| <i>Definition (Level 1):</i>  | <b>Level 1: Effectively responds to day-to-day issues and problems</b>   |
| <i>Behaviours (Level 1):</i>  | <ul style="list-style-type: none"><li>– Thinks before acting – responds rather than reacts</li><li>– Finds ways around obstacles</li><li>– Considers the obvious risks in a situation and ensures actions and solutions are safe</li></ul> |
| <i>Definition (Level 2):</i>  | <b>Level 2: Takes a methodical approach to problem solving</b>   |

# Family Start competency framework

## Working with others

### 1. Building relationships

A person with this competency establishes rapport and trust with others – parents/caregiver and children as well as colleagues and other professionals.

#### Level 1: Establishes warm, friendly relationships

- Makes a positive first impression when meeting people
- Displays a positive, approachable manner
- Puts people at ease
- Invests time in building relationships
- Maintains healthy and appropriate personal and professional boundaries

#### Level 2: Creates trusting relationships

- Communicates interest and acceptance so that people feel able to talk openly and share personal or sensitive information
- Models trust and respect in a way that advances the relationship
- Adapts behaviour according to how others respond
- Establishes trust and credibility by helping people achieve their goals

#### Level 3: Maintains positive relationships even in difficult situations

- Takes steps to maintain rapport with people when situations are difficult
- Anticipates and takes steps to minimise things that may affect relationships
- Is able to challenge/disagree with someone without damaging the relationship

### 2. Interpersonal communication

A person with this competency creates understanding and has influence with others.

#### Level 1: Communicates clearly and hears what others are saying

- Explains information clearly
- Listens attentively – can accurately summarise what people have said about their points of view, feelings and needs



- Uses questions to check whether people have understood, to gain new information from others and to clarify own understanding
- Changes approach if the other person does not understand, or if communication is breaking down
- Shows in tone of voice, body language and manner, an empathy with people
- Willingly responds to questions and concerns raised by people

**Level 2: Helps people express themselves as well as consider alternative points of view**

- Uses questions to clarify and explore what is happening for another person
- Helps people develop and express their own ideas
- Persuasively communicates information/alternative points of view to people – pointing out benefits and opportunities
- Responds in a non-defensive way when own position is challenged

**Level 3: Displays highly developed communication and influencing skills**

- Uses a range of techniques and strategies to help people with strongly held views to consider alternative points of view
- Communicates vision/possibilities to people in a way that promotes enthusiasm and commitment for taking up opportunities
- Acts positively in difficult and complex interpersonal situations – taking control when necessary to achieve important objectives

### 3. Managing conflict

A person with this competency takes action to reduce/resolve conflict

**Level 1: Defuses/minimises conflicts**

- Recognises when conflict is occurring
- Keeps calm in situations involving conflict or aggression
- Recognises that conflict can be constructive in some situations
- Defuses tense situations by adopting a listening approach – and encouraging others to do the same
- Addresses safety issues in a conflict situation
- Recognises when a conflict is beyond own expertise and seeks assistance

**Level 2: Resolves simple conflicts**

- Anticipates and addresses potential conflicts before they become serious

- Facilitates reduction/resolution of conflict by exploring each person’s concerns and needs
- Helps those in conflict generate creative options that meet both parties’ needs
- Supports action to implement solutions and resolve conflict

**Level 3: Takes action to resolve complex or on-going conflicts**

- Develops and implements strategies for reducing the incidence and/or managing the impact of major conflicts
- Confronts people effectively – helps them see and accept appropriate responsibility for their part in destructive situations

**4. Teamwork**

When a person has this competency their actions reflect a commitment to their colleagues and the organisation.

**Level 1: Participates in the team**

- Sees self as part of a team – does not work in isolation
- Joins action to enhance team spirit
- Speaks positively about colleagues

**Level 2: Actively contributes to the team**

- Offers and seeks support from colleagues and management
- Words and actions show support for the vision and decisions of the team
- Makes positive contributions to team meetings

**Level 3: Takes an informal leadership role in team**

- Volunteers to take on responsibility within the team
- Constructively uses skills and experience to provide leadership

## Specialist expertise

### 1. Facilitating change

A person with this competency supports planned approaches to change for the benefit of the child.

#### **Level 1: Works with families/whānau, helping them make progress towards agreed goals**

- Focuses on goal-centred plans when working with families/whānau
- Presents the goal-centred approach in a way that engages families/whānau
- Works with families/whānau to implement plans for achieving goals
- Models what is being taught
- Is careful not to impose own values or beliefs onto others
- Identifies, celebrates and builds on people's strengths and achievements
- Focuses on supporting and working with people rather than doing things for them

#### **Level 2: Facilitates development and implementation of goal-centred plans for wellbeing of child and family/whānau**

- Uses a structured approach with families/whānau to develop plans with realistic and measurable goals
- Helps others reflect, see different points of view, explore priorities and be motivated to improve their wellbeing
- Regularly reviews and updates Child Family Plans with families/whānau
- Fosters a climate of learning, taking account of different learning styles and adapting approach accordingly
- Identifies unrealistic family/whānau expectations and inappropriate parenting practices, and enables parents/caregivers to develop strategies for change
- Provides regular and appropriate information to families/whānau on child development and parenting practices tailored to each family/whānau needs

#### **Level 3: Reviews effectiveness of Child Family Plan processes**

- Reviews trends in Child Family Plans
- Analyses how effectively Child Family Plans contribute to Family Start outcomes
- Proposes changes to processes used to develop, implement and review Child Family Plans which would result in improved Family Start outcomes

## 2. Linking to resources

A person with this competency uses networks in the community to assist families/whānau.

### **Level 1: Uses general community knowledge and contacts to support families/whānau**

- Builds and maintains positive working relationships with a range of local health, social service and early childhood education professionals
- Has up-to-date knowledge of a number of local agencies/community organisations (including family/whānau/hapū/iwi/Pacific peoples' organisations)
- Connects families/whānau with those who can provide support, rather than trying to do everything themselves
- Supports families/whānau in their contact with government agencies
- Demonstrates knowledge of protocols and requirements for referral to a number of local agencies
- Demonstrates knowledge of protocols and procedures for notification to Oranga Tamariki

### **Level 2: Uses broad community knowledge and contacts to support, and when necessary advocate for, families/whānau**

- Has up-to-date knowledge of a wide range of local agencies/community organisations (including family/whānau/hapū/iwi/Pacific peoples' organisations)
- Advocates for families/whānau as appropriate
- Demonstrates knowledge of protocols and requirements for referral to a wide range of local agencies

### **Level 3: Uses extensive community knowledge and influential contacts to support families/whānau and assist colleagues**

- Has 'expert' knowledge on several agencies – such that colleagues seek advice and information on dealing with them
- Expertise and experience is recognised by external agencies/organisations – for example, by inviting participation in cross-agency project teams or committees
- Uses networks to 'open doors' for clients

### 3. Solving problems

A person with this competency makes good decisions and finds effective ways to deal with issues.

#### **Level 1: Effectively responds to day-to-day issues and problems**

- Thinks before acting – responds rather than reacts
- Finds ways around obstacles
- Considers the obvious risks in a situation and ensures actions and solutions are safe

#### **Level 2: Takes a methodical approach to problem solving**

- When presented with an urgent situation, exercises good judgement, quickly identifying approaches that are most likely to be useful
- Gathers information and looks at a situation from different points of view before deciding what to do
- Methodically considers all the risks in a situation and ensures actions and solutions are safe
- Uses a range of tools and resources for decision making and problem solving

#### **Level 3: Adopts a broad perspective and considers the wider implications when solving problems**

- Regularly considers the interests of the wider organisation/programme, and sets priorities and adjusts actions accordingly
- Develops innovative ways of dealing with problems
- Looks for underlying causes and seeks to address those rather than make a 'quick fix'
- Reviews and reflects on outcomes of decisions and actions
- Initiates case reviews/debriefs to facilitate team learning

### 4. Specialist knowledge and skills

A person with this competency uses life experience together with professional training to accurately assess and address needs of children and families/whānau. The person's specialist field will be in early childhood education, health or social science.

#### **Level 1: Has a general understanding of specialist field and applies knowledge in day-to-day work**

- Demonstrates life skills and experience that support integration of theory with real life
- Demonstrates a good understanding of children’s early learning and development, and the early childhood learning curriculum
- Draws on relevant theory and knowledge when assessing clients’ needs and providing support
- Takes action to keep up-to-date on relevant knowledge and research
- Demonstrates a good understanding of family/whānau dynamics
- Monitors safety and security indicators for children and families/whānau and does not hesitate to challenge and take appropriate action when necessary (e.g. family violence, child abuse/neglect situations)
- Assists families/whānau to become close observers of their child, and actively engaged in their children’s learning through play

**Level 2: Has in-depth knowledge and skill in specialist field**

- Has a broad general knowledge of specialist field, with an in-depth knowledge of some areas
- Uses specialist knowledge to add value to own and others’ practice
- Takes appropriate steps to educate or improve skills of colleagues in specialist field
- Makes effective use of current tools and approaches in specialist field

**Level 3: Has expert knowledge in specialist field**

- Has a thorough understanding of specialist field and is regarded by colleagues inside and outside the organisation as an expert
- Uses specialist knowledge and experience to innovate/significantly improve the service’s ability to achieve its goals
- Shows awareness of trends and new developments within specialist field

## Administration and management

### 1. Enabling reflective practice

A person with this competency provides professional supervision to team members.

**Level 1: Overviews family start workers’ practice**

- Conducts regular one-to-one supervision with each team member

- Uses a structured supervision process to ensure supervisees’ practice is safe and of a high standard
- Make themselves available to staff as required
- Models the support that supervisees are expected to provide to clients
- Regularly reviews supervisees’ practice against key programme deliverables

**Level 2: Develops family start workers’ practice**

- Provides a safe supervision environment within which supervisees can explore issues
- Assists supervisees to link theory and research with their practice
- Seeks to facilitate supervisees’ learning as well as solutions for specific situations
- Identifies, manages and mitigates risks to clients and the service
- Has regular supervision to reflect on own practice

**Level 3: Puts systems in place to enhance Family Start practice**

- Identifies and analyses patterns and trends emerging from supervision of team
- Initiates/develops new or improved practices to enhance practice and Family Start’s ability to deliver outcomes

**2. Managing performance**

A person with this competency provides direction and support to their team members.

**This competency has just one level.**

- Demonstrates thorough understanding of Family Start programme and the work of the team
- Ensures team members understand their roles and what is expected of them
- Presents a clear picture of the organisation’s direction and priorities – explaining reasons for choices and changes the organisation has made
- Takes action to build team members’ confidence and competence
- Recognises and celebrates individual and team achievements
- Provides a supportive, positive and fun environment for team
- Monitors individuals’ performance and provides regular feedback
- Shows good judgement about when and how to represent team needs to management

- Addresses individual poor performance promptly – highlighting, agreeing and supporting required improvements
- Builds team capability – ensuring individual and team training needs are identified and met
- Is fair and consistent in dealings with team members
- Creates a learning environment

### 3. Organisation and record-keeping

A person with this competency plans and manages time efficiently and keeps accurate records.

#### **Level 1: Effectively manages own day-to-day work**

- Is organised and well prepared for daily work
- Manages time efficiently so that all tasks and responsibilities are completed on time and to required standard
- Responds promptly to messages
- Keeps up-to-date, legible, accurate and complete written and computer records as required
- Uses uncommitted time productively

#### **Level 2: Plans own work effectively in complex and unpredictable situations**

- Plans, prioritises and effectively implements own work activities in an environment where interruptions and unexpected events are the norm rather than the exception
- Produces professional written reports as required
- Regularly monitors task progress against work plans

#### **Level 3: Organises people and resources**

- Organises people, time and resources to achieve objectives
- Plans, allocates and monitors the work of others – making good use of individuals' skills and experience
- Breaks objectives and goals down into tasks and determines resources needed for each task
- Facilitates group planning sessions



## Professional and cultural

### 1. Cultural skills

A person with this competency works from a bicultural base and relates to clients within their cultural context.

#### Level 1: Shows respect for different cultures

- Values and celebrates diversity – showing respect for other cultures, and people’s different needs and ways of living
- Is respectful of each family/whānau values, history and life situation
- Takes steps to learn basic practices, protocols and language of client families
- Words and actions show an understanding of Treaty of Waitangi principles and Māori perspective as Tangata Whenua

#### Level 2: Shows an understanding of different cultures

- Demonstrates a good understanding of Tikanga Māori and other cultures’ practices
- Shows an awareness of gaps in, and a desire to increase, cultural knowledge and experience
- Actions demonstrate a commitment to Māori perspective as Tangata Whenua
- Accesses resources to make sure culturally appropriate and language appropriate services are provided

#### Level 3: Moves comfortably within different cultures

- Can understand and be understood in language(s) used by a significant proportion of the local client base
- Participates comfortably in appropriate cultural practices when with clients
- Draws on clients’ own cultural resources and support frameworks

### 2. Integrity and self-awareness

A person with this competency acts with honesty and maturity.

#### This competency has just one level.

- Acts honestly and ethically
- Words and actions gain the respect of others
- Follows through on agreements

- Can be relied on to complete tasks and meet commitments
- Displays an open-minded, non-judgemental attitude towards others
- Is open and transparent – saying what they mean without hidden agendas
- Identifies and works through personal issues that may impact on their work
- Purposeful – knows what they are doing and why
- Shows in word and action a commitment to Family Start’s philosophy and goals

### 3. Professionalism

A person with this competency models a high standard of work, continually reflecting on own practice and seeking to improve.

#### **Level 1: Demonstrates the key elements of quality practice**

- Sets high standards for self and seeks feedback on quality of own work
- Seeks and takes up opportunities to learn and develop
- Actions reflect an understanding of the child-centred nature of the work
- Participates in supervision to reflect on and improve practice
- Consults with supervisor when facing challenging situations
- Maintains appropriate client confidentiality
- Maintains healthy and appropriate personal and professional boundaries
- Clearly communicates their role and priorities to clients

#### **Level 2: Takes the initiative to reflect on practice**

- Adopts a structured and theoretically sound approach to work
- Seeks to learn from difficult experiences
- Displays flexibility in thinking and practice
- Actively engages in supervision to reflect on and improve practice
- Is aware of stress and situations that may put personal safety at risk and takes action to ensure own wellbeing
- Shows a willingness to consider how unresolved personal issues may affect their work

#### **Level 3: Provides professional leadership**

- Regularly takes time to reflect on effectiveness of whole programme
- Identifies, and advocates for, opportunities to increase programme’s effectiveness in achieving outcomes for children and families

- Identifies opportunities for increasing team’s knowledge and expertise

#### 4. Taking responsibility

A person with this competency is motivated to achieve what is expected.

##### **Level 1: Works carefully and perseveres**

- Has a clear understanding of own role and what is expected
- Accepts accountability for own actions
- Shows perseverance – is thorough and careful in fulfilling responsibilities

##### **Level 2: Shows initiative in working towards goals**

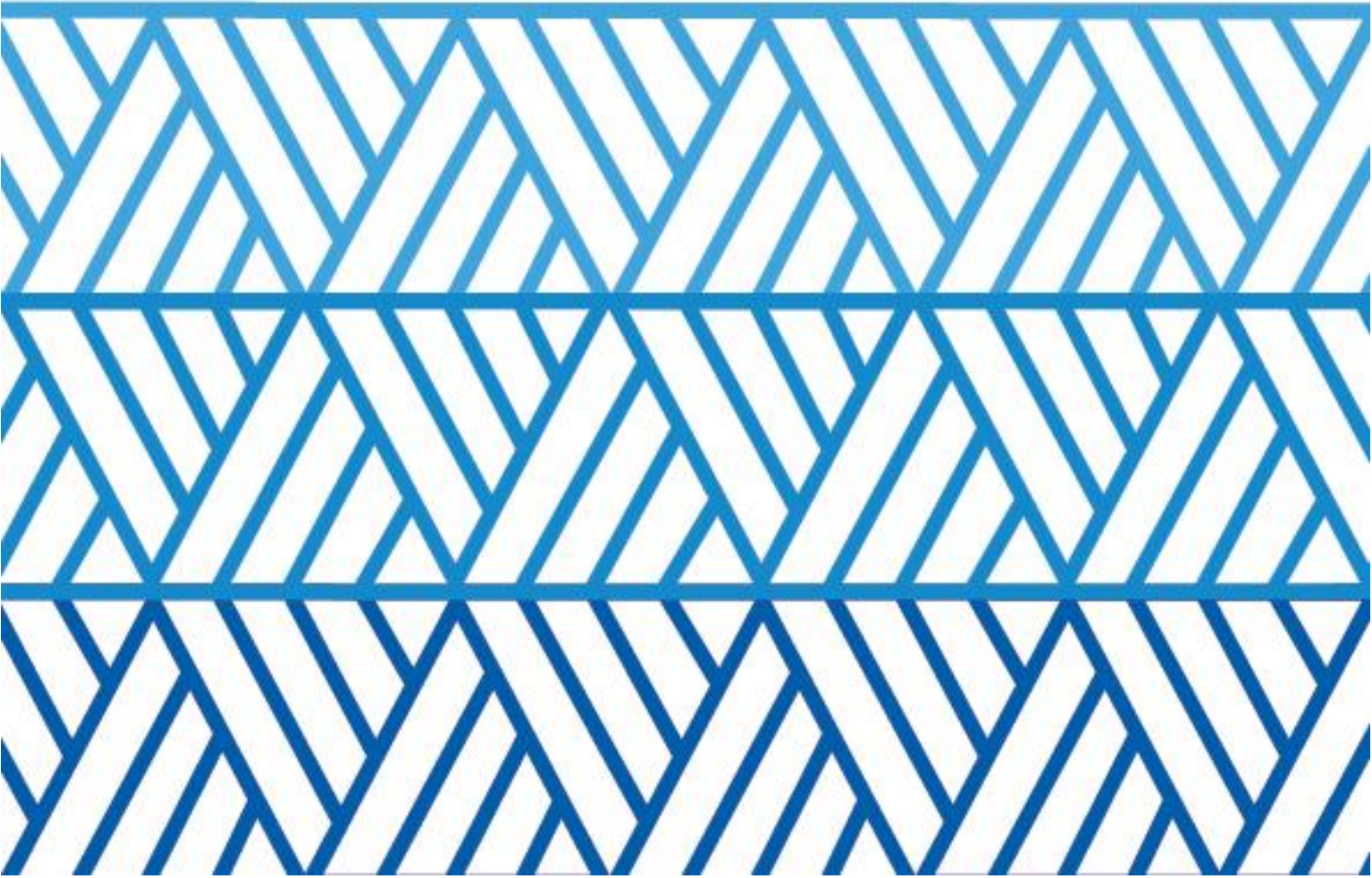
- Focuses efforts on delivering what is expected
- Shows willingness to do things that are important to the job even when they are difficult or unpleasant
- Takes steps to achieve measurable progress towards Family Start outcomes
- Uses initiative – shows willingness to try new ways to support clients and achieve Family Start goals

##### **Level 3: Shows resilience**

- Shows resilience and keeps a positive focus in difficult or pressured situations
- Displays flexibility and willingness to change – modelling what one seeks in families



# Appendix 2: Glossary of terms



|                                 |   |
|---------------------------------|---|
| <b>Analysis</b>                 | The process of thinking critically about the information gathered in order to make sense of what is now known about the child and family/whānau situation.  |
| <b>Assessment</b>               | Gathering information about the strengths and needs of a family/whānau. To appraise, measure or consider a situation.   |
| <b>At risk</b>                  | Circumstances which exist or develop within a family/whānau and are likely to lead to poor social, educational and health outcomes for children.  |
| <b>Child Family Plan (CFP)</b>  | Plans containing the goals that family/whānau have developed with their Family Start worker and for which they will take the main responsibility for accomplishing.   |
| <b>Child Safety Tools (CST)</b> | Tools which help identify where risks exist and should ensure appropriate action is taken to address these risks.   |
| <b>Crisis</b>                   | An event that occurs within a family/whānau which challenges their ability to function effectively.   |
| <b>Domains</b>                  | The domain areas are: Child; Parenting; Environment; and History.   |
| <b>Eligibility</b>              | <p>A condition whereby a family/whānau referred to Family Start satisfies all the requirements for participating in the programme, namely:</p> <ul style="list-style-type: none"> <li>— They live within the boundaries of the area designated for the specific Family Start provider site</li> <li>— There is a child (expected or born) that fits the age criteria</li> <li>— At least one of the referral criteria on list A or a combination from list B is met.</li> </ul> |
| <b>Exit</b>                     | <p>Disengagement from Family Start by the family/whānau. The exit process can be planned or unplanned.</p> <ul style="list-style-type: none"> <li>— A planned exit is the point at which the family/whānau goals have been recorded as achieved, circumstances have improved and there is mutual agreement (between family/whānau and family start worker) that the family/whānau will no longer participate in the Family Start programme.</li> </ul>                          |

- An unplanned exit is where a family/whānau disengages before meeting their goals or completing outcomes expected from a Family Start programme.

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|----------------------------|---|
| <b>Family Start Worker</b> | A worker who delivers the Family Start programme in partnership with families/whānau. |
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|                                       |  |
|---------------------------------------|--|
| <b>FS-Net (Family Start extranet)</b> | The web-based information and reporting system customised to enable data input, collection, analysis and retrieval for Family Start. |
|---------------------------------------|--|

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|                          |   |
|--------------------------|---|
| <b>FS-Net User Guide</b> | A user guide to support Family Start providers to use FS-Net. This is an important document. Providers are encouraged to become familiar with and make use of this Guide in order to competently deliver the service and to ensure the progress of the children who participate is captured accurately. |
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|                        |  |
|------------------------|--|
| <b>Initial contact</b> | The first contact made by Family Start to a family/whānau that has been referred to the programme. The expectation is that it will be made within five days of receiving a referral. Contact should be face-to-face but may be preceded by a phone call to help set up an initial visit. |
|------------------------|--|

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| <b>Key Deliverables</b> | The performance measures for services to be delivered as specified in the contracts between Oranga Tamariki and Family Start providers. |
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|---------------------------|--|
| <b>Outcomes (results)</b> | High-level descriptions of expected conditions of wellbeing for Family Start (eg, healthy children, families/whānau connected to communities). Outcomes/results are usually influenced by more than a single programme, but programmes like Family Start can make a significant difference to the progress made by families/whānau as they work towards their goals. |
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|                         |   |
|-------------------------|---|
| <b>Parent/Caregiver</b> | Mother of the child, father of the child, or primary caregiver. |
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|                 |   |
|-----------------|---|
| <b>Provider</b> | The organisation contracted by Oranga Tamariki to deliver the Family Start programme. |
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|                  |  |
|------------------|--|
| <b>Programme</b> | Activities and components that form the services families/whānau receive under the Family Start programme. |
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|---|---|
| <b>Referral</b>                             | Notification from a referring agency, or a self-referral, for a family/whānau likely to benefit from the Family Start programme. This is expected to meet the referral criteria.  |
| <b>Referring agency</b>                     | Any agency that may see the need to refer a family/whānau they are working with to Family Start.  |
| <b>Strengths and Needs Assessment (SNA)</b> | Assessments which provide the basis for worker analysis and inform planning.  |
| <b>Standards for approval</b>               | The standards that set the minimum requirements for an organisation to achieve Oranga Tamariki approval status under Section 403 and/or section 396 of the Children, Young Persons and Their Families Act 1989. All Family Start providers must be approved under the Act.  |
| <b>Supervision</b>                          | <p>A process that enables and guides the practitioner towards competent, safe and accountable practice. Supervision has three components:</p> <ul style="list-style-type: none"> <li>— Administrative – the promotion and maintenance of good standards of work, co-ordination of practice with policies of administration, the assurance of an efficient and smooth-running office</li> <li>— Educational – the educational development of each individual worker on the staff in a manner calculated to evoke them fully to realise their possibilities of usefulness</li> <li>— Supportive – the maintenance of harmonious working relationships.</li> </ul> |
| <b>Supervisor</b>                           | A worker who provides professional supervision to Family Start workers.   |
| <b>Tākai website</b>                        | An online New Zealand whānau supporter resource ( <a href="https://www.takai.nz">https://www.takai.nz</a> ) designed to enable the principles of Family Start to be actualised.   |
| <b>Tākai resources</b>                      | Previously known as SKIP resources that have been updated and rebranded as Tākai.   |
| <b>Variable Caseload</b>                    | The number of cases a Family Start worker has in order to work safely and maintain effective working relationships with client families/whānau  |



One Family Start worker to 12-16 family/whānau with an average of one Family Start worker to 14 family/whānau

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**Whānau**

A family/whānau that has been accepted on the Family Start programme.

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