

SERVICE SPECIFICATIONS

Community Integration



**ORANGA
TAMARIKI**
Ministry for Children

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1. ABOUT THESE SPECIFICATIONS

Who are these specifications for?

These Service Specifications are for the Provider that Oranga Tamariki—Ministry for Children (Purchasing Agency) contracts with to provide Community Integration Services. These Service Specifications form part of the Outcome Agreement.

Outcome Agreements with Providers for these Services require that they are delivered in accordance with these Service Specifications. These Service Specifications are a living document and may be varied at the discretion of the Purchasing Agency. The Purchasing Agency will inform the Provider of any variation to be made.

What is the purpose of these specifications?

The specifications provide:

- a set of commonly agreed practice principles and values to guide Service delivery
- detailed information about service delivery and practice
- a resource tool to help you deliver Community Integration Services consistently
- a resource tool to assist you in meeting the desired service outcomes
- a way for us to improve our responsiveness to feedback regarding changes to the service delivery component of the Outcome Agreement.

How should these specifications be used?

These specifications should be seen as setting the minimum standard for Service delivery to assist you to competently deliver the service according to the Outcome Agreement requirements.

Each Provider can develop a service that reflects their organisation's philosophical base, incorporating local need and the culture within which it works.

Will these specifications be revised?

This document is a living document and will be updated as required. The Purchasing Agency's staff will keep you informed of any further editions, updates or changes to these specifications, as it forms part of the Outcome Agreement. Feedback on the specifications is welcome at any time and can be sent to the Purchasing Agency's Contract Manager using the attached Feedback Form (see Appendix Three).

Where can you go for further information?

For further information on these specifications please contact your Purchasing Agency Contract Manager as identified in your Outcome Agreement.

2. RELATIONSHIPS

Principles that underpin the relationship between the Purchasing Agency, the Provider and the client?

For this relationship to be successful, it is essential that all parties collaborate to ensure the Service is effective and accessible. The following principles guide all dealings under the Outcome Agreement. The parties agree to:

- act honestly and in good faith
- communicate openly and in a timely manner
- work in a collaborative and constructive manner
- recognise each other's responsibilities
- encourage quality and innovation to achieve positive outcomes

The Outcome Agreement does not constitute a partnership in the legal sense nor does it mean that the Provider is an employee or agent of the Purchasing Agency.

Cultural awareness

Each party recognises the needs of all people, including Māori, Pacific, ethnic communities and all other communities to have the Service provided in a way that is consistent with their social, economic, political, cultural and spiritual values.

Accessibility

Each party recognises that increased participation is supported by enhanced accessibility and recognises the diverse needs of all people, through:

- ease of communication
- flow of information
- physical accessibility.

3. ABOUT THE COMMUNITY INTEGRATION SERVICES

What is the Community Integration Service about?

The purpose of Community Integration Service is to assist Children and Young People who are returning to community settings after periods of care and for Children and Young People at risk of progressing into the care of the Purchasing Agency. Community Integration Service use Functional Family Therapy (FFT) and Multi-systemic Therapy (MST) interventions.

Who is the Client Group?

The client group for the Community Integration Service is Children and Young People:

- aged between 10 to under 18 years
- exhibiting conduct disorder behaviour. This may include behaviours such as a persistent pattern of antisocial behaviour including: aggression/violence towards property/humans/animals, theft, chronic oppositional behaviour, fire lighting, deceitfulness, or serious violation of rules. These behaviours cause significant harm or distress to the Child or Young Person, their family/whānau, and/or their community
- in the Purchasing Agency's custody or the Purchasing Agency's custody was discharged within the last month
- placed with non-whānau, family/whānau caregiver or with parents where the Service is part of the placement support provided to the caregiver
- progressing from placement, including group homes, residential care, the Purchasing Agency's caregivers and section 396 caregivers
- referred through the Purchasing Agency's regional or national HUB
- has an open case with the Purchasing Agency at the time of referral
- Child offenders where appropriate.

It is acknowledged that Community Integration Service is not appropriate for all Children and Young People with conduct problems. Therefore the Provider may, at their discretion, decline the referral of a Child or Young Person who:

- is engaging in criminal sexual offending

- is diagnosed with an intellectual disability and eligible for the Purchasing Agency's Health Services
- is psychotic according to the Diagnostic and Statistical Manual of Mental Disorders – Version 4 (DSM-IV) criteria.

Any other reason for declining a referral of a Child or Young Person must be made in writing to the Purchasing Agency's National Manager Clinical Services, outlining the reasons for the referral being declined. Any follow up discussions are to occur between the Purchasing Agency and Provider as necessary.

What is the Community Integration Service seeking to achieve?

The Community Integration Service seeks to achieve the following vision, long term outcomes and results for Children and Young People referred to the Service:

Vision

- To improve the family/whānau/caregiver and their community's ability to manage the behaviour of the Child or Young Person and support their integration into the community.

Long term Outcomes

The long-term outcomes that Community Integration Services seek to achieve are:

- to reduce serious and persistent criminal activity and improve rehabilitation outcomes for Children and Young People with conduct problems
- to improve the health, education and social outcomes of Children and Young People so they feel stronger, more connected to, and supported by their families.

Result

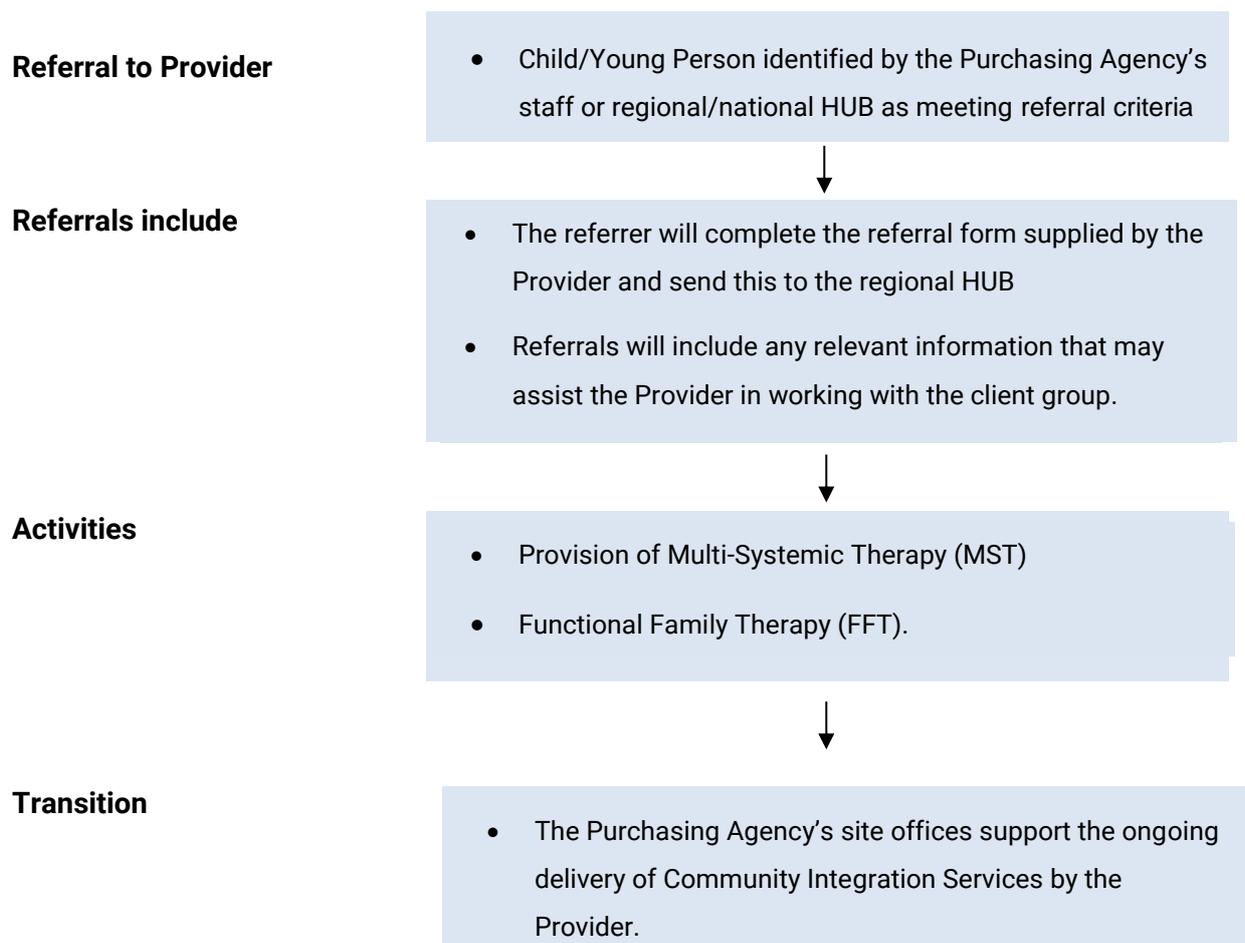
- Children and Young People develop skills that bring reward and satisfaction in daily life.
- Children and Young People learn to have compassion for others and respect their rights.
- each Child or Young Person's sense of ability to succeed is enhanced.
- Young People and their family/whānau/caregiver are enabled to live in greater harmony.
- Children or Young People are kept safe.
- communities are kept safe from Children or Young People's negative behaviours.
- life is normalised for Children or Young People as much as possible.
- Children or Young People are empowered to be responsible.
- Children or Young People learn that pro-social behaviour is more rewarding than offending.

- Children and Young People and their families/whānau have unique needs, and as such require individualised plans which address the behaviours and the identified goals of the Child or Young Person, their family/whānau and the Purchasing Agency
- services will work in partnership with families/whānau/caregivers
- services will be culturally relevant
- Children or Young People will be placed in the least restrictive environment given their and their family/whānau needs
- access to the Service will not replace or exclude Children or Young People from accessing existing health and education services
- wherever possible Children or Young People will be supported and integrated into mainstream schools.

How does the Community Integration Service work?

The Community Integration Service referral process is shown in Figure 1.

Figure 1: Community Integration Service Process



Who are the people involved in the Community Integration Service?

- Children and Young People identified as eligible for the Service
- Family/Whānau/Caregivers of Children and Young People referred for the Service
- The Purchasing Agency's Care and Protection (C&P) and Youth Justice (YJ) Residence staff
- The Purchasing Agency's Social Workers
- The Purchasing Agency's High Needs and Operations Staff
- Auckland Regional HUB
- the Providers MST and FFT Therapists and other staff
- other specialist service Providers as required
- local community social services where the Child or Young Person is returning to
- local community that the Child or Young Person is returning.

Social Sector Accreditation Standards

Providers delivering Community Integration service are required to meet Level One, Ministry of Social Development (MSD) specific accreditation standards. Providers are required to maintain their Accreditation Level according to the MSD's relevant Social Sector Accreditation Standards.

4. PARTICIPATION AND VIEWS OF CHILDREN AND YOUNG PEOPLE

Legislative changes to Sections 7 and 11 of the Oranga Tamariki Act 1989 means that:

- Children and Young People have a right to participate in, and express their views in and/or about:
 - court proceedings under the Oranga Tamariki Act 1989
 - family group conferences (convening and proceedings)
 - planning (preparation of a plan and review of a plan)
 - any other action or decision that significantly affects them.
- Children and Young People must be:
 - encouraged and assisted to participate to a degree appropriate for their age and maturity, unless the person responsible (see below for definition) considers their participation to be inappropriate
 - given reasonable opportunities to freely express their views on matters affecting them, and any views that they express (either directly, or through a representative) must be taken into account.

If Children and Young People require assistance to express their views or to be understood, support must be provided to assist them. Support can come from a family/whānau member, another person, a specialist service provider, or any other service. A support person is entitled to be present at a meeting or proceeding at which the Child or Young Person is present (including a family group conference), for the purposes of providing support, unless the person leading the process (the person responsible) considers it impractical or inappropriate.

Person responsible

The following people are responsible for ensuring Children and Young People have been encouraged and assisted to participate, given reasonable opportunities to freely express their views, and given the support necessary to overcome difficulties in expressing their views or being understood:

- for proceedings before a court - the judge, or other person presiding, and the barrister or solicitor representing the Child or Young Person

- for the convening and proceedings of a Family Group Conference - the person responsible for convening the conference (i.e. the Care and Protection or Youth Justice Co-ordinator)
- for planning processes - the person directed by the court to prepare or review the plan (ie, the Chief Executive's delegate, usually the Purchasing Agency's Social Worker for the Child or Young Person)
- for any other process - the person responsible for taking the action or making the decision. Depending on the particular action or decision, this might be the Purchasing Agency's Social Worker, a Family Group Conference Co-ordinator.

Access to independent services

Children and Young People that the Purchasing Agency and the Provider both work with have a right to access independent services and support to express their views about:

- matters important to them relating to their own circumstances
- general matters relating to processes and services they have experienced under the Oranga Tamariki Act 1989.

The Provider and the Purchasing Agency's social worker/co-ordinator must ensure that the Child or Young Person:

- knows about the relevant independent services, and how to access them
- has the support they need to express their views.

Independent services include the Purchasing Agency's Feedback and Complaints mechanism, the grievance process within residences (Whāia Te Māramatanga), connection and advocacy service VOYCE - Whakarongo Mai, and the Children's Commissioner's Child Rights Advice Line.

Resources have been developed to support understanding and implementation of the changes. These can be viewed online with the [legislation reform information](#).

5. SERVICE DELIVERY

The Provider agrees to:

- accept Children and Young People, who meet the criteria, and their families/whānau referred for Community Integration Service by the Purchasing Agency
- assess and analyse all information provided by the Purchasing Agency
- treat any information supplied by the Purchasing Agency or any other information relating to the referral or to Children, Young People and their families/whānau, according to the principles of the Privacy Act 1993
- have available, coordinate and provide FFT and MST as previously described
- ensure that the Service provided, accessed or purchased:
 - clearly contribute to the identified goals, desirable outcomes and meet the needs of the Child or Young Person
 - are agreed by the Child or Young Person and identified as a part of her or his individual programme
 - are provided in a framework of comprehensive case management
 - fit within the overall principles and service delivery philosophy of the programme: strengths-based, culturally appropriate, participatory, holistic, and congruent with any therapeutic treatment programme required for the Child or Young Person.
- not use funding for the following activities:
 - cash gifts to any Child or Young Person involved
 - capital assets over \$500 without prior written approval from the Purchasing Agency.
- provide appropriate support for public education initiatives in the Children and Young People's local communities, if required, ensuring:
 - it is in accordance with cultural protocol
 - it does not compromise safety and security of the Child or Young Person or the community
 - it maintains the Children and Young People's rights to privacy of their personal information.

- establish and maintain relationships with the wider community, fostering positive relations to the mutual benefit of all parties
- make available to all local social service agencies, appropriate information on the Service, including rules and practices
- provide appropriate induction training for all staff directly involved in providing the Service prior to commencing their position
- ensure that the staff involved in delivering the Service has access to additional training targeting their specific training needs
- ensure that any complaints against the Provider's employees are managed according to the Provider's policies and procedures
- inform and work with the Purchasing Agency in their investigation, according to its policy on investigating any allegations that an employee has abused a Child or Young Person receiving services from the Provider
- inform the Purchasing Agency immediately if any allegations of abuse are made, or indications of abuse are observed. The Provider agrees to cooperate fully with the Purchasing Agency to ensure the safety of Children and Young People and to cooperate fully with any investigation into a complaint
- to provide an incident report within 24 hours to the Purchasing Agency's staff named in the Outcome Agreement and the Purchasing Agency's Social Worker for the Child or Young Person, should any Child or Young Person be involved in or subject to physical or sexual abuse, or any other serious incident.

Reporting Concerns

If the Provider considers that a Child or Young Person have any of the following issues or their behaviour gives cause for concern it is appropriate to talk to the Child or Young Persons caregiver and the Purchasing Agency's Social Worker.

Where there is an immediate concern it is important that the Provider talks to someone directly to ensure they are aware of the concern; do not leave a voicemail message. If the Purchasing Agency's Social Worker is unavailable then please contact their supervisor or call the National Contact Centre (0508 FAMILY) and ask for the duty Social Worker at the Child or Young Person's site.

Issues of concern are listed below but this is not an exhaustive list. A Child or Young Person:

- not attending appointments or programmes when the Provider expect them to and there are grounds to believe they are at risk of being harmed by others, or there are

mental health concerns, or they are at risk of harming themselves or others – contact the Child or Young Persons caregiver and the Purchasing Agency’s Social Worker

- has a pattern of missing planned sessions – contact the Child or Young Persons caregiver and the Purchasing Agency’s Social Worker
- displaying behaviour that is concerning – contact the Child or Young Persons caregiver and the Purchasing Agency’s Social Worker
- appear to be under the influence of drugs or alcohol – contact the Child or Young Persons caregiver or the Purchasing Agency’s Social Worker and supervise till someone comes for them
- have suicidal ideation or reveal they have self-harmed – contact the Child or Young Persons caregiver and the Purchasing Agency’s Social Worker
- become seriously unwell – contact the Child or Young Persons caregiver and apply / seek appropriate medical assistance.

What is the role of the referral agency?

It is the role of the Purchasing Agency, as the referral agency, to:

- refer to the Provider, Children and Young People who require Community Integration Service
- provide sufficient relevant information on the Child or Young Person to the Provider when making referrals, including:
 - mental health diagnoses (if known)
 - provision of existing psychology reports
 - Discharge Plan and Intervention Plan
 - the Purchasing Agency’s Residence Treatment summary
 - The Provider referral form information
- ensure that the Regional HUB is available to consult the Provider on matters relating to the Child or Young Person as required
- attend meetings with the Provider
- ensure that all assessments specified as part of the referral information in the referral and admission protocol are completed and provided to the Provider prior to any Child or Young Person being referred to the Service
- ensure each Child and Young Person has or has had an appropriate custody status within the last month or is a child offender who is subject to a section 14 (1) (e) FGC under section 247a

- liaise with each Child and Young Person and their family/whānau or caregivers as agreed between the parties and specified in that Child and Young Person's Intervention Plan to ensure that the Purchasing Agency's Social Worker from the local site office supports the agreed integration plan and that if a plan review is needed before treatment completion, that the review process is initiated in collaboration with the Provider.
- ensure that the Providers Community Integration Service staff are involved in the development of the Purchasing Agency's discharge plan
- ensure that discharge reports for each Child and Young Person are goal oriented and in place prior to discharge of any referred Child and Young Person.

What activities does the Community Integration Service focus on?

Community Integration Service involves the provision of FFT and MST for Children and Young People referred by the Purchasing Agency, aged 10 – under 18 years inclusive, who are assessed as having conduct problems, transitioning from the Purchasing Agency's Residences back to home environments; or who are at risk of offending and requiring the Purchasing Agency's intervention. The length of the treatment may vary from two to eight months or longer, as agreed in the Child or Young Person's Intervention Plan.

What are the key elements of practice?

There are two core elements of a successful Community Integration Service these are:

FFT

FFT is an evidenced-based treatment that is used to assist Children and Young People with moderate to severe conduct problems, including those diagnosed with DSM-IV. The model is in a manual, has robust quality assurance measures, and the therapists are supported with weekly team supervision. The primary focus of the **three** phase intervention is strengthening the relationships within the family/whānau by improving family/whānau communication, reducing negativity and blame, increasing parenting skills, and by identifying resources the family/whānau can access in the community.

FFT is a short term (two to five months) intervention, but high severity cases may require longer. The Provider will be guided by best practice standards and the intervention agreed within the Child or Young Person's Intervention Plan.

Purpose of FFT

The purpose of FFT treatment is:

- to engage and motivate Children or Young People and their family/whānau by assisting them to reduce the high levels of negativity and blame
- to reduce and eliminate problematic referral behaviours and associated dysfunctional family/whānau relational patterns
- to improve family/whānau communication; increase parenting knowledge and skill; and to increase problem solving skills
- to generalise the Child or Young Person's new behaviours across all problematic settings (e.g. school, peers and occupation) by assisting the family/whānau to appropriately access and utilise community resources.

Components of FFT Treatment

FFT therapists meet families/whānau in the environment that best suits the family/whānau. Sessions can be home, marae, or office-based. This model helps to overcome barriers to service access, increases family/whānau retention in treatment, and enhances the maintenance of treatment gains.

FFT is a three phase treatment:

Phase One - Engagement and Motivation:

The therapist helps the family/whānau to develop relationships, reduce negativity, improve communication, increase positive thinking, increase skill potential, develop a family/whānau focus, and increase motivation for change. Relational patterns, context, and behaviour problems are carefully assessed. The therapist uses techniques such as validation, reframing, reattribution, and sequencing.

Phase Two - Behaviour Change:

The therapist helps the family/whānau to implement change plans, address delinquency behaviours, build relational skills, develop parenting skills, and to identify and understand interpersonal needs. The therapist uses structured session plans, change models, and directive training.

Phase Three - Generalisation:

The therapist helps the family/whānau to maintain and generalise changes, prevent relapses, and to identify and access community resources.

MST

MST is an effective approach to working with Children and Young People with antisocial behaviour and their families/whānau. It is an intensive family/whānau and community based using evidence-based treatment approaches to produce long-term outcomes and cost-savings for the Child or Young Person and their family/whānau. MST acknowledges that working with families/whānau is integral to success with the Child or Young Person.

Purpose of MST

The purpose of MST treatment is:

- to reduce frequency, severity and intensity of referral behaviours, namely violence, criminal offending and alcohol and drug abuse
- to reduce the need for out of home care placements
- to empower parents with the skills and resources needed to independently address the difficulties that arise in raising Children and Young People
- to empower Children and Young People to cope with family/whānau, peer, school, and neighbourhood problems.

Within a context of support and skill building, the therapist places developmentally appropriate demands on the adolescent and family/whānau for responsible behaviour. Intervention strategies are integrated into a social ecological context and include strategic family/whānau therapy, structural family/whānau therapy, behavioural parent training, and cognitive behaviour therapies.

Components of MST Treatment

MST is provided using a home-based model of service delivery. This model helps to overcome barriers to service access, increases family/whānau retention in treatment, allows for the provision of intensive services (i.e., therapists have low caseloads), and enhances the maintenance of treatment gains. The usual duration of MST treatment is approximately four to six months.

Reporting of Concerns

If in your contact with Children and Young People you consider that any of the following issues or behaviour give you cause for concern it is appropriate to talk to their caregiver and the Purchasing Agency's Social Worker for the Child or Young Person.

Where there is an immediate concern it is important that you talk to someone directly to ensure they are aware of the concern; do not leave a voicemail message. If the Purchasing

Agency's Social Worker is unavailable then please contact their supervisor or call the National Contact Centre and ask for the duty Social Worker at the Child or Young Person's site.

Issues of concern are listed below - this is not an exhaustive list:

A Child or Young Person -

- not attending an appointment – contact their caregiver and the Purchasing Agency's Social Worker
- displaying behaviour that is concerning – contact their caregiver and the Purchasing Agency's Social Worker
- appears to be under the influence of alcohol or other drugs – contact their caregiver or the Purchasing Agency's Social Worker and arrange supervision of the child or young person until further assistance is at hand
- has suicidal ideation or reveal they have self-harmed – contact their caregiver and the Purchasing Agency's Social Worker
- becomes seriously unwell – contact their caregiver and apply or organise appropriate medical assistance.

6. MEASURING RESULTS AND REPORTING

How do we know if Integration Services are working?

We are all interested in being able to demonstrate that the Community Integration Service achieves outcomes (or results) for individuals and families/whānau. The Purchasing Agency does this through various reporting requirements which are all based on a Results Based Accountability (RBA) framework, and is reflected in the Community Integration Service Provider Return Reports attached to the Outcome Agreement.

What data needs to be collected for reporting?

To tell us if the initiative is making a difference the Purchasing Agency requires the Provider to collect data that will tell us:

- How much we did
- How well did we do it
- If anyone was better off.

The data is backed up by a narrative report. A guide to writing the narrative report is found in the Provider Return Report (attached to the Outcome Agreement)

Discharge report for each Child or Young Person to be provided.

Where can we find more information about RBA?

More information on RBA can be found at:

- <http://www.business.govt.nz/procurement/for-agencies/buying-social-services/results-based-accountabilitytm-rba/>
- <http://www.msd.govt.nz/what-we-can-do/providers/results-based-accountability/index.html>

Your Purchasing Agency's Contract Manager, as identified in your Outcome Agreement, will also be able to assist and provide further information on RBA.

What reports are required by the Purchasing Agency?

Reporting is required to meet the contractual obligations set out in the Outcome Agreement. Reporting is necessary to ensure accountability to Government for the funding provided under that Outcome Agreement. The Purchasing Agency has agreed on the quantity and nature of the Service the funding supports and we are required to report to Government that this has been achieved.

The following reports must be completed and sent to your Contract Manager:

- Statistical report (refer to Outcome Agreement for reporting frequency)
- Narrative report (refer to Outcome Agreement for reporting frequency).

An example of the reporting template is attached as Appendix One and Appendix Two to these specifications.

Family Services Directory

Through the term of the Outcome Agreement with the Purchasing Agency, Providers must ensure that their organisation is listed on the Family Services Directory and that necessary information is updated when required. <https://www.familyservices.govt.nz/directory/>,

7. DEFINITIONS

In these specifications, unless the context otherwise requires words or phrases beginning with capital letters are defined as follows:

- “Accreditation” - The Social Services Accreditation team ensures that providers have the capability and capacity to deliver quality social services to communities. This is achieved by ensuring providers meet a consistent set of standards that meet legislative and policy requirements. ‘Accreditation’ and ‘Approval’ (as stipulated under the Oranga Tamariki Act 1989) are synonymous and may be used interchangeably;
- “Care and Protection Residence” means a safe and secure place for Children and Young People in the Purchasing Agency’s care who are unable to currently live in the community;
- “Chief Executive” means the Chief Executive of the Purchasing Agency;
- “Child” and “Young Person” derive their meaning from the Oranga Tamariki Act 1989;
- “Children” and “Young People” have a corresponding meaning to that of “Child” and “Young Person” which derive their meaning from the Oranga Tamariki Act 1989;
- “Community Integration Service” means Community Integration Service described in the Outcome Agreement;
- “High Needs Manager” means a person employed by the Purchasing Agency as a manager of a Purchasing Agency’s Residence;
- “HUB” means a regional or national Purchasing Agency group that considers all referrals for high needs Children and Young People for specialist care and other specialist services;
- “Individual Care Plan” means a plan produced in relation to Community Integration Service in accordance with the Outcome Agreement;
- “Intervention Plan” means a plan produced in relation to Community Integration Service in accordance with the Outcome Agreement;
- “The Purchasing Agency’s National Manager Clinical Services” means a person employed by the Purchasing Agency to deliver clinical services to Children and Young People;
- “Outcome Agreement” means the contract entered into by the Provider and the Purchasing Agency for these Services;

- “Provider” means the organisation Purchasing Agency has contracted with to provide these Services;
- “Service Specifications” means the Services to be provided under the Outcome Agreement;
- “Services” means the Services to be provided under the Outcome Agreement, and “Service” has a corresponding meaning; and
- “Youth Justice” means the provisions of the Oranga Tamariki Act 1989, Part Four Youth Justice.

8. APPENDIX ONE

Monthly Usage Form

APPENDIX ONE - MONTHLY USAGE FORM

Provider Name:

Provider No:

Agreement No:

Period: 1 July 20xx to 30 June 20xx

Signed By:

Position:

| Community Integration Service | | | | | | | | | | | | | | | | | | |
|--|--------------------|------------|------------|----------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------------------------|-------|----------|
| Service Description: Community Integration Service. Contracted Volume: 40 | | | | | | | | | | | | | | | | | | |
| YP No: | Young Persons Name | Order Type | Start Date | End Date | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | Total | Comments |
| | | | | | Number of FFT/MST sessions for each YP per month | | | | | | | | | | | | | |
| Current Clients | | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | |
| Pending Clients | | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | |
| Clients not accepted | | | | | | | | | | | | | | | | Reason not accepted | | |
| 1 | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | |

9. APPENDIX TWO

Quarterly Reporting

The Provider Report Form for Period 1 July 20xx to 30 June 20xx

| |
|--------------------------|
| Report Due Dates |
| 10 September 20xx |
| 5 December 20xx |
| 10 April 20xx |
| 10 July 20xx |

N.B. Clients are to be recorded at point of entry into the service Post 1 July each year.

Signed by: _____

Date: _____

Name: _____

Position: _____

| Description of Service | Service Unit of Measure | Quantity of Service | Report 1 1 July 20xx to 30 September 20xx | Report 2 1 July 20xx to 31 December 20xx | Report 3 1 July 20xx to 30 March 20xx | Report 4 1 July 20xx to 30 June 20xx |
|--------------------------------|---|---------------------|--|---|---|--|
| Community Integration Service. | Total number of new clients receiving intervention. | 40 | | | | |
| | Total number of clients who have case management with goals (objectives) set. | Report actual | | | | |
| | Total number of clients who do not offend/reoffend while on the programme. | Report actual | | | | |
| | Total number of clients completing intervention with needs met (needs met = risk assessment/safety plan). | Report actual | | | | |
| | Narrative report. | 4 | | | | |

Narrative Report [If the narrative report is not required on the dates above, insert here the correct date(s):]

1. Describe how the clients (or agencies) benefited from the Service and provide two examples of success stories (see guidance notes below).

2. What trends, issues and/or impacts have been identified for the client group (or agencies) that influence the outcomes.

3. Describe the strategies or practices in place to encourage “hard to reach” clients to engage.

4. Provide an explanation of the variances (if any) between volumes contracted and volumes delivered.

5. Add Service specific questions here, or delete this row.

Guidance Notes:

This information could be sourced through client (or agencies) feedback forms, Provider assessments and Service evaluations. Note that the information provided should be non identifying.

In providing examples of success stories, consider the following:

- Background and presenting problems
- The types of support given to bring about change
- The changes or differences made by the client (or community) eg knowledge, skills, attitude, behaviour and life circumstances.

10. APPENDIX THREE

Provider Feedback Form

| Provider Feedback Form | | |
|---|--------------------------|------------------------------|
| Please email to your Purchasing Agency's Contract Manager | | |
| Name of service | | |
| Summary of, and reasons, for suggested change | | |
| Topic | Reference (section/page) | Suggested change/description |
| | | |
| Contact name: | Position: | |
| Provider name: | | |
| Provider email: | | |
| Provider phone: | Date submitted: | |