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**Becoming a Care Partner Readiness Template**

Acknowledgements

**Authors**

Partnering for Outcomes National Quality Hub

**Acknowledgements**

We thank the Care Partner Quality Assurance Working Group and our care partners and Oranga Tamariki colleagues across the country who participated in the consultation on the National Care Standards changes from 2019 to 2021 for their contributions to the development of the Quality Assurance function for Partnered Care.

**Publication status**

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**Record of changes**

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| --- | --- | --- |
| **Reference** | **Details of change** | **Page** |
| **Changes in January 2022 version** | | |
| Te Kāhui Kāhu name Change | Updated references to Social Services Accreditation (SSA) to reflect their new name - Te Kāhui Kāhu | 6 |
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## Overview

*Please note:* *This template should only be completed by partners who have already developed a relationship with Oranga Tamariki and have established an intent to contract.*

Oranga Tamariki and care partners are committed to working together to ensure the quality of care practice. The National Care Standards and Related Matters 2018 and section 7AA of the Oranga Tamariki Act 1989 outline clear expectations about the quality of care and support required for children and young people in care, their whānau or family, and carers.

Before Oranga Tamariki contracts new organisations to care for tamariki, we need to be confident that the new care partner[[1]](#footnote-2) (a) is capable and supported to provide high quality care to tamariki, their whānau, and carers, and (b) will be able to successfully meet all relevant regulations. More information can be found in the *Becoming a Care Partner Journey and Guidance*on the [Becoming a Care Partner page](https://orangatamariki.govt.nz/working-with-children/information-for-providers/partnered-care/becoming-a-care-partner).

#### Completing the template

The ‘Becoming a Care Partner Readiness Template’ when completed will help us understand your aspirations, intentions, and story so far as a potential care partner. It also allows us to understand how best we will work together in partnership to meet the needs of tamariki in our care.

This template must be completed in reference to the National Care Standards and Related Matters 2018, section 7AA of the Oranga Tamariki Act 1989, Care Service Specifications, and any other relevant information provided to you during the Becoming a Care Partner Conversation. We will work together around the evidence to support your story.

There are three parts to the template:

* **Part A: Tell us about your context**

In this section, we ask some basic questions about your organisation, contact information, and Te Kāhui Kāhu Accreditation status to ensure we have an accurate record.

* **Part B: Quality of care readiness questionnaire**

This section enables you to share your aspirations and intentions about how you will provide quality care within your organisation’s context. This section is centred around the [Quality Assurance Framework](https://www.orangatamariki.govt.nz/working-with-children/information-for-providers/partnered-care/quality-assurance/) for Partnered Care, which was codesigned by care partners and Oranga Tamariki and reflects the National Care Standards and Related Matters 2018, section 7AA of the Oranga Tamariki Act 1989, Care Service Specifications, and other relevant regulations.

* **Part C: Declaration**

We ask you to sign this section, to acknowledge and confirm that the information you have provided is true and correct.

**Please ensure all three sections are complete** (including the signed declaration) before submitting your template to your Partnering for Outcomes key contact person.

If you have any questions about how to complete this template, or how to evidence the regulations, please contact your key Oranga Tamariki contact or the Partnering for Outcomes National Quality Hub at: [PfOQuality@ot.govt.nz](mailto:PfOQuality@ot.govt.nz)

## Privacy and information sharing

* The Privacy Act 2020 applies to any personal information collected by Oranga Tamariki Partnering for Outcomes.
* Partnering for Outcomes will collect an intending care partner’s information for s396 approval purposes.
* Partnering for Outcomes will be open and transparent with all intending care partners regarding information Partnering for Outcomes holds about them. An intending care partner has the right to request access to all information Partnering for Outcomes holds about them and to request correction of that information if required.
* Partnering for Outcomes may collect individual information about tamariki and rangatahi in care for Quality Assurance purposes. For example, tamariki files will need to be viewed on occasion, to evidence the quality of care being provided meets the requirements of the National Care Standard Regulations and Related Matters 2018. If the information collected includes personal information, Partnering for Outcomes will manage this according to the principles of the Privacy Act 2020 and the Oranga Tamariki Act 1989.

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| **PART A: TELL US ABOUT YOUR CONTEXT** | | |
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| **Organisation’s name** | | |
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| Legal name of the organisation: |  |  |
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| Other names the organisation commonly uses: |  |  |
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| **Organisation’s contact details** | | |
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| Main office street address: |  |  |
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| Main office postal address (if different from above): |  |  |
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| Main office phone number: |  |  |
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| Email address: |  |  |
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| Website: |  |  |
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| **Key contact details** | | |
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| Contact person’s name: |  |  |
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| Contact person’s position: |  |  |
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| Phone number: |  |  |
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| |  | | --- | | **Accreditation information** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **What type of care partner are you applying to be approved as?**   |  |  |  | | --- | --- | --- | | Iwi Social Service[[2]](#footnote-3) | Cultural Social Service[[3]](#footnote-4) | Child and Family Support Service[[4]](#footnote-5) | | | | |  | | | |  | | | |  | **Please set out why you have indicated that type of service and provide any relevant documentation, for example, a Certificate of Incorporation.** |  | |  | | | |  |  |  | |  | | | |  | | | |  | | | | | |

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|  | | **We require documentation to support your choice here to ensure we meet the requirement of section 396. Please outline the relevant supporting documentation attached below.** | |  |
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| **Which Service Specification will you be contracted under as a care partner with Oranga Tamariki?** | | | | |
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|  | | Shared Care  Whānau Care  Full Care | |  |
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| **What level of Te Kāhui Kāhu Accreditation** **does your organisation currently hold?** | | | | |
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|  |  | | Level 1 without Specialist Care Standards\*  Level 2  Level 3  Level 4 | |
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|  | *\*Level 1 Te Kāhui Kāhu Accreditation (without Specialist Care Standards) is required to become a care partner.*  **If your organisation does yet not hold Level 1 accreditation, please provide details below:** | | |  |
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|  | If you are unsure what levels of social services accreditation the organisation holds, please contact your assessor or email: [accreditation@tekahuikahu.govt.nz](mailto:accreditation@tekahuikahu.govt.nz) | | |  |
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| **Has there been a change of contracts or services since the last Te Kāhui Kāhu Accreditation assessment that may change your level of accreditation?** | | | | |
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|  | | Yes  No | |  |
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|  | | If yes, please provide a brief outline of this change: | |  |
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| **Has your organisation had other external accreditation or audits completed since the last accreditation assessment?** | | | | |
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|  | | Yes  No | |  |
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|  | | If yes, please identify the agency/ies (e.g. HealthShare, Central Region Technical Advisory Services Limited, DAA Group or Tertiary Education Commission): | |  |
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| **PART B: QUALITY OF CARE READINESS QUESTIONNAIRE** |
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| This section is designed to help us explore together how you intend to deliver quality care when you become a new care partner. These questions ask about how you will meet and evidence each domain of the Quality Assurance Framework for Partnered Care, which was co-designed by care partners and Oranga Tamariki.  This [Quality Assurance Framework](https://www.orangatamariki.govt.nz/working-with-children/information-for-providers/partnered-care/quality-assurance/) was designed to be flexible enough to meet the varying needs of care partners (i.e. to work across different models of care, sizes, values, tikanga, etc.), while also allowing us to collect the right information to collectively meet all our obligations. The Framework reflects the National Care Standards and Related Matters 2018, section 7AA of the Oranga Tamariki Act 1989, other relevant legislation, and the Care Service Specifications. More information can be found in the *Quality Assurance for Partnered Care Guidance* on the [Quality Assurance page](https://www.orangatamariki.govt.nz/working-with-children/information-for-providers/partnered-care/quality-assurance/) on the Oranga Tamariki website.  When you become a care partner, we will have regular conversations about the experiences of tamariki, whānau and carers centred around this Quality Assurance Framework. We have aligned the format of this section to the Partnership Touchpoint Records to help facilitate a smooth transition into the ongoing Quality Assurance Cycle when you become a new care partner. Completing this section  * Please base your responses to the following questions on your knowledge of the National Care Standards and Related Matters 2018, section 7AA of the Oranga Tamariki Act 1989, the Care Service Specifications, and any other relevant regulations. * Please support your responses with any relevant supporting evidence (e.g., policies, procedures, internal service delivery documentation, external audits/recommendations, etc.). * If a document is to be used as evidence for more than one response, please reference it under each response. * Please note that no individually identifiable information about tamariki is to be submitted.   If you have any questions about how to complete this form, or how to evidence the regulations, please contact your key Oranga Tamariki contact or the Partnering for Outcomes National Quality Hub at: [PfOQuality@ot.govt.nz](mailto:PfOQuality@ot.govt.nz) |

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| **CULTURAL IDENTITY** | | |
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| **Please describe as a future care partner how you will ensure that the below experience statements are able to be met for tamariki, carers, and whānau in your context.** | | |
| **Tamariki:***“My whānau, hapū and iwi help me understand where I come from and where I belong.”* | |  |
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| What will we be doing? | | |
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| How will we know? | | |
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| What support might we need? | | |
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| **Carer:***“We are supported by whānau, hapū and other cultural experts to develop a sense of belonging for tamaiti - to their culture, their people/tūpuna, and places/whenua.”* | | |
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| What will we be doing? | | |
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| How will we know? | | |
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| What support might we need? | | |
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| **Whānau:**  *Please note: This section is currently optional as whānau statements have not yet been defined in the Quality Assurance Framework. However, please feel free to capture any information you would like to share about whānau experiences here.* | |  |
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| What will we be doing? | | |
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| How will we know? | | |
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| What support might we need? | | |
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| **WHĀNAU CONNECTION** | | |
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| **Please describe as a future care partner how you will ensure that the below experience statements are able to be met for tamariki, carers, and whānau in your context.** | | |
| **Tamariki:***“I am connected to whānau, my whānau are respected, and I am developing relationships and a life story with the people that are important to me.”* | |  |
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| What will we be doing? | | |
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| How will we know? | | |
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| What support might we need? | | |
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| **Carer:***“We know how important whakapapa is, and we support tamaiti to keep connected. We are engaged with those who have the knowledge and wisdom to make connections with whānau.”* | |  |
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| What will we be doing? | | |
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| How will we know? | | |
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| What support might we need? | | |
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| **Whānau:**  *Please note: This section is currently optional as whānau statements have not yet been defined in the Quality Assurance Framework. However, please feel free to capture any information you would like to share about whānau experiences here.* | |  |
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| What will we be doing? | | |
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| How will we know? | | |
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| **IDENTITY** | | |
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| **Please describe as a future care partner how you will ensure that the below experience statements are able to be met for tamariki, carers, and whānau in your context.** | | |
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| **Tamariki:***“I am developing my sense of self and belonging. I feel proud of who I am and am respected for my views, values and beliefs.”* | |  |
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| What will we be doing? | | |
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| How will we know? | | |
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| What support might we need? | | |
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| **Carer:** *“We want all tamariki to feel proud of who they are. We advocate for tamaiti and are enabled to strengthen their sense of identity and well-being.”* | |  |
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| What will we be doing? | | |
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| **Whānau:**  *Please note: This section is currently optional as whānau statements have not yet been defined in the Quality Assurance Framework. However, please feel free to capture any information you would like to share about whānau experiences here.* | |  |
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| What will we be doing? | | |
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| What support might we need? | | |
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| **PLANNING FOR PURPOSEFUL CARE** | | |
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| **Please describe as a future care partner how you will ensure that the below experience statements are able to be met for tamariki, carers, and whānau in your context.** | | |
| **Tamariki:***“People listen to me and get to know me to understand what I want and need, and the things I need some support for. I know I will have my own space and someone to talk to when I need to.”* | |  |
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| What will we be doing? | | |
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| How will we know? | | |
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| What support might we need? | | |
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| **Carer:***“Our expertise is valued. We learn a lot from living with tamaiti and are involved in understanding and planning how best to support them.”* | |  |
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| **Whānau:**  *Please note: This section is currently optional as whānau statements have not yet been defined in the Quality Assurance Framework. However, please feel free to capture any information you would like to share about whānau experiences here.* | |  |
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| **PREPARING FOR CHANGE** | | |
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| **Please describe as a future care partner how you will ensure that the below experience statements are able to be met for tamariki, carers, and whānau in your context.** | | |
| **Tamariki:** *“I am supported during times of change. I know what is happening, where I will be going, and have been involved in the planning. The important adults in my life have also been involved in the planning and have the help they need to support me, including knowing the support and services I can access when I am ready to become independent.”* | |  |
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| What will we be doing? | | |
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| **Carer:***“We are supported during times of change (e.g. welcoming someone new into our home, having to say goodbye, changing schools, etc.). We are involved in planning so that we know what’s happening and can help tamaiti with the move, including giving them information about the services and support they can access.”* | |  |
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| **Whānau:**  *Please note: This section is currently optional as whānau statements have not yet been defined in the Quality Assurance Framework. However, please feel free to capture any information you would like to share about whānau experiences here.* | |  |
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| **PLAY, RECREATION AND COMMUNITY** | | |
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| **Please describe as a future care partner how you will ensure that the below experience statements are able to be met for tamariki, carers, and whānau in your context.** | | |
| **Tamariki:***“I enjoy being part of my community and doing things I like doing, taking part in celebrations and events and playing with my friends.”* | |  |
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| **Carer:***“We encourage and support tamaiti to play and take part in activities, celebrations and opportunities they enjoy and are important to them.”* | |  |
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| **Whānau:**  *Please note: This section is currently optional as whānau statements have not yet been defined in the Quality Assurance Framework. However, please feel free to capture any information you would like to share about whānau experiences here.* | |  |
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| **SAFETY** | | |
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| **Please describe as a future care partner how you will ensure that the below experience statements are able to be met for tamariki, carers, and whānau in your context.** | | |
| **Tamariki:***“People ask me and listen to me to find out how I am doing. I know they will do something if either of us is concerned.”* | |  |
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| What will we be doing? | | |
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| What support might we need? | | |
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| **Carer:***“We provide a safe and stable home for tamaiti and understand what we and others will do if there are concerns about the safety or well-being of tamaiti.”* | |  |
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| **Whānau:**  *Please note: This section is currently optional as whānau statements have not yet been defined in the Quality Assurance Framework. However, please feel free to capture any information you would like to share about whānau experiences here.* | |  |
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| **EMOTIONAL AND BEHAVIOURAL NEEDS** | | |
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| **Please describe as a future care partner how you will ensure that the below experience statements are able to be met for tamariki, carers, and whānau in your context.** | | |
| **Tamariki:***“I can safely express my emotions, am able to seek help when I need it and am guided by people who help me stay safe and well.”* | |  |
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| **Carer:***“We know about the challenges tamaiti has faced in life and are enabled to support them with any impact this has had.”* | |  |
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| **Whānau:**  *Please note: This section is currently optional as whānau statements have not yet been defined in the Quality Assurance Framework. However, please feel free to capture any information you would like to share about whānau experiences here.* | |  |
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| **EDUCATION AND LEARNING** | | |
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| **Please describe as a future care partner how you will ensure that the below experience statements are able to be met for tamariki, carers, and whānau in your context.** | | |
| **Tamariki:***“I am engaged in learning and know that I can ask for the help I need to achieve and thrive.”* | |  |
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| What support might we need? | | |
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| **Carer:***“We support tamaiti to engage in a range of learning opportunities – in life, culture and education.”* | |  |
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| What support might we need? | | |
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| **Whānau:**  *Please note: This section is currently optional as whānau statements have not yet been defined in the Quality Assurance Framework. However, please feel free to capture any information you would like to share about whānau experiences here.* | |  |
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| What will we be doing? | | |
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| How will we know? | | |
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| What support might we need? | | |
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| **HEALTH** | | |
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| **Please describe as a future care partner how you will ensure that the below experience statements are able to be met for tamariki, carers, and whānau in your context.** | | |
| **Tamariki:***“I am supported to be healthy and well and to make healthy choices. I know I can talk to those around me about my health and how I am feeling.”* | |  |
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| What will we be doing? | | |
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| How will we know? | | |
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| What support might we need? | | |
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| **Carer:** *“We support tamaiti to manage their health and well-being now and into the future.”* | |  |
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| What will we be doing? | | |
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| How will we know? | | |
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| What support might we need? | | |
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| **Whānau:**  *Please note: This section is currently optional as whānau statements have not yet been defined in the Quality Assurance Framework. However, please feel free to capture any information you would like to share about whānau experiences here.* | |  |
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| What will we be doing? | | |
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| How will we know? | | |
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| What support might we need? | | |
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| **PART C: DECLARATION** |

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| *To be completed by Chief Executive/General Manager or governance member:* | | | |
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|  |  | I have read and understand the National Care Standards and Related Matters 2018 and Oranga Tamariki Quality Assurance documentation.  I have read and understood the requirements for providing quality care contained in the service specifications.  Part A and Part B are complete, and all the questions that apply to my organisation’s situation have been answered.  I have read and understand the Privacy Statement.  The information provided is true and correct.  I have the authority to complete and sign this application on behalf of my organisation. |  |
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| To the best of my knowledge, the governance and management of this organisation have taken all reasonable steps to meet their legal and operating responsibilities.  Where areas of non-compliance have been identified, measures are being taken to remedy this. | | | |
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| **Name** |  |  |
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| **Delegation** |  |  |
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| **Signature** |  |  |
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| **Date** | Click or tap to enter a date. |  |

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1. *A care partner is an organisation that provides care for a child who is in state care and in custody under the Oranga Tamariki Act. The National Care Standards apply.*  [↑](#footnote-ref-2)
2. Note that under the Oranga Tamariki Act an “Iwi Social Service” is defined as an incorporated body established by an

   iwi. [↑](#footnote-ref-3)
3. A “Cultural Social Service” is defined as a, incorporated body established by one or more cultural groups (not being iwi). This may include a body established by a group formed by two or more iwi. [↑](#footnote-ref-4)
4. A “Child and Family Service” can be any organisation or body, whether incorporated or unincorporated. [↑](#footnote-ref-5)