

Provider Legal Name:

Far North District Council

Site Visit:

Not required for Crown Entity

Completed Date: 21 July 2020

NZBN Number:

9429041902202

RDA Number:

52379

Assessment Number:

108436

EXECUTIVE SUMMARY

Far North District Council, has been assessed as fully meeting the standards for accreditation. **ADMIN REPORT** Provider has been assessed as having fully met the standards for accreditation. This has been assessed as per the agreed upon Crown Entity process.

SSAS Standards	Outcome	SSAS Standards	Outcome
Client-centred services (L3)	Standard met	Financial management and systems (L3)	Standard met
Community wellbeing (L3)	Standard met	Resolution of complaints related to service provision (L3)	Standard met
Staffing (L3)	Standard met	Quality improvement (L3)	Standard met
Health and safety (L3)	Standard met	Client services and programmes (L3)	Standard met
Governance and management structure and systems (L3)	Standard met		

Corrective action plan

Critical actions

No critical actions have been identified during the assessment.

Required actions

No required actions have been identified during the assessment.

Strengths identified at review

Recommendations

Accreditation status

Confirmation of Accreditation at Level 3

The conditions of accreditation

Far North District Council has been accredited by Social Services Accreditation to deliver the following services:

- MYD - Youth Development - Specialist Programmes and Services L3 (Level 3)

Action plan

OVERVIEW

This is a review assessment of Far North District Council's accreditation status by Social Services Accreditation.

Provider is a Crown Entity that is accountable for its own legislation. As a result, accreditation is granted based on the streamlined application.

This is a Ministry of Social Development assessment.

KEY FINDINGS

SSAS Standard: Client-centred services (L3)

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.

Evidence

- Provider is a Crown Entity that is accountable for its own legislation. As a result, accreditation is granted based on the streamlined application

Exceptions

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

Outcome

Standard met

SSAS Standard: Community wellbeing (L3)

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.

Evidence

- Provider is a Crown Entity that is accountable for its own legislation. As a result, accreditation is granted based on the streamlined application

Exceptions

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

Outcome

Standard met

SSAS Standard: Staffing (L3)

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.

Evidence

- Provider is a Crown Entity that is accountable for its own legislation. As a result, accreditation is granted based on the streamlined application

Exceptions

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

Outcome

Standard met

SSAS Standard: Health and safety (L3)

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. 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.
4. The organisation responds effectively to adverse events in the place of work.

Evidence

- Provider is a Crown Entity that is accountable for its own legislation. As a result, accreditation is granted based on the streamlined application

Exceptions

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

Outcome

Standard met

SSAS Standard: Governance and management structure and systems (L3)

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

1. The organisation has clearly defined and effective governance and management structure and systems.
2. The organisation collects, records, stores and uses information in keeping with the relevant legislation.

Evidence

- Provider is a Crown Entity that is accountable for its own legislation. As a result, accreditation is granted based on the streamlined application

Exceptions

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

Outcome

Standard met

SSAS Standard: Financial management and systems (L3)

The organisation is financially viable and manages its finances competently.

1. The organisation is financially viable.
2. The organisation has financial management systems appropriate to the size and complexity of the organisation.
3. The organisation has adequate insurance cover for the size and complexity of the organisation.
4. The organisation has arrangements for the regular independent audit, or in some cases review, of financial accounts.

Evidence

- Provider is a Crown Entity that is accountable for its own legislation. As a result, accreditation is granted based on the streamlined application

Exceptions

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

Outcome

Standard met

SSAS Standard: Resolution of complaints related to service provision (L3)

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

1. The organisation has a formal 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.

Evidence

- Provider is a Crown Entity that is accountable for its own legislation. As a result, accreditation is granted based on the streamlined application

Exceptions

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

Outcome

Standard met

SSAS Standard: Quality improvement (L3)

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

1. The organisation regularly monitors and makes improvements to its services.

Evidence

- Provider is a Crown Entity that is accountable for its own legislation. As a result, accreditation is granted based on the streamlined application

Exceptions

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

Outcome

Standard met

SSAS Standard: Client services and programmes (L3)

The organisation provides client services and/or programmes that meet clients' 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.
 - 1.1 The organisation ensures it has necessary consents.
2. The organisation develops timely, effective plans for all client services and programmes.

Evidence

- Provider is a Crown Entity that is accountable for its own legislation. As a result, accreditation is granted based on the streamlined application

Exceptions

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

Outcome

Standard met

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

REEMP
REPORT