

**Provider Legal Name:**

Mauri Whanau Limited

**Site Visit:** 04 February 2021

**Completed Date:** 28 April 2021

**NZBN Number:**

9429042146001

**RDA Number:**

62688

**Assessment Number:**

109152

**EXECUTIVE SUMMARY**

Mauri Whanau Limited, has been assessed as partially meeting the standards for accreditation. Eleven standards were assessed. Four standards were met, and seven standards were partially met.

SSAS Standards	Outcome	SSAS Standards	Outcome
Client-centred services (L2)	Standard met	Governance and management structure and systems (L2)	Standard partially met
Community wellbeing (L2)	Standard partially met	Financial management and systems (L2)	Standard partially met
Cultural competence (L2)	Standard met	Resolution of complaints related to service provision (L2)	Standard partially met
Staffing (L2)	Standard partially met	Quality improvement (L2)	Standard partially met
Health and safety (L2)	Standard partially met	Client services and programmes (L2)	Standard met
Specialist and/or agency specific standards	Outcome	Specialist and/or agency specific standards	Outcome
Out of school care and recreation programmes (L3)	Standard met		

**Corrective action plan**

**Critical actions**

No critical actions have been identified during the assessment.

## Required actions

<i>Standard</i>	<i>Criteria</i>	<i>Action</i>	<i>Due by</i>
Community wellbeing (L2)	1	The organisation must ensure that staff induction training on the organisation's process for abuse prevention and reporting and on the recognition of and responses to the signs of abuse has been conducted and signed off by staff and management.	next review
Staffing (L2)	1	Human Resource Policy must be updated to include reference to the relevant Legislation including but not limited to: the Children's Act 2014; Employment Relations Act 2000; Minimum Wage Act 1983; Holidays Act 2003; Health and Safety at Work Act 2015; Human Rights Act 1993; Privacy Act 2020; and the Protected Disclosures Act 2000.	next review
Staffing (L2)	4	The organisation must complete safety checking process for children's worker including at least two referee checks, interview notes, qualifications checks, CV, a work history in chronological order for the last five years.	next review
Staffing (L2)	5	An evaluation of all information, including a risk assessment, is required for all children's workers.	next review
Staffing (L2)	8	Staff induction records must be recorded with sign off by staff and management. Staff Induction records must include the child protection and abuse reporting policy and procedures, health and safety procedures, behaviour management and complaints policy and procedures. Staff supervision agreements are required to be established for service delivery staff and internal supervision must be recorded.	next review
Health and safety (L2)	2	The organisation must ensure that hazard identification processes, including a register of all identified hazards and actions taken to mitigate any associated risks is in place. The organisation must ensure effective worker engagement and participation in health and safety matters is conducted, including regular health and safety meetings involving all appropriate staff.	next review
Health and safety (L2)	4	It is required the organisation regularly implement its own emergency evacuation drills at the various venues it uses for service delivery. Records are to be kept of the date and time of the drill, staff who were present, designated roles and any follow-up actions required.	next review
Health and safety (L2)	5	The organisation is required to establish an accident / incident register and maintain records of date, details of accident, persons involved, action taken and outcomes.	next review
Governance	5	The organisation is required to establish	next review

and management structure and systems (L2)		Governance / Management Policy and procedures that allow for management oversight of its business operations. The organisation must ensure all policies and procedures are consistent with its contractual obligations and that processes are in place to monitor compliance with the organisation's contracts.	
Governance and management structure and systems (L2)	6	The organisation must establish 'Record Keeping', policies and procedures for the collection, recording, storage, archiving, disposing of records and use of information in keeping with the relevant legislation. The organisation must demonstrate that all client files, both current and closed, are stored securely, in keeping with relevant legislative requirements and when appropriate, information is disposed of securely. Policy and procedures must include align to the Privacy Act 2020. A Privacy Officer must be appointed in line with current legislation.	next review
Financial management and systems (L2)	4	It is required the organisation provides evidence that it has adequate and current Insurance cover for the organisation.	next review
Financial management and systems (L2)	5	It is required the organisation provides it's Audited Accounts for the year ended 31 March 2020. The organisation must ensure that all government funding is identified as a separate item of income in financial statements.	next review
Resolution of complaints related to service provision (L2)	2	It is required the organisation informs its clients and staff of the complaints process. The complaint process should be displayed at the service delivery venue or provided to the client in writing.	next review
Quality improvement (L2)	1	The organisation must ensure that organisational monitoring processes are in place to review organisational performance, identify and manage risk and client outcomes.	next review

### Strengths identified at review

Strengths were not applicable to this review.

### Recommendations

#### Client Services and Programmes – Criteria 1

It is recommended the organisation establishes a client intake register which records client referral/intake date, referral source, services accessed, and date of service conclusion.

## Accreditation status

### Confirmation of Accreditation at Level 2 with required actions

#### The conditions of accreditation

Mauri Whanau Limited has been accredited by Social Services Accreditation to deliver the following services:

- Couns. &/or prog. adult adoles. child victims fam. violence (Level 2)
- Corrections Skills for Life - Level 3 (Level 3)
- OSCAR - Home based (Level 3)
- OSCAR provider assistance (Level 3)

#### Action plan

Critical actions are to be met within the specified timeframe and the required actions are to be addressed as soon as practicable. Completion of these actions will be assessed at the time of the next review in 12 months' time.

## OVERVIEW

This is a review assessment of Mauri Whanau Limited's accreditation status by Social Services Accreditation.

Mauri Whanau Ltd was initially approved as a home-based OSCAR programme operating under its ECE Licence number 46873 with Full Licence dated 21 December 2016. This review assessment was based on a streamlined assessment approach and no practical on-site testing of documentation was completed.

The organisation is a Limited Liability Company and operates in the Kaitiaki region. Mauri Whanau Ltd has extended its services over the last two years to include social services to whanau / families living in Kaitiaki and surrounding districts. The social services arm of the organisation is known as Mauri Social Services (MSS). MSS has successfully secured a Corrections contract (Te Hiku o te Ika Bail Support Service) a programme targeted to delivering a Bail Support service and is to be conducted with defendants. The target participants are defendants presenting in the Kaitiaki District Court or being bailed to a location in the Te Hiku o te Ika. The organisation's services are based on the principles of Te Whare Tapa Wha, strength-based practice, task centred practice and Tikanga based practice.

The Tane of Aotearoa (TOA) programme looks to support four core needs:- Tinana – Housing and/or Physical Health needs; Hinengaro – Hopes, goals, aspirations and Employment needs; Wairua – Belief in self and/or something bigger that will strengthen their desire and their ability to develop the skills and competence to comply with bail conditions; Whānau – A Support group that will add depth to their personal and whanau relationships. Recognising both the individual and common needs of the clients, the TOA Programme aims to prepare men for re-integration into the community.

In 2020, the organisation was funded by Partnering for Outcomes (Pfo), Oranga Tamariki to deliver a 4-year programme under the "Whanau Resilience" co-design initiative with the first year spent on design and the remaining years as a service delivery provider. The 'Whanau Resilience', model has specific service guidelines under the Te Tai Tokerau Collective.

Service specifications for the co-design model are split over 4 years, with the first year being a transition phase (getting service delivery established), the second year being an Implementation Phase, the third year being a measurement and refining phase and the last year being a Review and Project phase. At the time of this assessment the organisation had only just employed staff to commence its implementation phase.

The organisation delivers its services from an office base located at Far North REAP, a level 2 MSD accredited provider based in Kaitaia. Services are also delivered from other community venues such as the local gym and within the client's homes. This assessment reviewed the services relating to Supported Bail, Corrections contract only as service delivery has not yet commenced for the 'Whanau Resilience' contract.

This review also included the Mauri Whanau Ltd, Level 3 Home Based OSCAR services by way of the streamlined Oscar assessment process.

This assessment was conducted at the organisation's office located in the Far North Reap building in Kaitaia. Present were the Director of Mauri Social Services and the Directors of Mauri Whanau Ltd. There are a number of required actions identified across the Level two, Social Sector Accreditation standards which are to be addressed as soon as practicable and will be reviewed at the next assessment to be held in 12 months' time. The organisation's home-based OSCAR accreditation has been reconfirmed and will be reviewed in 24 months' time.

This is an Inter-Agency assessment.

## KEY FINDINGS

### SSAS Standard: Client-centred services (L2)

The organisation treats people with respect and delivers services in a manner that has regard for their dignity, privacy and independence.

1. The organisation promotes client-centred practice as central to its service development and delivery.
  - 1.1 The organisation involves its clients and stakeholders in planning, implementation, and evaluation at all levels of the service to ensure services are current and responsive.
2. The organisation provides services that are accessible to people with disability.
3. The organisation provides services that are free from any discrimination, coercion, harassment, and sexual, financial or other exploitation.
4. The organisation recognises and facilitates the right of people to advocacy and/or support persons of their choice.

#### Evidence

- Vision, Mission, Guiding principles and Service Goals
- Strategic Plan 2018 to 2023
- Internal Evaluation Policy
- Inclusive Practise and Advocacy Policy
- Discrimination, Harassment and Abuse of Authority Policy
- Community Collaboration Policy
- Client enrolment form- includes Privacy Statement and limits to confidentiality
- Children and Young People's rights Policy
- Behaviour Guidance Policy
- Pre-assessment questionnaire 4/8/20
- Discussions with management

#### Exceptions

Based on the evidence provided for this review, no exceptions were identified.

#### Outcome

Standard met

## SSAS Standard: Community wellbeing (L2)

The organisation provides services which reflect the principle that the welfare and interests of the child or young person are first and paramount and where the wellbeing of all is upheld.

1. The organisation provides services in a manner consistent with section 6 of the Oranga Tamariki Act 1989, where services reflect the principle that the welfare and interests of the child or young person are the first and paramount consideration.
2. The organisation has a process for dealing with allegations of abuse and situations that raise concerns about the safety of a client or associated community member.
  - 2.1 The process specifically includes guidelines on how the organisation makes referrals under section 15 of the Oranga Tamariki Act 1989.
3. The organisation promotes awareness of the unacceptability of abuse, ways in which abuse may be prevented, the need to report all cases of abuse and how to respond to all types of abuse. Abuse includes physical, emotional or sexual harm; ill-treatment; neglect or deprivation either passive or active.
4. The organisation promotes awareness of where a conflict between the needs of a client and others might arise, and uses a process to respond to such conflicts.
5. The organisation has a procedure to identify clients who may have limited ability to give informed consent. This procedure ensures that such clients are able to exercise the ability they have to the fullest extent possible.
6. When it is confirmed that a client has a limited ability to give informed consent, the organisation acts appropriately.  
For those organisations that must comply with the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996, this will mean following the principles of Right 7.

## Evidence

- Child Protection Policy – includes definitions, training, identifying child abuse & neglect, confidentiality and information sharing, child safe practice guidelines and reporting procedures and flowchart
- Child Safe Practice Guidelines
- Allegations against a staff member Policy
- Children's and Young People's Rights Policy
- Behaviour Guidance Policy
- Confidentiality and Information Sharing Policy
- Staff Code of Conduct
- Informed Consent Policy and procedures
- Policy Against Discrimination, Harassment and Abuse of Authority – includes associated community member
- No reports of concern over review period
- Induction Policy
- Pre-assessment questionnaire 4/8/20
- Discussions with management

## Exceptions

<i>Criteria</i>	<i>Findings</i>	<i>Type of finding</i>
1	The organisation's staff induction training does not include the process for abuse prevention and reporting and on the recognition of and responses to the signs of abuse.	Required Action

## Outcome

Standard partially met

## SSAS Standard: Cultural competence (L2)

The organisation provides services that are culturally appropriate to clients.

1. The organisation provides services that recognise and respect clients' ethnic, cultural and spiritual values and beliefs.
  - 1.1 The organisation provides services which meet the specific needs of Maori.
  - 1.2 The organisation provides services that meet the specific needs of Pacific peoples.
2. The organisation consults with, and where appropriate makes referrals to and negotiates protocols with, Maori, Pacific peoples and other cultural and specific interest services.

## Evidence

- Diversity of Cultural Expressions Policy
- Community networks and collaborations with Iwi/Maori providers
- Cultural supervision - Te Iwi o Ngati Kahu
- Use of Maori cultural practice throughout service delivery models - Te Whare tapa Wha model
- Client ethnicity recorded on client files
- Vision, Mission, Guiding principles and Service Goals
- Strategic Plan 2018 to 2023
- Pre-assessment questionnaire 4/8/20
- Discussions with management

## Exceptions

Based on the evidence provided for this review, no exceptions were identified.

## Outcome

Standard met



## SSAS Standard: Staffing (L2)

The organisation has the staffing capability and capacity to deliver services safely.

1. The organisation's staffing and staff relations policy and procedures comply with the relevant legislation.
2. The organisation includes in its definition of staff anyone the organisation relies on to deliver its services. This includes caregivers, volunteers and contractors, as well as paid staff members.
3. All staff have a written agreement of service.
4. The organisation uses a clear, transparent and open process for recruiting and vetting suitable staff including members of the organisation's governance body. Vetting of staff is to include, but is not limited to, a New Zealand police vet.
5. The organisation will follow a robust decision-making process in responding to the results of vetting, including safety checking.

5.1 The organisation effectively manages any staff with a conviction, including members of governance.

5.2 Unless a core worker exemption is held, an organisation does not employ any core children's worker who has a conviction for a specified offence under schedule two of the Children's Act 2014.

6. The organisation will complete police checks, and any other relevant vetting for all staff at least every three years.
7. The organisation has sufficient, qualified and competent staff to deliver its services.
8. The organisation provides adequate induction, training, professional development and support for all staff.
9. The organisation uses an effective performance management system for all staff.

### Evidence

- Staff recruitment & Selection Policy and procedures
- Police Vetting process - includes Children's workers safety checking
- Staff code of conduct Policy
- Supervision Policy
- Performance Appraisal Policy
- Drug Testing Policy
- Definition of staff as being anybody who the organisation employs or rely on to deliver its services
- A review of three staff files
- A review of Police vetting and safety checking
- A review of staff induction, training and supervision
- Pre-assessment questionnaire 4/8/20
- Discussions with management

### Exceptions

Criteria	Findings	Type of finding
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1	Human Resource Policy does not include reference to the relevant Legislation including but not limited to: the Children's Act 2014; Employment Relations Act 2000; Minimum Wage Act 1983; Holidays Act 2003; Health and Safety at Work Act 2015; Human Rights Act 1993; Privacy Act 2020; and the Protected Disclosures Act 2000.	Required Action
4	The organisation has not completed safety checking for children's worker including at least two referee checks, interview notes, qualifications checks, CV, a work history in chronological order for the last five years.	Required Action
5	The organisation has not conducted an evaluation of all information, including a risk assessment for children's workers.	Required Action
8	Staff induction records could not be evidenced on staff files. Staff supervision agreements and supervision records could not be evidenced on staff files.	Required Action

**Outcome**

Standard partially met

**SSAS Standard: Health and safety (L2)**

The organisation ensures clients, staff and visitors are protected from risk.

1. The organisation ensures its place of work, and any place of work it uses or relies on for service delivery, comply with all legal and regulatory requirements.
2. The organisation will, as reasonably practicable, provide and maintain a working environment for its workers and members of the public that is safe and without risk to health.
3. If applicable, the organisation ensures the safety of any children being supervised in the place of work while their parents or caregivers receive services.
4. The organisation has safety and emergency plans for the evacuation of its place of work and any other place of work it uses for service delivery.
5. The organisation responds effectively to adverse events in the place of work.
6. The organisation has a business continuity and disaster recovery plan in place.
7. The organisation ensures that where an intervention, discipline or control is required or used, staff use appropriate methods that protect the physical and emotional safety of clients.
8. The organisation reflects continuous quality improvement principles in identifying and managing risk.

## Evidence

- MSS Safety in the Workplace Policy and procedures
- MSS Emergency and Evacuation Policy and procedures
- Transport Policy and procedures
- MSS office at Far North REAP premises display emergency evacuation plans and exit signs
- Rams forms and risk matrix
- Emergency Management Plan
- Business Continuity Plan and Disaster Recovery Plan
- TOA service de-escalation procedure
- Health and Safety - General Duties and Obligations
- Accident /incident reporting Policy and procedures
- Internal Evaluation Policy and procedures
- A site inspection
- Pre-assessment questionnaire 4/8/20
- Discussions with management

## Exceptions

Criteria	Findings	Type of finding
2	The organisation does not have a hazard register in place that records all identified hazards and actions taken to mitigate any associated risks. The organisation could not evidence effective worker engagement and participation in health and safety matters is conducted, including regular health and safety meetings involving all appropriate staff.	Required Action
4	The organisation could not evidence that it regularly conducts its own emergency evacuation drills at the various venues it uses for service delivery.	Required Action
5	The organisation could not evidence that it has an accident / incident register in place.	Required Action

## Outcome

Standard partially met

## SSAS Standard: Governance and management structure and systems (L2)

The organisation has a clearly defined and effective governance and management structure and systems.

1. The organisation has a defined and current legal status.
2. The organisation has an appropriate and clearly defined governance and management structure, the written record of which shows authorities, delegations, responsibilities and accountabilities.
3. The organisation is governed and managed by people with appropriate skills, qualifications and personal attributes.

4. The organisation has a process for identifying and managing perceived, actual or potential conflicts of interest, including between governance and management roles.
5. The organisation's management systems, policies and procedures are consistent with:
  - 5.1 relevant legislation
  - 5.2 its legal status, constitution, rules, charter or Act of Parliament
  - 5.3 the aims, philosophy and scope of its activities
  - 5.4 its management structure
  - 5.5 contractual obligations.
6. The organisation collects, records, stores and uses information in keeping with the relevant legislation.

#### Evidence

- Certificate of Incorporation - Limited Liability Company 5875627 On 18 January 2016
- Mission Statement; Vision; Guiding Principles
- Core Indicators for Achieving Goals 2018 to 2023
- Investment & Sustainability Policy
- Internal Evaluation Policy
- Conflict of Interest Policy and procedures
- Community Collaboration Policy
- Confidentiality and Information Sharing Policy and procedures
- A review of storage of client files and personal documentation
- Pre-assessment questionnaire 4/8/20
- Discussions with management

#### Exceptions

Criteria	Findings	Type of finding
5	The organisation does not have a Governance / Management Policy and procedures that provides for management oversight of its business operations and processes in place to monitor compliance with the organisation's contracts.	Required Action
6	The organisation does not evidence 'Record Keeping', policies and procedures for the collection, recording, storage, archiving, disposing of records and use of information in keeping with the relevant legislation.  Policy and procedures must include align to the Privacy Act 2020. A Privacy Officer has not been appointed in line with current legislation.	Required Action

#### Outcome

Standard partially met

## SSAS Standard: Financial management and systems (L2)

The organisation is financially viable and manages its finances competently.

1. The organisation is financially viable.
2. The organisation has an effective financial management system appropriate to the size and complexity of the organisation.
3. The organisation undertakes forward financial planning to show that it will remain financially viable.
4. The organisation has adequate insurance cover for the size and complexity of the organisation.
5. The organisation has arrangements for the regular independent audit, or in some cases review, of financial accounts.

### Evidence

- Mauri Whanau Ltd Organisational Policy and procedures
- Financial Sustainability Policy
- Mauri Whanau Annual financial statements for year ended 31 March 2020
- Mauri Whanau Ltd Balance Sheet as at 31 January 2021
- Mauri Whanau Ltd Profit & Loss statement - April 2020 to 31 March 2021
- Mauri Whanau Ltd Profit & Loss forecasts - April 2020 to March 2021
- Pre-assessment questionnaire 4/8/20
- Discussions with management and Director

### Exceptions

Criteria	Findings	Type of finding
4	The organisation has not evidenced that it has adequate and current Insurance cover.	Required Action
5	The organisation has not provided its Audited Accounts for year ended 30 June 2020. The organisation has not identified all government funding as a separate item of income in financial statements.	Required Action

### Outcome

Standard partially met

## SSAS Standard: Resolution of complaints related to service provision (L2)

The organisation uses an effective process to resolve complaints about service provision.

1. The organisation has a process for receiving, considering and resolving complaints that is soundly based in law and is consistent with the principles of natural justice,

- and ensures the support and safety of the complainant throughout the process.
2. The organisation ensures its clients and staff are aware of the complaints process.
  3. The organisation seeks to resolve complaints effectively and makes improvements to the service as a result.

3.1 The organisation must record the application of the complaints process and the resolution achieved.

3.2 The organisation will provide evidence it has made appropriate improvements based on the analysis of complaints received.

#### Evidence

- Complaints Policy and procedures
- Informal Complaint Resolution Process
- Formal Complaint Policy and procedures
- Policy against discrimination
- No complaints received over the review period
- Pre-assessment questionnaire 4/8/20
- Discussions with management

#### Exceptions

<i>Criteria</i>	<i>Findings</i>	<i>Type of finding</i>
2	The organisation has not evidenced that it informs its clients and staff of the complaints process. The complaint process should be displayed at the service delivery venue or provided to the client in writing.	Required Action

#### Outcome

Standard partially met

#### **SSAS Standard: Quality improvement (L2)**

The organisation aims for excellence and manages the quality and risk of services.

1. The organisation regularly monitors:
  - 1.1 the organisation's individual policies and procedures
  - 1.2 its systems as a whole
  - 1.3 the performance of the organisation
  - 1.4 client outcomes.
2. The organisation uses a process to analyse monitoring and performance data for the purpose of improvement.
3. The organisation makes appropriate improvements, including risk mitigation, based on the analysis of this monitoring.

## Evidence

- Strategic Plan 2018 to 2023
- Core Indicators for Achieving Goals 2018 to 2023
- Investment & Sustainability Policy
- Internal Evaluation Policy
- Financial Sustainability Policy
- Pre-assessment questionnaire 4/8/20
- Discussions with management and Director

## Exceptions

<i>Criteria</i>	<i>Findings</i>	<i>Type of finding</i>
1	The organisation has not evidenced that organisational monitoring processes are in place to review organisational performance, and to identify and manage risk and client outcomes.	Required Action

## Outcome

Standard partially met

## SSAS Standard: Client services and programmes (L2)

The organisation provides client services and/or programmes that meet clients' assessed needs, reflect desired outcomes and goals, and are planned, co-ordinated and reviewed.

1. The organisation collects appropriate information and ensures the needs of the client match the criteria for service.
2. The organisation completes a comprehensive and timely assessment.
  - 2.1 The organisation ensures it has necessary consents.
3. The organisation develops timely, effective plans for all client services and programmes:
  - 3.1 plans meet the needs of the client and the objectives of the service or programme
  - 3.2 plans identify and mitigate safety risk to clients and others
  - 3.3 where appropriate, plans include client's family and others
  - 3.4 the plan clearly states the client's goals, and services used to help the client achieve their goals
  - 3.5 plans are adequately resourced
  - 3.6 the organisation completes regular, formal, recorded reviews of progress against the plan and outcomes achieved.
4. Conclusion of services to clients is planned and prepared for.

4.1 Safety risk of clients transitioning from the service are considered and managed.

5. The organisation ensures that client files and programme records are sufficient and document each stage of service provision.

#### Evidence

- Client Registration Policy and procedures
- MSS Programme Descriptions; TOA – Tane of Aotearoa
- MSS TOA Programme Fundamentals
- Client enrolment form – includes Privacy statement, medical details, programme rules, programme plan, signed consent
- Assessment and Client Plan template
- MSS Exit form – template
- A review of five Supported Bail client files
- Pre-assessment questionnaire 4/8/20
- Discussions with management

#### Exceptions

Criteria	Findings	Type of finding
1	Client referral information is located in an email folder. It is recommended an intake register is established which clearly records client referral date, referral source, services being accessed and date of service conclusion.	Recommendation

#### Outcome

Standard met

#### Specialist Standard: Out of school care and recreation programmes (L3)

The organisation fulfils their duty of care responsibilities in respect to all children enrolled in their programme.

1. The organisation will ensure that children receive competent and appropriate supervision at all times.
2. The organisation has adequate practices in place for parents to enrol their children into the programme.
3. The safety and wellbeing of children is maintained when being dropped to and collected from the programme.
4. The organisation effectively responds to accidents and incidents involving children.
5. The organisation carries out regular emergency and evacuation drills with staff and children.
6. The organisation effectively responds to children who are unwell.
7. The organisation ensures that written procedures and policies are available to all staff



and parents/guardians of children enrolled in the programme.

Evidence

- OSCAR Home-Based renewal application and declaration 24/8/20

Exceptions

Based on the evidence provided for this review, no exceptions were identified.

Outcome

Standard met

RELEASED UNDER THE  
OFFICIAL INFORMATION ACT  
FINAL REPORT