|  |  |
| --- | --- |
|  | Position Description |

|  |  |
| --- | --- |
| **Position Title** | Whānau Worker – Family Start |
| **Date** | March 2021 |
| **Approved by** | CEO – Tūwharetoa Health Charitable Trust |

|  |  |
| --- | --- |
| **Position holder** | TBC |
| **Reports to** | Whānau Pēpi & Tamariki Manager |
| **Purpose of the position** | The Family Start Whānau Worker   * is responsible for assisting families to reach a position where they can make effective use of family, whānau and wider networks * is required to establish a supportive and effective working relationship with the family to ensure achievement of agreed goals * will work as part of the Family Start team and follow the Family Start program as prescribed. |

|  |  |
| --- | --- |
| **Working Relationships** | |
| Internal – Tūwharetoa Health | External |
| * Whānau, Pepi and Tamariki Manager and team * Whānau Engagement Manager and team * CEO * Operations Manager, and team * EMT * Trustees | Staff from   * Community Providers and Groups including but not limited to * Midwives * Plunket Nurses * Midland Health Network * General Practice * Ministry for Children – Oranga Tamariki |

|  |
| --- |
| **Standard Attributes, Knowledge and Skill** |
| **Analytical Thinking and Problem Solving:**  Ability to both identify problems and use information to resolve them. |
| **Communication:**  Ability to clearly convey thoughts, both verbally and in writing, and to listen to and understands others. |
| **Confidentiality:**  Ability to maintain privacy and confidentiality in line with the Privacy Act (1993) and the Health Information Privacy Code (1994). |
| **Continuous Improvement:**  Ability to understand and implement a continuous improvement process in respect of one’s own performance, and the organisation’s processes and services. |
| **Cultural Appropriateness:**  Ability to provide culturally appropriate support to a wide range of clients.  Knowledge and experience in Ngati Tuwharetoa Tikanga and Kawa is desirable. |
| **Health and Safety:**  Ability to work responsibly under the Health & Safety at Work Act 2015. |
| **Policies:**Ability to become familiar with, and work in line with Tuwharetoa Health’s policies. |
| **Relationship Development:**  Ability to build and sustain effective relationships both internally and externally. |
| **Self-Management:**  Ability to work autonomously and flexibly to achieve the purpose of the position and the goals of the organisation. |
| **Team Work:**  Ability to work with others to achieve goals. |
| **Treaty of Waitangi**: Knowledge of the principles of the Treaty and how these relate to the development of specific initiatives for Maori. |
| **Values**: Ability to conduct themselves in line with Tuwharetoa Health’s principles and values of Whanaungatanga (Spirit of Family)**,** Manaakitanga (Spirit of Support) and Huhuatanga (Spirit of Service Excellence). |
| Current Full New Zealand Driver License is essential. |

|  |  |
| --- | --- |
| **Position Specific Qualifications, Skills and Experience** | |
| Qualifications | A professional qualification in a health, education or social work discipline.  Interest in undertaking further study would be supported by Tūwharetoa Health. |
| Knowledge and skill | Sound knowledge of child/human development, health, education, parenting, mother/baby health, education and social issues.  Knowledge of child abuse, child protection and working with multi-needs families. Including the indicators of child abuse, domestic violence, mental health and alcohol and drug abuse.  Knowledge of relevant Acts and Codes in the health and social services sector (ie Vulnerable Children’s Act, Privacy Act) |
| Experience (Technical and behavioural) | Experience in working with whānau in a support and advocacy role.  Case management experience  Understanding of the New Zealand health system  Community and Social Development |

|  |
| --- |
| **Main Responsibilities** |
| To undertake a comprehensive Needs Assessment and Whānau Plan with Whānau |
| To assist Whānau in the implementation of their individual Whānau Plans |
| To provide education, advice, support and advocacy for Whānau on a range of things such as Child Health, Child Educational Development and Child Development. |
| Reporting |

|  |
| --- |
| **Role Delegations** |
| Financial (limits/mandates etc.) |
| * No financial delegations |
| Staffing |
| * No direct reports |

| **Key Accountabilities** | | |
| --- | --- | --- |
| Main Responsibilities | Key Accountabilities (Key areas of focus) | Tasks (How it is achieved) |
| Building Relationships with Whānau | * The Family/Whānau Worker is required to establish a supportive and effective working relationship with the family to ensure achievement of agreed goals * This relationship is the foundation on which the Family Start program is based * Family/Whānau Workers must be very clear about their role and the boundaries of their job | * Try to build the relationship from the very first visit. * Keep in regular contact with enrolled whānau. * Ensure the Family Start messages are consistent and clear for whānau. |
| Undertake a comprehensive Needs Assessment report | * Needs Assessment completed within 1 month of entry. Identifying the Strengths and Capacity of Whānau, Potential needs, Specific problems and concerns and service intensity level. * Needs Assessment data is entered into FS Net Database | * Meet directly with whānau to complete the Needs Assessment * Enter Needs Assessment into FS Net Database |

| **Key Accountabilities** | | |
| --- | --- | --- |
| Main Responsibilities | Key Accountabilities (Key areas of focus) | Tasks (How it is achieved) |
| Whānau Plans | * Assist Whānau in the implementation of their Whānau Plan * Undertake crisis management should the need arise | * A family plan is developed outlining desired goals and how these may be achieved. * The plans are reviewed on a regular basis and adjusted to the circumstances of the whānau as necessary. * Forms for the plan and the reviews can be found in the Family Start Taupo Desk File. * The plan is implemented with positive changes to whānau circumstances. * The safety and welfare of the child/children is paramount. The Whānau Worker should have a contingency plan to manage emergencies within their control. |
| * Maintaining a clear focus on the child/children’s well-being, including the adequacy of care, their physical and emotional health and age-appropriate development | * There are 2 checklists which are included on the family file and must be completed by the Whānau Worker that relate directly to the child’s well-being. The first is a checklist of milestones that the child is expected to achieve by a certain age and the other is largely health-related. * The child needs to be registered with a Well Child provider and if a child is not reaching certain milestones as expected, the provider may be advised to investigate this further. * Parents are also introduced to appropriate health agencies as required. * The “infant/child is the client” and this forms the basis of all home visits. |
| * Referring and accessing other agencies where there is a concern for the child’s well-being or safety | * This may include notification to Oranga Tamariki, referring to Family Works, Strengthening Families, etc. A comprehensive contacts list is kept with the FS Net Administration Assistant. * Other services that are involved with the family are noted on the FS Net database. |
| Child Health and Development | * Modelling positive parent/child interaction and assisting in the development of good parent/child relationships. | * The Whānau Worker will spend time and do things with the infant/child all the time while visiting, thus modeling how to play and positively interact with the child. * The Whānau Worker may suggest outings and other activities that are of benefit to the child which they may otherwise not be getting. |
| * Ensuring the child is registered with a single General Practitioner to ensure consistency of medical care. | * This is one of the standard questions on the health checklist kept on every family file. |
| * Assisting mothers in gaining access to utilising health care for both the infant/child and mother. This may include provision of advice, support, encouragement and transport | * This could include: * Dental therapist * Mobile ear clinic * Speech therapist * GP * Any others as required. |
| * Providing mothers with advice and support in key areas related to child health goals, including smoking cessation, breast-feeding, immunisation, hygiene, contraception. | * This does not form part of any checklist, but will form part of the conversational rapport and trust building when determining the mother’s needs. |
| Social Needs of Whānau | * Providing families with financial and budgeting advice including ongoing money management, advocacy and referrals to budgeting services as required | * May refer to Budget Advisory Services if necessary, depending on financial situation, otherwise this may form part of the goals on the Family Plan. |
| * Advocacy regarding housing issues, including overcrowding, sub-standard conditions and insecure tenure | * May refer to Housing NZ if necessary, depending on situation, otherwise this may form part of the goals on the Family Plan. |
| * Providing support, information, advice and referrals to deal with any legal matters, including custody and access issues, Protection Orders (Domestic Violence Act 1995), outstanding court matters, unpaid fines | * May refer to Legal Aid if necessary, depending on situation, otherwise this may form part of the goals on the Family Plan. |
| * Providing assistance, advice, information and referrals for issues of alcohol and drug abuse or dependency, domestic violence, mental health | * May refer to agencies if necessary, such as: * Drug and Alcohol Counselling * Tuwharetoa Health, or * Violence Intervention Network. * The FS Administration Assistant has a comprehensive contact list of local organisations. |
| * Promoting services and providing information and support that will lead to the parent(s): increasing their confidence and self-esteem; developing their skills; improving their relationships | * The Whānau Worker will let the parent know about programmes out there which may be of particular interest and may encourage participation in programmes such as SKIP (Strategies for Kids, Information for Parents) and ACE (Adult Community Education), along with any others that they may deem to be appropriate. |
|  | * Assisting families reduce overall stress and build on their strengths and capacities | * The Whānau Worker will visit a family usually between 2 and 4 times a month, depending on their needs assessment and whether the family is high, medium or low risk (see “Needs Assessment” section below). * It is important to understand the needs of the parents and to give them stepping stones to achievement to build on their strengths and self-esteem. Sometimes, the first step will simply be to get the parent well. * The Whānau Worker may call in an additional resource as appropriate, such as a Male Mentor to work with the father, or a Breastfeeding Support Advocate to work with the mother. |
| * Assisting families build and strengthen their whānau support and community support networks | * Support for the parents is actively encouraged to ensure a healthy support system is in place for the parents and child. * This may include family support or external initiatives such as playgroups, kohanga reo, coffee groups (perhaps with other mums in the FS programme). |
| Child Educational Development | * Assisting the parent(s) with advice and support on child development, milestones and age appropriate activities | * One of the Key tools the Whanau Worker uses is the Parenting Resource. It is a web base resource that gives information on child development from the womb to 36 months. It guides the parents through age appropriate activities, development and milestones. * Children aged 3 years and over are required to be enrolled in Early Childhood Education. Parents are informed of what ECE Facilities are available. |
| Evaluation and Graduation | * Undertake an outcome evaluation as the family nears the end of their time with Family Start. | * This will be an exit evaluation on discharge. |
| Reporting | * Service reporting on a monthly basis, and as required to fulfil contracts | * Monthly service reports to the Executive Management Team * Quarterly reports to the funder as per contract * All reporting is directed to the Team Leader or Service Manager |