

B28

Provider 1. Part one of three
Extract from Ministers
Report dated 19/3/12.

Papakura Marae Society – Papakura

- 21 Papakura Marae Society's Family Start contract is \$564,697.28 for 112 families. They are part of a Whānau Ora Collective.
- 22 KPIs for supervision and Ahuru Mowai/Born to Learn are consistently not achieved. Contracted volume was generally met but a large proportion of their clients are low need and are not appropriately "exited". Further the quality of the practice with those families is poor and not in accordance with programme requirements.

KPIs ⁵	July %	Aug %	Sept %	Oct %	Nov %	Dec %	Jan %
Contracted volume	[REDACTED]						
Supervision	NA	NA	[REDACTED]				
AM/BTL (parenting)	[REDACTED]				94	94	[REDACTED]

- 23 The examples of a very poor level practice on this site are:
 - Strength and Needs assessments and Individual Family Plans are not child focused and lack in detail with inadequate reviews
 - Child Safety Tools were not implemented in the expected timeframe and many staff lack the skills to implement or understand the rationale for these
 - there appears to be a reluctance to 'let go' of some families. This may indicate issues of dependency and lack of understanding of the purpose of the working relationship in the Family Start programme
 - there are no clear strategies in place to exit families from the programme safely when outcomes have been met
 - the promotion of health and education needs improving, despite a health service being on site.
- 24 Despite staff lacking requisite skill, the Manager is reluctant to undertake performance management to improve the situation.
- 25 The Practice Advisor has come across significant resistance at a management level to address the performance issues or to support and reinforce Directorate advice regarding the delivery of the programme.
- 26 The Practice Advisor has visited this site five times including to deliver additional training on using child safety tools and how to develop sound Strengths and Needs assessments and Individual Family Plans.

⁵ The three KPIs are:

- a. Percentage of contracted volumes delivered. Expected standard is 95%. Green light at 95% or above; Yellow light at 90%-95%; Red light at <90%.
- b. Percentage of workers who receive at least one hour of one-on-one supervision by a qualified supervisor each week. Expected standard is 95%. Green light at 95% or above; Yellow light at 90%-95%; Red light at <90%.
- c. Percentage of active families receiving at least one hour of Ahuru Mowai/Born To Learn (parenting) per month. Expected standard is 95%. Green light at 95% or above; Yellow light at 90%-95%; Red light at <90%.

27 The Service Improvement Plan was agreed 24 January 2012 but only recently has the provider accepted the need to improve performance and practice in order to adhere to the expectations of the programme.

28 not in scope

29

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Extract from Ministers
Report dated 19/3/12.

28 The total contract and funding information from MSD for the five providers is set out below (in no particular order) as well as comment about the performance of these providers across other MSD services. Note that the MSD performance assessment for these services is based on standard contract monitoring processes and not the in-depth practice review undertaken on Family Start. Detail on each provider's performance is in appendix two excluding Te Whānau o Waipareira Trust whose performance has been reported to Minister Ryall.

PROVIDER	FAMILY START \$ ²	NO. FAMILIES	MSD \$	OTHER MSD SERVICES	MSD PERFORMANCE
Papakura Marae Society – Papakura*	\$564,697.28	112	\$890,000	not in scope	
Te Ha o Te Whānau Trust – Opotiki	\$402,816.20	80	\$647,000		
Te Roopu Awhina Family Start – Porirua	\$614,870.00	125	\$1M		
Turuki Health Care – Māngere*	\$1,627,477.46	329	\$1.9M		
Te Whānau o Waipareira Trust – Waitakere*	\$1,417,624.80	270	\$3.8M		

² The average unit cost per family is \$5100, though it varies across provider. Historically rural providers were funded at a slightly higher rate than urban providers.

* Providers are part of a Whānau Ora Collective.

FINAL March 2012

B26

Family Start Performance Assessment Template – February 2012
Refer to Memo "Sanctioning Criteria and Options for Family Start Providers" dated 13/2/12

FAMILY START PROVIDER PERFORMANCE ASSESSMENT – July 2011 to February 2012

Provider's Legal Name: **Papakura Marae Society**
Provider Number: 50146
Contract Number: 314273

Completed by: 9(2)(a) as a record of the assessment meeting with 9(2)(a) and 9(2)(a) on 9 February 2012 and subsequent discussions with 9(2)(a) (RAF) and 9(2)(a)

Recommendation finalised 1/3/12

SUMMARY

Criteria	Comments
Key Performance Indicators	Overall performance is OK but the contracted volumes do not reflect the fact that they largely work with low intensity families which is inappropriate given the intensity of the programme (out of 9)
Key Programme Components	Overall core elements of assessments not being achieved. (1 out of 2)
Social practise	Lacks social work focus and main elements. (1 out of 3)
CYF Approval	Organisational concerns re commitment to delivering the Family Start programme to standards required.
Willingness and Capacity	Organisational capacity to take on child focus is of concern. Despite lack of staff skill, 9(2)(a)
	Historically the provider has considered to be OK. However, the increased focus and scrutiny of practice has alerted the RAF and the organisation to severe deficits in practice quality. The more we investigate this area, the greater our concerns.

RECOMMENDATION

Withhold or recover funding (F12)	No
Terminate on Notice (1 July 2012)	N/A
Do not renew from 1 July 2012	Yes – National Contract Managers recommendation 9(2)(g)(i) 9(2)(a) Note that since recc was made in Feb, further work with the provider has alerted us to

	practice deficits and a lack of action to remedy those (refer to PA visit notes on file).
	There is demand for the FS service in this area. There are other providers in the Auckland area 9(2)(g)(i)
Offer 1 year contract from 1/7/12	No 9(2)(g)(i)
Offer 3 year contract from 1/7/12	No

Sighted by 9(2)(a) National Contracts Manager 9(2)(a)

Note: National Office recommendation is to not renew contract. Overall score of 15 out of 33 when placed in the national picture is one of our poorest performing providers. Also there is no evidence that the organisation as a whole is committed to the lift in focus of the programme to child safety concerns.

Criteria	Rating' (1, 2 or 3)	Comments (include the evidence you have from monitoring and site visits)
KEY PERFORMANCE INDICATORS Contracted Volumes	2	Volume is consistently achieved but a large proportion of those families (approx 50%) are low need and have been engaged with the service for a long-time. There appears to be a culture of dependency where Papakura are reluctant to refer long-term families or exit them as required despite the messages from the Directrate to engage high needs families.
AM/BTL	2	Performance is inconsistent and often not to standard. Needs clear plan for holiday period and staff leave to remedy performance drop over Dec and Jan. Low need families often only get AM/BTL so likely to drop in performance with high needs families coming on board.
Supervision	1	The performance in this area continues to be poor despite being advised that this needs to improve. Only a small team so stats can be affected by a small change (ie

1 1 = underperformance is consistent and is without satisfactory reasons; 2 = underperformance is evident and is without satisfactory reason; 3 = satisfactory performance, or any underperformance is for satisfactory reason.

		one whanau worker missing a session).
KEY PROGRAMME COMPONENTS		
Strengths and Needs Assessments	1	Not child focused – lack detail. Not reviewed as required. Lack of understanding that improvement is required.
Individual Family Plans	1	Not child focused – lack detail. Not reviewed as required. Lack of understanding that improvement is required.
Child Safety Tools	2	These were not implemented in the timeframe expected. PA identified that staff skill not sufficient to appropriately implement these. Implementation needs to be monitored.
Weekly Visits	2	Staff seem dedicated to meeting this KPI. Unsure of the content of the visit.
Supervision Quality	1	Inconsistent supervision has picked up a workload so this affected the ability to offer supervision. Quality is questionable – provider asked to cover core programme components in supervision. Needs to be monitored over the next month. Supervisors need to be up skilled.
Delivery of AM/BTL	2	Delivered well and up to or close to threshold. Monitored in supervision. A large focus for the organisation.
Promotion of health and education	2-3	Good relationship with ECE in area.
SOCIAL WORK PRACTISE		
Concerns about safety of practise and response to remedy these concerns	1	Safety issues are not consistently attended to. Child Safety Tools have been left with families which is inappropriate. A worker acknowledged to supervisor that they needed assistance in relation of a child safety issue and this as not followed-up.
CYF APPROVAL		
Governance, Financial or Management issues	2	CYF Approved 24 November 2011. Interaction with Directorate – There was resistance at a Management level to address performance issues – often not prepared to recognise that there are any. Late Feb saw the manager accept the need to improve and meet the expectations of the provider.
		Yes or No
WILLINGNESS/CAPACITY		
Willingness or capacity	No	While recently the organisation has chosen to accept improvements are required in

		<p>order to deliver the basics of the Family Start programme, this is too late to make demonstrate that they can do this. The Directorate has little confidence in the skill of the organisation to meet the increased social work framework for the programme.</p>
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Key Performance Indicator Results (%)

Attached July to January

Contracted Volumes
AM/BTL -- 1 hour each month
Supervision -- 60 mins weekly

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Family Start

Papakura

% of contracted volumes

Report Month (History)	2011/07	2011/08	2011/09	2011/10	2011/11	2011/12	2012/01	Summary
Site								
Family Start Papakura	98.2	100.0	97.3	99.1	100.9	99.1	97.3	98.9
Summary	98.2	100.0	97.3	99.1	100.9	99.1	97.3	98.9

Workers receiving at least 60mins of supervision

Report Month (History)	2011/09	2011/10	2011/11	2011/12	2012/01	Summary
Provider Name						
Family Start Papakura	33.33	66.67	83.33	95.33	57.14	64.76
Summary	33.33	66.67	83.33	95.33	57.14	64.76

% of whanau receiving at least 1 AM hour

Report Month (History)	2011/07	2011/08	2011/09	2011/10	2011/11	2011/12	2012/01	Summary
Site								
Family Start Papakura	80.0%	98.2%	96.3%	94.6%	93.8%	93.7%	85.3%	91.7%
Summary	80.0%	98.2%	96.3%	94.6%	93.8%	93.7%	85.3%	91.7%

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9(2)(a)

Give children the best start in life...

Family Start

Family Start: Practice Advisor Site Visit Record:

9/3/12

B24.

<p>Name of Provider: Papakura Marae Manager: 9(2)(a) Practice Advisor: 9(2)(a) RAF: 9(2)(a)</p>	<p>Location of Provider: Papakura Region: Auckland</p>
<p>Date of Visit: 07/03/12</p>	<p>Staff seen: Two staff were seen for file audits as part of RAF monitoring visit.</p>
<p>1. Review of Service Improvement Plan</p> <p>2. Evidence of progress</p> <p>3. Delivery of support as planned</p> <p>PLEASED UNDEK THE OFFICIAL INFORMATION ACT</p>	
<p>4. Additional activity agreed</p>	
<p>5. Other relevant issues</p>	<ul style="list-style-type: none"> - Initially 5 staff were to be seen for file audits, however only two were available at the time. In viewing staff caseloads, the majority were all low needs with only a small amount as high or medium. Discussions were held with the whanau workers about the need to have a planned exit in place for these families, some could be exited immediately. However there is a real concern that volumes would decrease substantially and

there is still no real strategy of how to remedy this.

The first Whanau Worker 9(2)(a) had a good range of information covered in her SNA, however IFP's require more focus on child centred goals and to be SMART.

9(2)(a)

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Immunisation checklist – Whanau workers do not appear to understand the meaning of G.P. verification or well child verification. Both the workers had ticked the G.P. verification box for immms and well child but had not actually checked this information with the G.P. They appear to just be going on the parents word that this has been completed without cross referencing through other sources.

9(2)(a)

9(2)(a)

When I discussed the child safety tools with her and the need for staff to complete stage 1, not just stage two and three 9(2)(a) stated that she did not like the tools and didn't was not happy about using them and that it was entirely up to me to tell staff what to do with them. I disputed this with her and said that each site needs to take responsibility to ensure these are being utilised by staff and to have active discussions around this.

RAF discussed with 9(2)(a) about volumes and the need to exit low families now and to have a strategy in place re the new referral criteria. It was apparent that 9(2)(a) is not willing to tackle this until the criteria comes out formally.

9(2)(a)

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Family Start: Practice Advisor Site Visit Record:

9/3/12

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<p>Name of Provider: Papakura Marae Manager: 9(2)(a) Practice Advisor: 9(2)(a) RAF: 9(2)(a)</p>	<p>Location of Provider: Papakura Region: Auckland</p>
<p>Date of Visit: 07/03/12</p>	<p>Staff seen: All staff – Presentation of Child Safety Tools workshop</p>
<p>1. Review of Service Improvement Plan</p>	<p>PRELEASED INFORMATION ACT</p>
<p>2. Evidence of progress</p>	<p>PRELEASED INFORMATION ACT</p>
<p>3. Delivery of support as planned</p>	<p>Presentation of Child Safety Tools workshop</p> <ul style="list-style-type: none"> - All staff were present at the workshop and three Turuki staff also attended at 9(2)(a) request due to them not being able attend the previous workshop. - Staff participated well and 9(2)(a) stayed through the majority of the workshop and reiterated parts with me. - After the completion of the workshop 9(2)(a) pulled me aside and asked if her site was regardless as high risk. I said it was and that this should come as no surprise to her given the level of low performance for some time. - 9(2)(a) understood this and said that her staff do want to work towards better outcomes and lift performance, however there seems to be a wait and see approach to the outcome of the contract. I said to 9(2)(a) that as a manager she needs to be showing commitment now and not waiting for the outcome as they still have a contract to serve. I discussed with her about willingness and capacity and the need for strategies to be put in place now. It appeared that 9(2)(a) understood the concerns about her sites performance. 9(2)(a)

9(2)(a)

4. Additional activity agreed

5. Other relevant issues

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B22

Family Start Monitoring Template – October 2011

FAMILY START KPI MONITORING TEMPLATE

Provider Name: Family Start Papakura
Provider Number: 1916
Contract Number: 307366

16 February 2012 for period 1 January 2012 to 31 January 2012
Venue: Papakura marae

Present: 9(2)(a) Regional Advisor Funding, 9(2)(a) Whanau & Social Services Manager, 9(2)(a) FS Supervisor and 9(2)(a) Senior Advisor Ahuru Mowai

General discussion

<p>1. Good news stories</p>	<p><i>Please comment on any good news stories or stories about how the programme made a difference to families / whanau lives.</i></p> <p><i>Last month:</i> 1 FS whanau has completed their 1st year towards their degree in ECE</p> <p>1 FS whanau has completed their 1st year towards their degree in Nursing</p> <p><i>This month:</i></p>
<p>2. Issues and trends in the community</p>	<p><i>What issues or trends have you noticed in the community to date?</i></p> <p><i>Last month:</i> On-going issue with whanau requiring Food Parcels – they are aware of Budgeting Services, yet not willing to engage with them. Appears that whanau are in denial about their financial situation.</p> <p><i>This month:</i></p>
<p>3. Issues and trends with the Family Start programme</p>	<p><i>Are there any further issues identified since my last visit?</i></p> <p><i>Last month:</i> Provider would like to know when staff will receive training for the new Parenting Practices. Training on the child safety tools for staff on the 7th March.</p> <p><i>This month:</i> Provider concerned about exiting low intensity families from the programme that still require support and in particular AM/BTL. The provider is aware that PAFT is available to these families but there are normally waiting lists for this programme.</p> <p>9(2)(a) explained that if AM/BTL is the only component of the FS programme required then families should be exited and given handouts to complete. There should be no need for them to remain</p>

	<p>on the programme if health and social issues have been addressed and AM/BTL is the only component.</p> <p>Provider advised that there is FS Net IT issues with transfers and they are unable to accept from another provider. I spoke to my work colleague and this seems to be a national issue across all providers. The Directorate are aware and trying to fix the problem.</p>
4. Health of the organisation	<p>What is the current health of the organisation? Have there been any changes to the organisation i.e. governance, staffing etc.</p> <p>Last month: 1x PFS WW applied for & was successful in attaining the TP position (starts new role effective as of Feb 2012).</p> <p>New PFS WW assumes new role effective as of Feb 2012.</p> <p>This month:</p>
5. CYF Approval review completed	<p>Refer to latest Approvals report – record when this was completed. Is there anything to follow-up? Record when the next visit due.</p> <p>Last assessment completed 15th September 2011. ID 86540 9(2)(a)</p> <p>9(2)(a)</p>
6. Ahuru Mowai visit	<p>Record the last visit from AM/BTL team – anything to follow-up?</p> <p>Visited completed 16 – 17 February 2012 by 9(2)(a)</p>
7. Review of the financials for Family Start (annually)	<p>30 June 2011 audited accounts received 12/01/12.</p>

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
1. Number and percentage of contracted volumes delivered (Monthly measure) Why? Tracking volumes contracted as well as demand for the service	95%	This month: 97.3% FS-Net Monthly Report Jan 2012 Last month: 99.1% FS-Net Monthly Report Dec 2011	<ol style="list-style-type: none"> Record the number of whanau workers and supervisors. Note if there are any staff changes since last report. The number of incoming referrals in the period: <ul style="list-style-type: none"> Are the key referral agencies engaged? The number of referrals declined: <ul style="list-style-type: none"> Summary of reasons are the reasons reasonable? Are the referral criteria being applied correctly? What is being done to achieve voluntary participation in the programme? The files of longest duration: <ul style="list-style-type: none"> Are these families still actively engaged in the programme? Waiting list numbers to assess demand for the service: <ul style="list-style-type: none"> How long do people wait? Are they referred elsewhere? FS-Net being maintained: <ul style="list-style-type: none"> Eliminate 'unassigned' active cases in FS-Net if not contacted after 6 weeks Leave & training planned to ensure adequate coverage: <ul style="list-style-type: none"> Plan in place to cover unplanned absences 	Provider is achieving well above the new KPI standard. However with the introduction of the new referral criteria to target high need intensity families, PFS will need to develop an exit strategy for low intensity families this could potentially impact volumes if not managed carefully. Meeting KPI no action required.

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>2. Percentage of workers who receive at least one hour of one-on-one supervision by a qualified supervisor each week</p> <p>(Monthly measure)</p> <p>Why?</p> <p>Support the professional practice of those working with vulnerable families.</p> <p>Refer to the Family Start advice note: "Qualified Supervisor" October 2011</p>	95%	<p>This month: 57% FS-Net Monthly Report Jan 2012</p> <p>Last month: 83% FS-Net Monthly Report Dec 2011</p>	<p>The most recent CYF Approvals assessment report should be referenced, and if this has been done recently, avoid duplicating any checks.</p> <p>1. Do supervisors currently meet the "qualified definition"? Note if there are any staff changes since last report</p> <ul style="list-style-type: none"> Sight any plans to achieve qualified status and monitor progress <p>2. Are staff development plans and performance appraisals in place?</p> <p>3. Quality of the supervision (internal):</p> <ul style="list-style-type: none"> Sight supervision schedule and files for frequency of supervision and information that is covered; expect to see a formal note that covers client cases. Sight internal contract between supervisor and whanau worker <p>4. If external supervision is given, sight ledger/invoice and a written agreement - clause 6.3.4 Family Start Manual</p> <p>5. Ensure supervision recorded accurately in FS-Net.</p>	<p>Discussed with provider the significant drop for this month. Provider advised that the following factors contributed towards this standard:</p> <p>Report shows 7 WW's with 4 receiving supervision and 3 didn't. WW 9(2)(a) has left the service and a new WW started 31 January 2012.</p> <p>WW [redacted] was on extended leave therefore missing supervision. 9(2)(a)</p> <p>Action required: Effective planning required anticipating staff leave and organisational commitments.</p>

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>3. Percentage of families who are reviewing and completing their Individual Family Plans (IFPs) at least every three months</p> <p>(Quarterly measure)</p> <p>Why?</p> <p>The IFP is particular to a family and a regular review is required to reflect progress and ensure appropriateness of service provision.</p>	95%	There is no FS Net report for this currently	<p>Review a random selection of client files to ensure that whanau are progressing towards their IFP goals</p> <p>IPF is to include all requirements as laid out in Family Start Manual</p> <ol style="list-style-type: none"> 1. Frequency of review – check dates and review dates? 2. Does IFP reflect progress over last 3 months and links/builds on strengths and needs? 3. Have intensity levels been set by the supervisor? Revised? 4. Have other agencies been consulted to help develop IFP? 5. Quality of goals: Are they SMART? Are they achievable? Likely to strengthen family against child maltreatment? 6. IFP signed by both whanau worker and family? 7. Has the supervisor signed off quarterly review within one week of review completion? 	<p>Information for this KPI should be available in the next quarterly report. FS Net enhancements will allow this information to be captured.</p> <p>The new referral template near sign-off should help identify and increase the number of high intensity families participating in this service.</p> <p>Ensure that regular reviews of IFP's are under taken and goals are consistent among WW and are child focused. A standing item at supervisor sessions with WW's.</p> <p>Action required: Intervention Plan completed by Practice Advisor and proposed work shops in May 2012 to focus on S&N assessments and reinforcing guidelines around IFP's and how to create a SMART plan with families.</p>

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>4. Percentage of active families receiving at least one hour of AM / BTL per month</p> <p>(Monthly measure)</p> <p>Why? Regular delivery of AM/BTL provides some confidence that families are being regularly assessed in these domains.</p>	95%	<p>This month:</p> <p>85.3% FS-Net Monthly Report Jan 2012</p> <p>Last month:</p> <p>93.7% FS-Net Monthly Report Dec 2011</p>	<p>Refer to last Ahuru Mowai report and with AM Advisor – check if any follow up is required? (Avoid duplication)</p> <p>Site random sample of client files FS-Net client notes for AM delivery verifying one hr per month</p> <p><i>All whanau workers have received initial training to deliver AM&BTL</i></p> <ol style="list-style-type: none"> <i>1. All whanau workers have received initial training to deliver AM&BTL</i> <i>2. Supervisors have attended support workshop?</i> <i>3. Sight home visit reports (yellow), completed in a timely manner, dated</i> <i>4. Has an annual AM or exit survey been completed?</i> 	<p>A decrease of 9.7% from the previous month. Staffs leave in the new year a contributing factor.</p> <p>Monitored weekly and a standing item for discussion at supervision sessions with WW's.</p> <p>Files checks indicate KPI being delivered consistently and evidenced by file notes.</p> <p>WW's to ensure information is keyed into FS Net once visits completed.</p> <p>Action required: Effective planning required anticipating staff leave and organisational commitments</p>

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New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>5. Percentage of children 0-3 up-to -date with the developmental milestone checks set out in Ahuru Mōwai / Born to Learn.</p> <p>(Quarterly measure)</p> <p>Why? Adherence to the development milestone checks provides some confidence that children are being regularly assessed in these domains.</p>	95%	There is no FS Net report for this currently	<p>Refer to last Ahuru Mowai report and with AM Advisor – check if any follow up is required? (Avoid duplication)</p> <ol style="list-style-type: none"> 1. Sight milestone checklists are completed and relevant to the age of the child 2. Has the check list been ticked or dated? 	<p>The majority of milestone checklists I sighted during file checks were up to date. They should rate highly in this area once enhancements are made to FS Net.</p> <p>No action required.</p>

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New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>6. Percentage of all new families who remain on the programme for at least 12 months</p> <p>(Monthly measure)</p> <p>Why?</p> <p>Research suggests vulnerable families need to be actively engaged in intensive home-visitation programmes for at least 12 months for the programme to have a positive effect.</p>	80%	<p>This month: 50% FS-Net Monthly Report Jan 2012</p> <p>Last month: 75% FS-Net Monthly Report Dec 2011</p>	<p>Print off the list of cases for each whanau worker – randomly select and;</p> <ol style="list-style-type: none"> 1. Check that the family has received minimum of 1 home visit per month and 1 hour of AM&BTL delivered per month 2. Check that the Strength and Needs assessments are reviewed at least 6 months <p>Discuss reasons why families are leaving within 12 months: 1. Refer to monthly FS-Net stats planned and managed exits). 2. Are proposed exits discussed with Practice Manager? 3. Evaluation process – strengths and needs assessment completed, IFP reviewed and plan put in place upon exiting • Was the exit within the control of the provider? • Is a regular scan done for long periods of non-contact? 4. Is a retention strategy in place? 5. Are families referred elsewhere? (particularly if vulnerable) 6. Transfers: • Have family signed consent? • Has transition been managed between Family Start providers (Sight transfer documentation)?</p>	<p>A decrease of 25% from the previous month.</p> <p>Last months file checks showed a good range of information being captured across all domains and consistent 1 home visit and 1 hour AM&BTL per month.</p> <p>Provider advised that Low to Medium new families exiting unplanned in March this KPI. The reasons these families are leaving within 12 months are due to their transient nature and leaving the area or not committed to the programme and exiting.</p> <p>This appears to be an area that the new Directorate are addressing through the new criteria and referral form. Action required: Ongoing screening of referrals to target high-risk/intensity families and a review and exit of low to medium families to be referred to other services.</p>

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>7. Percentage of children who have their scheduled immunisation(s) during the quarter it came due</p> <p>(Quarterly measure)</p> <p>Why? Promoting immunisation is a key way of improving children's health.</p>	80%	<p>This month:</p> <p>77% FS-Net Quarterly Report 1 Oct to 31 Dec 2011</p> <p>Last month:</p> <p>67% FS-Net Monthly Report 1 July to 30 Sep 2011</p>	<ol style="list-style-type: none"> 1. How do you promote this? 2. Are FS-Net reminders followed? 3. Is information collected at the initial contact phase about child's immunisation status? 4. Is this part of supervision discussions? 5. Refer to monthly FS-net stats/percentages for cannot be determined and Non answered why? 6. Check file for completed immunisation schedule <p>Check that in client notes in FS-Net the discussion has been recorded and noted</p>	<p>Not much change when compared to the previous month and still below the new KPI standard.</p> <p>Action required: Monitoring of immunisation schedules and a standing item at supervision sessions with WW's appear to be working. An increase of 16% from the previous month. Keep up the good work as not far off the new standard.</p>

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>8. Percent of children who have had their scheduled Well Child visit(s) during the quarter that it came due.</p> <p>(Quarterly measure)</p> <p>Why? Gives us some confidence that family health and well-being is being addressed.</p>	80%	<p>This month: 69% FS-Net Quarterly Report 1 Oct to 31 Dec 2011</p> <p>Last month: 46% FS-Net Monthly Report 1 Sept 2011</p>	<ol style="list-style-type: none"> How do you promote this? Are FS-Net reminders followed? Is information collected at the initial contact phase about child's Well Child's visits? Is this part of supervision discussions? Refer to monthly FS-net stats/percentages for cannot be determined and Non answered why? Check file for completed Well Child visits Check that in client notes in FS-Net the discussion has been recorded and noted 	<p>File checks completed showed that well child visits were up to date however in some cases there was no evidence on file which could result in information not being entered into FS Net.</p> <p>Possibly a buddy peer review system where a experienced WWV is paired with a less experienced WWV to ensure schedules and files are up to date and in order.</p> <p>Action required: Monitoring of well child visits ensuring schedules are up to date and a standing item at supervision sessions with WWV does appear to be working. An increase of 25% from the previous month.</p>

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New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>9. Percentage of children 18 months and over enrolled in a licensed Early Childhood Education (ECE) facility</p> <p>(Quarterly measure)</p> <p>Why? ECE has been shown to be beneficial for a child's development</p>	70%	<p>This month: 25% FS-Net Quarterly Report 1 Oct to 31 Dec 2011</p> <p>Last month: 38% FS-Net Quarterly Report (July to Sept 2011)</p>	<p>1. Gather information about how many are on waiting lists or enrolled in alternative education facilities.</p> <p>2. Refer to monthly FS-Net stats percentages for cannot be determined and non answered – why?</p> <p>3. Relationship with ECE's and Family Start awareness?</p>	<p>Provider has a relationship with most early childcare centres in the area i.e. Footsteps. Families are given information when enrolled in the programme and waiting lists are monitored</p> <p>Action required: Families need to be encouraged and aware of the benefits of ECE. What is the current relationship with ECE's and how often are FS services promoted to ECE's?</p>

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Key Performance Indicators for introduction from 1 October 2011

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>10. Percentage of parents who do not use harmful disciplinary practices (Quarterly measure)</p> <p>Why? Measuring the workers proactive approach to identifying safety risks for children and taking action accordingly.</p> <p>Refer to the Family Start Advice Note 'Child Safety Tools' November 2011</p>	75%	Reported in FS-Net	<p>1. Review the implementation plan for the Child Safety Tools</p> <ul style="list-style-type: none"> • Should be a tangible document • Are the tools included within organisation's processes/forms • Are they reflected on every three months <p>2. Confirm that staff have received training in and regular supervision for the use of the Child Safety Tools</p> <ul style="list-style-type: none"> • Evidence that the Supervisor has signed off documentation • Ensure that the FSNet screen is being completed properly (note in place from 1 Dec 2011). <p>3. Confirm covered in case notes</p>	<p>Action required: Development of an Implementation Plan for the Child Safety Tools. Training on child safety tools being delivered on the 7th March.</p>

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>11. Percentage of children assessed as safe from abuse and neglect</p> <p>(Quarterly measure)</p> <p>Why? Measuring the workers proactive approach to identifying safety risks for children and taking action accordingly.</p> <p>Refer to the Family Start Advice Note "Child Safety Tools" November 2011</p>	80%	Reported in FS-Net	As above	Action required: Development of an Implementation Plan for the Child Safety Tools. Training on child safety tools being delivered on the 7 th March.

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New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>12. Percentage of parents who demonstrate positive parent-child interactions</p> <p>(Quarterly measure)</p> <p>Why? Measuring the workers proactive approach to identifying safety risks for children and taking action accordingly.</p> <p>Refer to the Family Start Advice Note "Child Safety Tools" November 2011</p>	80%	Reported in FS-Net	As above	<p>Action required: Development of an Implementation Plan for the Child Safety Tools. Training on child safety tools being delivered on the 7th March.</p>

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New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>13. Percentage of families visited once weekly in the first 6 months</p> <p>(Monthly measure)</p> <p>Why?</p> <p>Frequent home visits in the first three to six months for high needs families are critical for building a strong connection and are a key to good needs assessments and achieving successful outcomes.</p> <p>Refer to the Family Start Advice Note "Weekly Home Visits" September 2011</p>	N/A	<p>This month:</p> <p>80% FS-Net Monthly Report Dec 2011</p> <p>Last month:</p> <p>71.4% ES-Net Monthly Report Nov 2011</p>	<p>1. Review those families to determine:</p> <ul style="list-style-type: none"> If not meeting standard, were there attempted visits If not high need, should visiting be reduced Discussion on targeting correct "high need" referrals <p>2. Evidence that the weekly visit was with the definition of a "home visit"</p> <ul style="list-style-type: none"> Child seen Child's residence or if out, child focused Primary Carer to be seen every time Family members involved in child's care to be seen 	<p>File checks showed that families were only receiving weekly visits in the first 3 months and then monthly thereafter.</p> <p>The reason for this is that these are very few high intensity families in VWV's current case loads. This would explain the drop-off of weekly visits and indicate that there will need to be an exiting of families who do not meet the FS referral criteria. There would need to be a strategy targeting high need families.</p> <p>Action required: A strategy to target more high intensity families a lead of the new referral form and a review of exit of low to medium families.</p>

Summary of improvements/actions Identified in last monitoring/support visit:

Agreed Actions	By Whom	By When	Completed/Update

Summary of improvements/actions Identified in this monitoring/support visit:

Agreed Actions	By Whom	By When
Refer to FS Service Improvement Plan detailed below with actions and dates		

Overall Comments:

Sign-off:

Report prepared by 9/27/17

Provider has sighted content: (Record name and date – attach email showing agreed or additional comments)

Copy sent to provider on:

Copy sent to Practice Advisor and Approvals Assessor on:

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9(2)(a)

8/2/12

B20

Giving children the best start in life...

Family Start

Family Start: Service Improvement Plan

Name of Provider: Papakura Marae

Location of Provider: Papakura

Region: Auckland

Manager: 9(2)(a)

Practice Advisor: 9(2)(a)

RAF: 9(2)(a)

Plan needs to consider all KPIs and explore performance and good practice behind these. Consider 'good news', progress and strengths and also focus on areas where performance or RAF monitoring have identified difficulties. Prioritise the biggest challenges.

Particular attention is required in the areas relating to:
Child safety, supervision, assessment and planning, engaging hard to reach whanau, delivery of activity e.g. weekly visits, relationships with other agencies.

Additional 'Advice Notes' will become available to set standards to assist with this process and guide expectations. Current Advice notes will be used to support standards and unify practice.

Proportion of time spent at each site will have an emphasis on input – advice, support, and guidance.

RAF's role is centrally one of monitoring and Practice Advisors is one of delivering active support and building on change and improvement. The roles are complementary and will naturally overlap in some instances.

Plans will be discussed and agreed with the Site Manager – input may be with Supervisors and/or practitioners. Audit of files and discussion with practitioners will be needed to explore and evidence progress as will possible discussion with whanau using the service.

Brief summary of practice strengths:

- High level of AM/BTL delivery with families once per month and is a standard monitoring item in supervision. This includes up to date milestone checklists
- Monthly parent group held where BTL is delivered
- Maintaining high level of contracted volumes
- Established links with community providers and referrers

IFP

Brief summary of practice requiring attention

- IFP's not always child focussed and need to be linked with the Strengths and Needs assessment
- Consistency required with SMART planning when goal setting with families.
- Staff require further support with the Child Safety tools and clarification with questions. One staff member reported a lack of confidence in ascertaining the information and having difficult conversations with families.
- Ensuring Immunisations and well child checks to be captured and updated in FS net and is for regular discussion in supervision.
- ECE to be actively promoted with families.
- A planned approach to ensure community providers and referrers are aware of the new referral criteria and that the targeting of high needs families are now a priority
- A strategy for exiting low needs families over time

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Current judgement on level of support required. This will assist Practice Advisors in determining how much time needs to be allocated. Low would indicate need for no more than contact every 2 months. Medium monthly contact and high requires contact twice a month.

Desired Outcomes (Ensure SMART Action)	Who	When	Review date: Enter evidence of progress or add actions as required	Achieved Signed off
All staff are confident in utilising the child safety and parenting tools and can competently assess and describe risk followed by a clear safety plan	Practice Advisor/ Supervisor	By end of Mar 2012		
A workshop will be undertaken with staff focussing on analysis of questions, conversation skills, and development of safety plans. Reinforcing paramountcy of child safety.				

<p>Strengths and needs assessments provide good analysis and a clear sense of the families situation, both past and present. In addition,</p>	<p>Identify support systems (5 pairs of eyes on child) Information sharing between FS and other professionals. Support groups. Encourage families involvement in positive groups, i.e. coffee/parenting groups</p>	<p>Workshop focusing on 'really great assessment' template and assessment examples.</p>	<p>Practice Advisor</p>	<p>By end of Mar 2012</p>
<p>All IFP's are linked to the Strengths and Needs assessments and that staff understand SMART planning goals.</p>	<p>Workshop to be in conjunction with Strengths and Needs assessment. This will include reinforcing best practice guidelines around IFP's and how to create a SMART plan with families.</p>	<p>By end of Mar 2012</p>		

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<p>67% Staff to receive regular supervision and that supervision is planned so that this is able to be captured from FS net for the month</p>	<p>Plan effectively to anticipate staff leave and organisational commitments. Where possible plan supervision where the end and start of the month do not fall on the same week so that this can be captured correctly in FS net</p>	<p>Supervisors/ Manager, Whanau Workers</p>	<p>Immediate and ongoing with review end of March</p>	
<p>22% An increase in the number of families remaining on the FS programme for at least 12 months</p>	<p>Using the initial consent process to be honest and up front with families about the service and the level of commitment required from them. Provide evidence to families of the benefits of FS. Provide incentives to families, i.e. celebrations of achievements during the programme. Promote other activities that are occurring on the</p>	<p>All staff</p>	<p>Immediate and ongoing with review end of Mar</p>	

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<p>44% Increase the number of children with up to date well child checks.</p>	<p>maarae.</p> <p>Utilise Tamariki Ora nurse. Standard weekly item during supervision to monitor due dates. Consider buddy/peer review system to coach and mentor less experienced staff to ensure files up to date.</p>	<p>All staff</p>	<p>Immediate and ongoing with review end of Mar 2012</p>	
<p>60.94% Increase the number of children who have their scheduled immunisations during the quarter it came due</p>	<p>Regular discussion and monitoring in supervision. Use of promotional material and resources to promote benefits. Ensure parents views are recorded when they are making an informed choice not to immunise.</p>	<p>All staff</p>	<p>Immediate and ongoing with review end of Mar 2012</p>	
<p>Planned strategy to ensure referrers and local</p>	<p>Meetings to occur with key</p>	<p>All staff</p>	<p>Immediate and</p>	

<p>agencies are aware of new referral criteria</p>	<p>referrers. Consider breakfast meeting to disseminate information. Whanau workers to plan exits for those low needs families and begin immediately targeting high needs families</p>		<p>ongoing</p>	
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Use as many pages as required as continuation

9(2)(a)

Signed: Manager

Signed off Practice Lead

date: 24.01.12

date: 17.11.11

Practice Advisor: date:

Signature copied and sent to RAF

9(2)(a)

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Giving children the best start in life...

Family Start

9(2)(a)

Family Start: Practice Advisor Site Visit Record:

29/2/12
B19

<p>Name of Provider: Papakura Marae Manager: 9(2)(a) Practice Advisor: 9(2)(a) RAF: 9(2)(a)</p>	<p>Location of Provider: Papakura Region: Auckland</p>
<p>Date of Visit: 24/1/12</p>	<p>Staff seen: 9(2)(a)</p>
<p>1. Review of Service Improvement Plan</p>	<p>- Plan agreed to and signed off by 9(2)(a) Review to be completed in next visit with RAF.</p>
<p>2. Evidence of progress</p>	<p></p>
<p>3. Delivery of support as planned</p>	<p></p>
<p>4. Additional activity agreed</p>	<p></p>
<p>5. Other relevant issues</p>	<p>- Feedback that staff are becoming more comfortable with the child safety tools and are completing these. Discussed that this is still an area of focus and a date has been agreed Wed 7th March, for me to complete training with staff. I talked about the development of workshops for training for assessments and IFP's and that this could be delivered following the next</p>

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RAF audit. This will give a better idea of where the gaps are and also how well staff are understanding and completing the CST.

- Discussed levels of supervision recording as this is an area of concern. 9(2)(a) decided that they would not change the days when this occurred and understood that if a whanau worker was away this can be counted as if the whanau worker was there. Although this is the case, I intend to inquire whether or not an audit of supervision files can be completed to verify consistency. I reiterated to 9(2)(a) that this is an area that really requires further attention and is an ongoing issue that will require further discussion in the next RAF report

- Immunisations and well child stats slightly increased. A lot of the families utilise the marae health clinic and this is a platform for whanau workers to encourage and promote these checks. Although there has been a slight increase in KPI's in this area, neither 9(2)(a) nor 9(2)(a) could provide any evidence as to what staff were doing to ensure this increase.

- Referral criteria reiterated. 9(2)(a) felt that once the criteria is officially given they would then be more comfortable in meeting with providers. 9(2)(a) and 9(2)(a) are aware that the focus now is for high needs families. Next file audit will be checking to see whether there are any exit plans for low needs families.

9(2)(a), 9(2)(g)(i)

- It will be helpful in the next RAF audit to meet with 9(2)(a) (supervisor) to ascertain what level of support she might need assist her and to work with her on the SIP.

RELEASES
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FAMILY START KPI MONITORING TEMPLATE

Provider Name: Family Start Papakura
 Provider Number: 1916
 Contract Number: 307366

12 January 2012 for period 1 December 2011 to 31 December 2011
 Venue: Papakura marae

Present: 9(2)(a) Regional Advisor Funding, 9(2)(a) Whanau & Social Services Manager,

General discussion

<p>1. Good news stories</p>	<p>Please comment on any good news stories or stories about how the programme made a difference to families / whanau lives.</p> <p>Last month: 12 Family Start families graduated AM/BTL and a good news article was published in the Papakura Courier.</p> <p>This month: 1 FS whanau has completed their 1st year towards their degree in ECE 1 FS whanau has completed their 1st year towards their degree in Nursing</p>
<p>2. Issues and trends in the community</p>	<p>What issues or trends have you noticed in the community to date?</p> <p>Last month: Provider advised that families from FVIARS are not aware that they have been referred and when contacted by the provider they are less likely to engage with the service. Papakura Marae in discussion with FVIARS to try and resolve this issue.</p> <p>This month: On-going issue with whanau requiring Food Parcels – they are aware of Budgeting Services, yet not willing to engage with them. Appears that whanau are in denial about their financial situation.</p>
<p>3. Issues and trends with the Family Start programme</p>	<p>Are there any further issues identified since my last visit?</p> <p>Last month:</p> <ul style="list-style-type: none"> • Provider is concerned that when the new referral form and criteria being introduced in February next year could impact on their volumes. • Provider advised that monthly stats for December 2011 and January 2012 will be affected as they are

	<p>closed for the holidays from the 23/12/11 to 09/01/12.</p> <p>This month: Provider would like to know when staff will receive training for the new Parenting Practices. Training on the child safety tools for staff on the 7th March.</p>
4. Health of the organisation	<p>What is the current health of the organisation? Have there been any changes to the organisation i.e. governance, staffing etc.</p> <p>Last month: There have been no staffing or governance changes.</p> <p>This month: 1x PFS WW applied for & was successful in attaining the TP position (starts new role effective as of Feb 2012). New PFS WW assumes new role effective as of Feb 2012.</p>
5. CYF Approval review completed	<p>Refer to latest Approvals report – record when this was completed. Is there anything to follow-up? Record when the next visit due.</p> <p>Last assessment completed 15th September 2011. ID 86540 9(2)(a) 9(2)(a)</p>
6. Ahuru Mowai visit	<p>Record the last visit from AM/BTL team – anything to follow-up?</p> <p>Monitoring visit completed 22 – 24 February 2011 by 9(2)(a)</p> <p>Next visit due 16 – 17 February 2012 by 9(2)(a)</p>
7. Review of the financials for Family Start (annually)	<p>30 June 2011 audited accounts received 12/01/12.</p>

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>1. Number and percentage of contracted volumes delivered (Monthly measure)</p> <p>Why? Tracking volumes contracted as well as demand for the service</p>	95%	<p>This month: 99.1% FS-Net Monthly Report Dec 2011</p> <p>Last month: 100.9% FS-Net Monthly Report Nov 2011</p>	<p>1. Record the number of whanau workers and supervisors. Note if there are any staff changes since last report.</p> <p>2. The number of incoming referrals in the period:</p> <ul style="list-style-type: none"> Are the key referral agencies engaged? <p>3. The number of referrals declined:</p> <ul style="list-style-type: none"> Summary of reasons are the reasons reasonable? Are the referral criteria being applied correctly? What is being done to achieve voluntary participation in the programme? The files of longest duration: Are these families still actively engaged in the programme? Waiting list numbers to assess demand for the service: How long do people wait? Are they referred elsewhere? <p>6. FS-Net being maintained:</p> <ul style="list-style-type: none"> Eliminate 'unassigned' active cases in FS-Net if not contacted after 6 weeks <p>7. Leave & training planned to ensure adequate coverage:</p> <ul style="list-style-type: none"> Plan in place to cover unplanned absences 	<p>Provider is achieving well above the new KPI standard. However with the introduction of the new referral criteria to target high need intensity families, PFS will need to develop an exit strategy for low intensity families this could potentially impact volumes if not managed carefully.</p>

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>2. Percentage of workers who receive at least one hour of one-on-one supervision by a qualified supervisor each week (Monthly measure)</p> <p>Why? Support the professional practice of those working with vulnerable families. Refer to the Family Start advice note: "Qualified Supervisor" October 2011.</p>	95%	<p>This month: 83% FS-Net Monthly Report Dec 2011</p> <p>Last month: 89.33% FS-Net Monthly Report Nov 2011</p>	<p>The most recent CYF Approvals assessment report should be referenced, and if this has been done recently, avoid duplicating any checks.</p> <p>1. Do supervisors currently meet the "qualified definition"? Note if there are any staff changes since last report</p> <ul style="list-style-type: none"> Sight any plans to achieve qualified status and monitor progress <p>2. Are staff development plans and performance appraisals in place?</p> <p>3. Quality of the supervision (internal):</p> <ul style="list-style-type: none"> Sight supervisor schedule and files for frequency of supervision and information that is covered; expect to see a formal note that covers client cases. <p>4. Sight internal contract between supervisor and whanau worker</p> <p>5. If external supervision is given, sight ledger/invoice and a written agreement - clause 6.3.4 Family Start Manual</p> <p>6. Ensure supervision recorded accurately in FS-Net.</p>	<p>Provider has made another significant gain this month with a 16% increase in supervision.</p> <p>Action required: Percentage the same as last month with little progress made towards achieving this KPI. Quality supervision is vital management and the supervisor to ensure staff have completed weekly supervision this will require a greater expectation on staff and a significant improvement to performance required.</p> <p>How effective is supervision? Monthly stats show little progress being made in performance. Staff performance plans will need to be monitored closely.</p>

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>3. Percentage of families who are reviewing and completing their Individual Family Plans (IFPs) at least every three months</p> <p>(Quarterly measure)</p> <p>Why? The IFP is particular to a family and a regular review is required to reflect progress and ensure appropriateness of service provision.</p>	95%	There is no FS Net report for this currently	<p>Review a random selection of client files to ensure that whanau are progressing towards their IFP goals</p> <p>IPF is to include all requirements as laid out in Family Start Manual</p> <p>1. Frequency of review – check dates and review dates?</p> <p>2. Does IFP reflect progress over last 3 months and links/buils on strengths and needs?</p> <p>3. Have intensity levels been set by the supervisor? Revised?</p> <p>4. Have other agencies been consulted in relation to developing IFP?</p> <p>5. Quality of goals. Are they SMART, child focused, achievable? Likely to strengthen family against child maltreatment?</p> <p>6. IFP signed by both whanau worker and family?</p> <p>7. Has the supervisor signed off quarterly review within one week of review completion?</p>	<p>Information for this KPI should be available in the next quarterly report. FS Net enhancements will allow this information to be captured.</p> <p>The new referral template being developed should help identify and increase the number of high intensity families participating in this service.</p> <p>Action required: Ensure that regular reviews of IFP's are undertaken and ensuring goals are consistent among WW and are child focused. A standing item at supervision sessions with WW's.</p>

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>4. Percentage of active families receiving at least one hour of AM / BTL per month</p> <p>(Monthly measure)</p> <p>Why? Regular delivery of AM/BTL provides some confidence that families are being regularly assessed in these domains.</p>	95%	<p><i>This month:</i></p> <p>93.7% FS-Net Monthly Report Dec 2011</p> <p><i>Last month:</i></p> <p>93.8% FS-Net Monthly Report Nov 2011</p>	<p>Refer to last Ahuru Mowai report and with AM Advisor – check if any follow up is required (Avoid duplication)</p> <p>Site random sample of client files FS-Net client notes for AM delivery verifying one hr per month</p> <p><i>All whanau workers have received initial training to deliver AM&BTL</i></p> <p><i>Supervisors have attended support workshop?</i></p> <p><i>Sight done visit record sheets (Yellow), completed in a timely manner, dated</i></p> <p><i>Has an annual AM or exit survey been completed?</i></p>	<p>A slight decrease of 0.8% this month and is under the new KPI standard.</p> <p>Monitored weekly and a standing item for discussion at supervision sessions with WW's.</p> <p>Files checks indicate KPI being delivered consistently and evidenced by file notes.</p> <p>Action required – WW's to ensure information is keyed into FS-Net once visit completed. A standing item at supervision sessions with WW's.</p>

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New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>5. Percentage of children 0-3 up-to -date with the developmental milestone checks set out in Ahuru Mōwai / Born to Learn.</p> <p>(Quarterly measure)</p> <p>Why? Adherence to the development milestone checks provides some confidence that children are being regularly assessed in these domains.</p>	95%	There is no FS Net report for this currently	<p>Refer to last Ahuru Mōwai report and with AM Advisor – check if any follow up is required? (Avoid duplication)</p> <p>1. Sight milestone checklists are completed and relevant to the age of the child</p> <p>2. Has the check list been ticked or dated?</p>	<p>The majority of milestone checklists I sighted during file checks were up to date. They should rate highly in this area once enhancements are made to FS Net.</p> <p>No action required.</p>

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New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>6. Percentage of all new families who remain on the programme for at least 12 months</p> <p>(Monthly measure)</p> <p>Why?</p> <p>Research suggests vulnerable families need to be actively engaged in intensive home-visitation programmes for at least 12 months for the programme to have a positive effect</p>	80%	<p>This month: 75% FS-Net Monthly Report Dec 2011</p> <p>Last month: 38% FS-Net Monthly Report Nov 2011</p>	<p>Print off the list of cases for each whanau worker – randomly select and;</p> <ol style="list-style-type: none"> 1. Check that the family has received minimum of 1 home visit per month and 1 hour of AM&BTL delivered per month 2. Check that the Strength and Needs assessments are reviewed at least 6 months <p>Discuss reasons why families are leaving within 12 months: (Refer to monthly FS-Net stats planned and unplanned exits). 3. Are proposed exits discussed with Practice Manager? 4. Graduation process – strengths and needs assessment completed, IFP reviewed and plan put in place upon exiting • Was the exit within the control of the provider? • Is a regular scan done for long periods of non-contact? 4. Is a retention strategy in place? 5. Are families referred elsewhere? (particularly if vulnerable) 6. Transfers: • Have family signed consent? • Has transition been managed between Family Start providers (Sight transfer documentation)?</p>	<p>There has been an increase of 15.28% from the previous month but still well below the new standard.</p> <p>Last months file checks showed a good range of information being captured across all domains and consistent 1 home visit and 1 hour AM&BTL per month.</p> <p>Provider advised that Low to Medium new families exiting explained impact on this KPI. The reasons these families are leaving within 12 months are due to their transient nature and leaving the area or not committed to the programme and exiting.</p> <p>This appears to be an area that the new Directorate are addressing through the new criteria and referral form. Action required: Ongoing screening of referrals to target high need intensity families and a review and exit of low to medium families to be referred to other services. The Directorate acknowledge that information captured by FS net is not entirely accurate and correct.</p>

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>7. Percentage of children who have their scheduled immunisation(s) during the quarter it came due</p> <p>(Quarterly measure)</p> <p>Why? Promoting immunisation is a key way of improving children's health.</p>	80%	<p>This month:</p> <p>77% FS-Net Quarterly Report 1 Oct to 31 Dec 2011</p> <p>Last month: 67% FS-Net Monthly Report 1 July to 30 Sep 2011</p>	<p>1. How do you promote this?</p> <p>2. Are FS-Net reminders followed?</p> <p>3. Is information collected at the initial contact phase about child's immunisation status?</p> <p>4. Is this part of supervision discussions?</p> <p>5. Refer to monthly FS-net stats/percentages for cannot be determined and Non answered why?</p> <p>6. Check file for completed immunisation schedule</p> <p>7. Check that in client notes in FS-Net the discussion has been recorded and noted</p>	<p>Not much change when compared to the previous month and still below the new KPI standard.</p> <p>Action required: Weekly monitoring of immunisation schedules and a standing item at supervision sessions with WNV's appear to be working. An increase of 16% from the previous month.</p>

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New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>8. Percent of children who have had their scheduled Well Child visit(s) during the quarter that it came due.</p> <p>(Quarterly measure)</p> <p>Why? Gives us some confidence that family health and well-being is being addressed.</p>	80%	<p>This month: 69% FS-Net Quarterly Report 1 Oct to 31 Dec 2011</p> <p>Last month: 44% FS-Net Monthly Report Sept 2011</p>	<ol style="list-style-type: none"> How do you promote this? Are FS-Net reminders followed? Is information collected at the initial contact phase about child's Well Child's visits? Is this part of supervision discussions? Refer to monthly FS-net stats/percentages for cannot be determined and Non answered why? Check file for completed Well Child visits Check that in client notes in FS-Net the discussion has been recorded and noted 	<p>File checks completed showed that well child visits were up to date however in some cases there was no evidence on file which could result in information not being entered into FS Net.</p> <p>Possibly a buddy peer review system where a experienced WW is paired with a less experienced WW to ensure schedules and files are up to date and in order. Action required. Weekly monitoring of well child visits ensuring schedules are up to date and a standing item at supervision sessions with WW does appear to be working. An increase of 25% from the previous month.</p>

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New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>9. Percentage of children 18 months and over enrolled in a licensed Early Childhood Education (ECE) facility</p> <p>(Quarterly measure)</p> <p>Why? ECE has been shown to be beneficial for a child's development</p>	70%	<p>This month: 25% FS-Net Quarterly Report 1 Oct to 31 Dec 2011</p> <p>Last month: 38% FS-Net Quarterly Report 1 (July to Sept 2011)</p>	<p>1. Gather information about how many are on waiting lists or enrolled in alternative education facilities.</p> <p>2. Refer to monthly FS-Net stats percentages for cannot be determined and non answered – why?</p> <p>3. Relationship with ECE's and Family Start awareness?</p>	<p>Provider has a relationship with most early childcare centres in the area i.e. Footsteps. Families are given information when enrolled in the programme and waiting lists are monitored</p> <p>Action required- Families need to be encouraged and aware of the benefits of ECE. Waiting lists are monitored on a regular basis.</p>

Key Performance Indicators for introduction from 1 October 2011

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>10. Percentage of parents who do not use harmful disciplinary practices (Quarterly measure)</p> <p>Why? Measuring the workers proactive approach to identifying safety risks for children and taking action accordingly.</p> <p>Refer to the Family Start Advice Note 'Child Safety Tools' November 2011</p>	75%	Reported in FS-Net	<p>1. Review the implementation plan for the Child Safety Tools</p> <ul style="list-style-type: none"> Should be a tangible document Are the tools included within organisation's processes/forms Are they reflected on every three months <p>2. Confirm that staff have received training in and regular supervision for the use of the Child Safety Tools</p> <ul style="list-style-type: none"> Evidence that the Supervisor has signed off documentation Ensure that the FSNet screen is being completed properly (note in place from 1 Dec 2011). <p>3. Confirm covered in case notes</p>	<p>Action required: Development of an Implementation Plan for the Child Safety Tools Training on child safety tools being delivered on the 1st March.</p>

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>11. Percentage of children assessed as safe from abuse and neglect</p> <p>(Quarterly measure)</p> <p>Why? Measuring the workers proactive approach to identifying safety risks for children and taking action accordingly.</p> <p>Refer to the Family Start Advice Note "Child Safety Tools" November 2011</p>	80%	Reported in FS-Net	As above	Action required: Development of an Implementation Plan for the Child Safety Tools. Training on child safety tools being delivered on the 7 th March.

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New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>12. Percentage of parents who demonstrate positive parent-child interactions</p> <p>(Quarterly measure)</p> <p>Why? Measuring the workers proactive approach to identifying safety risks for children and taking action accordingly.</p> <p>Refer to the Family Safety Advice Note "Child Safety Tools" November 2014</p>	80%	Reported in FS-Net	As above	<p>Action required: Development of an Implementation Plan for the Child Safety Tools. Training on child safety tools being delivered on the 7th March.</p>

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New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>13. Percentage of families visited once weekly in the first 6 months</p> <p>(Monthly measure)</p> <p>Why?</p> <p>Frequent home visits in the first three to six months for high needs families are critical for building a strong connection and are a key to good needs assessments and achieving successful outcomes.</p> <p>Refer to the Family Start Advice Note "Weekly Home Visits" September 2011</p>	N/A	<p>This month:</p> <p>80% FS-Net Monthly Report Dec 2011</p> <p>Last month:</p> <p>77.4% FS-Net Monthly Report Nov 2011</p>	<p>1. Review those families to determine:</p> <ul style="list-style-type: none"> If not meeting standard, were there attempted visits If not high need, should visiting be reduced Discussion on targeting correct "high need" referrals <p>2. Evidence that the weekly visit was within the definition of a "home visit"</p> <ul style="list-style-type: none"> Child seen Child's residence or it-out, child focused Primary Carer to be seen every time Family members involved in child's care to be seen 	<p>File checks showed that families were only receiving weekly visits in the first 3 months and then monthly thereafter.</p> <p>The reason for this is that these are very few high intensity families in WW's current case loads. This would explain the drop-off of weekly visits and indicate that there will need to be an exiting of families who do not meet the FS referral criteria. There would need to be a strategy targeting high need families.</p> <p>Action required: A strategy to target more high intensity families ahead of the new referral form and a review and exit of low to medium families.</p>

Summary of improvements/actions Identified in last monitoring/support visit:

Agreed Actions	By Whom	By When	Completed/Update

Summary of improvements/actions Identified in this monitoring/support visit:

Agreed Actions	By Whom	By When
Papakura FS and Practice Advisor to meet and formulate an Improvement Plan.	9(2)(a) Practice Advisor and WW's.	December 2011

Overall Comments:

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Sign-off:
 Report prepared by: 9(2)(a)

Provider has sighted content: (Record name and date – attach email showing agreed or additional comments)

Copy sent to provider on:
 Copy sent to Practice Advisor and Approvals Assessor on:

Family Start Monitoring Visit File Check Template	
Visit Date: 12 th January 2012	RAF: 9(2)(a)
Provider Name: Papakura Marae Family Start	
Monitoring Period Covered: 1 Dec 2011 to 31 Dec 2011	

File Number	3384	3258	3027	3367
Whanau Worker	9(2)(a)			

1. REFERRALS (Related KPI – Contract Volumes, referral criteria met)

Date of referral?	11/07/11	n/a	30/09/10	05/12/08	14/06/11
How old was child at date of referral?	Unborn	n/a	9 months	2 months	6 months
Where did the referral come from?	Transfer from Turuki Health Care	n/a	Self referral	Tamariki Ora	Plunket Nurse
Does the child/whanau met the 'high needs' criteria?	High than reduced to Medium after S&N	n/a	Medium	Medium	High than reduced to Medium after S&N

Comments per file:	
File Numbers	
3384	Consent form to participate held on file and signed by both parties, Referral has been acknowledged and letter sent.
3258	Consent form to participate held on file and signed by both parties, Referral has been acknowledged and letter sent.
3027	Consent form to participate held on file and signed by both parties, Referral has been acknowledged and letter sent.
3367	Consent form to participate held on file and signed by both parties, Referral has been acknowledged and letter sent.

2. STRENGTHS AND NEEDS ASSESSMENTS / HOME VISIT FREQUENCY

Was the 1 st assessment completed within 6 weeks of the	Yes	n/a	Yes	No	Yes
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¹ The date made active is the date a whanau worker was assigned (not Key Contact). It happens after acceptance of the family.

family being made active? ^{1 2}					
Have subsequent assessments been completed within the 6 monthly periods?	n/a	n/a	Yes	Yes	Not due until Feb 12
Has the supervisor signed off the assessment?	Yes	n/a	Yes	Yes	Yes
What does the assessment look like? Across the five domains has the whanau worker captured a good range of information?	Good range of info	n/a	Good range of info	Good range of info	Good range of info
Has there been an assessment of the child's safety as a result of the domain work? (Manual pages 58-61)	Yes	n/a	Yes	Yes	Yes
Have all whanau in their first year of engagement received weekly home visits?	Fortnightly visits	n/a	Monthly visits	Monthly visits	Yes, initially weekly then reduced to fortnightly

Comments per file:	
File Numbers	
3384	Good range of information captured
3258	Good range of information captured
3027	Initial Assessment was completed on the 2 nd Sept and the S&N completed 27 th April 09. Language was a barrier preventing weekly visits which required the services of a paid translator.
3367	6 week timeframe achieved and a good range of information captured about the clients past.

3. INDIVIDUAL FAMILY PLANS REVIEWED AT LEAST EVERY THREE MONTHS?					
Was the 1 st IFP completed within the required timeframe? (one month of S&N Assessment)	Yes, 09/09/11	n/a	Yes 11/10	05/10	No completed 05/12/11
Are the child's needs reflected in the IFP?	Yes	n/a	Yes	Yes	Yes
Has the IFP been signed by whanau and worker?	Yes	n/a	Yes	Yes	Yes
Are the family goals consistent with the Family Start goals? i.e. child centred prevention of abuse & neglect?	Yes	n/a	Yes	Yes	Yes
Do the IFP's include SMART objectives?	Yes	n/a	Yes	Yes	Yes
Have reviews of the IFP taken place quarterly? 1 - reflecting progress over last 3 months, and the link between assessments and IFPs	n/a	n/a	Yes	Yes	No
2 - assessment of progress made by whanau and goals achieved	n/a	n/a	Yes	Yes	No

² This question is not applicable if the family has been on the programme for more than 12 months

3 - an amended plan setting the goals for the next 3 months and does it reflect needs of the child	n/a	n/a	In the process	Yes	No
Has the supervisor signed off the quarterly reviews within a week of the review's completion?	n/a	n/a	Yes	Yes	N/a

Comments per file:	
File Numbers	
3384	IFP goals are very child focused and achievable. Quarterly reviews completed in time and signed off by the Supervisor
3258	IFP goals consistent with FS goals and linked to S&N
3027	IFP goals consistent with FS goals and linked to S&N
3367	

4. AM & BTL					
Does the file reflect that the family has received at least one hour of AM/BTL per month? Is there a case note or Home Visit Record entry for each AM/BTL session?	Yes	n/a	Yes	Yes	Yes

Comments per file:	
File Numbers	
3384	Home Visit Record shows regular one sessions of AMBTL per month.
3258	Home Visit Record shows regular one sessions of AMBTL per month.
3027	Home Visit Record shows regular one sessions of AMBTL per month.
3367	Home Visit Record shows regular one sessions of AMBTL per month.

5. AM/BTL DEVELOPMENTAL MILESTONE CHECKS					
the child (if aged 0 to 3 years) up to date with developmental milestone checks?	Yes	n/a	Yes	Yes	Yes

Comments per file:	
File Numbers	
3384	Schedule held on file and up to date
3258	Schedule held on file although some milestones require follow-up
3027	Schedule held on file and up to date
3367	Schedule held on file and up to date

6. RETENTION OF FAMILIES (all files checked were recent referrals)

Did this family remain engaged in the programme for at least 12 months?	Yes	n/a	Yes	No	Yes
If exited, what was the reason for early exit?	n/a	n/a	n/a	n/a	n/a
If exited, was this referral suitable/appropriate?	n/a	n/a	n/a	n/a	n/a
Is there evidence on file of a retention strategy for this family?	n/a	n/a	n/a	n/a	no

Comments per file:	
File Numbers	
3384	Whanau comfortable with the programme which has given them the ability to address their social needs. A good relationship with WW has helped them to achieve goals and longevity on the programme.
3258	
3027	
3367	

7. IMMUNISATIONS					
Is there an Immunisation Schedule on file?	Yes	n/a	No printout from FS Net	No printout from FS Net	Yes
Is the Immunisation Schedule up to date? (Is there an immunisation due in the relevant quarter?)	Yes	n/a	Yes	Yes	Yes
Is their evidence in case notes that immunisation has been discussed? (at I C Assessment and other HV)	Yes	n/a	Yes	Yes	Yes

Comments per file:	
File Numbers	
3384	Schedule held on file and up to date.
3258	Held on FS Net
3027	Held on FS Net
3367	No hard copy on file apparently a change made by management as already held in FS Net

8. WELL CHILD VISITS					
Is there evidence on file of completed Well Child visits?	Yes	n/a	No printout from FS Net	No printout from FS Net	Yes

Is there evidence in case notes that Well Child has been discussed?	Yes	n/a	Yes	Yes	Yes
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Comments per file:	
File Numbers	
3384	Schedule held on file and up to date.
3258	Held on FS Net
3027	Held on FS Net
3367	No hard copy on file change made by management as already held in FS Net

9. EARLY CHILDHOOD EDUCATION					
Is there evidence on file that the child is engaged in ECE?	No	n/a	No	No	No

Comments per file:	
File Numbers	
3384	To early to discuss child only 4 months.
3258	Discussed with MOC to attend FS Parenting Group, issues with transport and language barrier
3027	To be enrolled in Kids Count
3367	Mum not ready to enrol baby as baby too young

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Giving children the best start in life...

Family Start

Family Start: Practice Advisor Site Visit Record:

9(2)(a)

29/12/12

B17

Name of Provider: Papakura Marae Manager: 9(2)(a) Practice Advisor: 9(2)(a) RAF: 9(2)(a)	Location of Provider: Papakura Region: Auckland
Date of Visit: 19/12 11	Staff seen: All staff
1. Review of Service Improvement Plan	RELEASED UNDER THE ACT OFFICIAL INFORMATION
2. Evidence of progress	
3. Delivery of support as planned	
4. Additional activity agreed	
5. Other relevant issues	
	<ul style="list-style-type: none">- The purpose of this visit was to meet with all staff to formulate the site service improvement plan following on from what 9(2)(a) had already discussed with the team. Reinforced the following:- IFP's – these are not all being signed off by the supervisor and being reviewed quarterly on time. Must be linked to the strengths and needs assessment and discussion in supervision before sign off. Ensure goals are

SMART.

- Child Safety tools – One staff member who is not a qualified social worker expressed a lack of confidence and knowledge around exploring issues of risk. It appears that this is an area that staff will require further support and monitoring as to how these tools are being applied, particularly in relation to the definition of the questions and interpreting these appropriately.
 - Preparing for new referral criteria and a strategy on retaining families. Suggestion that breakfast meeting occur with all providers to advise them of referral changes. Alerted staff that they must already be giving a general statement as to upcoming changes and that there needs to now be a focus on exiting low/med needs families. Some staff concerned about "letting go" of their families and were unable to view graduating or referring them to more appropriate providers as a strength based approach.
 - BTL is a high priority for families and there is a concern there is no PAFT provider in the area to refer families onto.
 - Immunisation and Well Child checks – discussion on how this is to be promoted due to low KP numbers. Reiterated the importance of working collaboratively with the health clinic they have on site and taking advantage of this. Staff explained the use of a fact sheet to be given to families to promote the benefits of immunisations. Staff to ensure this is evidenced in case notes as well as the reasons why children are not attending ECE.
- [redacted] to draft SIP and send through to [redacted] for comment. It was agreed that there would be a further discussion on training for staff.

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B16



MINISTRY OF SOCIAL DEVELOPMENT

Te Manatū Whakahiato Ora

Bowen State Building, Bowen Street, PO Box 12 136, Wellington • Telephone: 0-4-916 3300 • Facsimile: 0-4-918 0099
15 December 2011

UNCLASSIFIED

Tony Kake
Papakura Marae Society
PO Box 72 322
Papakura 2244

Dear Tony

FAMILY START QUARTERLY LETTER (1 JULY TO 30 SEPTEMBER 2011)

I apologise for the delay in writing this quarterly letter for the period 1 July to 30 September 2011. Further to my letter of 26 July 2011, I am writing to you to inform you of your organisation's performance for the quarter above and also update you on the developments with the Family Start team and in the programme during that time.

Your performance for the period 1 July 2011 to 30 September 2011

I have been advised by your Regional Advisor Funding (RAF), 9(2)(a) that your organisation has been fully engaged in the monitoring of the Family Start programme. I acknowledge the effort that your organisation is taking to respond to the new key performance measures and ensuring there is improvement in the effectiveness of Family Start, and in particular the strengthened focus on child safety.

Below are the results for your organisation as at 30 September 2011 against seven key performance measures:

Key performance measure	Contract Standard %	Achieved %
Number and percentage of contracted volumes delivered	95	97.3
Percentage of active families receiving at least one hour of AM / BTL per month	95	96.3
Percentage of workers who receive at least one hour of one-on-one supervision by a qualified supervisor	95	33.33
Percentage of all new families who remain on the programme for at least 12 months	80	60
Percentage of children who have their scheduled immunisation(s) during the quarter it came due	80	60.94
Percent of children who have had their scheduled Well Child visit(s) during the quarter that it came due.	80	44.07
Percentage of children 18 months and over enrolled in a licensed Early Childhood Education (ECE) facility	70	37.5

Your organisation achieved two key performance measures. There has been a consistent level of satisfactory performance in the measure of contracted volume over the quarter.

I wish to commend your organisation on its improvement against the key performance measure of families receiving at least one AM/BTL hour each month. I am concerned about the performance of your organisation against the performance measures of supervision, immunisations, well-child visits and ECE enrolment (although I am aware of the restricted number of ECE's in your area) as your organisation is one of the poorer performing organisations. I look forward to your organisation making progress in these areas and ask that you advise us of any support you need from our Family Start team to assist you in making improvements.

With regard to the key performance measure on the number of weekly visits required for new families (from 1 October) in their first 6 months of contact with Family Start, we wrote to each organisation's Family Start programme manager on 29 September 2011. The letter advised that we will not place a standard on this measure for the period 1 July 2011 – 30 June 2012. Instead we will monitor the performance of organisations for the remainder of this financial year and set an appropriate standard from 1 July 2012.

Family Start Team

We have now appointed 5 positions to develop, support and strengthen best practise.

9(2)(a) was appointed as the Practise Leader in early September. 9(2)(a) will lead the development and enhancement of supporting processes, resources and tools for quality service delivery nationally. 9(2)(a) contact details are: 9(2)(a)
9(2)(a)

We have also appointed four Practise Advisors that will be based within the regions. The Practise Advisor for your organisation is 9(2)(a)

9(2)(a) would have already been in contact with your organisation to discuss how she can support practise capability within your organisation and also establish a timeline regarding the regularity of visits. You can be assured that 9(2)(a) will work closely together to ensure our activity is co-ordinated effectively to ensure as little disruption as possible.

Communications and support provided

Over the last quarter:

- A Family Start working party has been established. It is made up of representatives of providers (as nominated by the Family Start Collective) and Ministry staff to ensure that where possible there is effective consultation on practise development.

- The Family Start team attended the Family Start Collective hui on 11 November. 9(2)(a) and 9(2)(a) (Programme Manager) facilitated workshops in late October/early November at five regional hui for Family Start providers. These workshops focused on the new child safety tools, associated practise and recording process.
- RAF's have undertaken regular support/monitoring visits and provided written reports on those visits to you and the National Family Start team.
- Advice notes have been issued on qualified supervision, weekly home visits, FS Net changes and child safety tools.
- A monthly newsletter with frequently asked questions has been implemented.
- Additional resources and support has been provided through:
 - AM/BTL supervision training in Wellington (early September)
 - issuing the "Raising Families in New Zealand" DVD to Family Start sites
 - Whakatipu parenting resources.

I look forward to continuing to work with you to improve outcomes for vulnerable children and their families.

Yours sincerely



Carl Crafar
Director of Family Start and Social Sector Trials

Copy to: 9(2)(a)

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B15

Family Start: Practice Advisor Site Visit Record:

<p>Name of Provider: Papakura Marae Manager: 9(2)(a) Practice Advisor: 9(2)(a) RAF 9(2)(a)</p>	<p>Location of Provider: Papakura Region: Auckland</p>
<p>Date of Visit: 1/12/11</p>	<p>Staff seen: 9(2)(a)</p>
<p>1. Review of Service Improvement Plan</p>	<p>Introductory visit in conjunction with RAF monitoring. Completed file audits. Discussed purpose of SIP and practice advisor role. 9(2)(a) showed a separate site plan which the staff did together focussing on all the KPI's. 9(2)(a) wanted all the staff to be included in developing the SIP.</p>
<p>2. Evidence of progress</p>	<p>12 FSI babies graduated in Nov with AM/BTL Designing new pamphlets to reflect new criteria Supervision has increased and occurs on either a Thurs/Fri, although - Monthly parenting group where BTL is delivered - Maintaining high volumes of clients</p>
<p>3. Delivery of support as planned</p>	
<p>4. Additional activity agreed</p>	<p>9(2)(a) to deliver additional support with child safety tools, IFP's and S&N. to meet first with staff before xmas break to understand what the issues of staff are and to incorporate this into the SIP</p>
<p>5. Other relevant issues</p>	<p>- Increased FVIARS referrals, however families are declining consent as they are not being informed of the referral. Suggested that this needs to be communicated with police at a local level, i.e. family violence co-ordinator.</p>

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- Concerns that new referral criteria could affect volumes. Discussed the importance of providers taking responsibility early to inform referrers of changes.
- AM/BTL down- this is now a standing item in supervision and will be monitored
- 2 families were not seen this month due to them not being home this has affected stats.
- Some milestones can't be achieved due to developmental delay.
- Discussed importance of recoding on files to evidence where and why KPI's are not being met.
- 9(2)(a) shared that unexpected leave from staff has affected KPI's
- Child safety tools are not being properly supported by staff, some feel the questions are intrusive. Suggested that this may be more around lack of confidence and that this needs to be supported further with additional training
- ITP's need to be more child focussed and linked to S&N – not child focussed and specific enough

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