



**MINISTRY OF SOCIAL
DEVELOPMENT**

TE MANATŪ WHAKAHIATO ORA

Family Violence Safety and Stability Services Service Guidelines

Previously Family Violence Intervention & Family-Centred Services
(Direct Services Guidelines)

Table of Contents

1. Changes to the Guidelines	4
2. About these Guidelines.....	5
3. A Cross Agency Approach	6
4. A Client-Centred Approach	7
5. Providers talked, We listened	8
6. Outcomes.....	10
7. Organisational Standards	11
8. Workforce Capability and Best Practice.....	12
9. Service Delivery Nuts and Bolts	16
10. Working as part of a community	22
11. The FTE Model and Safer Caseloads	25
12. Measuring Results and Reporting	27
13. Accreditation	28
14. Feedback to MSD	28
15. Definitions	29
Appendix One – Practice Supervision	30
Appendix Two - Cultural Capability Support.....	31
Appendix Three – the FTE Model	32
Appendix Four: Report and Performance Measures.....	33
Appendix Five: Provider Feedback Form.....	34
Appendix Six: Responses to Violence Provider Questionnaire	35



1. Changes to the Guidelines

How have the Guidelines changed?

These were previously two separate service guidelines:

- Family Violence Intervention Services
- Family-Centred Services

These new Guidelines combine information from both separate guidelines to form one overarching Family Violence Safety and Stability Services Service Guidelines. They will be referred to as 'the Guidelines' throughout this document.

Why have the Guidelines changed?

Providers deliver a wide variety of services supported by these Guidelines. The purpose of the change is to better reflect the work that providers are already doing and to provide updated supporting documentation. We hope that providers will see themselves and their work better reflected in this new document.

What are the new changes?

Most of the changes are superficial to ensure this document can be easily read and understood, such as using clearer writing and more visual aids.

The new material added is:

- References to the workforce capability support documents produced by the Joint Venture Business Unit (pages 6, 11, 12, 19)
- Requirements for new external practice supervision and cultural capability and development support (pages 12, 13, 14, 31)
- Guidance on the FTE model and safer caseloads (pages 25, 26, 32)
- Insights from a recent provider questionnaire (summary on pages 35 and 36).

What does this change mean for providers?

For the most part, providers should not need to change their service delivery to meet these new Guidelines. However, the one substantive change is that external practice supervision and cultural capability and development support are now required for all frontline staff. Please read more about this in the Guidelines.

If you have any questions or concerns, please talk to your relevant Regional Relationship Manager or National Collective of Independent Women's Refuges Regional Relationship Manager or NCIWR Contract Manager, or email us at

Family_Violence_CPP@msd.govt.nz.

2. About these Guidelines

Who are these Guidelines for?

These Guidelines are for providers that the Ministry of Social Development (MSD) contracts with to deliver the following services types.

Examples of clients who typically access services is included.

- **Women's Refuge Services: FVRFG.** (Women and children who are experiencing family violence.)
- **Services for People Using Violence: FVUSNG.** (People who are using family violence.)
- **Responses to Violence Services, including what was previously known as Family Centred Services: FVRESP.** (Victims of family violence and their families and/or whānau.)
- **Family Violence Helpline Services: FVHELP.** (People who are experiencing family violence or are concerned about someone who is experiencing family violence.)

The Service Guidelines for Elder Abuse Response Services can be found [here](#).

Providers should apply the Guidelines according to the services contracted in their individual Outcome Agreement. Outcome Agreements also require these services to be delivered in accordance with the Guidelines.

The Guidelines are a living document and may be varied at the discretion of MSD. MSD will inform the provider of any variation to be made.

What is the purpose of the Guidelines?

The Guidelines provide:

- detailed information about service delivery
- a set of practice principles to guide the service delivery
- a resource tool to assist in meeting the desired service outcomes.

The Guidelines provide a minimum standard for service delivery to assist providers to deliver the Service according to the Outcome Agreement requirements. Each provider can tailor their Services to reflect their organisation's philosophical base, incorporating their local need, strengths, and the cultures within which it works.

What are the relationship principles?

MSD and all contracted providers agree to the following principles:

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

Both parties must acknowledge Te Tiriti o Waitangi and will continuously work towards ensuring tāngata whenua are at the centre of our practices.

Where can providers go for further information?

Providers should contact their relevant Regional Relationship Manager or NCIWR Contract Manager.

3. A Cross Agency Approach

Working as a Joint Venture

MSD is a committed member of the cross-government Joint Venture, known as Te Puna Aonui (previously called the Joint Venture Business Unit)¹. Te Puna Aonui is inclusive of thirteen government agencies all working in different ways to address family violence and sexual violence. It uses a coordinated approach focused on transforming the system to better deliver support for whānau and communities.

Te Puna Aonui has developed some key documents to guide the way we all work to reduce family violence and sexual violence. The Guidelines are guided by the following Te Puna Aonui documents:

Te Aorerekura – National Strategy to Eliminate Family Violence and Sexual Violence (Te Aorerekura)²

Te Aorerekura is the National Strategy and Action Plan setting out a new collective path for government, tāngata whenua, specialist sectors, and communities to eliminate family violence and sexual violence. The dream and vision (moemoeā) of Te Aorerekura is that all people in Aotearoa New Zealand are thriving; their wellbeing is enhanced and sustained because they are safe and supported to live their lives free from family violence and sexual violence.

Te Aorerekura outlines six key changes or ‘shifts’ to eliminate family violence and sexual violence in Aotearoa New Zealand. Each of these key shifts are interconnected, and depend on the wider changes across Aotearoa that will help address the drivers of violence.

the Specialist Family Violence Workers Entry to Expert Capability Framework (The E2E Capability Framework)³

The E2E Capability Framework sets out the knowledge and skills workers require to provide specialist family violence services. It also provides a pathway for specialist family violence workers to develop knowledge and skill at the level required for their practice.

The framework aims to support, grow and professionalise the specialist workforce and provide career pathways to attract, value and retain skilled and dedicated practitioners.

the Specialist Family Violence Organisation Standards (the Organisational Standards)⁴

The Organisational Standards sets out the organisational capabilities and practises of specialist family violence organisations that support safe, holistic, and effective specialist practise.

These standards aim to support ongoing specialist family violence organisational learning and growth and lift organisational practice through standards.

In the future, the E2E Capability Framework and the Organisational Standards documents may become part of the formal accreditation and monitoring process. Any changes that impact these Guidelines will be communicated appropriately.

¹Te Puna Aonui website (2021). | Violence Free NZ

²Te Puna Aonui (2021). National Strategy to Eliminate Family Violence and Sexual Violence | Violence Free NZ

³Te Puna Aonui (2020). Specialist Entry to Expert (E2E) Prototype

⁴Te Puna Aonui (2020). Specialist Family Violence Organisation Standards (SOS) Prototype



MSD's Family Violence Funding Approach

MSD is working towards a future where providers are sustainably funded, and services are whānau-centred, outcomes-focused and integrated. This is aligned to the direction of Te Aorerekura.

The 'Family Violence Funding Approach'⁵ was created after significant sector consultation in 2018, including interviews with over 50 providers and a survey with over 100 respondents.

Refer to MSD's website to read our detailed approach.

4. A Client-Centred Approach

Applying a client-centred approach

All services supported by the Guidelines should be tailored to each client and/or family/whānau using a client-centred or family/whānau centred approach.

This means individuals, families and whānau actively engage in:

- identifying their own goals, needs and strengths and leading their own pathway towards safety and wellbeing/mauri ora
- identifying the type of supports useful for them and the way in which they wish to receive these supports

This means providers actively engage in:

- tailoring support so it is responsive to the client's identity, culture, and worldview
- tailoring support and physical facilities in a way that supports the client's participation (including communication, information, and accessibility).



⁵ MSD website, Building a Sustainable Future for Family Violence (2018). Family Violence Funding Approach

5. Providers talked, We listened

MSD is working towards a future where providers are sustainably funded and services are whānau-centred, outcomes-focused and integrated. We want to ensure the right services are available at the right time and delivered in the right way, for those who need them.

As part of this work we asked all providers funded under MSD's General Responses to Family Violence services to answer a questionnaire about their services. This resulted in hearing feedback and insights from nearly 100 providers, which is almost half of the providers delivering to these Guidelines.

The questionnaire results have enabled us to gain insights into how MSD can better support providers delivering services and people experiencing and using violence.

Read more about the survey in Appendix 6.



6. Outcomes

These services contribute to:

Vision for Aotearoa⁶

Aotearoa New Zealand is a safe, equitable and inclusive society free from violence

Short-term Outcomes

Improved **safety** for the client, family or whānau so they:

- Feel safe, heard and supported
- Know when and how they can seek and access different and tailored types of support
- Feel confident they can access the support they need, as and how they need it, tailored to their needs
- Have an increased knowledge and understanding of family violence and healthy relationships
- Have strategies in place to support a reduction in the immediate risk of further violence eg. risk assessment and management plan
- Learn new skills and strategies which promote behaviour change for the person using violence and reduce the risk of causing harm
- Are supported to gain access to any other type of support they may require, such as practical support or specialised services

Long-term outcomes

Improved **safety and stability** for the client, family or whānau so they:

- Feel their wellbeing/mauri ora is fostered
- Feel able to draw on their own strengths to identify and enact ways to restore safety and stability for their future
- Have an increase in healthy relationships
- Have an increase in positive behaviour change for the people using violence
- Have an increase in positive parenting practices to reduce the impact on children/tamariki
- Have a reduction in the severity or frequency of family violence
- Feel they can start their journey towards long-term healing and recovery as they define it
- Have lasting, positive change through the support of family, whānau and the wider community

⁶ Te Puna Aonui Business Unit (2020). Specialist Family Violence Organisation Standards (SOS) Prototype

7. Organisational Standards

Family Violence Specialism

Providers contracted to deliver Safety and Stability services should be delivering specialist family violence services. Family violence specialism has been defined by Te Puna Aonui in the Organisational Standards as follows⁷:

A specialist family violence response is a highly skilled one from a person who has specific training and experience in family violence, supported within an agency that has expert knowledge of that field of practice embedded at all levels of the organisation.

Refer to the Organisational Standards⁷ for more information on family violence specialism.

Core principles of Organisational Standards

The Organisation Standards also define the core principles for service delivery of family violence specialist services⁸. Organisations delivering this service should adhere to the following standards to ensure that whānau receive the best service possible:

- **Relationships and inclusion (Kotahitanga).** The organisation honours tāngata whenua as First Peoples of Aotearoa and is committed to equitable and inclusive opportunities and practices for diverse individuals, groups and communities.
- **Protection and Accountability (Kaitiakitanga).** The specialist organisation focuses on increasing the safety of those who are being violated and reducing the possibility of further violations.
- **Collaboration and Advocacy (Mahi tahi).** The organisation challenges systemic, social and cultural factors that enable family violence to exist in Aotearoa New Zealand and recognises that family violence cannot be addressed in isolation.
- **Wellbeing and Restoration (Ora).** The organisation provides a holistic approach that is shaped by, and reflects the aspirations and restoration of whānau, families and individuals.
- **Innovation and Learning (Koi Mahi).** The organisation engages in growing practice knowledge and is responsive to new approaches to end family violence.

These principles can be used to guide decision making around resource, development, learning and practice so that the people who access these services receive the best support possible.



⁷ Page 22, Te Puna Aonui (2020). Specialist Family Violence Organisation Standards (SOS) Prototype

⁸ Page 59, Te Puna Aonui (2020). Specialist Family Violence Organisation Standards (SOS) Prototype

8. Workforce Capability and Best Practice

What are some key elements of good practice?

The foundational capabilities for this service and their workers are guided by the E2E Capability Framework⁹. The expectation is that all kaimahi will:

Demonstrate:

- Effective communication skills.
- Skill in building rapport, empathy, and respect.
- Respect in all professional communication and engagement.
- Ability to clearly maintain professional and personal boundaries.
- Awareness of own personal values and beliefs.
- Awareness of own conditioning in gender, sexuality, and ethnicity.
- Culturally safe and responsive practices, including adapting practice and services in the context of continuous cultural learning.
- Practice that does not compromise the protections and safety of those experiencing family violence.
- Awareness of family violence legislation relevant to their role.
- Ability to identify risk factors and immediate safety needs.
- Acknowledgement and respect for diversity and the worldview of diverse individuals, groups, and communities.
- Acknowledgement that rights, entitlements, opportunities, and access are not equally distributed throughout society.
- Knowledge of the range of specialist services and agencies available to support victims/survivors and offenders in family violence cases.

Demonstrate an understanding of:

- The relevance of the principles of Te Tiriti o Waitangi.
- The unique status and experiences of tāngata whenua as indigenous people, as underpinned by Te Tiriti o Waitangi.
- The bicultural partnership in Aotearoa New Zealand underpinned by Te Tiriti o Waitangi and the right for Māori to participate in their own language and culture.
- Practice of tikanga Māori beliefs and values, and collective practice.
- The gendered nature of family violence and violence against women and children and the distinctions between violence experienced and perpetuated by men and women.
- The relationship between the gendered drivers and reinforcing factors associated with family violence.
- The range of behaviours that constitute family violence and the forms of family violence.
- Warning signs indicating current or past experiences or perpetration of family and whānau violence.
- The tactics of coercion, power, control, and social entrapment utilised by those who use family violence.
- The health, psychological, developmental, social, and economic impacts of family violence on victim/survivors including children, young people, families and the broader community including tāngata whenua.
- The cumulative and traumatic impacts of family violence on women and children victim/survivors and the impacts on the parent-child relationship.
- The different manifestations and impacts of family violence on diverse individuals, groups, and communities.
- The difference between education, counselling, and therapy.
- The importance of maintaining a violence free lifestyle.
- The prevalence of attitudes and norms in society which condone family violence and gender inequality.
- The myths associated with family violence including myths which lead to victim blaming and the invisibility of victim/survivors and those who use violence.



Qualifications and skills of kaimahi

MSD has not determined a specific qualification requirement for all frontline kaimahi, however, all kaimahi must have at least 'Entry Level Family Violence Skills' as defined by the E2E Capability Framework¹⁰.

Remuneration of kaimahi

MSD's FTE funding model enables an average salary of \$65,000 per kaimahi, depending on levels of experience or qualifications.

Refer to page 25 of the Guidelines to read about MSD's FTE funding model.

Regular access to supervision to better support the workforce

Te Aorerekura outlines how the sector can work towards skilled, culturally competent and sustainable workforces (key shift three)¹¹. An integral aspect of building these capabilities is implementing cultural and clinical supervision.

The E2E Capability Framework outlines that staff 'utilising cultural and clinical supervision to reflect on practice' is a key capability for all staff from entry to expert level (Principle 5: Innovation and Learning – Koi Mahi)¹².

The E2E Capability Framework is designed to be used for planning and supporting professional development and supervision¹³.

MSD is working to better support the workforce. The new funding model¹⁴ enables regular access to cultural and clinical supervision. This aims to help strengthen the specialist response to family violence and to ensure workforces have the skills, knowledge and competencies to safely, effectively and consistently respond to the different needs of those impacted by family violence.

External Practice Supervision

MSD is requiring the provision of external practice supervision for all frontline staff contracted under the Guidelines. This can also be referred to as clinical supervision such as in the E2E Capability Framework.

Definition

'External practice supervision' relates to external specialist practice support for kaimahi working with clients. This is a critical factor to ensure consistent, good practice. These regular sessions should enable kaimahi to explore cases, adopt reflective practice and feel supported in their roles. While most of the workforce will already be practicing external practice supervision, it is to become an essential practice across family violence organisations.

Frequency and format

Kaimahi should receive external practice supervision an **average of once per month**. This should be one-on-one support. It may be delivered in person, online and/or via phone support. Where a kaimahi is registered, this should align to their registration requirements.

¹⁰ Te Puna Aonui Business Unit (2020). Specialist Entry to Expert (E2E) Prototype

¹¹ Page 44, Te Puna Aonui (2021). Te Aorerekura.

¹² Page 17, Te Puna Aonui (2020). Specialist Entry to Expert (E2E) Prototype

¹³ Page 7, Te Puna Aonui (2020). Specialist Entry to Expert (E2E) Prototype

¹⁴ Refer to page 29 of the Guidelines

It is up to providers to manage the organisation and payment of supervision.

MSD plans to conduct regular surveys to determine if providers are managing to access external practice supervision and how MSD can better support this. If providers are concerned about their ability to access external practice supervision, they should contact their relevant Regional Relationship Manager or NCIWR Contract Manager.

Reporting

Providers are required to record supervision sessions on their Supervision Register as part of their business-as-usual Accreditation practices. Providers' Regional Relationship Manager or NCIWR Contract Manager or Approval Assessors may ask for evidence of this.

Refer to **Appendix One** for more details and requirements for external practice supervision.

Cultural Supervision and Capability Development

MSD is now also requiring the provision of cultural supervision and capability development for all frontline staff contracted under the Guidelines.

Definition

Cultural supervision provides the vehicle to enrich practitioner capability and strengthens their development of cultural responsiveness for clients receiving support from family violence organisations. Recognising Māori as Tangata Whenua, particular importance should be given to Te Ao Māori me ōna Tikanga as well as incorporating the differences of other cultures and diverse communities. This aims to aid the ongoing capability building of practitioners, supporting their development, and improving the experience for clients receiving support from family violence organisations.

Frequency and format

Kaimahi should receive cultural supervision **ideally an average of once per month**. This can be both one-on-one support and in a group format. It may be delivered in person, online and/or via phone support.

It is up to providers to manage the organisation and payment of supervision.

MSD plans to conduct regular surveys to determine if providers are managing to access cultural supervision and how MSD can better support this. If providers are concerned about their ability to access cultural capability development support, they should contact their relevant Regional Relationship Manager or NCIWR Contract Manager.

Reporting

Providers are required to record supervision sessions on their Supervision Register as part of their business-as-usual Accreditation practices. Providers' Regional Relationship Manager, NCIWR Contract Manager or Approval Assessors may ask for evidence of this.

Refer to **Appendix Two** for more details and requirements for cultural supervision and capability development.





9. Service Delivery Nuts and Bolts

The Guidelines cover a wide range of services and will be applied differently by each provider, dependent on the services listed in their Outcome Agreement.

What types of services are provided?

These Guidelines include the following services:

- Counselling
- Social Work Support
- Programme Services
- Family-centred/Whānau centred support
- Women's refuge support
- Family violence support work
- Helpline services

Clients may wish to receive some of these, but there are no requirements for providers to deliver all of these services.

Who accesses these services?

These services support individuals and/or families/whānau and their children who have been affected by family violence. This may include victim/survivors and those experiencing violence, people using violence, people witnessing violence or with related historic trauma.

Refer to page 29 of the Guidelines for MSD's definition of family violence.

Some providers may deliver specialist services to only one of these client groups, while other providers may deliver support to the whole family/whānau. If support is delivered to only one of these client groups, where appropriate, the provider should ensure support is available to the rest of the family/whānau; this support may be provided within this service or through referral to another service.

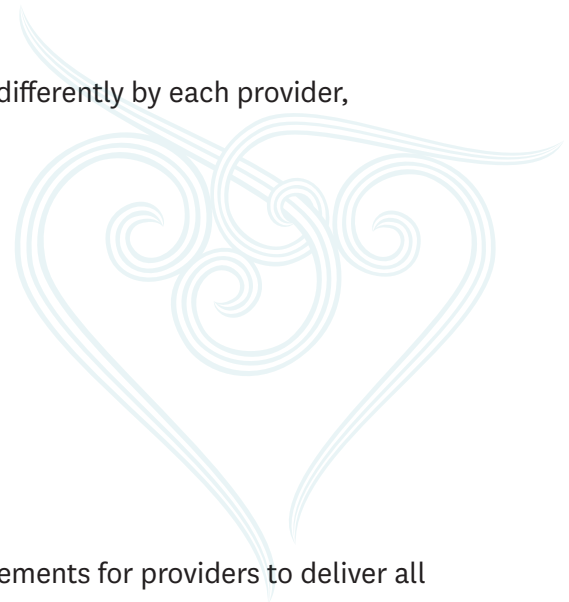
Increased participation is supported by enhanced accessibility and recognising the diverse needs of all people, for example older people, tāngata whaikaha, disabled people, takatāpui, LGBTQIA+, ethnic and migrant communities. Support should be tailored to support participation and effectiveness for all peoples.

Requirements for all these services

All services can be tailored to support people using violence, people experiencing violence or people witnessing family violence, families and/or whānau.

All services should be delivered in a culturally responsive way. Some services may be delivered based on a specific-cultural lens or worldview appropriate for the people who are accessing support.

Each provider should be able to communicate their standards of practice, or what clients can expect if they receive this service, outlining what they do and how they do it. This should align with the relevant criteria of the Social Sector Accreditation Standards.



All services are strictly confidential, unless the client is a danger to themselves or another party, a child is in danger, or the client gives consent for specified information to be disclosed.

Some local family violence tables (such as Safety Assessment Meetings, Integrated Safety Response tables or Family Violence Interagency Response System meetings) may have their own data sharing arrangements. Information can be shared according to these local agreements whereby it will identify, stop, prevent, and otherwise respond to family violence.

The Data Protection and Use Policy includes key principles and guidelines for the respectful, transparent and trustworthy use of people's data and information and should guide these agreements to ensure good practice is applied. Any local agreements must comply with the Family Violence Act 2018 and the Privacy Act 2020.

Counselling requirements include:

- Counselling will be delivered by a counsellor, who is ideally registered¹⁵.
- Counselling must be delivered in an environment where clients feel safe
- Any counselling delivered to children should be delivered by counsellors with specialist child-centred counselling skills and experience.

The counselling sessions must include:

- Working with the client to understand what they would like to achieve by the conclusion of the service (i.e. goal setting)
- Working with the client to include robust safety strategies to support a reduction in the immediate risk of further violence
- Use of dynamic and consistent risk assessment and management if working with people who use violence
- Supported, meaningful referrals to other services as required and subsequent follow up to ensure that referral was useful and appropriate.

Counselling practices should be supported by evidence-based good practice models. They should be tailored to and enhanced by cultural practices.

Social Work Support

Social work requirements include:

- Social work must be delivered by a qualified, registered¹⁶ social worker
- Social work can be delivered at any location where clients feel safe.

Social work support sessions must include:

- Working with the client to identify and deliver relevant support from the following:
 - Crisis support, short term or medium/longer-term support
 - Family violence information, advice, and education
 - Social work support, either in an individual or group setting
 - Life skills development, including parenting support
 - Advocating for the client and any further support required
 - Working with the family/whānau of the client as appropriate.

¹⁵ New Zealand Association of Counsellors (NZAC) registered Counsellors are required to meet extremely high standards of training, be appropriately qualified, undergo regular Continuing Professional Development and are subject to our robust ethics and complaints process. This helps to ensure a thoroughly professional service to you in a safe, respectful, inclusive and effective environment. NZAC FAQ

¹⁶ Social Workers Registration Board (2021), Social workers step into mandatory registration | SWRB

- Working with the client to include robust safety strategies to support a reduction in the immediate risk of further violence
- Use of dynamic and consistent risk assessment and management if working with people who use violence
- Supported, meaningful referrals to other services as required and subsequent follow up to ensure that referral was useful and appropriate.

Programme Services (non-mandated)

Programme services can be delivered one-on-one or in group settings to non-mandated people (not referred from the courts).

Programme services requirements include:

- Programme services must be delivered by someone who is skilled in family violence and group facilitation (if delivered in a group setting)
- Programme services will address responding to family violence, family violence prevention and education, and skills development
- Even where programme services have a set curriculum, they will be tailored to the specific needs and strengths of client(s) attending
- Programme services should be reviewed regularly to ensure they are appropriate and effective for the group and individual participants.

Programme services must include:

- Working with the client to include robust safety strategies to support a reduction in the immediate risk of further violence
- Use of dynamic and consistent risk assessment and management if working with people who use violence
- Supported, meaningful referrals to other services as required and subsequent follow up to ensure that referral was useful and appropriate.

Programme services may include:

- Stopping violence programmes aimed at preventing further harm
- Healthy relationships programmes, grounded in safe practice
- Life skills development programmes supported by information, education and prevention of family violence
- Parenting programmes that focus on positive parenting and the effects of violence on children aimed at reducing intergenerational harm.

Family-centred/Whānau-centred support

Family-centred/Whānau-centred requirements include:

- Family-centred/Whānau-centred support must be delivered by someone who is skilled in family violence and safe practices.



Family-centred/Whānau-centred support must include:

- Direct services to families and whānau that restore safety and wellbeing/mauri ora where family violence has occurred or is at risk of occurring, and that help create the longer-term changes needed to prevent family violence from recurring
- This work focuses on safety and restoration in a context where the dynamics of family violence are acknowledged and managed through robust safety practices
- Working with the family and/or whānau (together and/or individually) to identify and deliver relevant support from the following:
 - Crisis support, short term or medium/longer-term support
 - Working and collaborating with families and whānau to identify their needs, strengths and solutions
 - Family violence and/or whānau violence information, advice, and education
 - Life skills development
- Supporting families and whānau to access additional and wraparound support services as needed
- Drawing on their wider whānau and community to help achieve longer term transformational change
- Focusing on effective, innovative, and joined-up ways of meeting family, whānau and community need around family violence. In doing so, aiming to reduce service fragmentation, duplication, and gaps in frontline services
- Working with families and whānau to develop robust safety strategies to support a reduction in the immediate risk of further violence
- Use of dynamic and consistent risk assessment and management if working with people who use violence
- Supported, meaningful referrals to other services as required and subsequent follow up to ensure that referral was useful and appropriate.

The E2E Capability Framework aims¹⁷ to promote the goal of safe, effective, trauma-informed, connected, whānau-centred specialist services. It acknowledges that whānau are the foundation of Māori society, and the building block for hapū and iwi. There is no universal definition of ‘whānau’ but it is significantly different (culturally and socially) from ‘family’ which tends to be a single household.

The framework aims to support holistic whānau centred approaches that address collective safety by eliminating violence and restoring wellbeing and autonomy. This reflects the obligations outlined in Te Tiriti o Waitangi.

Principle four (Wellbeing and Restoration – Ora)¹⁸ describes how kaimahi should provide a holistic approach that listens and responds to the aspirations of all people, including:

- Demonstrating and understanding the significance and diverse needs of whānau and distinguishes whānau from family
- Encouraging and enabling environments that supports whānau, families, and individuals’ self-management and autonomy (entry level)
- Enabling and weaving together information that supports a strategy of inter-generational transformation and wellbeing in the whānau, family or individual (expert level).

¹⁷ Page 8 and 9, Te Puna Aonui (2020). Specialist Entry to Expert (E2E) Prototype

¹⁸ Page 16, Te Puna Aonui (2020). Specialist Entry to Expert (E2E) Prototype

Women's Refuge support

Women's refuge support is primarily for the person experiencing violence and their tamariki. However, some women's refuges also offer support to the person using violence or offer whānau support.

Women's refuge requirements include:

- Women's refuge services must provide crisis support for women and children experiencing violence, which should include safe housing and 24/7 crisis support.
- Women's Refuge services must be delivered by someone who is skilled in family violence and safe practices and may also be qualified in relevant areas, eg. social work

Women's refuge support must include:

- Crisis support, short term or medium/longer-term support
- Advocating for the client and any further support required
- Family violence information, advice, and education
- Collaborative community participation to ensure a joined-up approach to reducing family violence
- Working with the client to include robust safety strategies to support a reduction in the immediate risk of further violence
- Use of dynamic and consistent risk assessment and management if working with people who use violence
- Supported, meaningful referrals to other services as required and subsequent follow up to ensure that referral was useful and appropriate.

Women's refuge support may also include counselling.

Women's refuge services are informed by families' and whānau voice, safe practice, and grounded in an understanding of the power imbalances that disproportionately affect women, children, tāngata whenua and minority groups.

Family Violence Support Work

Support work requirements include:

- Support work must be delivered by someone who is skilled in family violence and safe practices

Support work must include:

- Working with the client to include robust safety strategies to support a reduction in the immediate risk of further violence
- Use of dynamic and consistent risk assessment and management if working with people who use violence
- Supported, meaningful referrals to other services as required and subsequent follow up to ensure that referral was useful and appropriate.

Support work may include:

- Working with the client to understand their strengths, needs and goals
- Crisis support, short term or medium/longer-term support
- Family violence information, advice, and education
- Advocating for the client and any further support required
- Ongoing check ins and support
- Referring to specialised services as required.

Helpline Services

Helpline services requirements include:

- Helpline services must be delivered by someone who is skilled in family violence and safe practices

Helpline services must include:

- Working with the client to include robust safety strategies to support a reduction in the immediate risk of further violence
- Family violence information, advice, and education

Helpline services may include:

- Undertaking a risk or needs assessment with each service user to determine what support and information is required
- Crisis support, short term support or ongoing check ins
- Referring to specialised family violence services as required
- Referring to other specialised services as required.



10. Working as part of a community

A helping ecology

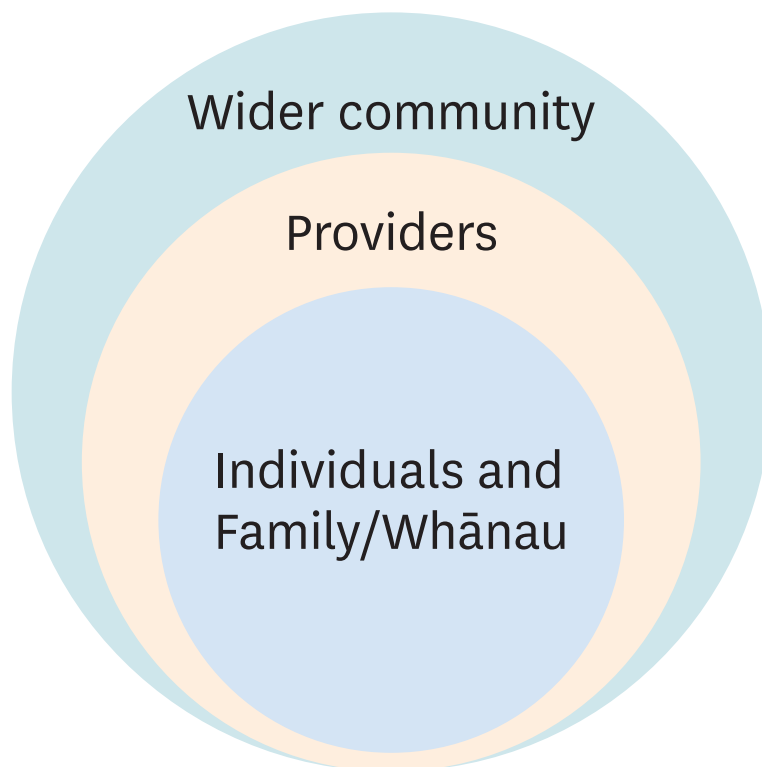
Services should be delivered as part of a helping ecology, whereby:

Individuals, families and whānau actively engage in identifying their own needs, and in planning and taking action to address these and work towards their own safety and wellbeing/mauri ora.

Providers contribute by supporting families and whānau through the delivery of tailored services, by helping them to access any additional help, and walking alongside them in their journey toward safety and wellbeing/mauri ora.

To do this well, providers must work together across their community in a more effective and integrated way.

The wider community works together to support families and whānau in meeting their own needs. Where possible, communities should focus on collective solutions together.



Meaningful referrals

All providers should be well connected within their community and maintain strong working relationships with other relevant stakeholders, such as other service providers, Iwi/Hapū, the Police and other organisations such as for housing, education, health, and mental health and addiction support services.

Clients accessing services can expect a warm handover to and from any organisation. This means ensuring that clients feel welcome at the new organisation, walking alongside them, following up after the referral to ensure the client is receiving the support they need, and that necessary quality information is being shared.

The obligation to follow up on client referral falls on the original referrer, rather than the client. When the new organisation stops working with the client, they will notify the original referrer the service has been completed, and of any further support recommended.

This aims to provide an effective, joined-up community response for the client with minimal disruption between organisations.

Referral pathways

Referrals for these services can be from any source, and may include from:

- A cross-agency family violence team or Police
- Courts or court mandated
- Health professionals, such as a DHB, GP or mental health worker
- Iwi or Hapū
- A community referral, such as neighbour or school
- A self-referral (including being referred by a friend or family member)
- Another NGO, such as a social service.

Providers must recognise which services they are able to deliver and consider where it would be more appropriate to decline the referral and instead refer to another specialist service.

Providers may choose to decline a referral if there are significant needs that they cannot address with their service, such as critical mental health issues requiring specialist support.



11. The FTE Model and Safer Caseloads

What is a Full Time Equivalent (FTE) funding model?

MSD is working towards improved funding and contracting to enable organisational sustainability and better support for frontline staff.

Providers informed us that FTE is their preferred method of funding as it will improve current salary conditions, allow better working conditions, and help with the retention of staff. It also enables flexibility so that kaimahi can respond to the needs of their clients, rather than working to a specified number of programmes or sessions.

An FTE model means paying providers an FTE rate for a specified number of FTEs to deliver the contracted service.

- The FTE rate represents the fair cost of delivering the service
- The FTE volume determines the capacity of service that will be delivered.

Most Safety and Stability providers are contracted by the number of FTE. This means providers' funding is determined by how many FTE they are contracted for. This also means providers must regularly report on their actual number of FTE.

Reporting on FTE

Providers should be able to approximately account for this level of capacity, even if this FTE is made up of a mixture of staff and contractors.

Most providers are currently contracted up until 30 June 2023. This is a transition period where most providers are recruiting new staff and shifting to an FTE model. Reporting on FTE will be flexible during this time to allow for this transition, however reporting on FTE will be closely assessed from **1 July 2023**.

Providers' Regional Relationship Manager or NCIWR Contract Manager or Approval Assessors may ask for evidence of this. If providers cannot demonstrate that this capacity of service delivery is available or in development at their service, then the Relationship Managers and/or contract manager will work with the provider to determine if any support or action is required.

Refer to **Appendix Three** for more information on the FTE Model.

What are safer caseloads?

A key part of the FTE model is having safer caseloads. This means that each contracted frontline FTE will have an average caseload, which can be expressed as the number of clients/families/whānau supported at any one time, or per annum (depending on the type of service being delivered).

The safer caseload is an average of **53 clients per FTE**, per annum. As this is an average, it is expected that providers' caseloads will be 'over or under' this guide.

Providers' actual caseloads may be particularly varied between different types of services such as group programmes, crisis support or whānau support. MSD does not wish to mandate different caseloads for each type of service delivery, as it is up to each provider to determine how to best deliver services for their clients.

Regional Relationship Manager and NCIWR Contract Managers may discuss caseloads with their providers to better understand their service delivery, practice models, demand and outcomes.

Why have safer caseloads?

Across the sector, family violence providers have shared that they are facing increasing demands, with staff having to manage high, and often unsafe, caseloads.

Implementing safer caseloads will help MSD to better understand service delivery, better support the workforce, and build evidence and advocate for the sector if the workforce is facing high demand, increasing complexity or longer duration of support required for their caseload.

This supports the aspirations of Te Aorerekura to work towards skilled, culturally competent and sustainable workforces (key shift three)¹⁹.

What defines the safer caseload?

The safer caseload for family violence of **53 clients per FTE per annum** is based on the following average scenarios:

- 15% of clients require low intensity support – this is estimated to require an average caseload of 30 clients at any one time,
- 70% of clients require medium intensity support – this is estimated to require an average caseload of 15 clients at any one time, and
- 15% of clients require high intensity support – this is estimated to require an average caseload of 5 clients at any one time.

This is an average guide, rather than a contractual requirement.



¹⁹ Page 44, Te Puna Aonui (2021). Te Aorerekura.

12. Measuring Results and Reporting

Why is reporting important?

Reporting is important to providers and MSD to:

- Create feedback loops which ensure we can continuously learn and apply these learnings to improve practice
- Be accountable to stakeholders
- Create evidence about what works and what doesn't work
- Meet contractual obligations set out in the Outcome Agreement.

These contribute to the ultimate outcomes of ensuring our work achieves the best outcomes for individuals, families/whānau and communities.

What reporting is required?

For providers delivering this service, the following reporting required is:

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

Refer to **Appendix Four** for specific reporting measures for these services.

Evaluation

MSD may request a service evaluation in order to increase learnings, improve outcomes and gather evidence for the wider family violence system. We will work with providers to determine the scope and impact of any future evaluations.

Improving the family violence system

These services are part of a work programme to improve support for people experiencing and using family violence to achieve greater safety, stability and long-term healing and recovery.

As a result, this is a learning opportunity for the wider family violence system as well as for the specific providers and communities involved. Providers are expected to engage and collaborate with other relevant providers and MSD to maximise our collective learnings for the benefit of all New Zealanders. This may look like occasional hui, meetings, reflection and sharing insights as required. MSD will cover the actual and reasonable costs of this participation.

13. Accreditation

Social Sector Accreditation Standards

Providers delivering Safety and Stability Services are required to meet Level Two, Ministry of Social Development specific accreditation standards. Providers are required to maintain their Accreditation Level according to MSD relevant Social Sector Accreditation Standards. You can find details about these accreditation standards here Accreditation Standards - Ministry of Social Development (<https://www.msd.govt.nz/>)

Family Services Directory

Through the term of the Outcome Agreement with MSD, providers must ensure that their organisation is listed on the MSD's Family Services Directory (www.familyservices.govt.nz/directory/), and that necessary information is updated when required.

14. Feedback to MSD

MSD is committed to delivering upon the Guidelines. We would like to take a proactive approach to receiving feedback. To provide written or verbal feedback, providers should email their relevant Regional Relationship Manager or NCIWR Contract Manager, or email us at Family_Violence_CPP@msd.govt.nz.

Refer to **Appendix Five** for a template to provide written feedback.



15. Definitions

What is family violence?

For MSD, family violence refers to any violence inflicted against someone by a person who is, or has been, in a family relationship. This includes Intimate Partner Violence in same and different sex relationships, child abuse and neglect and elder abuse and neglect. Family violence can involve any pattern of behaviour, including physical, sexual, financial, or psychological abuse.

Refer to MSD's 'Family Violence Funding Approach'²⁰ for more information.

Other definitions

In the Guidelines, the following terms 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’ are synonymous and may be used interchangeably.
- “Clients” is defined as individuals, families and/or whānau accessing the services. Family and whānau are recognised as including diverse and far-reaching relationships, as defined by the family and whānau.
- “Outcome Agreement” means the contract entered into by the provider and MSD for these Services.
- “Provider” means the organisation MSD has contracted with to provide these Services.
- “Services” means the Services to be provided under the Outcome Agreement, and “Service” has a corresponding meaning.

²⁰ MSD website, Building a Sustainable Future for Family Violence (2018). Family Violence Funding Approach

Appendix One – Practice Supervision

External Practice Supervision

External practice supervision involves:

- Providing regular support for frontline staff with a supervisor to discuss cases, to ensure all frontline staff have access to ongoing support to work to the best of their ability, demonstrating consistent, best practice to achieve the best outcomes for clients
- Adopting regular reflective practice
- Ensuring staff feel well supported to do their work.

This will be flexible enough to ensure registered practitioners can meet their relevant registration requirements in different fields as required.

Who should be receiving external practice supervision?

In order to promote health, safety and consistent good practice, MSD funds supervision for all family violence frontline practitioners working with service users. It is also encouraged that managers, clinical leads and volunteers also receive supervision.

Who should be delivering external practice supervision?

This supervision will be delivered by someone who:

- Is external from the provider i.e., not employed by the provider or working with kaimahi from the provider on a day-to-day basis
- Has intermediate level knowledge from the ‘Entry Level Family Violence Skills’ as defined by Te Puna Aonui. ‘Entry to Expert Framework’²¹
- Has significant relevant qualifications and/or experience for supervision.

²¹ Te Puna Aonui Business Unit (2020). Specialist Entry to Expert (E2E) Prototype

Appendix Two - Cultural Capability Support

Cultural Capability Development Support

Cultural capability development support involves:

- Regular support and learning opportunities with cultural experts to ensure all frontline staff are supported to work to the best of their ability and demonstrating consistent, high quality cultural capability to achieve the best outcomes for clients
- Regular reflective practices in regard to cultural capability and personal bias and how this is impacting on work with clients
- Ensuring cultural accountability and cultural development in a safe environment.

This will also include:

- Embedding of Te Tiriti o Waitangi into practice with the aim to improve best practice for Māori
- Ensuring anti-racist and decolonisation practice to help strengthen the cultural identity of service users
- Developing competence in connecting with people from different groups i.e. different ethnicities, sexualities, gender identities, disabilities, religions, and learning about effective responses to violence in these different communities
- Support from cultural leaders within a worker's own cultural group so they feel safe and supported to develop their practice.

This should be strengths based, tailored to each worker, and acknowledge that we are all on a journey to improve our cultural capability. This may look different for every kaimahi, in order to meet their needs, support and development.

Who should be receiving cultural capability development support?

In order to promote health, safety and consistent good practice, MSD funds supervision for **all family violence frontline practitioners** working with service users. It is also encouraged that managers and clinical leads also receive supervision.

Who should be delivering cultural capability development support?

This supervision will be delivered by someone who:

- Is external from the provider i.e., not employed by the provider or working with kaimahi from the provider on a day-to-day basis
- A cultural specialist with significant knowledge and skills in building cultural capability and development support
- Has a minimum of 'Entry Level Family Violence Skills' as defined by the Te Puna Aonui 'Entry to Expert Framework'²²
- Has significant relevant qualifications and/or experience for supervision.

²² Te Puna Aonui Business Unit (2020). Specialist Entry to Expert (E2E) Prototype

Appendix Three – the FTE Model

What defines a Full Time Equivalent (FTE)?

One FTE is based on one employee or worker working on a full-time basis (approx. 40 hours per week). This person(s) is a frontline worker with a caseload who is delivering the service for this contract.

This FTE can be made up of one full-time employee, multiple part-time employees, or contracted support. For example, if a frontline worker works for 20 hours per week, this equates to 0.5 FTE. Therefore, one FTE can be made up of two frontline workers who are employed part-time at 0.5 FTE each.

Managers or administrators who do not have a caseload are not counted as FTE, however management and administration costs are apportioned to each FTE to acknowledge their roles.

What is the FTE Rate?

The FTE rate represents all associated costs with delivering the service, including staffing costs, support and supervision, direct costs such as vehicle expenses, IT or running a safe house, as well as overheads such as administration, management, rent and utilities.

MSD has provided guidance for the following costs and service delivery:

- Both external practice supervision and cultural capability support and development at least monthly
- An average salary of \$65,000 for frontline workers.

What is the FTE Volume?

Contracted providers are responsible for employing or contracting their FTE, as well as the continuous management and support of these kaimahi.

The contracted number of FTE shows the **capacity of service delivery** which is being contracted.

Reporting on the number of clients

Whilst providers are contacted for FTE, they are still required to report on the number of clients supported by their service. This will help MSD measure, evidence and estimate demand.

Appendix Four: Report and Performance Measures

Appendix Four: Report and Performance Measures

Report Due Dates
Date Month Year
Date Month Year
Date Month Year
Date Month Year

(Provider Name) Report Form for Period (Dates)

Reports to be returned to the National Contract Administration Hub at
National_Contracts_Admin_Hub@msd.govt.nz

Signed by: _____
 Date: _____
 Name: _____
 Position: _____

Statistical Reporting: (frequency defined in each providers' individual Outcome Agreement)

Description of Service	Performance Measures (during the reporting period)	Quantity of Service	Date	Date	Date	Date
<i>The service description of each contracted service is listed in providers' individual Outcome Agreement.</i>	Total number of FTEs.	Report actual				
	Total number of new clients referred.	Report actual				
	Of the total referrals received, record the number of clients who started service.	Report actual				
	Of the clients who started the service, record the number who closed.	Report actual				
	Of the clients who closed, record the number who provided formal client satisfaction feedback.	Report actual				
	Of the clients who provided client satisfaction feedback, record the number who reported that they were satisfied or very satisfied with the service.	Report actual				

Narrative Reporting: (frequency defined in each providers' individual Outcome Agreement)

Provider Narrative Report to support the data
What is the "story behind the data"? (eg, environmental factors impacting on client results including issues, gaps, overlaps and trends).
What are your areas for improvement towards achieving better results for clients (continuous improvement)?
Who are your partners that help you achieve results, and what joint activities have you participated in?
What combination of services do you think is most effective for your clients (if applicable).
Provide examples of strategies or practices used to encourage 'hard to reach' clients to engage.
Provide an explanation of the variances (if any) between the volumes contracted and volumes delivered.

Guidance notes:

This information could be sourced through client (or agencies) feedback forms, provider assessments and service evaluations.

In providing the narrative, please 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.

If providers have any questions about reporting requirements, please contact the National Contract Administration Hub at National_Contracts_Admin_Hub@msd.govt.nz

Appendix Five: Provider Feedback Form

Provider Feedback Form		
Please email to your Regional Relationship or NCIWR 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:	

Appendix Six: Responses to Violence Provider Questionnaire

Responses to Violence Questionnaire

Purpose – to better understand what support is currently provided and what else is needed to better support people experiencing violence

92

respondents

Thank you to all of those who participated

Providers

- 71% of respondents identify their service as an organisation delivering a broad range of social services
- 57% consider themselves as a family violence focussed

Providers identify their organisation as:

Mainstream/supports all	66%
Māori	36%
Pacific	16%
Asian, Refugee, Migrant	11%

Providers tend to use visual observations and client feedback to measure the impact of services for clients, rather than data/research.

Biggest Strength



Community Links

- "Strong networks in the community"
- "Passion for supporting community"
- "Dedicated and professional facilitators who care about their community"

Biggest Challenge



Funding

- "Sustainable funding to pay staff what they are truly worth"
- "The demand always exceeds the funding"
- "Siloed funding and services"
- "The increase only fills the gap, we still have growth"

Insights at a glance

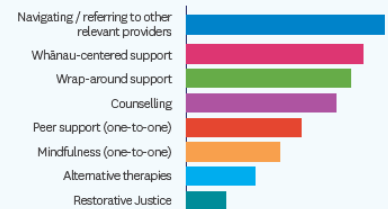
- Providers pride themselves on delivering a wide range of supports, their community connections and cultural support.
- Critical success factors for service delivery include longer term, whānau centered, culturally competent support from a skilled workforce and having group-support options.
- 84% of providers support people using violence. More support is needed for people using violence and to enable a whānau centered approach.
- 86% of providers report clients are also experiencing sexual abuse or assault. There is a need for a joined up response.
- Whilst most providers are open to working with people with disabilities, LGBTQIA+ and takatāpui, this survey showed that 32% of providers rarely work with them and these groups are rarely mentioned in the survey.
- The gap in support for children and youth experiencing and using violence was evident throughout the survey.
- Increased funding is helping somewhat. Providers are facing intertwined issues of high demand, waitlists, insufficient funding, a hard to recruit and support workforce, housing shortages and siloed contracts and ways of working.
- Providers tend to use visual observations and client feedback to measure the impact of their services, rather than data or evaluations.

Who is accessing support?



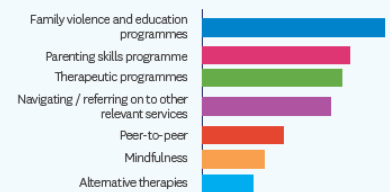
Types of Support

Providers offer a wide range of tailored support



- 95% navigate / refer to other providers
- 72% deliver counselling, but gaps remain
- Te Whare Tapa Whā is used widely, especially Tau Iwi providers organisation

Providers offer a wide range of group support



- 72% deliver group peer support
- 69% deliver parenting programmes
- 19% deliver Restorative Justice – mostly Māori providers
- There are high rates of non-traditional support e.g. Art Therapy, Mahi Toi, Wellness groups, Life Skills classes

Appendix Six: Responses to Violence Provider Questionnaire

Providers talked, We listened

Providers pride themselves on delivering a wide range of support services, their community connections and their cultural support.

Critical success factors for service delivery include whānau centred, culturally competent and longer-term support. People should have choice of what support meets their needs.

A skilled workforce is essential to successful service delivery, including understanding family violence, cultural capability and tailoring support using a client-centred approach.

Short-term and Long-term Outcomes

Providers' report that their most common service outcomes are a reduction in family violence, improved health, wellbeing and resilience and building healthy relationships.

Many providers describe these outcomes through their own cultural lens', especially reflecting their Māori and Pacific worldviews.

Some additional outcomes described were supporting whānau engagement and action, helping clients to strengthen their cultural connections and/or identity, and building social connections.

Service Delivery Nuts and Bolts

Providers discussed the importance of people having a range of service options to choose from, including culturally specific support.

Support must be holistic as people may have a wide variety of needs:

- 86% of providers report clients are also experiencing sexual abuse
- 84% of providers also support people using violence
- Whilst providers are open to working with people with disabilities, LGBTQIA+ and takatāpui, there are low engagement rates. Services must be tailored to encourage participation and best support these communities.

Working as part of a community

Overall providers identified their greatest strength is their connection to the community.

Providers also said communities working better together is one of our greatest solutions, acknowledging each other's strengths and expertise.