

Partnered Care FAQs

Service Specification and Care Model Summary

Service Specifications

1. Why have the service specifications for partnered care been redesigned?

The introduction of the National Care Standards and section 7AA means that there are now clear quality expectations relating to the care and support for children and young people in care, their whānau or families, and caregivers and care staff. We need to have clear, agreed roles, responsibilities and requirements for Oranga Tamariki and Care Partners to ensure we are working in partnership to meet the standards and achieve better outcomes for children in care.

This has led to a complete overhaul of our partnered care agreements, which are now written as far as possible to reflect what children, young people, caregivers and care staff and whānau or families tell us is most important to them. We have redesigned the service specifications to be more child-centred and outcomes-focused, clearer on roles and responsibilities relating to the Care Standards and 7AA, and better aligned with the new proposed quality assurance approach.

2. What is the purpose of the new Shared Care service specification?

The new Shared Care service specification reflects the National Care Standards, s7AA, and other care-related legislation and includes clear roles, responsibilities, and requirements for Oranga Tamariki and Care Partners and how we are meant to be working in partnership. We want to enable more flexibility for Care Partners and Oranga Tamariki to focus on responding to the child or young person's needs, strengths and aspirations - so the new service specifications will outline what our roles, responsibilities and requirements, but will not specify exactly how these are to be carried out.

3. Which service specifications will the new Shared Care service specification be replacing?

The new Shared Care Service Specification will replace these existing specifications:

- Alcohol and Other Drugs Residential Programme
- Bespoke Care
- Residential component of Supervision with Activity
- Shared Care
- Shared Care with Detention Provision
- Teaching Family Model in NZ
- Treatment Foster Care Oregon
- Youth Service Strategy
- Wraparound intensive individualised support service (where exclusively used for children in care)

4. What is the reason for the lack of specificity around timeframes throughout the service specifications?

These specifications focus on what the roles and responsibilities are not the how they should be completed. Specific timeframes have not been included in the specification as to not limit or prescribe the amount of time spent on activities or processes, making the timing appropriate to each child.



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5. What is the escalation process if there is a disagreement around roles and responsibilities between Oranga Tamariki and partners?

Both care partners and Oranga Tamariki bring valuable expertise to their working relationship. If either the care partner or Oranga Tamariki has a question or concern about whether the other party has met a responsibility outlined in this service specification or in an All About Me plan, or about whether the actions of the other party are best suited to the care of te tamaiti, there are mechanisms for raising this.

By applying the relationship principles outlined in Section 3.1 Working Together of the Shared Care service specification (found on the [Service Specifications page](#) of the Oranga Tamariki website), ideally this matter can be handled promptly at local level by discussing directly with the people you are working with. Only then if needed, either party could escalate the discussion to their supervisor.

6. Which Youth Justice settings will the Shared Care service specification apply to?

The Shared Care service specification will apply to the following four Youth Justice settings:

- Remand homes
- Community bail homes
- Supervision with activity residential
- Alcohol and other drugs residential

The key criteria in deciding this was that the Care Standards apply in all these environments, just as they would in a non-Youth Justice group home.

There are of course additional legal and

operational requirements for each of these Youth Justice settings. When these requirements are essential and overarching, they have been added into the service spec. If they are more specific to how particular partners do things, they can be recorded in the Care Model Summary.

7. What service specification will be used for Whānau Care partners in the interim if their specification is not ready by 1 July?

The Whānau Care service specification will be ready after 1 July. The Whānau Care partners have been very involved in the consultation and discussions around the development of this specification. They have been the driver for the changes and the way we frame this new specification, so they are very aware and understanding of the reasoning behind the length of time this is taking to finalise, so that we are able to get the document as close to right for them as we can.

In the meantime, the revised Shared Care service specification (which will be used from 1 July 2021) will apply and be named in their Outcome Agreement.

Care Model Summary

8. What is the purpose of the Care Model Summary template?

The service specification will contain the core responsibilities, as these will be the same for all Care Partners. However, the way a partner might respond to the individual needs of the children in their care will be different according to partners' unique care models.

To capture this detail, there is a short template called the Care Model Summary that the Oranga Tamariki Contract Manager will ensure is



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completed, in consultation with the care partner and any relevant Oranga Tamariki staff (including specialist teams, Care Leads and the budget manager) during the commissioning process before contracting. This template is a quick method of confirming details about the care response partners are providing. It is individual to each organisation and forms part of the Outcome Agreement (along with the service specifications).

The new Care Model Summary provides Oranga Tamariki with more information on the specific care responses partners have been commissioned to deliver and the types of models and interventions that partners offer. It also offers an opportunity for Care Partners to review and clarify the details of their care response and the outcomes they are seeking to achieve.

9. Who is responsible for filling out the Care Model Summary templates?

The Oranga Tamariki Contract Manager ensures that this document is completed, in consultation with the care partner and any relevant Oranga Tamariki staff, including specialist teams, Care Leads and the budget manager, during the commissioning process before contracting.

The Contract Manager will need to consult with the care partner about each particular model of care that the care partner will deliver as part of our agreement together. If particular teams or staff are also relevant – for example Whānau Care, High Needs Services, Youth Justice, local Services for Children and Families Sites – the Contract Manager must also consult them. These specialist teams will be able to advise on any particular requirements or standard documentation for that sector that could be usefully referenced in this Care Model Summary. The Contract Manager must also involve the Partnering for Outcomes Care Lead, who will work with all parties to ensure consistency in levels of information across the country.

The Contract Manager will also call on the relevant budget manager to sign off the care response that is being proposed.

10. Are multiple Care Model Summaries needed for partners that have multiple care model types?

Yes, if one organisation has various unique care models, each care model needs its own Care Model Summary. Multiple services that are functionally the same (provided under the same care model) only need the one care model summary. For example, a partner that has both a respite service and a detox centre will need two different care model summaries. Whereas a partner that runs two respite houses that are relatively similar, even if the main difference is that they are in different regions, will only need one Care Model Summary.

11. How do we fill out Care Model Summaries for Individualised (formerly called Bespoke) arrangements – do we fill out one for each child?

It is not the intention to create one for each child. It depends on how different the partner's care model is from tamaiti to tamaiti. Sometimes the models that a partner provides for individual tamaiti are similar, so these should be grouped into one Care Model Summary.

But if the response looks quite different, it might be better to separate those into different Care Model Summaries. This should be a meaningful document between Oranga Tamariki and the partner about what we have agreed. Remember, the purpose of the Care Model Summary is to provide a quick overview of the services/models provided by the partner – the intention is not to add an over-detailed task into the contracting process.



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12. Where will the referral pathway be listed in the Outcome Agreement?

We have added an item “What is the referral pathway?” in the Care Model Summary template, which is a short form specific to each care partner that gets filled out by the Oranga Tamariki contract manager while the contract details are being finalised. The Care Model Summary will be a schedule to the Outcome Agreement.

Please note that in the future there will be a webpage to access information on the National Hub ‘interim revised referral process’ for Care Partners and internal Oranga Tamariki staff. The interim review of the National Hub referral process to Care Partners is being undertaken within the scope of the wider project that is reviewing the National Hub referral pathway for tamariki with high needs.

13. How does the Care Model Summary align to the individual All About Me plans for tamariki?

The purpose of the Care Model Summary is to capture within the contract what care response or model of care will be provided by the partner. This will be jointly agreed between us at the time of commissioning and include agreement on things like where the care will be delivered, the types of needs the model it is designed to meet, referral processes and any specific outcomes etc. This still gives full scope for individual support to be provided aligned with each child’s All About Me plan.

The Care Model Summary describes the model of care or service to be provided. The quality assurance approach will seek to understand how each service is meeting the needs of individual children according to their All About Me plans.

