## Entry Cover Sheet

### Team of the Year

Underpinning the delivery of high quality health care is our value of rāranga te tira – working in partnership across the system - health professionals working with others whether it is in multi-agency or multi-disciplinary teams.

<table>
<thead>
<tr>
<th>Title of entry</th>
<th>Entrants must complete all sections below:</th>
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<tbody>
<tr>
<td><strong>Maximum of 70 characters</strong></td>
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<tr>
<td>Be specific eg “Improving health literacy of obese patients”. Title length must not exceed 70 characters.</td>
<td>A multi-disciplinary team, the Child Development Service.</td>
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<table>
<thead>
<tr>
<th>Synopsis of entry</th>
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<tr>
<td><strong>Maximum of 150 words</strong></td>
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<tr>
<td>A brief paragraph providing an overview of your entry. Synopsis must not exceed 150 words.</td>
<td>This entry shares the kaupapa the Child Development Service embraces. We are a multidisciplinary team, with strengths in teamwork, team culture and professional expertise all of which are fundamental to rāranga te tira. Validation of these, together with a snapshot of outcomes are included in this document. The team ethos and commitment are reflected in the outcomes and experiences of the children whānau, referrers and collaborative partners. We are a progressive team aligned to DHB frameworks, with a clear vision and values. Thank you for the opportunity to highlight our team.</td>
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’Ka mahi ngātahi mo te tukinga nui tonu’

_We work together for maximum impact_

<table>
<thead>
<tr>
<th>Name of organisation/s</th>
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<tbody>
<tr>
<td><strong>Is entry submitted on behalf of one or a number of organisations?</strong></td>
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</table>
| It is very important that you describe who is involved in this entry. This information is used in promotional materials, acknowledgements and inscribed onto awards, plaques and certificates. | The Child Development Service  
Woment, Children and Youth Services  
HBDHB |
**Team of the Year**

Underpinning the delivery of high quality health care is our value of rāranga te tira – working in partnership across the system - health professionals working with others whether it is in multi-agency or multi-disciplinary team.

**Our organisation**

The Child Development Service (CDS), Women Children and Youth Directorate, HBDHB is a multidisciplinary Team focussed on the assessment and management of children with developmental and behavioural needs. This service has evolved over the past five years to now include four contracts providing service direction, these include:

- Ministry of Health contracts firstly for children at risk of or with a known neurodevelopmental delay or disability (DSS 1012 – the original service) and secondly an Autism Spectrum Disorder Coordinator (DSS221, new Feb 2012)
- Ministry of Social Development, ‘Gateway Health Assessment’, new in Feb 2013
- And DHB funded Developmental Assessment Programme (DAP) providing multidisciplinary diagnostic assessment of children with complex behavioural and developmental concerns, integrated later in 2010.
These contracts are delivered by the ‘Team’: 27 Individuals (18 FTE), undertaking a vast array of roles. The diversity across the service is quite significant, with variances in referral source and referral question underpinning many of the key variables including clinicians involved, length of contact, place(s) of contact, involvement of collaborative partners. The common thread is the passionate endeavour to deliver a child focused, whanau friendly service. This in an integrated service which offers clients a coordinated mix of services that address multiple needs in a timely convenient and effective way. A high functioning Team is vital, this is high acuity, complex and demanding work.

The Child Development Service embodiment of the ‘Healthy Hawke’s Bay Vision and Values’ is outlined in Appendix One. These are integrated within practice throughout the service, as outlined in part, in the following sections.

Team of the Year

The Child Development Service truly epitomise an effective efficient team, providing diverse child centred, family focused care. The professionals within this team work autonomously and combine in both inter and trans disciplinary paradigms. Three key aspects impact on the client experience and service outcomes.

Firstly Teamwork. The CDS professionals truly work together as a team. This is a strength, promoting quality and sustainability. Team members and others consistently report a strong spirit of teamwork, supporting and challenging each other. We are a cohesive, cooperative and motivated Team. Quote from the Health Promotion Agency research:

HBDHB Developmental Assessment Programme FASDS Assessment Pathway: Process Evaluation Report June 2015: “there is respect and trust for colleagues in the team. There is a lot of joint working. They give each other feedback.” Internal Stakeholder.

It is a productive, safe workplace – safe to experiment, to challenge, to share information and to support colleagues. We share responsibility for the performance of the team in delivering a good service. From the recent research report:

“Team is populated with strong professionals. They are making tough decisions – this risks producing defensiveness. The DAP Team members have the ability to be questioned and to defend their clinical knowledge” quote from Internal Stakeholder.

In practice this Team work is seen:

- In the outcomes and experiences of the children, whānau, referrers and collaborative partners, as expressed by a Teacher recently “you did such a lovely job...stating the facts yet leaving them both with their dignity and pride intact. Well done! This family is being cared for by a great team!”
- In the provision of multidisciplinary clinics, their development, delivery and the outcomes and outputs achieved in these clinics.
- The management of the complex children and their families, in which three or more CDS clinicians may be actively involved at any one time
- In the provision of services during a vacancy or period of leave, no external cover is available to cover any of our roles
- Shared responsibility amongst the team members to support each other – from debriefing following challenging clinical encounters, to managing wellness, to assisting when an extra pair of hands is needed.
Secondly, Team culture, vision and values are really important. This includes having a culture of reflection and flexibility, professional respect and trust. There is an environment of honest and complete communication and an understanding of each other’s work, respect for each other’s efforts and results. We share a strong client focus and a non-judgmental position in relation to children and whānau. A willingness to be flexible is necessary to support change. Staff feel valued, every role is important throughout the CDS, including the Clinicians, Administration Team, Therapy Assistant and Clinical Leader. Individual team members are empowered, furthermore their needs are addressed both individually and collectively, including regular performance reviews, professional development opportunities, leave management and supervision (clinical & professional). Quote from the recent research report:

“the Team approach is a strength, you still have some autonomy but I love the team approach...” “tasks and processes are easy to describe but it is the other stuff that makes the programme work. The shared values, beliefs attitudes and expectations...” “the team is constantly reflecting and refining processes to improve practice. This is the culture of the service.”

In practice this Team culture is seen:

- In development of the CDS cultural competency plan (Appendix 2)
- In meeting professional development needs for all team members by utilising our initiative – hosting International and National Conferences for example DIR/Floortime Training in 2014 – the first time it had been delivered in New Zealand.
- With the ability to address opportunities, for example the innovation funded projects: ‘Collaboration with the Ministry of Education’ and ‘Paediatric Gait Analysis in Hawke’s Bay’.

Thirdly, professional expertise is fundamental. This reflects the ‘right person’ philosophy. All of the team have a strong passion for children and their whānau. The team strives for continuous improvement both in refining processes and practices and by participating in professional development (receiving and providing). We are always working to deliver best evidenced based practice. Additionally professional accountability and respect are important, each team member owns their own role. Quote from the recent research report:

“clinically they really know their stuff. You can ask them for information and you know it will be solid..”

In practice this is seen:

- In requests for team members to present at national forums (see next section)
- Engagement with and integration of learning from professional development opportunities
- Formal and informal professional supervision and peer review that is undertaken
- Willingness to participate in research (Health Promotion Agency research: HBDHB Developmental Assessment Programme FASD Assessment Pathway: Process Evaluation Report June 2015) and ongoing study. Two Clinicians actively undertaking their PhD’ and several more undertaking post graduate university studies.

These factors have significantly improved outcomes, service outputs and are reflected in the staff engagement survey results and in staff retention as detailed in the next section.

Importantly it is recognised that the development of the team is ongoing, purposeful and deliberate, as the team aspires to provide the best possible Child Development Service.

Benefits and results

The CDS has formal key performance indicators, primarily utilised in Ministry required reporting, however these do provide monitoring from only one perspective a snapshot of these is evident in diagram one. The following diagram highlights some of the ‘firsts’ achieved by the CDS in 2014 – 2015, which demonstrate fantastic team functioning and the diversity of the service.
Children’s Christmas Party
- Hosted by the National Aquarium of New Zealand
- Attended by approximately 40 children, their caregivers and Father Christmas.
- Informal but valued

Collaboration with MoE (Innovation Funding)
Outcomes remain in draft, but analysis of referrals, waitlists and active cases for both CDS and the Early Intervention Service were undertaken, together with interviews of key personnel and clients.

Presentation by a CDS Psychologist at Tu Kaha 2014
- Contributing to improved engagement with Māori and reducing inequities

Regular CDS-CYF Social Work Liaison Meetings
- Improved collaboration around some of our most vulnerable children/families
- Joint professional development

Therapist supported to attend post-grad training in the UK.
- Reconfirming Brazelton Assessor Status and achieving her ‘Newborn Behaviour Observation’ training.
- Enabling service delivery unique in New Zealand and recognised internationally.

Development of a FASD Action Plan
In collaboration with:
- Te Wāhanga Hauora, Public Health and others
- Released in July 15 and attracting national attention including Ministry of Health

Paediatric Gait Analysis (Innovation Funding)
Final documentation remains in draft. But a new collaborative clinical pathway is being piloted across CDS, Paediatrics and Orthopaedics for ‘Toe Walkers’ and a CDS-Orthotics Clinic begins early August, fortnightly primarily to improve clinical outcomes for children.

Noho Marae at Pukehou Marae
Achieved learning and participation objectives for 17 Team members

- All underpinned by –

- 960 New referrals (a 25% increase)
- Cient contacts over 5000
- DNA Rate 5.6%

1. ‘Being ineligible for any service despite need’. There are gaps in Hawke’s Bay services, however these are being addressed, as evidenced by both the FASD Action Plan and the Ministry of Education Collaboration project – both initiated by CDS

2. ‘Poorly co-ordinated services’, the CDS:
   a. provide many multidisciplinary clinics which markedly improve coordination (refer to Appendix 3, which demonstrates some of the collaborative partnerships the CDS clinicians actively participate in)
   b. Are working on transitions of our complex children / whānau to adult services
   c. Have recently introduced a new appointment co-ordination initiative

3. ‘Having to provide the same information multiple times to access different services’, continuity of care is a priority at CDS allocation, alongside collaboration with other services – to the extent that assessment results / observations from other professionals may be incorporated within CDS reporting

4. ‘Bouncing between services’, again a priority at CDS allocation and within our work. For example DAP reports fulfil the mantra do it once do it well, resulting in a different clinical discussion /pathway when these often complex children represent several years later.

These initiatives / service provision are only possible due to a strong Team.

This Ministry report (as above) made five key recommendations, all of which our service actively addresses, including collaborative working, inter and trans disciplinary working paradigms, addressing needs of mild / moderate needs together with the most complex, and close working relationships with the Paediatricians.

Consumer satisfaction, measured both through the compliments received and formal audits demonstrate;

Quotes from whānau “the team were extremely friendly and approachable...” “the information and activities provided... were fantastic...” “found this programme really helpful for my child...”

Feedback from a Paediatrician this week “this is such a happy environment and everyone is so helpful and friendly...”

An audit following MDT Diagnostic assessment showed that 72% found the report recommendations to be “extremely useful”

For staff, the engagement survey is a measure reflecting components in five key domains:

- My Career (80% +ve),
- Teamwork (90% +ve),
- Management (86% +ve),
- Safety (85% +ve)
- Job satisfaction (88% +ve).

Eighty five percent of CDS team members completed this survey. There were no areas that met the recommended 30% negative threshold requiring an action plan, within the 2014 Survey referenced to here.

Staff retention is also an indication that the CDS is a positive workplace. In 2014 – 2015 we had one resignation, in 2013 – 2014 again one resignation – following a performance management process.
We also enjoy national recognition, as evidenced recently:

- With Team members requested to speak at several National forums, for example Speech Language Therapist at a Werry Centre workshop in Auckland, Psychologist at the ‘Altogether Autism Conference’.
- Attendance by Ministry of Health, Health Promotion Agency and Alcohol Healthwatch NZ representatives at the release of the FASD Action Plan.

**Future Plans**
The CDS is an active, evolving multifaceted service. It is strongly aligned with the Transform and Sustain framework and as such continues to evolve, adjusting, developing and evaluating service delivery and processes. Appendix 4 clearly demonstrates plans for the 2015 – 2016 period. Opportunities for better coordination, alignment, consumer engagement and collaboration have been identified. There are opportunities to address ‘service gaps’ (some of which were identified earlier in this document), both by working differently (Ministry of Education joint clinics and Orthotic clinics) and by ‘extending ‘the team, for example piloting a FASD Co-ordinator role. Several key components are fundamental to optimal team functioning:

- Staff are our biggest asset and within CDS are valued as such
- A shared vision and values strongly contribute to the culture
- Communication, verbal and written

Team management is a focus, an investment with very high returns. It is achievable even without ‘optimal’ conditions, we are spread over two locations, have marked office and clinical area overcrowding and this year worksites on three sides of our building resulting in access difficulties, clinics being relocated, purpose designed rooms being unusable and the impact of noise all on a daily basis, yet we have delivered.

We are proud of our service and look forward to continued innovation, challenges and success.

Ehara taku toa I te toa takitahi, engari he toa takitini.
*My strength is not mine alone, it comes from the collective / from the group.*
### Our Vision

#### Appendix 1

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<tr>
<th>excellent health services</th>
<th>reduce health inequities</th>
<th>improve health and wellbeing</th>
<th>working in partnership</th>
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<tr>
<td>To provide a high quality service addressing the needs of children &amp; youth throughout Hawke’s Bay</td>
<td>To provide a culturally competent safe, accessible service delivered by a Team respectful of and responsive to each individual child’s / whānau needs</td>
<td>To deliver services in the right place at the right time to address the needs of the child / whānau</td>
<td>To ensure effective collaboration and integration within and across services and organisations</td>
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### Our Values / behaviours

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<tr>
<th>Tauwhiro</th>
<th>Rāranga te tira</th>
<th>He kauanuanu</th>
<th>Ākina</th>
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<tr>
<td>The right person for the role in the right place at the right time.</td>
<td>Ensure the right Team for each child / whānau</td>
<td>Recognise and incorporate the strengths of individual Team members</td>
<td>Encourage, listen to, learn from and act on feedback from our consumers</td>
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<tr>
<td></td>
<td>Develop, maintain and consolidate relationships across the community, health, education and social sectors</td>
<td>Acknowledge the benefits of the ‘body of knowledge’</td>
<td>Actively pursue evidence based practices</td>
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<td>A broad interagency approach is needed to address social needs and support families with a high level of need. Collaboration is fundamental</td>
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<td>Ensure processes are efficient, effective and timely – including onward referrals &amp; documentation</td>
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### Appendix 2 – Cultural Competency Plan and Self Assessment Tool

<table>
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<tr>
<th>Objective</th>
<th>Actions</th>
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| • Support the development of expertise in te reo Māori for all team members | • Schedule professional development (PD), to facilitate this – individual and team plans  
  - Develop / acquire resources for basic reo  
    - Glossary of terms relative to CDS  
    - Māori Dictionary  
    - Computer modifications (spell check)  
  - Ensure pronunciation of names (people and places) are correct. |
| • Strengthen Staff understandings of Māori models of health and wellbeing | • Provide training on identified Māori models of wellbeing/health progressing towards implementation  
  - Share this approach with whānau, ensuring their understanding of holistic approach. |
| • Ensure clinical practice aligns with the Code of Rights and Tikanga Māori | • Ensure the whānau are empowered to take responsibility for their engagement with the Health Service, with regard to shared plan, defined goals, appointment timing, rescheduling, home visits versus centre based appointments, having a break from input etc. |
| • Develop and promote current / proposed CDS models of collaborative service delivery | • Reinforce / develop manaakitakanga – offer refreshment (eg drinks), ensure whānau know where the toilet is, access is welcoming  
  - Consider the development of CDS information packs for whānau on initial engagement  
  - Review Te Taiwhenua O Heretaunga Early Intervention Clinic  
    - Share findings, including presentation to TTOH and other key stakeholders  
    - Consider viability of replicating this clinic elsewhere (dependent on review outcomes)  
  - Progress the development of a Playgroup, targeting specific cohorts of ‘at risk’ tamariki / whānau, working collaboratively with Play Therapists and Te Wāhanga Hauora HBDHB. This may include SCBU graduates and or tamariki at risk of recurrent hospital admissions. |
| • Develop and promote current / proposed CDS models of collaborative service delivery | • Gateway, identify key cultural components which can be shared with other CDS sectors eg documentation, koha bags  
  - DAP, identify key cultural components which can be shared with other CDS sectors  
    - For example engagement or working towards FASD strategy collaboratively with Te Wāhanga Hauora HBDHB with an intersectorial approach |
| • Develop and promote current / proposed CDS models of collaborative service delivery | • Provide an opportunity for other CDS Team members to share strategies / actions that have worked well and those that haven’t worked so well  
  - Actively seek feedback kanohi ki te kanohi from whānau, focusing on how they see the service, what they need from the service etc Capture this information.  
  - One-stop approach, empower whānau and team to achieve improved appointment scheduling. |
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<tr>
<th>Objective</th>
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</table>
| Recognise and address stereotyping and discrimination that creates barriers for Māori individuals to high quality healthcare | • Actively seek feedback kanohi ki te kanohi from whānau, focusing on how they see the service, what they need from the service etc  
• Actively seek feedback from stakeholders, including Te Wāhanga Hauora HBDHB |
| Work with Te Wāhanga Hauora HBDHB | • Improve knowledge of and engagement with opportunities – waiata, pōwhiri, training – leadership for Māori staff etc  
• Establish and maintain open communication lines to ensure information exchange including awareness of upcoming opportunities  
• Share health promotion information with CDS clients eg Iron Māori, Waitangi Day, Matariki celebrations, Matatini 2017 to be hosted by Ngāti Kahungunu  
• Establish an understanding of how the CDS can optimally provide and receive support from Te Wāhanga Hauora HBDHBA |
| Build knowledge about health literacy, minimising the organisational demands on the health literacy of individuals and whānau | • Schedule ‘health literacy’ training  
• De-jargonise information for whānau, offer support to interpret information  
• Implement whānau friendly ways of communication, including visual, kanohi ki te kanohi, korero with group/whānau to support the individual  
• Review expectations – eg completion of questionnaires  
• Review existing resources / hand-outs |
| Build knowledge about Māori Health outcomes and disparities | • Provide background knowledge regarding inequity in healthcare – In-service from C McElnay and/or Tracee Te Huia (Director of Māori Health, HBDHB) |
| Develop awareness of Māori Health Providers, other services / agencies with strong cultural competence | • Organise presenters and networking meetings  
• Explore opportunities for joint client engagement (capture this collaboration)  
Understand Te Kōhanga Reo and the philosophy that underpins the kaupapa and vision |
| Develop networks at strategic and operational levels | • Grow understanding of the Māori organisational structures, including roles of the Kaumatua, Ngāti Kahungunu Iwi Incorporated  
• |
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<th>Objective</th>
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| **He Kauanui:** Showing respect for each other, our staff, patients and consumers | • Model respect and appreciation for te reo and tikanga Māori and demonstrate its relevance and importance  
• Review the Villa 9 environment, consider artwork, room naming  
• Review clinical resources, include toys au natural, kete, rourou tākaro (play basket)  
• Ensure all team members participate in ‘Engaging Effectively with Māori’ and any similar training opportunities delivered in the future  
• Identify opportunities within current systems / processes to incorporate cultural components  
• Facilitate CDS representation at the HBDHB pōwhiri for new staff  
• Highlight achievements, eg Services to Māori Nursing Award, Health Awards  
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• Facilitate CDS representation at the HBDHB pōwhiri for new staff  
• Highlight achievements, eg Services to Māori Nursing Award, Health Awards  |
| **Ensure engagement with/ support of other HBDHB cultural activities** | Including:  
• Māori Language week  
• Incubator Programme  
• Ensure engagement with/ support of other HBDHB cultural activities  
• Ensure engagement with/ support of other HBDHB cultural activities  
• Ensure engagement with/ support of other HBDHB cultural activities  |
| **Ensure consistency with/ adherence to HBDHB strategies** | • Mai Māori Health Strategy 2014 - 2019 – improve understanding and integration  
• Aligning and contributing to the HBDHB Treaty of Waitangi Responsiveness Framework  |
| **Recognising, Respecting and acknowledging diversity amongst ourselves, our Teams, patients and consumers** | • Appreciate where whānau are at by enquiring & listening to what they want, think or feel. Integrating joint goal setting.  
• Manage their expectations, address the needs of our whānau  
• Whakawhanaungatanga, mihimihi when whānau are first referred to the CDS. Take time to discuss roles, introduce other key personnel / their roles, familiarise to the environment.  |
| **Tailor professional development to build capacity and capability in delivering equitable healthcare** | • Develop Individual and team plans based on self-assessment, individual goals and goals of CDS  
• Annual Noho Marae/Wānanga to support CDS development  |
| **Lead and participate in clinical audits and other quality improvement activities with an equity focus** | • Ensure inclusion of audits with an equity focus within CDS annual Audit Plan  
• Undertake a service stocktake, using the self-assessment tool to provide a baseline for future evaluation  
• Undertake regular staff satisfaction surveys  |
| **Ākina:** Continuously improving everything we do | • Cultural Supervision  
• Develop and pilot a model of cultural supervision that meets the needs of both individual CDS Team members and that of the service / various Teams within the CDS |

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*Hawke’s Bay District Health Board*

Private Bag 9014, Hastings 4156

www.hawkesbay.health.nz
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<th><strong>Objective</strong></th>
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<tbody>
<tr>
<td>Incorporating tikanga Māori into CDS ‘business as usual’</td>
<td>• Develop some agreed guidelines within the CDS for when specific cultural components will be delivered, including karakia, waiata. &lt;br&gt;• Develop a training package to develop competence in these skills &lt;br&gt;• Ensure CDS Team members know of and access the CDS Resources appropriately, including clinical ‘equipment’, written and on-line materials</td>
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<tr>
<td>Monitor clinical pathways for factors that facilitate or act as barriers toward achieving health equity for Māori</td>
<td>• Review the development of new clinical pathways – e.g. OT pathways, Gait Service &lt;br&gt;• Integrate learnings / resources from other DHB services e.g. Mental Health Aromatawai-Tikanga-a-Māori Kaupapa Māori Assessment</td>
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<tr>
<td>Routinely use and analyse data to inform practice</td>
<td>• CDS DNA management, share findings (e.g. within monthly reporting / noticeboard) &lt;br&gt;• Capture and share positive engagement and actions that are working well</td>
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<tr>
<td>Share this Competence Plan</td>
<td>• Within HBDHB Networks and wider forums as opportunities present &lt;br&gt;• Ensure outcomes from this plan are captured and reported &lt;br&gt;• Include this plan as a key component for new Team members orientation</td>
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<tr>
<td>Alongside Te Wāhanga Hauora HBDHB</td>
<td>• Address the cultural needs of Māori team members &lt;br&gt;• Ensure Māori staff are encouraged / enabled to participate in activities beyond CDS which facilitate aspects of the kaupapa underlying this document, for example hui focused on improving recruitment of Māori staff. &lt;br&gt;• Ensure ongoing participation within the recruitment process by Te Wāhanga Hauora HBDHB.</td>
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This document was written, input sought and reviews achieved during June – August 2015. Next formal review will be undertaken in June 2016.
# Child Development Service HBDHB - Cultural Competence Plan 2015-2016 Self-Assessment

**Kaimahi ingoa (team member) ________________________________**

**Kaiaromatawai (peer assessor) ________________________________**

**Timatanga (start) - __________________ Otinga (finish) - __________________**

**Scale:** 0 – not at all/unsure  1- still developing  2 – satisfactory  3- very good

### Reo, mihi, pepeha, karakia, waiata, whakatauki

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<td>I am able to use new kupu, spell and pronounce correctly</td>
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<tr>
<td>I am able to give a mihi</td>
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<td>I am able to give my pepeha</td>
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<td>I am able to give a karakia</td>
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<td>I am able to give a waiata</td>
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<td>I am able to give a whakatauki</td>
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<td>I ensure correct pronunciation of client / whanau / others names</td>
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<td>I ensure correct pronunciation of relevant place names</td>
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<tr>
<td>I do incorporate kupu and phrases during client interactions – greetings, simple instructions etc</td>
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<td>I do incorporate reo appropriately within written communications – emails, reports etc</td>
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### Tikanga Māori

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<tr>
<td>I am able to explain, utilise and identify the ‘tika’ use and importance of kupu, mihi, pepeha, karakia, waiata and whakatauki</td>
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<td>I know and understand the core values of the organisation</td>
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<td>I can give an explanation of my commitment to each core value</td>
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### Māori models of health (MMH) and wellbeing

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<td>I have attended learning on Māori models of health and wellbeing</td>
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<td>I can give an explanation of (a) MMH</td>
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<td>I incorporate MMH as a guide(s) or tool(s) in my practice</td>
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<td>From MMH, I am able to identify appropriate practices and interventions</td>
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### I understand from a Māori worldview -

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### My whakaaro (thoughts) -

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Private Bag 9014, Hastings 4156
www.hawkesbay.health.nz
Appendix 3 Collaborative Partnerships

**Complex Children’s Clinic**
- Paediatrician
- Whānau
- Education Therapists
- Nurses
- Teachers
- Caregivers/Parents

**Gateway MDT**
- CYF
- MoE
- Resource Teachers of Learning & Behaviour
- Primary Mental Health Providers

**CDS Joint Orthopaedic Clinic**
- Orthopaedic Surgeon
- +/- Registrar
- Paediatrician
- Whānau

**The Child Development Service**
- Occupational Therapists
- Administration Co-ordinators
- Visiting Neurodevelopmental Therapists
- Nurse Coordinator
- Psychologists
- Social Workers
- Physiotherapists

**CDS Allocation Meeting (weekly)**
- NASC – Options HB
- CAFS
- Paeds

**DAP Assessment**
- Parents/ Caregivers
- Schools: Teachers, SENCOs, RTLBs

**Occupational Therapy Paediatric Network Meetings**
- MoE
- CAFS
- School Therapists
- Hohepa Homes

**FASD Action Plan**
- Te Wāhonga Hauora
- Public Healthcare Hawke’s Bay
- Portfolio Manager
- Maternity Services

**Te Taiwhenua O Heretaunga Early Intervention Clinics**
- Family Start
- Tamariki Ora Team

**Before School Check Programme**
- Public Health Nurses
- Ministry of Education, Special Education
- GP Practice Nurses
- Family Works
- Napier Family Centre
- PHO Staff
Appendix 4

**Objective**

**Transform & Sustain Child Development Service**

**Broad Concepts (Direction)**
- Caregivers / Parents
- Structured Feedback processes / forums
- Input into service ‘co-design’ philosophy

**Concepts**
- Support
- Education
- Coordination of:
  - Appointments
  - Whom to contact

**Ideas**
- Longterm Client Management
  - Improve Villa 9 signage & general appearance.
  - Photoboard
- Children’s Christmas Party
- School Holiday Functions
- Stepping Stones Playgroup
- Premmie Playgroup
- Māori Mums support
- Child Health Forum (Midcentral Health model)
- In conjunction with MOE / CAFS / WCHP/CYF
- Link with CVNS
- Use of Health Passport concept
- Coordination of appt sheet
- MDT Forums – Joint orthopaedic clinic, mealtime clinic, complex children clinic
- MDT clinics for ASD clients – ASD Coordinator / OT / Paed
Transform & Sustain Child Development Service

Objective

Broad Concepts (Direction)

Concepts

Ideas

Innovation Funded MOE Project

Te Taiwhenua O Heretaunga Clinic

Develop clinics with Registrars
- Paed Reg & VNT
- Ortho Reg & Physio

Ensure effective MDT working

Develop a CDS – Orthotics Clinic

Before Two Checks

‘Rurals’ Clinic, to improve equity of access

Primary Health / GP Clinics

Review service delivery – should Complex childrens clinic provide for younger children also

• Develop a regular complex cases mini conference
• Develop the CDS CYF Liaison mtg

• Review Wairoa services

• Identify children & review needs
Objective

Transform & Sustain Child Development Service

Broad Concepts (Direction)

↑ Therapy

Pathway Clarification

Adolescent Service

Waitlist Management

Concepts

• Improve goal setting
• Centre based Therapists
• Review age range – VNT, onward referral

Review funding – personal health budget, to ↑ SPLT Resource

Ensure Clinicians have ‘coaching’ competence

SCBU Follow up Programme

Learning (School function clinics) with Cog

Physiotherapy Gait Project – Innovation Funded

‘Virtual’ Clinics (include utilisation of previous Ax’)

Palliative Care pathway
• Family support
• Staff support

Visibility
Responsibility for Management

Ideas

• Outcome measures

• Document schedule
• Progress clinic with Paed

• Progress orthotic clinic
• Obtain primary response orthotic supplies

Use of screening clinics
Objective

Transform & Sustain Child Development Service

Broad Concepts (Direction)

Service Delivery (including quality)

↑ Profile within DHB strategy / Planning

Maintain / extend National & International Links

Ensure quality improvements

Ensure Culturally Competent Service

Provide opportunities for individual Clinicians, including CASP

Maintain / Improve Team culture

Meet Professional supervision & development needs

Provide optimal placements for students of all relevant professions

Staff Retention

Ideas

• Clinical Leader Forum
• Benchmarking

• Develop KPI’s
• Annual audit plan

Participate in / lead research initiatives

• Self assessment
• CDS Cultural competency plan

• Continue to explore Facility options, to overcome restrictions on practise.

Post graduate education, including university papers

Students

Ensure quality improvements

Maintain / extend National & International Links

Provide opportunities for individual Clinicians, including CASP

Maintain / Improve Team culture

Meet Professional supervision & development needs

Provide optimal placements for students of all relevant professions