

Support Materials Pack

Activities, discussion guides, editable presentations, and additional learning resources to support working together in Partnered Care



Purpose

This support materials pack has been designed to support kōrero and learning around working together to provide care for children & young people in Partnered Care.

What is included in this pack?

This pack has been divided into four parts, which can be used by facilitators, supervisors, and managers to support learning within their teams.

- **Part 1: Professional Development Facilitator Guides**

These are discussion guides to be used one-on-one or in small groups to support kōrero around professional development and working together to provide care for children & young people. These activities and discussion guides can be used to facilitate building personal and relationship skills and learning within teams.

- **Part 2: Partnered Care Facilitator Guides**

These are interactive learning activities and facilitator guides to be used in small groups or workshops to support understanding of Partnered Care funding, care model summaries, service specifications and quality assurance processes.

- **Part 3: Partnered Care overview presentation**

This is a standard, editable PowerPoint presentation which can be used and repurposed for training staff. It includes an overview of Partnered Care, frequently asked questions, and information on where to go and who to contact for additional support.

- **Part 4: Additional learning resources**

These include links to resources and videos available through the Oranga Tamariki website, Practice Centre, and MyLearn to support further learning.



Professional Development: Facilitator Guides

Activities and discussion guides to facilitate building personal and relationship skills, and learning within teams



Purpose

These discussion guides are designed to support kōrero around professional development and working together to provide care for children & young people.

Who are these guides for?

These discussion guides are intended for facilitators, team leaders, supervisors, and managers to facilitate one-on-one or group discussions with their teams. Each discussion topic contains interactive activities and prompting questions to clarify expectations and explore opportunities and challenges around a specific skill.

The discussion topics are:

1. Building trust
2. Having strengths-based conversations
3. Supporting others to share their story
4. Providing feedback and constructive criticism
5. Acting on feedback and setting goals
6. Identifying areas of strength and areas to focus on
7. Building a reflective and reflexive practice

Total time



Each guided discussion lasts approx. 45 minutes to 1 hour.



Building trust

Purpose

To support discussion on what qualities make you trust other people and the value of building trusting relationships.

Resources

Post-its and pens.

Activity

1. Bring everyone together in a comfortable space where they are sitting or standing in a circle. Ask everyone in the room to think of someone in their lives they trust.
2. Ask each person to turn to their right and work in pairs. Spend 3 minutes each talking about the person you trust and the reasons why you trust them.
3. Ask a group, share back the key reasons why certain people in our lives are able to earn our trust perhaps more easily than others.
4. Now ask everyone to think of a time they made a mistake or did something they weren't proud of and then confided in someone about this incident (it could be the same person as above, or different). Use the following prompting question: Why did you confide in this person?
5. Ask each person to turn to their left and work in pairs with a new partner. Spend 3 minutes each talking about the incident and why you felt you could or should confide in someone about it. Write your answers on post-it notes.
6. As a group, reflect on this closing question: What motivates us to confide in someone when we have made a mistake or don't feel proud of ourselves?

Example answers:

- feeling safe to be vulnerable without feeling judged
- knowing the relationship between you and the person will not be damaged as a result of telling your story
- respecting and wanting to hear their perspective/take on the incident

Prompting questions for activity

Use these questions during the activity to get others thinking about how others build trust with them and how they're able to build trust with others.

- How do you feel when you trust someone?
- How do you know when you don't trust someone?
- What stops you from building trust with someone?
- How do you build and maintain trust with others?
- *Sharing our experiences involves a level of vulnerability. By showing a willingness to open up and be vulnerable, we are able to build and maintain trust in others. Do you agree with this statement? Why or why not?*

Extension questions

These questions could be asked as a follow-up to the activity, to help move others to act or think differently about their mahi.

- How do you build trusting relationships in your current role?
- What are some examples of high trust relationships you have built in a past or current role?
- What is the value of building trusting relationships in your mahi?
- How can you keep track of your successes and challenges when building trust? How can you share these with others?

For more information, google:

- Building trust (positivepsychology.com)
- The power of trust ([mindtools](http://mindtools.com))

Outcome

Participants reflect on the value of forming trusting relationships with the people they work with and learn new skills for building trust with others.

Having strengths-based conversations

Purpose

To support strengths-based conversations with others.

Definition: Strengths-based conversation

A strength-based conversation is one that focuses on the positive attributes of a person or a group, rather than the negative ones.

Resources

Optional: A relevant scenario where a strengths-based conversation could be used.

Activity

1. Discuss as a group: What does a strengths-based conversation look like? When might strengths-based conversations be beneficial or necessary?
2. Divide the team into pairs or groups of three.
3. Use the below scenario or one that is more relevant to your team:

Lately you have noticed that Alison, one of your colleagues, appears to be detached and disengaged with her mahi. She has stopped coming to team meetings and gatherings. You have heard feedback from an external stakeholder which you both hold key relationships with that she hasn't been responding to their emails. Because Alison hasn't been meeting her day-to-day responsibilities, the rest of her team is having to do more work.

5. In groups of 2 or 3, each person takes turns playing out a strengths-based conversation they would have with Alison. The other person roleplays as Alison. The third person observes the conversation. (All have about 3-5 minutes for this conversation, then swap roles).
6. Come back together as a whole group and discuss:
 - What did you focus on during your kōrero with Alison?
 - What are some ways you ensured the discussion was strengths-based?
 - How did your conversations play out? What was the outcome?
 - What did you uncover about the reason Alison has been detached lately?
7. Debrief the activity by recapping with the group: When you have a strength-based conversation with others, what sort of things might you say? What should you focus on?

Prompting questions for activity

Use these questions during the activity to get others thinking about how they can have strengths-based conversations.

- Below are tips for having strengths-based conversations. Do any resonate with you?
 - Everyone possesses a uniqueness that helps him or her evolve and move along his or her journey.
 - What receives attention or focus becomes what we strive for.
 - Be careful with your words and language. Our language creates our reality.
 - Support others and your relationships will become strengthened.
 - Be collaborative and value differences
- Can you give an example of when you have had a strengths-based conversation with another person? What was the outcome?
- Can you give an example of when someone has had a strengths-based conversation with you? What was the outcome?

Extension questions

These questions could be asked as a follow-up to the activity, to help move others to act or think differently about their mahi.

- What are some of the benefits of having strengths-based conversations with colleagues and those you work with?
- Where are there opportunities to have more conversations like this in your mahi?

For more information, google:

- Strengths-based approach (positivepsychology.com)
- Strengths-based leadership (Gallup)

Outcome

Participants gain confidence having strengths-based conversations with others and recognise the value of applying this approach to their mahi.

Supporting others to share their story

Purpose

To support and empower others to share their stories.

Resources

Projector or screen and internet connection to play video.

Activity

1. To begin the session, divide the team into small groups or pairs and discuss:
 - A personal story you have heard which moved you. What was it about the story that left an impression on you?
 - Ask each group to discuss what they think makes a great story and to feed back as a wider group.
2. Next:
 - Share the [TEDx video - The Power of Telling Your Story](#) by Dominic Colenso with your team.
3. After the video, ask the group to feed back:
 - What were your impressions of the video?
 - What were the key learnings you took out of it?
4. Divide the team into small groups or pairs and discuss:
 - How would you share the journey you took to get you to where you're working now?
 - What were the significant events that happened, or you experienced during that journey?
 - In the video Dominic says: "The stories of your past shape the stories of your future." Thinking about your past and present, give others a glimpse into your future.
5. Debrief by asking:
 - What emotions did you experience when you heard the other person sharing? How did you encourage or support others to share their story?
 - How can you use storytelling in your everyday life and current role to form connections with others?

Prompting questions for activity

Use these questions during the activity to get others thinking about how they can support people to share their stories.

- In the video, Dominic says: “When you share your story, you create connection with others.” Why do you think this is?
- Who is the greatest storyteller you have heard? Why?
- Why do you think sometimes people are hesitant to share their stories, or to share only the highlights?
- How can you encourage others to share more of who they are? How can you be a supportive listener?

Extension questions

These questions could be asked as a follow-up to the activity, to help move others to act or think differently about their mahi.

- When you are telling your story, how can you ensure that people understand what you are trying to convey?
- What value would more storytelling bring to your mahi?

For more information, google:

- Storytelling (Harvard Business Review)
- Ideas about storytelling (TED)

Outcome

Participants understand the value of storytelling as way to share who you are and connect with others.

Providing feedback and constructive criticism

Purpose

To provide feedback and constructive criticism to others confidently and comfortably.

Definition: constructive criticism

A helpful way of giving feedback that provides specific, actionable suggestions. Rather than providing general advice, constructive criticism gives specific recommendations on how to make positive improvements.

Resources

Flipchart or paper and pens.

Activity

1. In pairs, discuss a time when you have received constructive criticism.
 - How did it make you feel? How did you respond to hearing the feedback?
 - Did you take any action as a result? What difference did this feedback make to your mahi? What made it meaningful?
2. Then discuss a time when you have given constructive feedback to others?
 - How did you feel when giving the feedback? How was your feedback received? What impact do you think it had?
 - What are some things you did to ensure the feedback was constructive and effective? Is there anything you would have done/said differently?
3. Divide the room into 3 groups. Each group has 10 minutes to brainstorm a different topic related to providing feedback. Write answers on post-it notes and flipcharts and feed back to the wider group.
 - **Group A** brainstorms reasons that can stop someone from giving feedback to others.
 - **Group B** brainstorms ways that receiving constructive criticism can be of benefit.
 - **Group C** brainstorms tips for giving effective feedback and constructive criticism.
4. After time is up, invite each group to share back what they wrote on their flipcharts.
5. In the groups of three, brainstorm a scenario at work which might require you to give constructive feedback to your colleague. Then, role play the conversation. (One person gives the feedback, one receives the feedback, the other observes.)
6. After each conversation has finished, each person in the group gives each other feedback about how it went from your differing roles and perspectives.

Prompting questions for activity

Use these questions and examples during the activity to get others thinking about how they can provide constructive feedback to others.

- How can you use clear language and specific suggestions so there is no confusion or misunderstanding?
- In what ways are tone/attitude/intent important when delivering feedback?

Activity examples:

- **Group A:** *awkward situation, worried about others' reactions, feedback won't help or make a difference, previously resisted your feedback before, damaging the relationship*
- **Group B:** *opportunity to learn, provide encouragement, motivation, direction, enhance performance, build stronger relationships, recognise strengths, new perspectives*
- **Group C:** *set realistic expectations, reinforce positive changes, focus on the behaviour not the person, make sure suggestions are specific and actionable*

Extension questions

These questions could be asked as a follow-up to the activity, to help move others to act or think differently about their mahi.

- What can you do when others are not open to receiving feedback?
- How can you take a strengths-based approach to providing feedback?
- What are some things you are going to do differently the next time you provide feedback to others?

For more information, google:

- Giving feedback (Harvard Business Review)
- Constructive criticism in 9 easy steps (recruit-nz.co.nz)

Outcome

Participants have increased confidence in providing feedback to others and a greater understanding of the value of receiving constructive criticism.

Acting on feedback and setting goals

Purpose

To support others to act on feedback and set and achieve measurable goals

Resources

Paper to write on (could be an individual's notebook), pens and post-it notes.

Definition: SMART goal

SMART is an acronym that you can use to guide your goal setting. SMART goals are: **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-bound. Setting SMART goals means you can clarify your ideas, focus your efforts, use your time and resources productively, and increase your chances of achieving them.

Activity

1. Ask the group the following questions. Ask volunteers to answer.
 - Have you ever received feedback from a colleague, manager or friend that has caused you to take action? Was the action immediate or did you plan actions for the future?
 - How can receiving constructive criticism feed into our goals?
2. In pairs, discuss:
 - What is a goal you have set for yourself and achieved recently? Did everything go as planned? Were there any obstacles you encountered?
 - What is a goal you set but did not achieve? What prevented you from achieving it? Is there anything you would have done differently?
3. As a group, feedback on the question: What makes a good goal? (*Elicit SMART goal setting phrases*).
4. Individually, take 5 minutes to write down 3 goals you have set for yourself this year (personal or professional).
5. In pairs, share your goals with each other and go through the SMART methodology for each of your goals together. (*eg Is my goal specific enough? Is it measurable? How will I know when I have achieved my goal?*)
6. Ask the group: There are times when we need to create a shared vision to achieve a collective goal. What are some ways you have done or can do this?
7. Break the room up into groups of 4–5 people. Groups have 10 minutes to set a collective goal they are going to achieve together (big or small, personal or professional). Use the SMART methodology. Share back with the wider group.

Prompting questions for activity

Use these questions during the activity to get others thinking about setting goals.

- What can you do to ensure you are realistic when setting goals?
- How often should you check-in and reassess your goals?
- What are your greatest accomplishments in the last six months?
- What are some of your goals for the next six months? How will you know that you have successfully achieved your goals?
- What are some collective goals you have achieved with your team?
- What are some collective goals you have set and plan to achieve with your team over the 6 months?

Extension questions

These questions could be asked as a follow-up to the activity, to help move others to act or think differently about their mahi.

- What do you do to stay motivated with your goals?
- What can you do to support others to achieve their goals?
- Do you use any other words for the SMART acronym to help you achieve your goals?

Examples:

- S: simple, sensible, significant
- M: meaningful, motivating
- A: agreed, attainable
- R: reasonable, realistic and resourced, results-based
- T: time/cost limited, timely, time-sensitive

For more information, google:

- Goal setting (mindtools or positive psychology)

Outcome

Participants are able to use constructive feedback to set goals. Participants learn skills to set individual and collective goals that are specific, measurable, achievable, relevant and timebound.

Identifying areas of strength and areas to focus on

Purpose

To support individuals to be able to identify their areas of strength and also those they need to focus on and develop further.

Resources

Paper to write on (could be an individual's notebook), pens and post-it notes.

Activity

1. Individually ask everyone to write down (do not share these with the group until the end of the activity):
 - something they really enjoy doing in their mahi and would consider as their strength
 - one aspect of their mahi they feel they need to develop further
2. Bring everyone together and stand in a circle.
3. Ask individuals to write down on a post-it note one strength they've noticed in the person on their left.
Note: they may need to add the person's name to it too.
4. On another post-it, ask individuals to write down one thing they would like to learn from the person on their right.
Note: They may need to add the person's name to it too.
5. Go around the group and ask each person to share what is written on each post-it note. Once shared, give the post-it to the relevant person.
6. Give individuals the opportunity to reflect on:
 - what they shared as their strength at the beginning of the session compared to what others identified as their strengths
 - who they may be able to approach to help them work on their area of development
7. Debrief the activity by highlighting the strengths we all bring to the team and how the strengths others see in us are not always the strength we see in ourselves.

Prompting questions for activity

Use these questions to get others thinking about their areas of strength and areas they want to focus on.

- What area of your role do you get the most enjoyment/satisfaction out of? Why?
- What are some ways you play to your strengths in your current role?
- Which skills are you trying to master?
- What are the areas you do not enjoy or feel you need development in? These may not always be 'weaknesses' as such, they may be parts of the mahi that are new, different or that you would like to have more confidence in.

Extension questions

These questions could be asked as a follow-up to the activity, to help move others to act or think differently.

- How could you change your mindset around the areas you do not enjoy or struggle with?
- How do you seek support from others in the areas you need to improve on?
- How can you support others in the areas they would like to improve on?

For more information, google:

- Identify your top strengths (life coach on the go)
- Gap analysis
- Johari's window

Outcome

Participants are able to identify and develop areas of strength and areas of improvement.

Building a reflective and reflexive practice

Purpose

To support others to be able to demonstrate reflective and reflexive practice.

Resources

Paper and pens.

Definition: Reflective practice

where a person reflects on what they have learned from a past situation and how they can apply it in the future

Definition: Reflexive practice

where a person is aware of their own responses to what is happening in a particular situation, can analyse the context, and react or adapt accordingly in the moment

Activity

1. Ask everyone to reflect on a time they reacted negatively to a situation and what triggered this response.
2. Divide the team into small groups and ask everyone to share their stories.
3. Give these questions to the groups to prompt thinking about ways they have reflected on this situation:
 - Did you reflect on your response to this situation afterward?
 - How did you feel?
 - How do you think other people felt?
 - Were you able to identify what triggered your response?
 - What did you learn from this situation?
 - Is there anything you would have done differently?
4. Ask each group to take 5 minutes to brainstorm the key differences between reflective and reflexive practice. On a piece of paper, make two columns and note down the differences.
5. When time is up, ask everyone to pair up with another person from a different group and share what they think the difference is between reflective and reflexive practice. Did you come up with the same definitions? In pairs, come up with an example to demonstrate the difference and share back with the wider group.
6. Ask everyone to return to their original groups. Reflect: How could your response (in the situation shared at the start of the session) have been adapted by using a reflexive practice?

Prompting questions for activity

Use these questions during the activity to get others thinking about how they can build a reflective and reflexive practice into their mahi.

Reflection might lead to insight about something not noticed in time, pinpointing perhaps when the detail was missed.

- What are you currently learning about professionally? What problem are you wrestling with in your practice?
- How has that learning been going? Where is your learning taking you next?

Reflexivity is finding strategies to question our own attitudes, thought processes, values, assumptions, prejudices and habitual actions, to strive to understand our complex roles in relation to others.

- Imagine that in six months, the problem you've been wrestling with is resolved. What would have needed to happen to achieve this?
- How does your environment (social, cultural, professional, etc.) influence how you learn?

Extension questions

These questions could be asked as a follow-up to the activity, to help move others to act or think differently.

- How could you build reflective and reflexive practice into your everyday mahi?
- What are you currently learning in your role?
- What value might building a reflective and reflexive practice bring to your mahi?
- What are your next steps of professional growth?

For more information, google:

- Reflective practice (Bolton)
- Power of reflection (training zone)

Outcome

Participants are able to demonstrate an understanding of a reflective and reflexive practice and how these can be applied to their current roles.

Partnered Care: Facilitator Guides

Activities and discussion guides to facilitate learning around working together in Partnered Care



Purpose

These activities and discussion guides are designed to support understanding and learning around working together in Partnered Care.

What is Partnered Care?

Oranga Tamariki works with around 60 care partners that provide safe homes and places to live for children and young people in state care and in custody under the Oranga Tamariki Act. The National Care Standards apply.

Who are these guides for?

These discussion guides are intended for facilitators, team leaders, supervisors, and managers to facilitate one-on-one or group discussions with their teams. Each discussion topic contains interactive activities and prompting questions to clarify expectations and questions around a specific aspect of Partnered Care.

The topics are:

1. Care Model Summary
2. Service Specifications
3. Funding
4. Quality Assurance

Total time



Each activity or guided discussion lasts approx. 45 mins to 1 hour.



Care Model Summary

Purpose

To support understanding of how to fill out Care Model Summaries.

Resources

- Participant Handout (see Resources section)
- Answer Sheet (see Resources section)
- [Care Model Summary template](#)
- [FAQ document](#)

Activity: Quiz

Preparation:

1. Print one copy per group of the **Participant Handout** and one copy of the **Answer Sheet** for the facilitator.
2. *Optional: Print out a few copies of the **Care Model Summary templates** and **FAQ document** for reference when checking answers.*

On the day:

3. Ask the group about their familiarity with the Care Model Summary template for Partnered Care. Use the following prompting questions, and ask people to discuss in pairs (use the **FAQ document** to check answers):
 - What is the purpose of the Care Model Summary?
 - Are Care Model Summaries needed for every care partner or care response?
4. Distribute **Participant Handout** to each table. Give groups 10 minutes to work together to answer the Care Model Summary Quiz.
5. When time is up, use the **Answer Sheet** to check the answers aloud as a group, asking for volunteers to answer each question and to provide more information to support their answers (ensure all points in the Answer Sheet are covered).
6. Give groups 5 minutes to brainstorm other types of information (not included in the quiz) that is included in the Care Model Summary. Distribute the **Care Model Summary template** and ask groups to check their answers.

Prompting questions for activity

Use these questions *after* the activity to allow others time to reinforce learning.

Choose a partner from another table to discuss:

- Which of the questions in the quiz did you feel confident about?
- Which of the questions were you more uncertain about?
- What might be some of the benefits of Care Model Summaries for care partners?
- What might be some of the benefits of Care Model Summaries for Oranga Tamariki teams?

Extension questions

These questions could be asked as a follow-up to the activity, to help move others to act or think differently about their mahi.

- Have you filled out or been involved in completing a Care Model Summary in your current role?
- Who can you get in touch with if you are unsure about the Care Model Summaries for Partnered Care?

For more information:

- Refer to the Care Model Summary [webpage](#) on the Oranga Tamariki site.
- See the Care Model Summary [FAQs](#) on the Oranga Tamariki site.
- See the Care Model Summary [Guide](#) on Te Pae (Oranga Tamariki staff only).

Outcome

- Participants gain more indepth understanding of the information that should be included in the Care Model Summary and how the template should be filled out.

Resources: Care Model Summary Quiz Activity



Participant Handout

Care Model Summary Activity: Quiz

- 1. The budget manager is responsible for ensuring Care Model Summaries are completed for care partners.**
 - True
 - False
- 2. It is ok to include the initials of a child if the Care Model Summary is about their individualised care.**
 - True
 - False
- 3. The Care Model Summary includes details about each care model that the care partner provides and forms part of the Outcome Agreement.**
 - True
 - False
- 4. The All About Me plan should be attached to the Care Model Summary for children who have individualised care.**
 - True
 - False
- 5. Only the care partner should be consulted with when filling out Care Model Summaries.**
 - True
 - False
- 6. The description of the partner's care response in the Care Model Summary should be brief (2–3 paragraphs) – it should describe only the key aspects of the care response to be provided.**
 - True
 - False
- 7. The information in the Care Model Summaries can be used by Oranga Tamariki social workers to understand the care models that partners offer in their region and nationally.**
 - True
 - False
- 8. There is no guidance available to support the completion of Care Model Summaries.**

- True
- False

9. The occupancy rate for all funding models needs be included in the Care Model Summary.

- True
- False

10. The care or custody status of the tamariki in partners' care needs to be included in the Care Model Summary.

- True
- False

11. All documentation relating to the care partner's organisational policies and procedures should be attached to the Care Model Summary.

- True
- False

12. For documentation that is hyperlinked in Care Model Summaries, PFO advisors are to download the linked material and save it in the place they store care partner-specific documentation, adding the download date into the title.

- True
- False

Facilitator Answer Sheet

Care Model Summary Activity: Quiz

1. The budget manager is responsible for ensuring Care Model Summaries are completed for care partners.

*Answer: **False**. The Oranga Tamariki Contract Manager or PfO Advisor will ensure that the Care Model Summary template is completed, in consultation with the care partner, the Oranga Tamariki Budget Manager, and any relevant Oranga Tamariki staff including specialist teams and Care Leads, during the commissioning and contract finalisation process.*

2. It is ok to include the initials of a child if the Care Model Summary is about their individualised care.

*Answer: **False**. It is important the Care Model Summary does not include any information that would make the identity of the tamariki or whānau discoverable, including the name or initials of te tamaiti. For the same reason, their All About Me Plan should not be attached in the Documentation section. Instead:*

- *in the Care Model Summary, provide a concise and general overview of the care model, focusing on the overall therapeutic approach. In the “additional info” section, include “The funding for individual tamariki receiving an individualised care response is listed in the Outcome Agreement”.*
- *in the Outcome Agreement, use the child’s initials (not their name) in the “Detailed Service Description” section to identify that aspect of funding, as per the existing process.*

3. The Care Model Summary includes details about each care model that the care partner provides and forms part of the Outcome Agreement.

*Answer: **True**.*

4. The All About Me plan should be attached to the Care Model Summary for children who have individualised care.

*Answer: **False**. See the answer to Question 2 for more details.*

5. Only the care partner should be consulted with when filling out Care Model Summaries.

*Answer: **False**. The Contract Manager/PfO Advisor must facilitate the development of a jointly agreed Care Model Summary, agreed across the following stakeholders:*

1. **The care partner**, about each particular model of care that the care partner will deliver as part of our agreement together. Although this document's final purpose is as a signed part of the final contract, you may also find it to be a useful tool to support opening discussions around the parameters of the care response being agreed.
2. **Any particular teams that are relevant – for example Whānau Care, High Needs Services, Youth Justice, local Services for Children and Families Sites**. These specialist teams will be able to advise on any particular information requirements or documentation for that sector that could be usefully referenced in this Care Model Summary.
3. **The PfO Care Lead**, who can work with all parties if appropriate and also keeps an overview to support consistency in levels of information across the country.
4. **The relevant Budget Manager**, to agree the care response that is being proposed. There needs to be documented discussion and agreement on sign out processes between the Budget Manager and Contract Manager/PfO Advisor.

6. The description of the partner's care response in the Care Model Summary should be brief (2–3 paragraphs) – it should describe only the key aspects of the care response to be provided.

Answer: **True**.

7. The information in the Care Model Summaries can be used by Oranga Tamariki social workers to understand the care models that partners offer in their region and nationally.

Answer: **True**. Work is underway to centralise completed Care Model Summaries, in order to share the details of partners' care responses with regional/site staff across the country, enabling informed placement decisions.

8. There is no guidance available to support the completion of Care Model Summaries.

Answer: **False**. The Care Model Summary Guide for Oranga Tamariki staff is available on the Partnered Care [Te Pae page](#). Work is underway on a Care Model Summary Guide for care partners. When finalised, this will be available on the [Oranga Tamariki website](#).

9. The occupancy rate for all funding models needs be included in the Care Model Summary.

Answer: **False**. The agreed occupancy rate only needs to be included in Care Model Summaries for partners on the Fixed Funding Model.

10. The care or custody status of the tamariki in partners' care needs to be included in the Care Model Summary.

Answer: **True**.

11. All documentation relating to the care partner's organisational policies and procedures should be attached to the Care model Summary.

Answer: **False**. There is no need to include more general organisational information, eg care partner's annual reports, procedures, or policies. It is not compulsory to do so, but there is an option to attach any documents or links to online material that are essential in delivering a specific care response (and which is not covered in the more general service specification).

Possible examples of additional documentation that could be attached to a Care Model Summary (either in full or as excerpts) include things like: licensed model link, eg Teaching-Family Model (TFM) / detailed procurement proposal that is being carried out as proposed / co-design or service design documentation, eg Whānau Care / intervention agreements, eg harmful sexual behaviour sector / operational manual / policies or processes that highlight what is particular about this care response.

Working with any relevant inhouse specialist teams will be especially helpful for this section. Please note: that adding material here makes that information part of the contractual arrangement.

12. For documentation that is hyperlinked in Care Model Summaries, Pfo advisors are to download the linked material and save it in the place they store care partner-specific documentation, adding the download date into the title.

Answer: **True**. This is to prevent issues if the online material is changed in the future – the version downloaded, dated, and saved will be the contractual version.

Service Specifications

Purpose

To support understanding of roles and responsibilities of care partners and Oranga Tamariki staff relating to the National Care Standards.

Resources

- Roles and responsibilities cards (see Resources section)
- Roles and responsibilities Answer Sheet (see Resources section)
- [Shared Care Service Specification](#)
- [FAQ document](#)

Activity: Roles and Responsibilities

Preparation:

1. Print all **Roles and responsibilities cards** (A3, one-sided) and cut out. You should have one set for each table. Ensure cards are mixed up when you place on tables.
2. Print out one copy per table of the roles and responsibilities **Answer Sheet**, the **Shared Care Service Specification**, and the **FAQ document**.

On the day:

3. Ask the group about their familiarity with the new Shared Care Service Specification effective 1 July 2021. Use the following prompting questions, and ask people to discuss in pairs (use the **FAQ document** to check answers):
 - What is the purpose of the Shared Care service specification?
 - Why has it been redesigned? What specifications does it replace?
4. Distribute **Role and responsibilities cards** to each table. Give groups 10 minutes to sort the cards into two columns based on who they think is responsible for which role: one column for care partners; one column for Oranga Tamariki. Keep an 'uncertain' column if needed. Write this on board to demonstrate if needed.
5. Ask groups to discuss the 'uncertain' pile amongst themselves and elicit thoughts from other tables to make a final decision.
6. Distribute the **Shared Care Service Specification** and see if groups are able to find and check their answers.
7. Finally, pass out the **Answer Sheet**, and let groups check their answers and the source of the information in the Shared Care Service Specification.

Prompting questions for activity

Use these questions *after* the activity to allow others time to reinforce learning.

Choose a partner from another table to discuss:

- Which of the roles and responsibilities did you feel confident about?
- Which of the roles and responsibilities were you more uncertain about? Were you uncertain because the answer seemed to be “both”?
- Were you able to find the answers to your questions in the service specification? Did you find the document useful?

Tip for facilitator: The roles and responsibilities cards are designed in pairs. The cards where the heading has a fullstop after it are the care partner's roles.

Extension questions

These questions could be asked as a follow-up to the activity, to help move others to act or think differently about their mahi.

- Do you currently refer to the Shared Care Service Specification on a regular basis in your role? Why or why not? How do you use this resource?
- Who can you get in touch with if you are unsure about the roles and responsibilities in the service specifications?

For more information:

- Refer to the Service Specifications [webpage](#) on the Oranga Tamariki site.
- See the Service Specifications [FAQs](#) on the Oranga Tamariki site.

Outcome

- Participants gain more indepth understanding of roles and responsibilities in the service specification and know which resource to use and who to contact with their questions.

Resources: Roles and responsibilities

Activity



<p>Assessment and planning.</p> <p>If the needs assessment and All About Me plan are not finalised, contribute to developing these if appropriate</p>	<p>Social worker visits.</p> <p>Support te tamaiti as needed to enable them to feel prepared for the visit, so that it is a positive and useful experience for them</p>	<p>Connecting with whānau and whenua.</p> <p>Facilitate opportunities for tamariki to travel to or otherwise connect with places (whenua) that are relevant to their culture and identity</p>
<p>Care in a private home.</p> <p>As part of the decision to place te tamaiti with a caregiver or care staff member, assess that person's home environment</p>	<p>Protecting te tamaiti memories.</p> <p>Support caregivers and/or care staff to maintain a record of the important events of te tamaiti</p>	<p>Health.</p> <p>Support tamariki to access health services. This includes facilitating an annual medical check and, for tamariki over the age of two years, an annual dental check</p>
<p>Assessment and planning.</p> <p>If you use any day-to-day planning tools in the care of te tamaiti, keep these aligned with the All About Me plan</p>	<p>Caregiver assessment/approval.</p> <p>Give information to prospective caregivers to enable them and their households to understand the caregiver role and expectations</p>	<p>Personal belongings.</p> <p>Maintain and replace as necessary the personal belongings that tamariki bring with them</p>
<p>Review assessments and plans.</p> <p>Contribute to reviewing needs assessments and All About Me plans while te tamaiti is in care</p>	<p>Pairing te tamaiti with caregivers.</p> <p>If an appropriate whānau or family caregiver cannot be identified, identify a non-kin caregiver who can meet the individual needs of te tamaiti</p>	<p>Guardianship.</p> <p>Seek authorisation regarding matters that require guardianship approval, such as vaccinations, medical care (other than routine medical care), travel.</p>
<p>Helping tamariki express views.</p> <p>Support caregivers and/or care staff to contribute to helping tamariki understand why they are in care and contribute to decisions about that affect them</p>	<p>Support the caregiver.</p> <p>Develop and maintain caregiver plans to support them to provide day-to-day care for te tamaiti in accordance with their needs</p>	<p>Care transitions.</p> <p>Contribute to transition planning for tamariki who are going to have a care transition.</p>
<p>Involving tamariki in decisions.</p> <p>Tamariki may also want to discuss their views with their whānau or family and/or their social worker, and may need support to do this</p>	<p>Assessment of care staff.</p> <p>Apply your organisation's assessment and professional development systems to make sure care staff are suitably trained and skilled to meet the needs of the tamariki who will be coming into their care</p>	<p>Rangatahi transitioning to independence.</p> <p>For rangatahi who are moving to independence, contribute to the assessment of their life skills</p>

<p>Assessment and planning</p> <p>Initiate the needs assessments and developing the All About Me plan, and make sure these are completed</p>	<p>Social worker visits</p> <p>As part of the purpose of the visit, ensure that the needs assessment and All About Me plan of te tamaiti are up to date and that the plan is being implemented</p>	<p>Connecting with whānau and whenua</p> <p>Ensure tamariki have opportunities to travel to or otherwise connect with places (whenua) that are relevant to their culture and identity</p>
<p>Assessment and planning</p> <p>Make sure te tamaiti understands their All About Me plan – this might be by giving them a Tamariki All About Me plan, appropriate to their age, development, language, and in an accessible format</p>	<p>Protecting te tamaiti memories</p> <p>Contribute to maintaining a record of the important events of te tamaiti</p>	<p>Health</p> <p>Ensure tamariki are enrolled with a primary health organisation & have access to a health practitioner with knowledge and experience of their cultural values and practices</p>
<p>Care in a private home</p> <p>Make sure that systems are in place and are being used, to assess and review the home environment when any care is being given in a private home</p>	<p>Caregiver assessment/approval</p> <p>Search Oranga Tamariki records for information about prospective caregivers and their households</p>	<p>Personal belongings</p> <p>Make sure they have a suitable bag such as a backpack or suitcase for transporting their belongings.</p>
<p>Review assessments and plans</p> <p>Review no later than six weeks after te tamaiti enters care and at least every six months after that</p>	<p>Pairing te tamaiti with caregivers</p> <p>Work to identify a whānau or family caregiver for te tamaiti. For tamariki Māori, work to identify a whānau caregiver wherever possible</p>	<p>Guardianship</p> <p>Provide authorisation regarding matters that require guardianship approval, such as vaccinations, medical care (other than routine medical care), travel.</p>
<p>Helping tamariki express views</p> <p>Provide information and explain why they are in care, what to expect, their rights, help and support they can get, and how to give feedback</p>	<p>Support the caregiver</p> <p>If some of the required information isn't available before te tamaiti is placed with the caregiver, share it as soon as it becomes available</p>	<p>Care transitions</p> <p>Initiate transition planning for tamariki who are going to have a care transition. Make sure that the planning is completed.</p>
<p>Involving tamariki in decisions</p> <p>Make sure that tamariki are encouraged and assisted to freely express their views about any decisions that are being considered that will affect them</p>	<p>Assessment of care staff</p> <p>Search Oranga Tamariki records for information about prospective care staff and – if the care will take place in that person's household – their households, on the request of the care partner, and share this information with the care partner</p>	<p>Rangatahi transitioning to independence</p> <p>When te rangatahi turns 15-and-a-half years old, initiate the assessment of their needs and life skills</p>

Facilitator Answer Sheet

Service Specifications Activity: Roles & Responsibilities

Care partner	Oranga Tamariki	Source in specification
<p>Assessment and planning.</p> <p>If the needs assessment and All About Me plan are not finalised, contribute to developing these if appropriate</p>	<p>Assessment and planning</p> <p>Initiate the needs assessments and developing the All About Me plan, and make sure these are completed</p>	<p>Table 1: Roles and responsibilities for needs assessment, All About Me plans and visits – Table 1a Initial assessment and planning</p>
<p>Care in a private home</p> <p>As part of the decision to place te tamaiti with a caregiver or care staff member, assess that person's home environment</p>	<p>Care in a private home</p> <p>Make sure that systems are in place and are being used, to assess and review the home environment when any care is being given in a private home</p>	<p>Table 6: Roles and responsibilities when tamariki are cared for in a private home – Table 6a Assessing and reviewing the home environment</p>
<p>Assessment and planning.</p> <p>If you use any day-to-day planning tools in the care of te tamaiti, keep these aligned with the All About Me plan</p>	<p>Assessment and planning</p> <p>Make sure that te tamaiti understands the information in their All About Me plan – this might be by giving them a Tamariki All About Me plan, appropriate to their age, development, language, and in an accessible format</p>	<p>Table 1: Roles and responsibilities for needs assessment, All About Me plans and visits – Table 1a Initial assessment and planning</p>
<p>Review assessments and plans.</p> <p>Contribute to reviewing needs assessments and All About Me plans while te tamaiti is in care</p>	<p>Review assessments and plans</p> <p>Review no later than six weeks after te tamaiti enters care and at least every six months after that</p>	<p>Table 1: Roles and responsibilities for needs assessment, All About Me plans and visits – Table 1b Reviewing the assessments and plans</p>
<p>Helping tamariki express views.</p>	<p>Helping tamariki express views</p>	<p>Table 2: Roles and responsibilities in supporting tamariki to express views and</p>

IN-CONFIDENCE

Support caregivers and/or care staff to contribute to helping tamariki understand why they are in care and contribute to decisions about that affect them	Provide information and explain why they are in care, what to expect, their rights, help and support they can get, and how to give feedback	participate in their care experience – Table 2a Helping tamariki understand and contribute, and Table 2b Involving tamariki in decisions
Involving tamariki in decisions. Tamariki may also want to discuss their views with their whānau or family and/or their social worker, and may need support to do this	Involving tamariki in decisions Make sure that tamariki are encouraged and assisted to freely express their views about any decisions that are being considered that will affect them	Table 2: Roles and responsibilities in supporting tamariki to express views and participate in their care experience – Table 2b Involving tamariki in decisions
Connecting with whānau and whenua. Facilitate opportunities for tamariki to travel to or otherwise connect with places (whenua) that are relevant to their culture and identity	Connecting with whānau and whenua Ensure tamariki have opportunities to travel to or otherwise connect with places (whenua) that are relevant to their culture and identity	Table 8: Roles and responsibilities for support to address needs – Table 8c Connecting with whānau, family and important places (whenua)
Health. Support tamariki to access health services. This includes facilitating an annual medical check and, for tamariki over the age of two years, an annual dental check	Health Ensure tamariki are enrolled with a primary health organisation & have access to a health practitioner with knowledge and experience of their cultural values and practices	Table 8: Roles and responsibilities for support to address needs – Table 8g Health
Personal belongings. Maintain and replace as necessary the personal belongings that tamariki bring with them	Personal belongings Make sure they have a suitable bag such as a backpack or suitcase for transporting their belongings.	Table 8: Roles and responsibilities for support to address needs – Table 8d Personal belongings
Guardianship.	Guardianship	Table 8: Roles and responsibilities for support

IN-CONFIDENCE

<p>Seek authorisation regarding matters that require guardianship approval, such as vaccinations, medical care (other than routine medical care), travel.</p>	<p>Provide authorisation regarding matters that require guardianship approval, such as vaccinations, medical care (other than routine medical care), travel.</p>	<p>to address needs – Table 8j Guardianship</p>
<p>Care transitions.</p> <p>Contribute to transition planning for tamariki who are going to have a care transition.</p>	<p>Care transitions</p> <p>Initiate transition planning for tamariki who are going to have a care transition. Make sure that the planning is completed.</p>	<p>Table 9: Roles and responsibilities for transition support – Table 9a Care transitions</p>
<p>Rangatahi transitioning to independence.</p> <p>For rangatahi who are moving to independence, contribute to the assessment of their life skills</p>	<p>Rangatahi transitioning to independence</p> <p>When te rangatahi turns 15-and-a-half years old, initiate the assessment of their needs and life skills</p>	<p>Table 9: Roles and responsibilities for transition support – Table 9b Rangatahi transitioning to independence</p>
<p>Social worker visits.</p> <p>Support te tamaiti as needed to enable them to feel prepared for the visit, so that it is a positive and useful experience for them</p>	<p>Social worker visits</p> <p>As part of the purpose of the visit, ensure that the needs assessment and All About Me plan of te tamaiti are up to date and that the plan is being implemented</p>	<p>Table 1: Roles and responsibilities for needs assessment, All About Me plans and visits – Table 1c Social worker visits</p>
<p>Protecting te tamaiti memories.</p> <p>Support caregivers and/or care staff to maintain a record of the important events of te tamaiti</p>	<p>Protecting te tamaiti memories</p> <p>Contribute to maintaining a record of the important events of te tamaiti</p>	<p>Table 2: Roles and responsibilities in supporting tamariki to express views and participate in their care experience – Table 2d Safeguarding the memories of te tamaiti</p>
<p>Caregiver assessment/approval.</p> <p>Give information to prospective caregivers to</p>	<p>Caregiver assessment/approval</p> <p>Search Oranga Tamariki records for information</p>	<p>Table 4: Roles and responsibilities when tamariki are cared for by a caregiver – Table 4a</p>

<p>enable them and their households to understand the caregiver role and expectations</p>	<p>about prospective caregivers and their households</p>	<p>Caregiver assessment and review</p> <p>Appendix A: Information to be given to prospective caregivers</p>
<p>Pairing te tamaiti with caregivers.</p> <p>If an appropriate whānau or family caregiver cannot be identified, identify a non-kin caregiver who can meet the individual needs of te tamaiti</p>	<p>Pairing te tamaiti with caregivers</p> <p>Work to identify a whānau or family caregiver for te tamaiti. For tamariki Māori, work to identify a whānau caregiver wherever possible</p>	<p>Table 3: Roles and responsibilities when matching tamariki with the right care arrangement – Table 3a Matching te tamaiti with the right care arrangement</p>
<p>Support the caregiver.</p> <p>Develop and maintain caregiver plans to support them to provide day-to-day care for te tamaiti in accordance with their needs</p>	<p>Support the caregiver</p> <p>If some of the required information isn't available before te tamaiti is placed with the caregiver, share it as soon as it becomes available</p>	<p>Section 3.4.1: Information to be given to caregivers and care staff before tamariki enter their care</p> <p>Section 3.4.2: Core training and supports for caregivers and care staff</p> <p>Table 4: Roles and responsibilities when tamariki are cared for by a caregiver – Table 4b Supporting the caregiver</p>
<p>Assessment of care staff.</p> <p>Apply your organisation's assessment and professional development systems to make sure care staff are suitably trained and skilled to meet the needs of the tamariki who will be coming into their care</p>	<p>Assessment of care staff</p> <p>Search Oranga Tamariki records for information about prospective care staff and – if the care will take place in that person's household – their households, on the request of the care partner, and share this information with the care partner</p>	<p>Table 5: Roles and responsibilities when tamariki are cared for by care staff – Table 5a Care staff assessment</p>

Service Specifications

Purpose

To support understanding of roles and responsibilities of care partners and Oranga Tamariki staff relating to the National Care Standards when tamariki come into care.

Resources

- [Shared Care Service Specification](#)
- Whiteboard and pens

Discussion: Journey of tamariki coming into care

Preparation:

1. Print out one copy of the **Shared Care Service Specification** for each table.

On the day:

2. Ask small groups to draw on their own knowledge and experience to brainstorm some of the things that need to be done when a child initially comes into care.
3. Elicit answers from each table or group and write on the board (ensure the following responsibilities are included: assessments, All About Me plans, caregiver plan, health checks).
4. Now shift the focus on who takes responsibility and who is accountable for these various responsibilities. Focus on at least examples listed in #3 above (and expand if time allows). Write these questions on the board:
 - Who is responsible for completing the assessment?
 - Who is responsible for completing the All About Me plan for a child?
 - Who is responsible for the caregiver support plan?
 - Who ensures tamariki attend their health checks?
5. Distribute the **Shared Care Service Specification** and ask each group to check their answers.
6. Using the Shared Care Service Specification, ask each group to quiz each other on more specific questions related to the above responsibilities (eg 'How often is the All About Me plan updated?' 'What happens there isn't an AAMP in place?')
7. Debrief the activity as a wider group: What were the key learnings from today? Where are there still questions?

Prompting questions for activity

Use these questions *after* the activity to allow others time to reinforce learning.

Choose a partner from another table to discuss:

- Which of the roles and responsibilities did you feel confident about?
- Which of the roles and responsibilities were you more uncertain about?
- How do each of these responsibilities impact on the funding for Partnered Care?
- When might these responsibilities be discussed throughout the Quality Assurance cycle for Partnered Care?

Extension questions

These questions could be asked as a follow-up to the activity, to help move others to act or think differently about their mahi.

- Do you currently refer to the Shared Care Service Specification on a regular basis in your role? Why or why not? How do you use this resource?
- Who can you get in touch with if you are unsure about the roles and responsibilities in the service specifications?

For more information:

- Refer to the Service Specifications [webpage](#) on the Oranga Tamariki site.
- See the Service Specifications [FAQs](#) on the Oranga Tamariki site.

Outcome

- Participants gain more indepth understanding of roles and responsibilities when tamariki come into care and know how these impact on funding and Quality Assurance for Partnered Care.

Funding

Purpose

To support understanding of the 'all-in' funding approach for Partnered Care and managing unders and overs in the Dynamic Funding Model.

Resources

- Answer Sheet (see Resources section)
- [Funding Policy & Guidance for Partnered Care](#)
- Post-it notes (blue, pink, yellow, purple for each table)
- Flipchart (4 pages)
- Whiteboard or PowerPoint
- Pens

Activity: 'All-in' funding for Partnered Care

Preparation:

1. On four flipcharts, stick 1 coloured post-it note and write the following questions:
 - **Flipchart with blue post-it:** *What is 'all-in' funding and how does it work in practice?*
 - **Flipchart with pink post-it:** *What does managing the unders and overs look like for your organisation (or the organisations you work with)? What sort of things might you consider to determine whether a specific cost can be covered by the agreed rate?*
 - **Flipchart with yellow post-it:** *If a child's needs changed over time, how would this be managed with the contracted funding rate? What might you need to consider?*
 - **Flipchart with purple post-it:** *What does the costing model detail for the Dynamic Funding Model show? How would you use it?*
2. You may wish to also type up the questions into a PowerPoint or simply write on the whiteboard on the day of the activity.

On the day:

3. Divide the room into groups of 4 or 5 and give each group blue, pink, yellow and purple post-it notes. Ask them to work together to write answers to the questions you have written on the board (or the PowerPoint slide) and stick to the corresponding flipcharts.
4. Then feed back on the questions as a wider group and whiteboard answers.
5. Use the **Answer sheet** to ensure all answers are covered. This answer sheet is not an exhaustive list and will depend on the situation.

Prompting questions for activity

Use these questions after the activity to allow others time to reinforce learning.

Choose a partner from another table to discuss:

- Which of the funding questions did you feel confident about?
- Which of the funding questions were you more uncertain about?
- What are some of the benefits of 'all-in' funding rates for care partners? *(potential answers: reduces administrative burden, provides flexibility and autonomy for partners to meet the specific needs of the children in their care.)*
- What are some of the benefits of 'all-in' funding rates for Oranga Tamariki sites? *(potential answers: fewer invoices and ad-hoc funding requests from care partners to sites.)*

Extension questions

These questions could be asked as a follow-up to the activity, to help move others to act or think differently about their mahi.

- Do you currently refer to the Funding Policy & Guidance for Partnered Care on a regular basis in your role? Why or why not? How do you use this resource?
- Who can you get in touch with if you are unsure about funding for Partnered Care?

For more information:

- Refer to the Funding [webpage](#) on the Oranga Tamariki site.
- See the Funding [FAQs](#) on the Oranga Tamariki site.
- See the Funding [Guide](#) on Te Pae (Oranga Tamariki staff only).

Outcome

- Participants gain more indepth understanding of Dynamic Funding Model and 'all-in' funding approach for Partnered Care.

Resources: All-in funding for Partnered Care Activity



Facilitator Answer Sheet

Funding Activity: 'All-in' funding for Partnered Care

1. **Blue post-it notes:** *What is 'all-in' funding and how does it work in practice?*

- The funding approach for Partnered Care is 'all in' – to ensure care partners have enough funding to cover most tamariki support needs most of the time
- This approach is used across all funding models (Dynamic, Fixed and Individualised).
- A key benefit of this approach is there will be less need for partners to come back to site with lots of small transactional invoices.
- Another benefit is that an 'all-in' approach gives care partners more flexibility and autonomy to respond to tamariki needs in a timely manner.

2. **Pink post-it notes:** *What does managing the unders and overs look like for your organisation (or the organisation you work with)? What might you need to consider to determine whether a specific is included in the existing rate?*

- Consider which model the partner is on and what types of costs they have – understanding unders and overs is particularly important for the Dynamic Funding Model.
- Consider the number of tamariki with that partner and what the costs look like across time for the whole cohort of children – unders and overs can look quite different depending on the scale of the partner.
- Check the individual child needs costs in the costing model table for the General Support Rate (page 31 Appendix C of Funding Policy & Guidance) – what does this child need out of the items included? Is there anything that has been provided for that they don't actually use? (e.g. maybe they don't need nappies or don't need teacher aide support?) Maybe some of that funding could be used for something else that they do need.
- Think about what kind of principles you use to manage the unders and overs with your own family budgets at home (e.g. some weeks might be really expensive, other weeks you might spend less, and over time you make sure it averages out) – how might you be able to use that analogy to help partners manage their unders and overs?
- Consider if costs might feel expensive upfront, but actually work out to be a small amount per day over the period of time that its used?

3. **Yellow post-it notes:** *How would you manage it if a child's needs change over time? What sorts of things might you need to consider?*

- Think about which funding model this is for.
- Consider how big of a change there is – how long will the change be for? Is it ongoing or probably for a short period of time?
- If individualised or fixed, have a conversation with the funding team as to whether funding needs to change if we need to increase or decrease the support around the child.
- If dynamic – can this change be absorbed into the unders and overs? If not, is it an ongoing cost or one-off – think about whether a new rate needs to be agreed, or whether to request some an ad-hoc funding top up.
- Which additional funding process might you use?

4. Purple post-it notes: *What does the costing model detail for the Dynamic Funding Model show? How would you use it?*

- This shows the mathematical model used to come up with the general support rate for the dynamic funding model.
- It helps show the types of costs that we expect partners to have when caring for tamariki under this funding model.
- The general support rate should cover most costs for most tamariki most of the time.
- This can be used as a tool to help partners think about whether something has already been generally accounted for within the rate.
- Just because something is not explicitly mentioned in the costing model detail doesn't mean that the funding rate shouldn't cover it though – think about which category a particular request might fit under (e.g. a hair cut – perhaps there is enough under the small cost payment to cover that).
- It will always depends on the situation of the partner and the tamariki involved, but this costing model detail can give a good starting point for conversations about managing unders and overs on the dynamic funding model.

Funding

Purpose

To support understanding of the process for requesting ad-hoc funding for care partners.

Resources

- Participant Handout (see Resources section)
- Answer Sheet (see Resources section)
- [Funding Policy & Guidance for Partnered Care](#)
- Paper and pens

Activity: Requesting ad-hoc funding

Preparation:

1. Print out copies of the **Participant Handout**, **Answer Sheet**, and **Funding Policy and Guidance** for each group or table.

On the day:

2. Divide the room into groups of 4 or 5. Ask groups to discuss what can be done if additional funding is needed for care partners.
3. Recap to the group: there are two additional funding processes for Partnered Care: one for requesting ad-hoc funding/top-ups and one for requesting an additional funding rate on the Dynamic Model. Today we are focusing on requesting ad-hoc funding.
4. Pass out the **Participant Handout** and paper/pens to each group. Explain that they are going to look at 3 scenarios and decide whether the ad-hoc funding process should be used. For each scenario, groups must decide:
 - Will you be able to make this work within existing funding?
 - If not, why not? How do you proceed?
 - What do you need to consider in order to determine this?
5. After groups are finished writing down their answers, encourage them to brainstorm other types of ad-hoc costs that might come up for partners.
6. After each conversation has finished, each person in the group gives each other feedback about how it went from their differing roles and perspectives.
7. Have groups compare their answers with other tables.
8. Distribute **Answer Sheets** and let each group check to see if they came up with similar answers. Recap together as a group and allow for follow-up questions.

Prompting questions for activity

Use these questions *after* the activity to allow others time to reinforce learning.

Choose a partner from another table to discuss:

- Which of the scenarios did you feel confident about?
- Which of the scenarios were you more uncertain about?
- What are some examples of exceptions?
- What is the ad-hoc funding process? How many steps are you familiar with? (refer to pages 19–20 in the Funding Policy and Guidance)
- Where in the Funding Policy and Guidance for Partnered Care can you find more about what costs are covered in the Dynamic Funding Model? (Appendix C page 31–36)
- What is the difference between the ad-hoc funding process and the additional funding process in the Dynamic Model? (refer to page 10 Funding Policy and Guidance)

Extension questions

These questions could be asked as a follow-up to the activity, to help move others to act or think differently about their mahi.

- Do you currently refer to the Funding Policy & Guidance for Partnered Care on a regular basis in your role? Why or why not? How do you use this resource?
- Who can you get in touch with if you are unsure about funding for Partnered Care?

For more information:

- Refer to the Funding [webpage](#) on the Oranga Tamariki site.
- See the Funding [FAQs](#) on the Oranga Tamariki site.
- See the Funding [Guide](#) on Te Pae (Oranga Tamariki staff only).

Outcome

- Participants gain more indepth understanding of the types of costs included in the General Support Rate for the Dynamic Model, the ad-hoc funding process for Partnered Care and in what scenarios it could be used.

Resources: Requesting ad-hoc funding Activity



Participant Handout

Funding Activity: Requesting ad-hoc funding in the Dynamic Model

Step 1:

Imagine that you are (or are working with) a care partner on the Dynamic Model. They provide care for 4 tamariki on the General Support Rate.

Think about whether ad-hoc funding would be needed in the following scenarios.

Scenario 1	Scenario 2	Scenario 3
One child is going on an overseas trip. This costs \$5000.	Unexpected travel costs are incurred to get one child to a one-off specialist appointment 1 hour away by car.	One of the children has just broken their suitcase and it must be replaced immediately for \$200 (the child had only been placed with this care partner 3 weeks prior, so this was a new suitcase.)

Step 2:

For each scenario discuss:

1. Will you be able to make this cost work within the existing funding rate?
2. If not, why not? How do you proceed?
3. What do you need to consider to determine this?

Step 3:

Brainstorm:

What other types of ad-hoc costs might come up for partners on the Dynamic Funding Model?

Facilitator Answer Sheet

Funding Activity: Requesting ad-hoc funding in the Dynamic Model

Scenario 1	Scenario 2	Scenario 3
<p>One child is going on an overseas trip. This costs \$5000.</p>	<p>Unexpected travel costs are incurred to get one child to a one-off specialist appointment 1 hour away by care.</p>	<p>One of the children has just broken their suitcase and it must be replaced immediately for \$200 (the child had only been placed with this care partner 3 weeks prior, so this was a new suitcase.)</p>
<p>Answer:</p> <ul style="list-style-type: none"> No, this won't be covered in the dynamic funding model general support rate. This is very expensive (well over the \$500 guideline). It is something that doesn't regularly happen for every child in care, and it is a one-off, so we know that this won't have been included in the costing model. The partner should ask for ad-hoc funding to cover this. 	<p>Answer:</p> <ul style="list-style-type: none"> Yes, this should be able to be covered by the general support rate on the dynamic funding model. The 'all in' approach to funding has been designed to ensure that partners do not need to go to site for small transactional invoices. This will be reasonably cheap (it should be well within the \$500 guideline), and it is a one-off appointment, so there should be enough buffer in the general support rate to cover small, unexpected costs like this. 	<p>Answer:</p> <ul style="list-style-type: none"> This may be able to be covered by the general support rate depending on the situation. There is provision for a suitcase within the costing model detail, but the partner will have used this already 3 weeks ago for the first suitcase. The new suitcase is within the \$500 guideline, so it might be covered, but we need some more information to understand whether the partner can manage this cost

	<ul style="list-style-type: none"> • <i>A possible exception (if you want to make things interesting)</i> – if for some reason due to very exceptional circumstances we had to pay a support person to take the child to the appointment, and that support person didn't drive so we also had to hire an uber to get them there and back – then the travel to this appointment could end up costing several hundred dollars – since this partner only has a few children in care (i.e. a small scale for managing the unders and overs), they might find it difficult to absorb this unexpected cost within the general support rate and it might be reasonable for them to request ad hoc funding to cover it. 	<p>within their unders and overs – e.g. we might like to consider:</p> <ul style="list-style-type: none"> ○ What other costs does this child use out of the items included in the costing detail? Is there anything that has been accounted for that they don't actually use?(e.g. maybe they don't need nappies or don't need teacher aide support?) – in which case, maybe some of that funding could be used for the suitcase instead. But, if the child already needs more teacher aide hours than has been accounted for in the costing model detail – then it might be a bit tighter. ○ There are only 4 tamariki in this partner's care – so they might find it a little more difficult to manage unders and overs. Depending on the answers above, the partner might be able to cover the cost, or might need some ad hoc funding support.
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Funding

Purpose

To support understanding of the reconciliation processes for the Dynamic & Fixed Funding Models.

Resources

- Participant Handout (see Resources section)
- Answer Sheet (see Resources section)
- [Funding Policy & Guidance for Partnered Care](#)
- Paper and pens

Activity: Reconciliation

Preparation:

1. Print out copies of the **Participant Handout** (one-sided; Part 1 should be in A3), **Answer Sheet**, and the **Funding Policy and Guidance** for each group.
2. You may wish to type up the bulleted questions into a PowerPoint or simply write on the whiteboard on the day of the activity.

On the day:

3. Ask the room for volunteers: What is the purpose of reconciliation? (refer to page 21 in Funding Policy and Guidance). Explain that in Partnered Care the reconciliation process depends on the type of funding model used.
4. Divide the room into small groups to discuss the reconciliation processes for the Dynamic and Fixed Funding Models. Consider these questions for each model:
 - What is the occupancy factor?
 - What happens when usage and occupancy are tracking as expected / agreed?
 - What happens when occupancy falls below the agreed amount?
5. Distribute the **Participant Handout (Part 1 only)** and ask groups to check thinking.
6. Then, ask groups to choose one of the funding models to workshop its reconciliation process in more detail. Distribute **Participant Handout (Part 2)** and give groups 10 mins to work through the reconciliation process for each scenario.
7. Ask everyone to pair up with someone from another group who was working from the same funding model: Did you come up with the same answers?
8. Distribute the **Answer Sheet** and allow groups to check their answers. Recap together as a group and allow for follow-up questions.

Prompting questions for activity

Use these questions *after* the activity to allow others time to reinforce learning.

Choose a partner from another table to discuss:

- What funding model did you work through the reconciliation process for?
- What areas of the reconciliation process were you unsure about?
- Can you think of any examples of exceptions?
- How do you currently forecast expected occupancy? How do you ensure accuracy?
- How often do you currently seek to understand how usage and occupancy are tracking against the contracted forecast?
- What are some of the reconciliation principles for Partnered Care? (refer to page 21 of the Funding Policy & Guidance).

Extension questions

These questions could be asked as a follow-up to the activity, to help move others to act or think differently about their mahi.

- How familiar were you with the reconciliation principles and processes for Partnered Care?
- Do you currently refer to the Funding Policy & Guidance for Partnered Care on a regular basis in your role? Why or why not? How might you use this resource in the future?
- Who can you get in touch with if you are unsure about the reconciliation processes for Partnered Care?

For more information:

- Refer to the Funding [webpage](#) on the Oranga Tamariki site.
- See the Funding [FAQs](#) on the Oranga Tamariki site.
- See the Funding [Guide](#) on Te Pae (Oranga Tamariki staff only).

Outcome

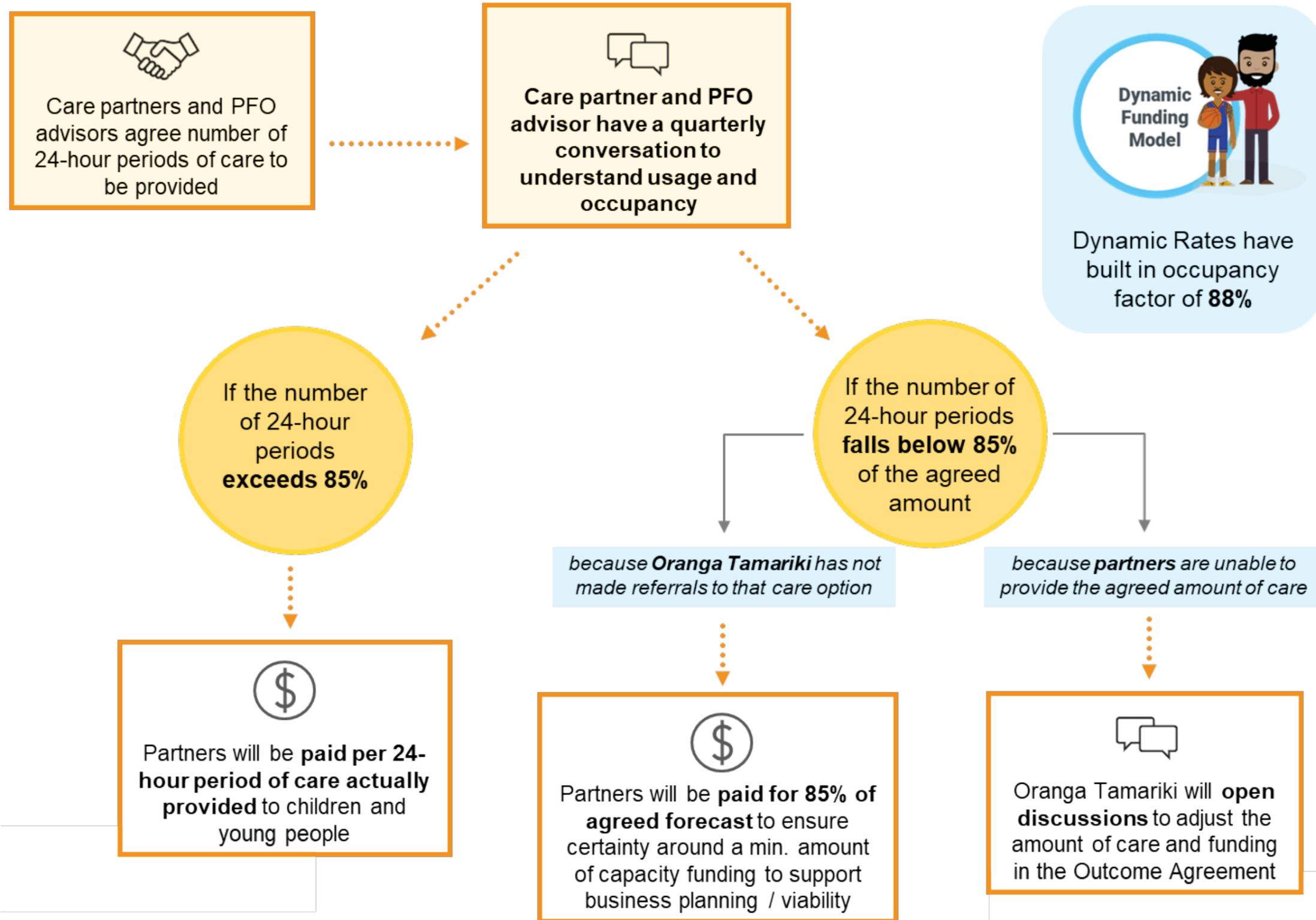
- Participants gain more confidence about when and how to use reconciliation processes for Partnered Care.

Resources: Reconciliation Activity



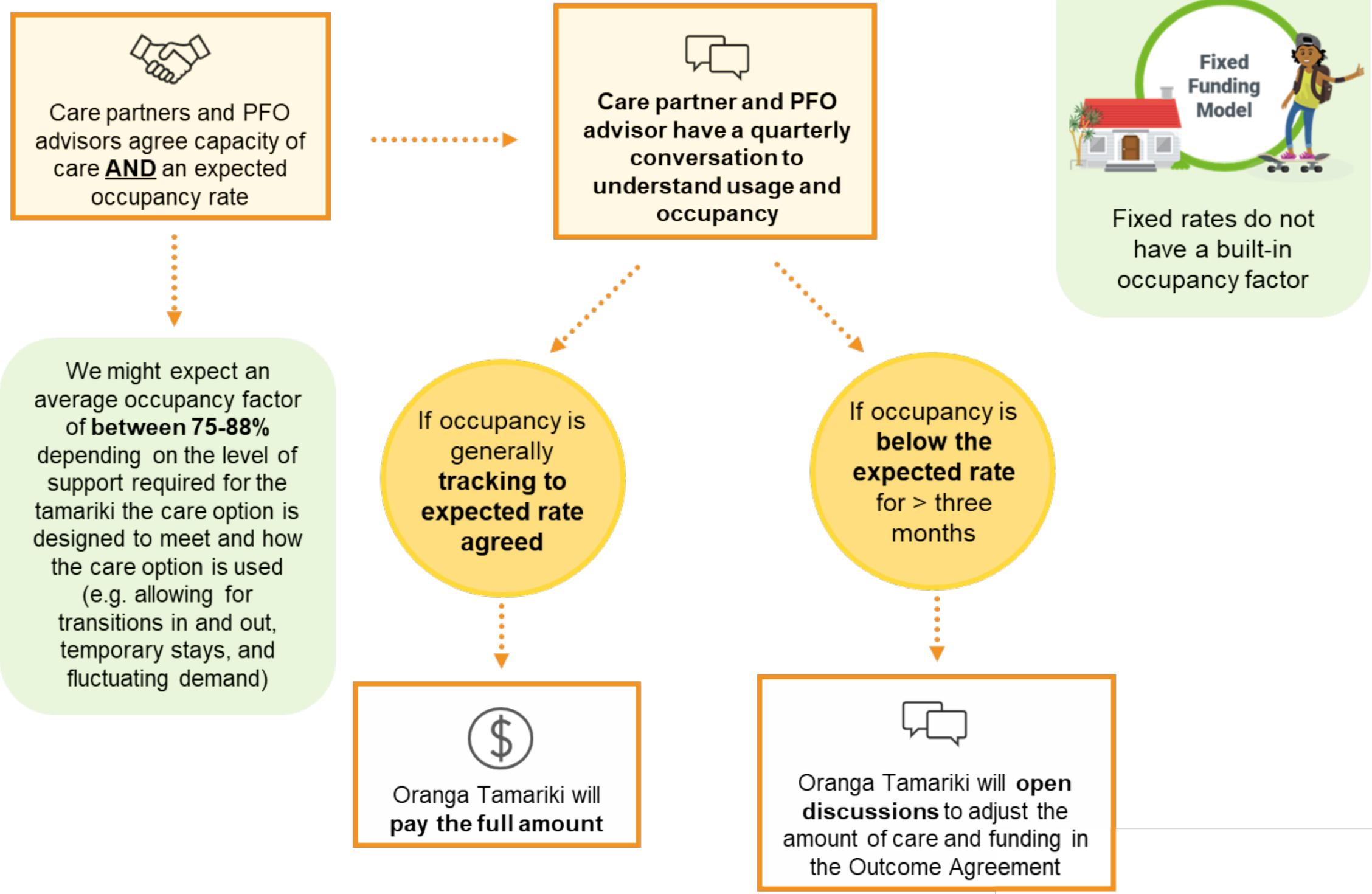
Participant Handout (Part 1)

Funding Activity: Reconciliation for the Dynamic Model



Participant Handout (Part 1)

Funding Activity: Reconciliation for the Fixed Model



Participant Handout (Part 2)

Funding Activity: Reconciliation for the Dynamic Model

Step 1:

Imagine that you are (or are working with) a care partner on the Dynamic Model. Let us assume we have agreed that a care partner will have **4 care options** available at any one time.

This means they are paid \$197,100 annually which = 4 (care options) x 365 days x \$135 (General Support Rate).

Remember: In the Dynamic model, the partner needs to deliver to 85% of the expected occupancy rate.

Scenario 1	Scenario 2	Scenario 3
In the next quarterly conversation between the partner / PFO advisor to understand usage and occupancy, it is determined that only 3 tamariki are cared for during this period. Oranga Tamariki made 4 referrals to the care partner. The care partner had 4 caregivers available but one of the referrals made was for a child whose needs were not aligned to the care model the partner provides.	In the next quarterly conversation between the partner / PFO advisor to understand usage and occupancy, it is determined that only 3 tamariki are cared for during this period. Oranga Tamariki attempted to make a referral to the care partner, but they did not have a caregiver available.	In a quarterly conversation between the partner / PFO advisor to understand usage and occupancy, it is determined that 5 tamariki are cared for during this period.

Step 2:

For each scenario discuss:

1. What happens next?
2. What amount will be paid to the care partner or are further conversations needed?
3. If a conversation is needed, what types of things might need to be considered and discussed?

Participant Handout (Part 2)

Funding Activity: Reconciliation for the Fixed Model

Step 1:

Imagine that you are (or are working with) a care partner on the Fixed Model, who provides care for multiple tamariki who need temporary accommodation in a staffed group home (which can support up to 12 tamariki). Let us assume we have agreed a funding rate of \$150 per 24-hour period and an expected occupancy rate of 75% to account for fluctuating demand and temporary stays.

Remember: In the Fixed Model, expected occupancy rates are discussed and negotiated on a case-by-case basis as part of the contracting discussions. We might expect an average occupancy factor of between 75-88% depending on the level of support required for the tamariki the care option is designed to meet.

Scenario 1

In a quarterly conversation between the partner / PFO advisor to understand usage and occupancy, it is determined that **8 tamariki** are cared for during this period.

Scenario 2

In a quarterly conversation between the partner / PFO advisor to understand usage and occupancy, it is determined that **8 tamariki** were cared for most (but not all) of this period.

Scenario 3

In a quarterly conversation between the partner / PFO advisor to understand usage and occupancy, it is determined that **only 4 tamariki** are cared for during the last 6 months.

Step 2:

For each scenario discuss:

1. What happens next?
2. What amount will be paid to the care partner or are further conversations needed?
3. If a conversation is needed, what types of things might need to be considered and discussed?

Facilitator Answer Sheet

Funding Activity: Reconciliation for the Dynamic Model

Scenario 1	Scenario 2	Scenario 3
<p>In the next quarterly conversation between the partner / PFO advisor to understand usage and occupancy, it is determined that only 3 tamariki are cared for during this period. Oranga Tamariki made 4 referrals to the care partner. The care partner had 4 caregivers available but declined one of the referrals as the needs of the child were not aligned to their agreed care model.</p>	<p>In the next quarterly conversation between the partner / PFO advisor to understand usage and occupancy, it is determined that only 3 tamariki are cared for during this period. Oranga Tamariki attempted to make a referral to the care partner, but they did not have a caregiver available.</p>	<p>In a quarterly conversation between the partner / PFO advisor to understand usage and occupancy, it is determined that 5 tamariki are cared for during this period.</p>
<p>Answer:</p> <ul style="list-style-type: none"> • In this scenario, the number of 24-hour periods falls below 85% of the agreed amount because Oranga Tamariki has not made appropriate referrals to that care option. • This means that the care partner will be paid 85% of the agreed forecast to support business planning and viability. • The partner will be paid for 85% occupancy (i.e. \$167,535 as opposed to actual usage of \$147,825). 	<p>Answer:</p> <ul style="list-style-type: none"> • In this scenario, the number of 24-hour periods falls below 85% of the agreed amount because the care partner was unable to provide the agreed amount of care. • This means that Oranga Tamariki will open a discussion about what support the care partner needs to be able to provide the agreed care options, and/or whether the Outcome Agreement needs to be adjusted on an ongoing basis (with appropriate lead-in times and notice in relation to any changes). 	<p>Answer:</p> <ul style="list-style-type: none"> • If the number of 24-hour periods exceeds 85%, care partners will be paid per 24-hour period of care <i>actually provided</i> to tamariki. • In this scenario, the partner provided care for 5 tamariki when it was only agreed that they would provide for 4 tamariki. This means the care partner would be paid more than the agreed rate to cover the cost of this additional care i.e. \$246,375 annually which = 5 (tamariki) x 365 x \$135 (General Support Rate).

Facilitator Answer Sheet

Funding Activity: Reconciliation for the Fixed Model

Scenario 1	Scenario 2	Scenario 3
<p>In a quarterly conversation between the partner / PFO advisor to understand usage and occupancy, it is determined that 8 tamariki are cared for during this period.</p>	<p>In a quarterly conversation between the partner / PFO advisor to understand usage and occupancy, it is determined that 8 tamariki were cared for most (but not all) of this period.</p>	<p>In a quarterly conversation between the partner / PFO advisor to understand usage and occupancy, it is determined that only 4 tamariki are cared for during the last 6 months.</p>
<p>Answer:</p> <ul style="list-style-type: none"> In this scenario, the occupancy is tracking to the expected rate agreed, so Oranga Tamariki would pay the care partner the amount as agreed i.e. \$150 per 24-hr period of care provided. 	<p>Answer:</p> <ul style="list-style-type: none"> In this scenario, the occupancy is <i>generally</i> tracking to the expected rate agreed, so Oranga Tamariki would pay the care partner the amount as agreed i.e. \$150 per 24-hr period of care provided. The PFO advisor would continue to have regular conversations with the care partner about occupancy and if it dropped below the agreed rate for an extended period of time, a conversation would be needed with the partner about what support / changes are needed. 	<p>Answer:</p> <ul style="list-style-type: none"> In this scenario, the number of 24-hour periods falls below 85% of the agreed rate because the care partner was unable to provide the agreed amount of care. This means that Oranga Tamariki will open a discussion about what support the care partner needs to be able to provide the agreed care options, and/or whether the Outcome Agreement needs to be adjusted on an ongoing basis (with appropriate lead-in times and notice in relation to any changes).

Quality Assurance

Purpose

To support understanding of the Partnership Touchpoint component of the Quality Assurance cycle for Partnered Care.

Resources

- [Partnership Touchpoint Record](#)
- [Quality Assurance Framework](#)
- [Quality Assurance for Partnered Care: Guidance](#) (Partnership Touchpoint section: pages 15–17 only)
- Pens

Activity: Partnership Touchpoints

Preparation:

1. Print out copies of the **Partnership Touchpoint Record** and the **Quality Assurance Framework** for each group or table. *Optional: Print the Partnership Touchpoint section (pages 15–17) of the **Quality Assurance for Partnered Care: Guidance**.*

On the day:

2. Divide the room into small groups. Ask each group to spend 5 minutes discussing what they know about Partnership Touchpoints. Write these questions on board:
 - What are partnership touchpoints? When do these occur? Who is involved?
 - What is the focus of partnership touchpoint conversations?
3. Recap as a group and white board answers (refer to the Partnership Touchpoint section of the Quality Assurance Guidance for Partnered Care for the answers).
4. Reiterate that the **Quality Assurance Framework** is one area of focus during Partnership Touchpoints. These conversations are captured in the **Partnership Touchpoint Record**. Distribute one copy of these documents (bolded) per group.
5. Ask each group to go to page 8 of the Partnership Touchpoint Record and choose one domain from the Quality Assurance Framework to focus on for both the Tamaiti and Carer experience statements. Groups fill out the template and ask:
 - What information might be included in the “What are we doing” field?
 - What evidence might be included in the “How do we know” field?
 - What information might be included in the “Improving outcomes...” field?
6. Feed back together as a wider group and whiteboard answers for each domain. Encourage participants to copy down the info to reference later if they wish.

Prompting questions for activity

Use these questions *after* the activity to allow others time to reinforce learning.

Choose a partner from another table to discuss:

- What domain did your group cover? What are the tamaiti and carer statements for this domain?
- Which of the fields did you feel confident about answering for your domain?
- Which of the fields were you more uncertain about for your domain?
- Did you have any examples of types of evidence you would include for the whānau layer* of the framework?

**Note: Further work is required to determine how whānau experiences will be represented in this framework. The initial focus of the Quality Assurance function will be on the tamaiti and carer statements. We will then add in the whānau statements once they are agreed.*

Extension questions

These questions could be asked as a follow-up to the activity, to help move others to act or think differently about their mahi.

- How familiar are you with the Quality Assurance Framework for Partnered Care? Do you know how it was created?
- Do you currently refer to the Quality Assurance for Partnered Care: Guidance document on a regular basis in your role? Why or why not? How might you use this resource in the future?
- Who can you get in touch with if you are unsure about the Partnership Touchpoints for Partnered Care?

For more information:

- Refer to the Quality Assurance [webpage](#) on the Oranga Tamariki site.
- See the Quality Assurance [FAQs](#) on the Oranga Tamariki site.

Outcome

- Participants gain practical, hands-on experience filling out Partnership Touchpoint Records and thinking about how they would use the Quality Assurance Framework in practice and the types of information and evidence they would share during Partnership Touchpoint conversations.

Quality Assurance

Purpose

To support understanding of the Escalation process within the Quality Assurance cycle for Partnered Care.

Resources

- [Quality Assurance for Partnered Care: Guidance](#) (Escalation section: pages 20–22 only)
- [Shared Care Service Specification](#) (Appendix G pages 65–71 only)
- Whiteboard or PowerPoint
- Pens

Discussion: Escalation process

Preparation:

1. Print one copy of the Escalation Section (pages 20–22) of the **Quality Assurance for Partnered Care Guidance** for each table. *Optional: print the same number of copies of Appendix G (pages 65–71) of the **Shared Care service specification**.*
2. Type the following scenario and the bulleted question on #5 into a PowerPoint slide or simply write on the whiteboard on the day of the activity.

A young person arrives into Partnered Care and you realise their needs are far more complex than outlined in the referral document. The referral came from another region and the transition timeframe was limited.

On the day:

3. In small groups, discuss what each person would do in the above scenario.
4. Distribute pages 20–22 of the **Quality Assurance for Partnered Care Guidance** and ask groups to read/check alignment with the escalation process on page 22.
5. Ask group to discuss when and how to escalate depending on the situation:
 - What would you do if you had concerns about the safety of anyone involved in care? When/how would you manage this? What resources would you use?
 - When would you seek to raise a concern with the PfO National Quality Hub?
6. Debrief the activity by highlighting Appendix G of the **Shared Care service specification** should be referred to for critical and serious incidents. Less urgent concerns can be raised at Partnership Touchpoints and should be handled at a local level. If there is still no agreement about how to proceed, the issue can be escalated to the PfO National Quality Hub for support when necessary.

Prompting questions for activity

Use these questions after the activity to allow others time to reinforce learning.

Choose a partner from another table to discuss:

- What would you do if you had escalated a concern and you didn't feel like you were heard by local teams?
- What would you do if you weren't comfortable with a proposed resolution in the escalation process?
- How do the escalate processes we discussed today differ from your current practice?
- What are your key learnings about escalation from today?

Extension questions

These questions could be asked as a follow-up to the activity, to help move others to act or think differently about their mahi.

- How familiar are you with the escalation processes outlined the Quality Assurance Guidance and Shared Care Service Specification?
- Do you currently refer to the Quality Assurance for Partnered Care: Guidance document on a regular basis in your role? Why or why not? How might you use this resource in the future?
- Who can you get in touch with if you are unsure about the escalation process for Partnered Care?

For more information:

- Refer to the Quality Assurance [webpage](#) on the Oranga Tamariki site.
- See the Quality Assurance [FAQs](#) on the Oranga Tamariki site.

Outcome

- Participants gain deeper understanding of escalation processes and how they would manage any issues or concerns that arise depending on the situation.

Partnered Care Overview Presentation

A standard, editable PowerPoint presentation that provides an overview of Partnered Care



Purpose

This is a standard, editable PowerPoint presentation which can be used and repurposed for training staff and sharing information about Partnered Care. It includes an overview of Partnered Care, frequently asked questions, and information on where to go and who to contact for additional support.

What is Partnered Care?

Oranga Tamariki works with around 60 care partners that provide safe homes and places to live for children and young people in state care and in custody under the Oranga Tamariki Act. The National Care Standards apply.

Who is this presentation for?

This presentation is intended to be used by facilitators, team leaders, supervisors, and managers to give internal staff or external agencies an overview of Partnered Care.

The topics are:

1. Care Model Summary
2. Service Specifications
3. Funding
4. Quality Assurance

Total time



This presentation takes approx. 30 to 45 mins



Partnered Care

Overview

Please note: A PowerPoint version of this presentation is available.

What is Partnered Care?

- Oranga Tamariki funds and works with around 60 care partners that provide safe homes and places to live for children in care. A care partner is an organisation that provides care for a child who is in state care and in custody under the Oranga Tamariki Act. The National Care Standards apply.
- The [National Care Standards](#) set out the standard of care every child and young person needs to do well and be well, and the support all caregivers can expect to receive. These standards came into effect on 1 July 2019.
- The way we work with care partners is aligned with the intent and aspirations of the National Care Standards and wider commitments such as Section 7AA. We are committed to a collaborative approach of working together that is focused on:
 - meeting our collective obligations
 - continuous improvement
 - supporting children and young people in care to achieve better outcomes.
- More information and resources can be found on the [Partnered Care webpage](#) on the Oranga Tamariki website.

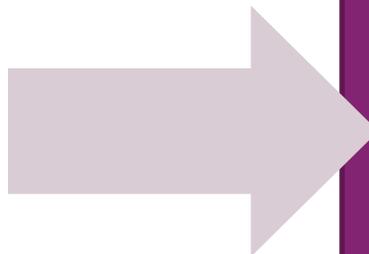
Background

- The introduction of the National Care Standards and Section 7AA means there are now clear quality expectations relating to the care for children and young people in care and support for their caregivers, whānau or family.
- Following the introduction of the legislative changes in 2019, the Engaging Care Partners programme worked extensively across Oranga Tamariki and with care partners to design new working arrangements for Partnered Care.
- The changes we designed together are aligned to the legislation and focus on improved practice, partnerships, and experiences and outcomes for children and young people. These changes came into effect on 1 July 2021.
- All information and resources related to these changes can be found on the new [Partnered Care webpage](#) on the Oranga Tamariki website.

Partnered Care changes

FROM...

Rigid purchaser/provider models between Oranga Tamariki and care partners which are not aligned to our respective obligations and provide limited insights into the quality and experience of Partnered Care.



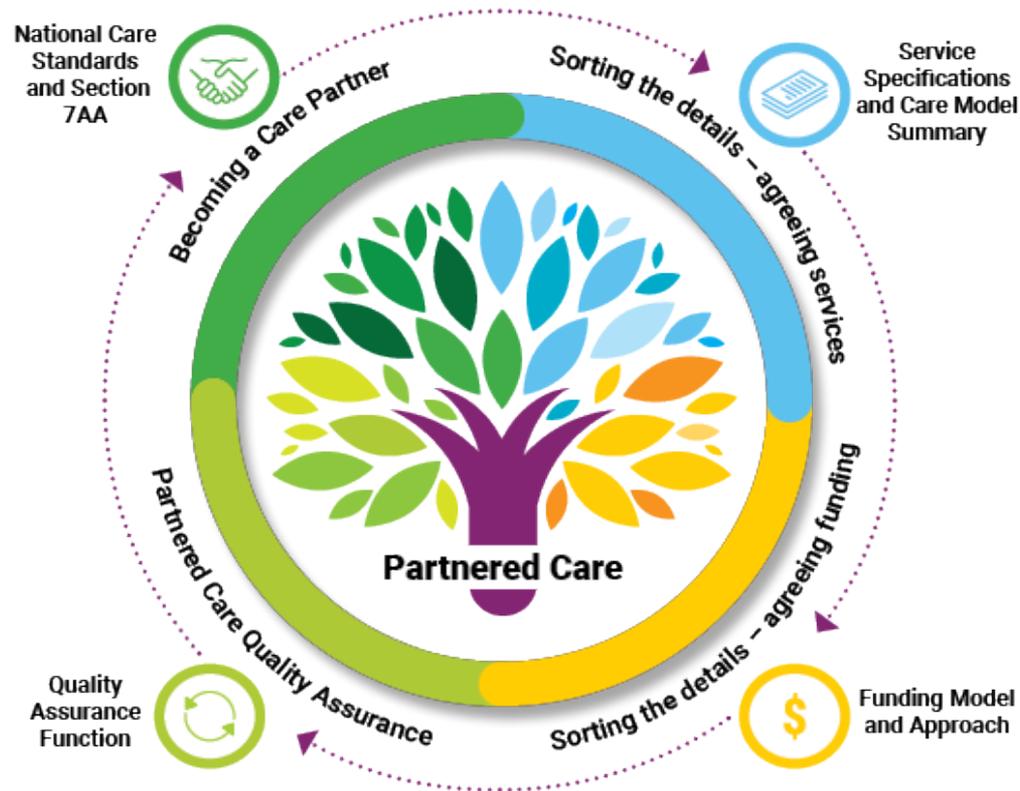
TO...

Strengthened, flexible partnerships between Oranga Tamariki and care partners which are focused on meeting our respective obligations and the experiences and outcomes for children, young people, carers, whānau and families involved in Partnered Care.

Partnered Care changes

- The way we work with care partners is aligned with the intent and aspirations of the National Care Standards and Section 7AA.

- The Quality Assurance function within Pfo supports quality practice and learning across Partnered Care.
- The function was designed collaboratively between a range of care partners and Oranga Tamariki.
- We focus on building partnerships and understanding the experiences of the children, young people, carers, and whānau or family involved in care.



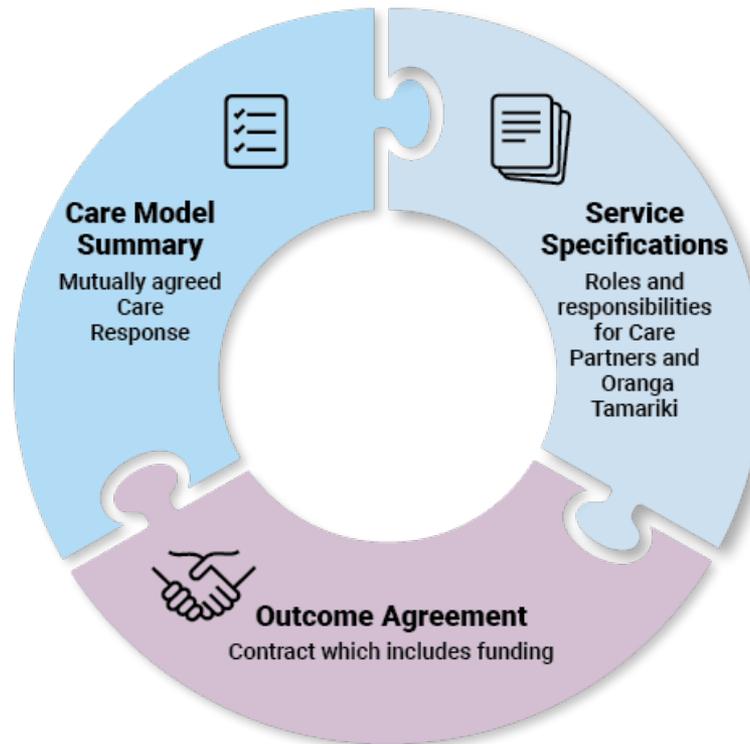
- The new service specifications and Care Model Summary contract documents are child-centric.
- They give us a clear, shared understanding of partners' care models, our respective roles and responsibilities, and how we work together in partnership.

- There are three funding models for partnered care: dynamic, fixed and individualised.
- All models provide 'all-in' funding to enable partners the flexibility to respond to the individual needs of the children in their care.

Service Specifications & Care Model Summary

What is the purpose of the Care Model Summary?

- The Care Model Summary template confirms details about the care response that care partners are providing.
- It is individual to each model of care provided by each organisation and forms part of the Outcome Agreement (along with the service specifications).



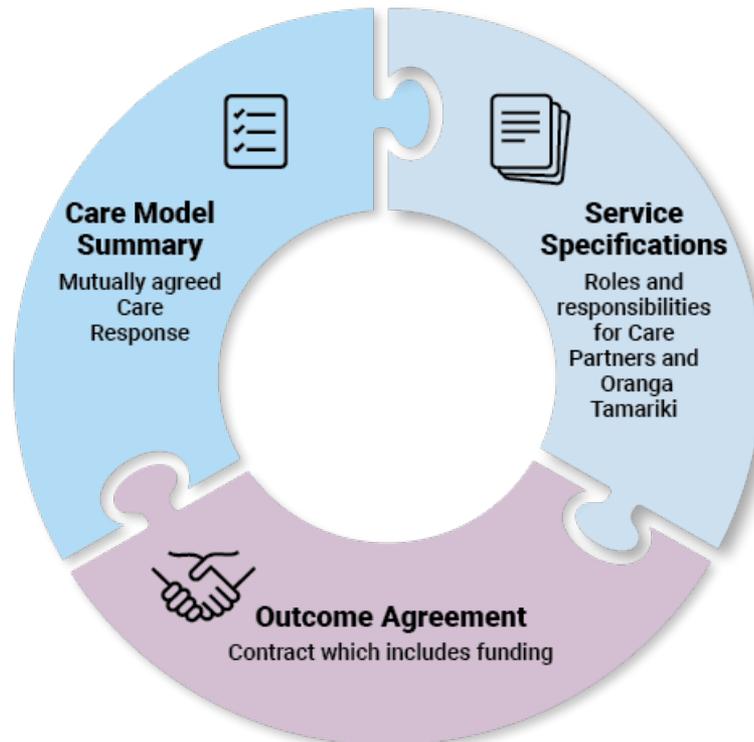
What is the purpose of the service specifications?

- We want to enable flexibility for care partners and Oranga Tamariki to focus on responding to a child or young person's needs, strengths, and aspirations.
- So the service specifications outline what our respective roles, responsibilities and requirements are in relation to the National Care Standards, but do not specify how these are to be carried out.

Impacts of these changes

What is different?

- The services care partners offer and are commissioned to deliver are described in the Care Model Summary.
- This means there will be a better understanding of what care services are available regionally, enabling informed placement decisions.
- The responsibilities of care partners and Oranga Tamariki staff under the National Care Standards are clearly outlined in the new Service Specifications.
- This means there is a better understanding of our respective roles as they relate to the National Care Standards and how we must work together to ensure the standards are met.



Who are the key contacts?

Your regional PfO contact who works with care partners

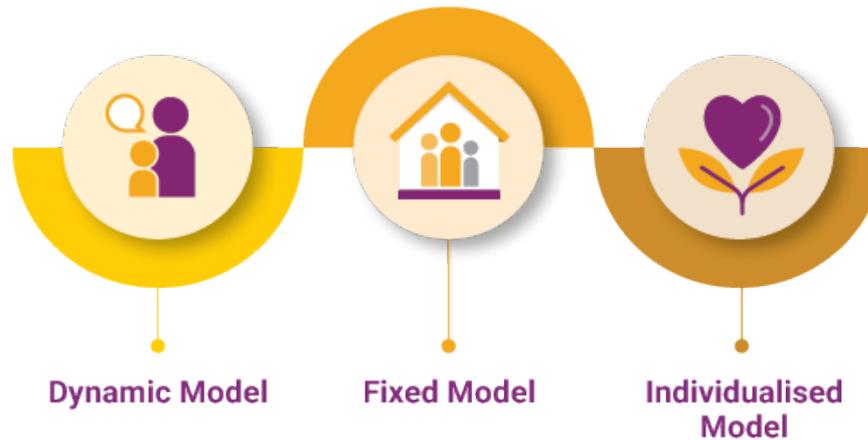
Find out more:

The Service Specifications and Care Model Summary [webpage](#) on the Oranga Tamariki site.

Funding for Partnered Care

What is the 'all-in' funding approach?

- All three models provide 'all-in' funding. This means the rates for all models should provide enough funding to cover the majority of costs for supporting the needs of tamariki.
- This 'all-in' approach has been designed to reduce administrative burden on partners and Oranga Tamariki by removing the need to submit small transactional invoices for ad-hoc top ups to cover basic items.
- This provides more autonomy for partners to quickly meet the needs of children.



What is the Dynamic funding model?

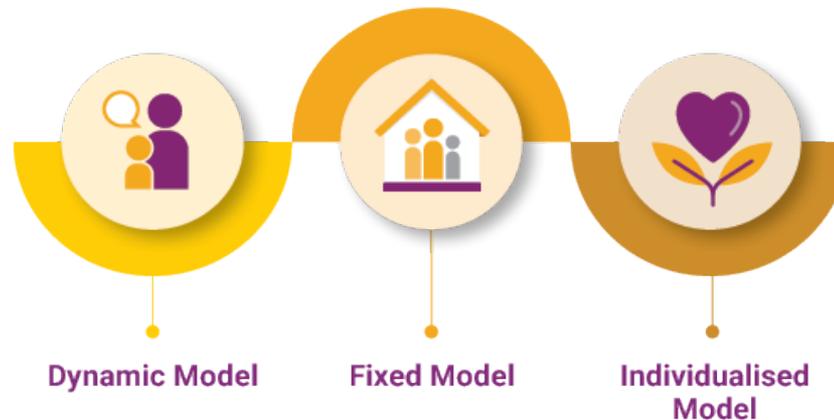
The dynamic funding model is a flexible model, which should be used when costs to the partner largely depend on the support needs of the child and caregiver.

- This model is well suited to caregiver-based care options.
- It sets a 'general support rate' for each child per 24-hour period – to account for the costs required to support most children, most of the time.
- The model allows for flexible use of funding across a number of children in the care of the care partners – recognising that support needs are dynamic. Partners manage overs and unders within their overall pool of funding.

Impacts of these changes

What is different?

- Care funding rates were increased to cover the cost of high quality care and support for tamariki and all models now provide 'all-in' funding. This means there will be fewer invoices and ad-hoc funding requests from care partners to sites.
- It is important to understand types of costs have been accounted for within the general support rate for the Dynamic funding model. When unexpected or one-off costs do arise, there is a new process to use for requesting and approving additional funding for care partners.
- Streamlined reconciliation processes ensure that care partners are not compromised financially as a result of decisions or actions taken by Oranga Tamariki (e.g. due to lack of referrals). This means there is greater incentive to forecast as accurately as possible.



Who are the key contacts?

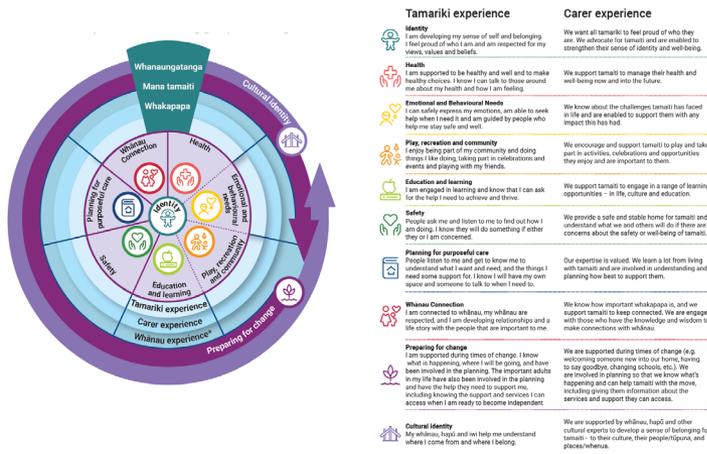
- Your regional PfO contact who works with care partners
- The PfO Funding & Planning team at National Office
- PfO Funding & Planning Manager

Find out more:

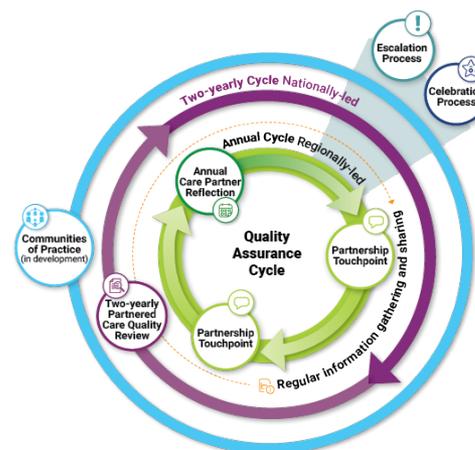
The Funding [webpage](#) on the Oranga Tamariki site.

Quality Assurance

What is the Quality Assurance Framework?



What is the Quality Assurance Cycle?



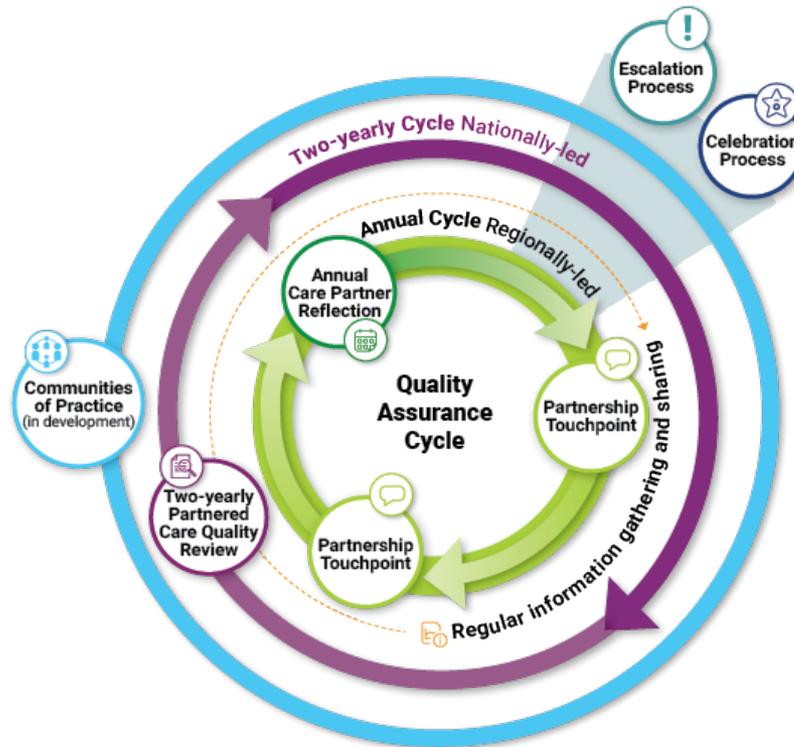
- The Quality Assurance Framework for Partnered Care was designed by care partners and Oranga Tamariki.
- The Framework helps Oranga Tamariki to understand quality of care through three lenses:
 - The Care Standards and other legislative requirements.
 - The experiences of tamariki, whānau and carers involved in Partnered Care.
 - Our commitment to the principles of mana tamaiti, whakapapa and whanaungatanga.

- The Quality Assurance Cycle involves regular engagements throughout the year which are regionally and nationally led and supported by communities of practice.
- Throughout the Quality Assurance Cycle, care partners and Oranga Tamariki will gain deeper insights into how the partnership is working and understand the experiences of tamariki, carers, and families.
- Quantitative information collected through [Data Exchange](#) will be supplemented by much richer information shared during locally-led reflective conversations and during discussions with other stakeholders including frontline staff.

Impacts of these changes

What is different?

- The Quality Assurance approach is relational. We focus on building partnerships and understanding the experiences of the children, young people, carers, and whānau or family involved in care.
- The focus of the engagements throughout the Quality Assurance cycle will be around the information and evidence relating to the Quality Assurance Framework for Partnered Care and System Enablers.
- There will be various people involved at the different engagements throughout the Quality Assurance cycle. The care partner has the opportunity to invite or involve others as desired (e.g. key Oranga Tamariki roles, care partners, iwi, other government agencies).



Who are the key contacts?

- Your regional PfO contact who works with care partners
- PfO National Quality Hub (PfOQuality@ot.govt.nz)
- PfO National Quality Leads
- PfO Regional Quality Leads

Find out more:

Quality Assurance [webpage](#) on the Oranga Tamariki site.

More information and support

- All information, resources and support materials related to these changes can be found on the Oranga Tamariki website. **Visit the [Partnered Care webpage](#).**
- Get in touch with your local PfO Quality Lead, PfO Care Lead or key PfO contact for more information and support.

Additional Learning Resources

These include links to resources, activities, and videos to support further learning, available through the Oranga Tamariki website, the Practice Centre, Te Pae and MyLearn



Purpose

These include links to resources and videos available through the Oranga Tamariki website, Practice Centre, and MyLearn to support further learning.

Who are these resources for?

These resources can be used to support internal staff or external agencies with additional learning material.

The topics are:

1. Our Māori Centred Practice Shift
2. Working with Maori: Te Toka Tumoana
3. Care Standards Overview eLearning
4. All About Me Plans eLearning



Our Māori Centred Practice Shift

Oranga Tamariki staff only

What is it?

- We are making a fundamental shift in our approach to practice within Oranga Tamariki. At the heart of this shift is the relationships we build with the tamariki, whānau, communities and partners we work with. Our practice is framed in Te Tiriti O Waitangi and draws from Te Ao Māori principles of oranga.
- The guide linked below is designed to support operational Practice Leaders and Managers as we continue Our Practice Shift journey.

How to use it

- The guide an overview of our practice shift pathway and the post-regional hui phase. It also includes activities which can be used with individuals or in groups on the following topics:
 - Reflecting on Regional Hui
 - Te Tiriti o Waitangi
 - Puao-te-ata-tu
 - Understanding our Practice Shift

Resources and more info

- [Resource](#): This guide is to support operational Practice Leaders and Managers as we continue Our Practice Shift journey.
- More information and resources can be found on the [Our Practice Shift webpage](#) on Te Pae.

Working with Māori: Te Toka Tumoana

What is it?

- Te Toka Tumoana is the Oranga Tamariki indigenous and bicultural principled framework. It describes the principles that guide practitioners, managers and leaders through all work with tamariki and whānau Māori.

How to use it

- The Te Toka Tumoana framework consists of three overarching principles and eight guiding principles for wellbeing.
- Use the principles in conjunction with the practice standards, particularly whakamana te tamaiti, to guide your work with tamariki and whānau Māori.

Resources and more info

- [Resource](#): This resource shows how Te Toka Tumoana works and each of the elements within it.
- More information and resources can be found on the [Te Toka Tumoana webpage](#) on the Oranga Tamariki website.

Care Standards Overview eLearning

Oranga Tamariki staff only

What is it?

- In this eLearning module you will be introduced to The National Care Standards and presented information and media including video-based content.

How to use it

- By the end of the e-learning module you will be able to:
 - understand the why behind the National Care Standards
 - familiarise yourself with the parts of the National Care Standards
 - describe what is in the Statement of Rights
 - familiarise yourself with the My Rights My Voice resource
 - develop a plan on how to communicate the National Care Standards and Statement of Rights to caregivers

Resources and more info

- [Resource](#): Link to the Care Standards Overview eLearning module.
- More information and resources can be found on the National Care Standards webpages on the [Oranga Tamariki Practice Centre](#) and on [MyLearn](#).

All About Me Plans eLearning

Oranga Tamariki staff only

What is it?

- In this eLearning module you will be introduced to the All About Me plans. This will support your learning requirements by developing your knowledge relating to what you need to know around All About Me plans.

How to use it

- By the end of the learning you will be able to:
 - describe what the All About Me plan is
 - make the connection between the All About Me plan, legal statuses and the tamariki All About Me plan.
 - locate the related guidance and policy on the Practice Centre.
 - connect the dots between assessment and plans.

Resources and more info

- [Resource](#): Link to the All About Me Plans eLearning module.
- More information and resources can be found on the [All About Me plan webpage](#) on the Oranga Tamariki Practice Centre.