



**MINISTRY OF SOCIAL  
DEVELOPMENT**

TE MANATŪ WHAKAHIATO ORA



# Te Huringa ō Te Ao

## Supporting men's behaviour change

Service Guidelines

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# About these Guidelines

## Who are these Guidelines for?

These Guidelines are for providers that the Ministry of Social Development (MSD) contracts with to deliver Te Huringa ō Te Ao: Supporting Men's Behaviour Change (Te Huringa ō Te Ao) services.

Outcome Agreements 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:

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

The Guidelines provide a minimum standard for service delivery to assist providers to deliver the Service according to the Outcome Agreement requirements.

The Guidelines are an over-arching document that sit across provider service concepts.

## Service concepts

Service concepts are unique to each provider and describe what is being delivered under Te Huringa ō Te Ao. These will be appended to your Outcome Agreement, once finalised.

Your service concept must demonstrate how your service aligns to the Service Aspirations and Underpinning Principles in the Te Huringa ō Te Ao Framework. Service concepts should be read in conjunction with these Guidelines and Outcome Agreements.

Over time, if whānau voice prompts a change in your finalised service concept, we will work with you to append the new service concept into your Outcome Agreement.

# A Cross Agency Approach

## Working as a Joint Venture

MSD is a committed member of Interdepartmental Executive Board - (Te Puna Aonui)<sup>1</sup>. 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)**

Te Aorerekura<sup>2</sup> 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 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. 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)**

The E2E Capability Framework<sup>3</sup> 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.

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1 Te Puna Aonui (2022) [About us](#)

2 Te Puna Aonui (2022) [National Strategy to Eliminate Family Violence and Sexual Violence | Te Puna Aonui](#)

3 Te Puna Aonui (2022) [Family Violence Entry to Expert Capability Framework](#)



## The Specialist Family Violence Organisation Standards (the Organisational Standards)

The Organisational Standards<sup>4</sup> 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.

## 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'**<sup>5</sup> 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 [here](#).



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<sup>4</sup> Te Puna Aonui (2022) [Specialist Family Violence Organisational Standards](#)

<sup>5</sup> MSD website, Building a Sustainable Future for Family Violence (2018) [Family Violence Funding Approach](#)

# About Te Huringa ō Te Ao

Te Huringa ō Te Ao is a new family violence service that supports sustainable behaviour change for men to restore whānau wellbeing. The service is for tāne and men harming and hurting their partners and children, who realise it is time for change.

Te Huringa ō Te Ao offers a wide variety of flexible, proactive, and culturally responsive support that encourages reconnection to self, whānau, community. This support is tailored to meet the holistic needs of men, families and whānau, while continually challenging men to own their behaviour, to be safe and to keep safe. This represents a shift away from short-term, prescribed programmes, and a system that puts the onus on women to keep safe.

Te Huringa ō Te Ao aims to create opportunities for local communities to reimagine support for men harming others by centering whānau voice. Together, we aim to think differently in how we support men on their journeys of change to break the cycles of violence, and to create and sustain intergenerational change.

The name Te Huringa ō Te Ao<sup>6</sup>, was gifted to this kaupapa by E Tū Whānau at MSD. Te Huringa ō Te Ao, represents the limitless potential of change and transformation. It speaks to the profound moments in the lives of tāne and men which ignite key shifts within them that will influence and support change. This name reflects how all people have the opportunity to come together to reimagine sustainable change for tāne and men, whānau and community. It speaks to the aspirational opportunity that change and transformation can have for individuals, their whānau and whakapapa.

## Who accesses these services?

These services support men to change their behaviour and live violence free.

Some providers may deliver specialist services to men only, while other providers may deliver support to men and their whole whānau/family. If support is delivered to men only, where appropriate, the provider must ensure support is available to the rest of the whānau/family; this support may be provided within this service or organisation or through integrated support with other family violence specialist service.

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<sup>6</sup> The name, Te Huringa ō Te Ao, was gifted from MSD's E Tu Whānau, Māori Partnerships and Programmes team.







## Te Huringa ō Te Ao Framework

The Te Huringa ō Te Ao Framework is the foundation of this kaupapa. All service concepts and service delivery must align to this framework and providers will need to confidently articulate this alignment to their organisation, community and to MSD.

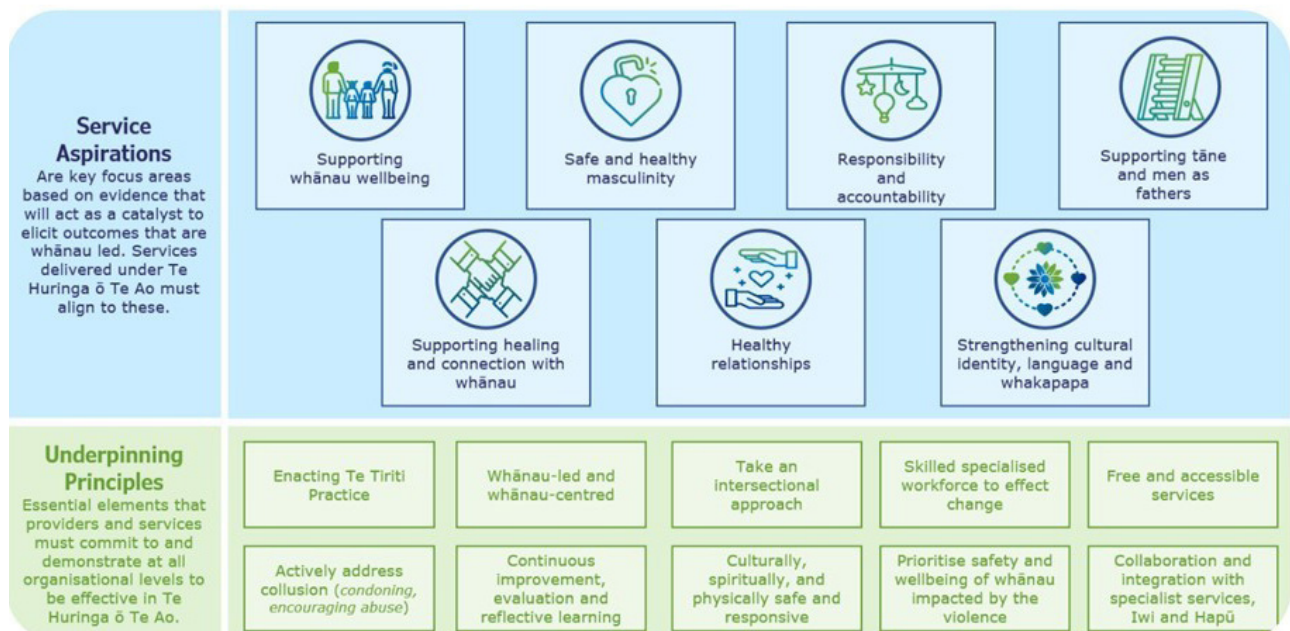
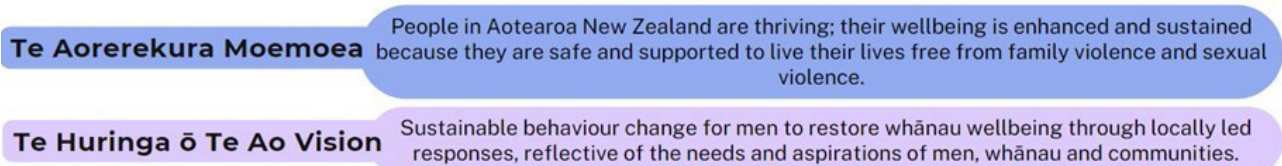
Alignment to this framework means being able to explain how your service is evidence based, how it works for men, and how it can make positive and effective change for your community.

The framework includes seven service aspirations, which are key focus areas based on evidence that will act as a catalyst to illicit outcomes that are whānau led. Also included are the underpinning principles, essential elements that providers and services must commit to and demonstrate at all levels of the organisation.

We have synthesised the evidence, commissioned research, and sector engagement to develop this framework. In essence, this framework is what makes the service Te Huringa ō Te Ao.

### TE HURINGA Ō TE AO - SUPPORTING MEN'S BEHAVIOUR CHANGE

#### TE HURINGA Ō TE AO FRAMEWORK





## Service Aspirations

Services delivered under Te Huringa ō Te Ao must align to the following focus areas. These aspirations both stand alone and inter-relate to support:

- strengthening cultural identity, language and whakapapa
- supporting tāne and men as fathers
- supporting whānau wellbeing
- healthy relationships
- safe and healthy masculinity
- responsibility and accountability
- supporting healing and connection with whānau.

## Underpinning Principles

The following underpinning principles are essential elements that providers and services must commit to and demonstrate at all levels of the organisation:

- free and accessible services
- enacting Te Tiriti in practice
- whānau-led and whānau-centred
- actively address collusion (condoning or encouraging abuse)
- prioritise the safety and wellbeing of whānau and family impacted by the violence
- collaboration and integration with specialist services, iwi and hapū to support holistic responses for tāne and their whānau and family
- take an intersectional approach that is responsive to tāne and men
- culturally, spiritually and physically safe and responsive to tāne and men
- continuous improvement through ongoing evaluation and reflective learning
- skilled specialised workforce to effect change (refer to E2E and SOS).<sup>7</sup>

## Other requirements

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 Intervention Assessment 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.

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<sup>7</sup> These principles align to the 'Enhanced' level of the Te Aorerekura Entry to Expert Framework and Specialist Organisational Standards, which are requirements for Te Huringa ō Te Ao services.

## A whānau-centred approach

A whānau-centred approach is a culturally grounded, holistic approach focused on improving the wellbeing of whānau and addressing individual needs within a whānau context. Whānau centred approaches engage whānau in planning and decision-making to determine their values, goals, and aspirations. In this context, whānau centred approaches address collective safety by eliminating violence and restoring wellbeing and autonomy.

## A family-centred approach

Every community has unique needs, and these should be identified through consultation with families themselves. A family-centred approach suggests that families should be engaged in planning and decision-making processes. The best way to meet a person's needs is within their families and that the most effective way to ensure safety, permanency, and well-being is to provide services that centre, engage, involve, strengthen, and support families.

## Applying a whānau-centred and family-centred approach

Services supported by the Guidelines should be tailored to men and/or whānau using a whānau-centred approach.

This means men 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 build relationships with whānau to tailor support, so it is responsive to the whānau identity, culture, and worldview. Providers will ensure support is tailored in a way that encourages whānau participation, including physical facilities, communication, information, and accessibility.

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.

Applying these approaches focuses on safety and restoration in a context where the dynamics of family violence are acknowledged and managed through robust safety practices.



# Specialist Family Violence Organisational Standards

## Family Violence Specialism

Providers contracted to deliver Te Huringa o Te Ao services should be delivering specialist family violence services. Family violence specialism has been defined by Te Puna Aonui in the Specialist Family Violence Organisational Standards as follows:<sup>8</sup>

*A specialist family violence response is a highly skilled one from a person with extensive training and experience working with family violence, and who is supported by an organisation holding expert knowledge of that field of practice embedded at all levels.*

*Refer to the **Specialist Family Violence Organisational Standards p.19**<sup>9</sup> 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 services.<sup>10</sup> Organisations delivering this service should adhere to the standards to ensure that whānau receive the best service possible.

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



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<sup>8</sup> Te Puna Aonui (2022) [Specialist Family Violence Organisational Standards](#)

<sup>9</sup> Te Puna Aonui (2022) [Specialist Family Violence Organisational Standards](#)

<sup>10</sup> Te Puna Aonui (2022) [Specialist Family Violence Organisational Standards](#)

# Workforce Capability and Good Practice

## What are some key elements of good practice?

The foundational capabilities for this service and their workers are guided by the E2E Capability Framework.<sup>11</sup>

### Family Violence Entry to Expert Capability Framework

The E2E Capability Framework aims to promote the goal of safe, effective, trauma-informed, connected, whānau-centred specialist services. It is a workforce capability framework, which sets out benchmarks for the skills and knowledge that workforces and practitioners need to respond to, and work effectively with, people who have been impacted by family violence and/or have been using 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 *‘Enhanced Level Family Violence Skills’* as defined by the E2E Capability Framework.<sup>12</sup>

### Remuneration of kaimahi

The FTE rate for this contract is \$146,000 per FTE per annum. This rate enables you to remunerate kaimahi in alignment with the Social Work Pay Equity Extension Funding provisions including salary/wages, on-costs and professional support costs where they are carrying out social work or social work equivalent roles.

### Regular access to supervision to better support the workforce

Te Aorerekura outlines how the sector can work towards skilled, culturally competent and sustainable workforces.<sup>13</sup> 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.<sup>14</sup>

MSD is working to better support the workforce. The new funding model 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.

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<sup>11</sup> Te Puna Aonui (2022) [Family Violence Entry to Expert Capability Framework](#)

<sup>12</sup> Te Puna Aonui (2022) [Family Violence Entry to Expert Capability Framework](#)

<sup>13</sup> Te Puna Aonui (2022) [Te Aorerekura](#)

<sup>14</sup> Te Puna Aonui (2022) [Family Violence Entry to Expert Capability Framework](#)







# 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 men. 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.

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 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’ Relationship 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 men receiving support from family violence organisations. Recognising Māori as Tāngata 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 men 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 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' Relationship 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.***







# 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.

Where you are working with whānau who require specialist support from other organisations in your community, processes are developed to ensure tāne and men remain well-connected and are receiving the support they need, and that necessary quality information is being shared.

This will ensure that tāne and their whānau receive effective, integrated community responses with minimal disruption between supports.

## Referral pathways

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

- a cross-agency family violence team or Police
- 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 refer to another specialist service.



# 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 men, 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 kaimahi 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.

Te Huringa o Te Ao 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 roughly account for this level of capacity, even if this FTE is made up of a mixture of staff and contractors.

Providers' Regional Relationship Manager, 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 tāne and men/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 individuals 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. 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 men accessing their services.

Regional Relationship Managers 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.<sup>15</sup>

## What defines the safer caseload?

The safer caseload for family violence of **53 individuals 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. at any one time.

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

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<sup>15</sup> Te Puna Aonui (2022) [Te Aorerekura](#)



# Reporting and Evaluation

## What reporting is required?

Reporting requirements for Te Huringa o Te Ao are still under development. It is envisioned that through the service design phase over the first 2.5 years that we will work together with providers to develop reporting measures.

## 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.

# Accreditation

## Social Sector Accreditation Standards

Providers who are funded for Te Huringa o Te Ao services are required to meet Level Two Social Sector Accreditation Standards. Providers are required to maintain their accreditation level. You can find details about these accreditation standards at Te Kāhui Kāhu website (<https://tekāhuikāhu.govt.nz>) or by clicking [here](#).

# Online Directories

Through the term of the Outcome Agreement, providers must ensure that information about their organisation and services they offer is easy to find. This will ensure that those experiencing family violence or wanting help with their violent behaviour can easily find support in their area and know what to expect from those services.

This includes ensuring their organisation is listed on the following directories and that necessary information is updated when required:

- MSD's Family Services Directory ([www.familyservices.govt.nz/directory/](http://www.familyservices.govt.nz/directory/))
- Healthpoint (<https://www.healthpoint.co.nz/>)

# 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 can email their relevant Relationship Manager or email us at [TeHuringaoTeAo@msd.govt.nz](mailto:TeHuringaoTeAo@msd.govt.nz).

## 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*'<sup>16</sup> for more information.

### Other definitions

In the Guidelines, the following terms are defined as follows:

- “Accreditation” - The Social Services Accreditation team at Te Kāhui Kāhu, 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.

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<sup>16</sup> 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 men
- 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 significant relevant qualifications and/or experience for supervision.









# 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 men and their whānau
- regular reflective practices in regard to cultural capability and personal bias and how this is impacting on work with men and their whānau
- ensuring cultural accountability and cultural development in a safe environment.

This could also include:

- embedding of Te Tiriti o Waitangi into practice with the aim to improve best practice for Māori
- supporting anti-racist practices to help strengthen accessible service provision
- 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 for 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 embedded knowledge and skills in building cultural capability and development support.
- has a minimum of '*Entry Level Family Violence Skills*' as defined by the JVBU 'Entry to Expert Framework'<sup>17</sup>
- has significant relevant qualifications and/or experience for supervision.

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<sup>17</sup> Te Puna Aonui (2022) [Family Violence Entry to Expert Capability Framework](#)

# 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.

The FTE rate of \$146,000 per FTE per annum enables you to remunerate kaimahi in alignment with the Social Work Pay Equity Extension Funding provisions including salary/wages, on-costs and professional support costs where they are carrying out social work or social work equivalent roles.

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

- both external practice supervision and cultural capability support and development at least monthly
- a salary that is reflective of the pay equity settlement for those in social work or equivalent roles.

The remainder of the funding can be spent at the provider's discretion. MSD does not require providers to report on the full breakdown of their funding.

## 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.





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