

E43

Te Ha O Te Whanau Trust

Building Safe and Confidant Practice Action Plan 29/2/12

GOAL: Children enrolled or associated with Family Start will be as safe as possible and the Family Start programme will be effectively and competently delivered

All actions are the responsibility of the Board of Trustees unless specified as other. All completion targets are working days not calendar days

Outcome One:

There will be a robust confidant and competent management structure in place to oversee safe practice and delivery of the Family Start programme.

Action One:

Whanau workers to be supervised and report to a Family Start Practice Leader

This role will be responsible for the delivery of the FS programme only in order to it give focussed and consistent attention

The post will be filled with an individual who meets the standard in respect of qualification as described in Advice Note: 'Qualified Supervisor'

The post will be filled by an individual who is 'new' to the organisation. This will ensure fresh, objective oversight of performance and FS fidelity.

Completion date: Post to be filled as soon as possible even if this means taking on an individual on a short term contract.

Action Two:

Quality Supervision will be provided for FS Practice Leader either through external qualified professional or by 9(2)(a) - Trust Manager if externally provided:

i) Regular meetings will occur between FS Practice Leader / External Supervisor and 9(2)(a) to share case management/performance issues - minimum twice a month.

ii) The supervisor will meet the qualification standard.

iii) A 'supervision agreement' will set out the purpose function and accountability of this role.

9(2)(a) will meet regularly with BOT to ensure they are aware of risks and progress. Minimally twice a month.

Completion date: In place within 7 days.

Action Three:

Management will demonstrate confidant, strengths based and assertive approaches that will ensure workers learn and develop. This will mean that progress and strengths are continually noticed and commended and that unhelpful unprofessional behaviour is challenged and sanctions followed through. A Provider statement to this end will be developed by the management team and signed off by BOT

Completion date: 7 days

Action Four:

Daily team meeting brief will continue on order to deliver practice messages from management team - explore cases and maintain level of urgency and

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importance around practice quality and child safety. FS Team manger / Supervisor to lead.

Completion date: started and will continue

Outcome Two:

Whanau workers practice will be safe and competent

Action One:

Staff/management meeting held where performance concerns were made explicit.

Completion date: 20/2/12 achieved

Action Two:

Each staff member interviewed and their role and performance discussed

Completion date: 21/02/12 achieved

Action Three:

Practice Leader/ Trust Manager to look at all enrolled children/families to assess standard compliance and Child safety. Files need to be audited on the following:

- i) assessments up to date and signed off
- ii) plans in place, signed off and relate to the initial referral concern and/or matters identified within child safety tools if appropriate
- iii) Where evidence of risk exists a safety plan is in place that follows the template shared by FS Directorate. Safety plans placed on front of file.
- iv) Where appropriate notifications have been made and recorded.
- v) Weekly visits are child focussed and follow standards as described within relevant Advice Note.
- vi) Supervisor decisions / direction is clearly recorded
- vii) Child safety tools have been used to actively consider risk.

Completion date: High Need families and new referrals (new being within last 4 weeks) to be prioritised. Within 7 days

Balance completed within 4 weeks

PA and RAF to have a role within this audit (to be agreed within 5 days dates and process)

Action Four:

Where child safety issues are identified through this audit the appropriate action is taken. This action is clearly recorded

Completion date: immediate

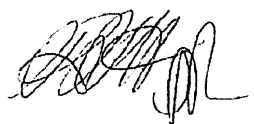
Action Five:

A time framed plan will be put in place where deficits in files are found.

Completion date: within 24 hour hors of audit

Action Six:

All workers to have personal copies of Advice Notes and FS Manual and are familiar with these

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Completion date: copies by within 3 days. Discussed in supervision – within 7 days

Action Seven:

All workers have Performance and Development Plans in place. Updated from this month and in light of current concerns. They will address;

- i) Historical concerns about practice eg; non compliance to supervisor direction. Refusal to participate in supervision
- ii) Case file deficits
- iii) Training needs with specific reference to Child safety. All Staff should have minimally attended one day child matters course and have a plan to attend five day 'Child Matters course
- iv) Strengths and progress noted and commended.

Completion date: within 10 days

Action Eight:

All staff meet requirement to have weekly supervision – standard item on agenda will be managing child safety and will specifically review high needs and new (within last month) cases.

Completion date: Ongoing

Action Nine:

Where consistent deficits identified consideration to be made of performance management process. Failure to follow direction or procedure will result in an immediate written warning.

Completion date: on-going

Outcome Three:

High Risk/ Need cases are treated with special vigilance in order to ensure child safety

Action One:

Formal 'consultation' of high risk / stuck cases or cases causing anxiety. Professional to conduct 'consult' to be identified.

Completion date: Identify professional within 7 days. Start consults process: immediately. Develop system to identify these cases within 3 days.

Action Two:

High risk cases to be alerted to 9(2)(a) and BOT to oversee/ monitor/sign off

Completion date: immediate

Action Three:

Relationship with CYF to be strengthened and developed. Formal meeting to establish processes of consultation with FS Practice Leader and 9(2)(a)

9(2)(a)

Completion date: within 10 days

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Contingency Plan

Until a Family Start Practice Leader are identified current arrangements with 9(2)(a) to continue but with 9(2)(a) and BOT continuing to oversee case work through the following process:

- i) Weekly meetings with 9(2)(a) and External Supervisor
- ii) Weekly reports to BOT
- iii) Scrutiny of all high need cases and also new referrals by 9(2)(a) and 9(2)(a) together
- iv) Weekly team briefs from 9(2)(a) to ensure vigilance to case work and to message confident and assertive management.

All of above actions from immediate effect.

Outcome Four:

Progress is evidenced / areas that continue to be a challenge identified

To support plan and ensure that it is effective and implemented thoroughly the following actions will be taken

Action one:

RAF and PA will visit Provider site and seek evidence that all actions have been progressed. Support can be offered to assist with any of the actions identified.

A visit will be arranged within 2 weeks of plan taking effect. PA and RAF will support site through a visit every two weeks between them.

Action Two:

RAF and PA with 9(2)(a) will keep Practice Leader and Contracts Manager updated as to progress of plan. BOT will be copied into all correspondence.

Action Three:

Practice Leader will complete site visit to discuss progress with FS Team.

Plan to be reviewed formally at this point

Completion date: within 4 weeks

This plan will run along side the actions within SIP.

Plan agreed by the following parties:

9(2)(a) on behalf of the Board of Trustees 9(2)(a)
Dated: 13-3-12.
9(2)(a) on behalf of the Management Team
Dated
9(2)(a) on behalf of the FS Directorate
Dated: 9(2)(a) 29/2/12
9(2)(a) on behalf of FACS RAF
Dated:

FAMILY START KPI MONITORING TEMPLATE

Provider Name: Te Ha o Te Whanau Trust
Provider Number: 15938
Contract Number: 314098
Month Monitored: November 2011

Date of Visit: 14 December 2011
Venue: Family Start – Opotiki

Present: 9(2)(a) (FACS), 9(2)(a) (FS Practice Advisor),
9(2)(a) (Manager), 9(2)(a) (Supervisor),
9(2)(a) (Team Leader)

Visit to Te Ha o Te Whanau to introduce 9(2)(a) (FS Practice Advisor) to the team.

A good discussion was held with 9(2)(a) and myself confirming and clarifying what our roles were 9(2)(a) – contract monitoring, KPI's, 9(2)(a) supporting good practice, providing refresher training in areas identified and implementing an action plan for improvement. There are some overlaps in work areas.

An open discussion was held about how Family Start in Opotiki was faring, introduction of new KPI's and progress, the implementation of the Child Safety Tools as per the advice note. 9(2)(a) acknowledged that they had not started Stage 1 of the tools with whanau. They attended the training in Rotorua on 3 November, however did not feel confident enough with the process to fully integrate and communicate this to the team.

9(2)(a) offered to assist 9(2)(a) and run a training session for the team to ensure they understood the process and importance of ensuring children are safe. It was clear that while good child safety practice is not new, it appeared that this was a new process.

9(2)(a) also offered other refresher training which compliments the actions identified in previous monitoring reporting around writing good Strength and Needs Assessments, and Individual Family Plans, engaging hard to reach whanau etc.

Some case discussions were held and an example was provided where a mum and a baby turned up at the Family Start office, threatening to harm herself. 9(2)(a) probed and asked questions about the background, what actions were taken etc. The cause for concern was where the mum was allowed to leave the office after having a cup of tea, and taking some time to calm down without any follow up actions, support or plan in place. The workers reactions appeared to normalise the situation, no supervisor or manager intervention.

9(2)(a) will be continuing her visits to support the site, review cases as required and in conjunction I will be supporting her with the ability to access FS Opotiki FS Net to conduct system case reviews, case notes, parenting practice, S&NA, prior to citing hard copy files.

November monthly report was not available (available after 15th month) so unable to discuss or reflect on past months KPI performance.

9(2)(a)

RAF
20/12/11

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FAMILY START KPI MONITORING TEMPLATE

Provider Name: Te Ha o Te Whanau Trust
Provider Number: 15938
Contract Number: 314098
Month Monitored: October 2011

Date of Visit: 23 November 2011
Venue: Family Start – Opotiki

Present: 9(2)(a) (FACS), 9(2)(a) (Manager), 9(2)(a)
9(2)(a) (Supervisor), 9(2)(a) (Team Leader)

General discussion

The purpose of this visit was to:

- review the agreed actions in the previous months monitoring report dated 25 October 2011 – refer to action plan at end of this report
- KPI performance to date, issues, areas for improvement – areas for improvement include AM&BTL, maintaining good supervision practice, meeting weekly home visits, reviewing high needs cases
- Discuss and clarify new KPI measures: Child Safety Tools, whanau visited weekly in first 6 months and families who remain on FS for 12 months as per advice notes issued
- Supervision – 9(2)(a)
- Performance and training plans – these are in the process of being formulated, whanau workers do not have these in place yet, need to be clear about their roles, expectations, Practice Advisor – 9(2)(a) is on board, first visit will be in December and focus will be Child Safety Tools and areas for improvement.

9(2)(a) attended the Family Start National Collective meeting in Wellington on 10th and 11th November.

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	Action By Whom	Action by when
<p>KPI 1: Volumes Number and percentage of contracted volumes delivered</p> <p>Why? Tracking volumes contracted as well as demand for the service</p> <p>Contract volumes: 80</p>	95%	98.8%	<ol style="list-style-type: none"> Record the number of whanau workers and supervisors. 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 duration to assess demand for the services How long do people wait before they are referred elsewhere? Are FS-Net being maintained? 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 	<p>Still within benchmark for meeting volumes, and being managed. Regular graduations held for low intensity cases.</p> <p>5 Whanau Workers 1 Supervisor</p> <p>Referrals Drop in referrals however volume % is remaining consistent.</p> <p>4 referrals received in October 2 Hospital maternity services 2 self referrals</p>		

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<p><u>KPI 2: Supervision</u> Percentage of workers who receive at least one hour of one-on-one supervision by a qualified supervisor each week</p> <p>Why? Support the professional practice of those working with vulnerable families.</p>	<p>95%</p>	<p>100%</p>	<p>The most recent CYF Approvals assessment report should be referenced, and if this has been done recently, avoid duplicating any checks.</p> <ol style="list-style-type: none"> 1. What level of qualifications do supervisors currently have? 2. Are staff development plans and performance appraisals in place? 3. Quality of the supervision (internal): <ul style="list-style-type: none"> Sight supervision schedule and frequency of supervision and information that is covered, expect to see a formal note that covers every case. Sight internal contract between supervisor and whanau worker 4. If external supervision is given, sight ledger, record and written agreement - clause 6.3.4 Family Start Manual 5. Ensure supervision recorded accurately in FS-Net. 	<p>Discussed supervision advice note with 9(2)(a)</p> <p>As per the Qualified Supervisor advice note issued in October, discussed with 9(2)(a) about ensuring that ^{has the} support and is ^{provided with} ^{supervision} 9(2)(a)</p> <p>External supervision was to be provided however a contract for this has not been signed off yet as per my email sent to her on 11/10/11 identifying the need for good supervision and the difference with 'cultural' and 'professional' supervision.</p> <p>9(2)(a) to continue providing supervision with 9(2)(a)</p>	
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<p>KPI 3: Individual Family Plans</p> <p>Percentage of families who are reviewing and completing their Individual Family Plans (IFPs) at least every three months</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>	<p>95%</p>	<p>Amended</p>	<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 in relation to developing IFP? 5. Quality of goals: Are they SMART? child focused? Achievable? Likely to strengthen family against child treatment? 6. IFP signed by both whanau worker and family? 7. Has the supervisor signed off quarterly review within one week of review completion? 	<p>This is ongoing and the need for Practice Advisor support is required.</p> <p>As per previous reports the quality of the IFPs need further work to focus on quality goals. Practice Advisor guidance and support would be beneficial in this area.</p> <p>Resources previously supplied however whanau workers are struggling with linking Strength and Needs Assessments to implementing goals in a IF plan</p>	<p>Practice Advisor</p>
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<p>KPI 4: AM/BTL Visits</p> <p>Percentage of active families receiving at least one hour of AM / BTL per month</p> <p>Why?</p> <p>Regular delivery of AM/BTL provides some confidence that families are being regularly assessed in these domains.</p>	<p>95%</p>	<p>87.3%</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> <ol style="list-style-type: none"> All whanau workers have received initial training to deliver AM&BTL Supervisors have attended support workshop? Site home visit record sheets (yellow) completed in a timely manner, dated Has an annual AM or exn survey been completed? 	<p>Big drop from previous month of 93.8%.</p> <p>Due to a new whanau worker coming on board with the supervisor and worker managing workload until new staff member is fully up and running</p> <p>Site visit by AM team not due until February 2012.</p> <p>They have enough resource and strength in AM/BTL internally to utilise their own skills to support the team and new staff member.</p> <p>Discussed and suggested options to engage mamas with AM, to be more innovative, e.g. pick up mums and babies and have coffee mornings, deliver AM</p>	
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<p>KPI 5: Milestones Percentage of children 0-3 up-to -date with the developmental milestone checks set out in Ahuru Mōwai / Born to Learn.</p> <p>Why? Adherence to the development milestone checks provides some confidence that children are being regularly assessed in these domains.</p>	95%	New KPI	<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. <i>Sight milestone checklists are completed relevant to the age of the child</i> 2. <i>Is the handout list recorded?</i> 	<p>No results received for this KPI yet.</p> <p>Milestones checked on last monitoring visit – all in order.</p>	
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<p>KPI 6: Family who remain for 12 months</p> <p>Percentage of all new families who remain on the programme for at least 12 months</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>	<p>80%</p>	<p>60%</p> <p>October report</p>	<p>[To confirm start date for measurement – likely to be 1 July 2010]</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 monthly <p>Discuss reasons why families are leaving within 12 months:</p> <p>(Refer to monthly KS-Net stats planned and unplanned exits)</p> <ol style="list-style-type: none"> 1. Are proposed exits discussed with Practice Manager? 2. Graduation process – Strengths and needs assessment completed, if not reviewed and plan put in place upon exiting 3. Was the exit within the control of the provider? <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Have family signed consent? Has transition been managed between Family Start providers (Sight transfer documentation)? 	<p>This KPI has not been monitored to date. This is now being reported so it can be tracked and a plan implemented to monitor.</p> <p>5 whanau engaged in 12 months previous. 2 have exited 1 graduated, one unplanned with an average duration on the programme of 8.2 months 2 have terminated with ES</p> <p>Still an ongoing issue of families living rurally e.g. Waimana and Te Kaha. Appointments are made and whanau not home after travelling. This is hard to manage against this KPI. <u>9/2(a)</u> looking at doing a road show to promote FS.</p> <p>Working with the Te Kaha Health Centre.</p>	<p>Supervisor</p>
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<p>KPI 7. Immunisations Percentage of children who have their scheduled immunisation(s) during the quarter it came due</p> <p>Why? Promoting immunisation is a key way of improving children's health.</p>	80%	84%	<p>1. How do you promote this? 2. Are F-S-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 F-S-net stats/percentages for cannot be determined and Non answered – why? 6. Check file for completed Immunisation schedule 7. Check that in client notes in F-S-Net the discussion has been recorded and noted</p>	This is measured quarterly. Last quarter stats good.	
<p>KPI 8. Well Child Visits Percent of children who have had their scheduled Well Child visit(s) during the quarter that it came due.</p> <p>Why? Gives us some confidence that family health and well being is being addressed.</p>	80%	89%	<p>1. How do you promote this? 2. Are F-S-Net reminders followed? 3. Is information collected at the initial contact phase about child's Well Child's visits? 4. Is this part of supervision discussions? 5. Refer to monthly F-S-net stats/percentages for cannot be determined and Non answered – why? 6. Check file for completed Well Child visits 7. Check that in client notes in F-S-Net the discussion has been recorded and noted</p>	This is measured quarterly. Last quarter stats good.	

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<p>KPI9: Early Childhood Education Percentage of children 18 months and over enrolled in a licensed Early Childhood Education (ECE) facility</p> <p>Why? ECE has been shown to be beneficial for a child's development</p>	70%	78%	<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>This is measured quarterly. Last quarter stats good.</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	Action By Whom	Action by when
Percentage of parents who do not use harmful disciplinary practices	75%		<p>FS-net enhancements have included these questions:</p> <p>What information will be gathered?</p>	<p>All new families from 1 December 2011 to be assessed using Child Safety Tools. To refer to training provided and CS Tools advice note issued in November.</p> <p>By May 2012 all the existing families will be assessed using the tools via Strength and Needs assessment</p> <p>There is an implementation plan in place to show.</p> <p>How this will be applied</p> <p>Training of staff</p> <p>Paper tools to evidence completion and signed off</p> <p>FS-Net has been updated (stage 2 and 3 only); stage 1 is paper based</p> <p>See above</p>	<p>Whanau Workers</p> <p>9/2(a) established and ongoing until 30/04/12</p> <p>Tools training in Rotorua on 03/11/11</p> <p>Practice Advisor to complete visit in December</p>	<p>Starting 01/12/11 and ongoing until 30/04/12</p>
Percentage of children assessed as safe from abuse and neglect	80%					

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions	Action By Whom	Action by when
Percentage of parents who demonstrate positive parent-child interactions	80%		See above			
Percentage of families visited once weekly in the first 6 months	TBD ¹		No threshold has been advised until 1 July 2012. This will be monitored so it can be tracked.	This KPI percentage standard will not be determined until July 2012. This will still be included monthly and October 2011 report will include results for new referrals made active from 1 July 2011.	Refer to advice note September 2011 for information. The weekly visit calculation for this KPI did not start until October 2011. Appointments are made and whānau are not home after travelling. This is hard to manage against this KPI 9(2)(a) looking at doing a road show to promote FS. Note: Need to ensure all whānau receive at least 4 visits during the current month.	Plan to be implemented

¹ We will confirm the expected standard for this measure prior to its proposed introduction in October 2011. We need to test the impact of tighter referral criteria (which signal that Family Start is not open to lower risk families) and providers will need to work through the implications on whānau worker caseloads.

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

Use RODAS as framework for supervision include IFP and AM/BTL as discussion points	Supervisor	30/11/11	Ongoing – utilise 9(2)(a) completed supervisor workshop
AM&BTL refresher training for all staff	AM Team 9(2)(a) To confirm with 9(2)(a)	9(2)(a)	Ongoing to check with team about needs – next visit Feb 2012
S&NA & IFP Training	Practice Advisor	9(2)(a)	To discuss training needs next visit with 9(2)(a)
Ensure complaints received are documented, including actions taken.	Supervisor and manager To be reviewed at next monitoring visit	9(2)(a)	Ongoing
Staff development plans and performance appraisals to be completed for all staff.	Manager	December 2011	next visit
2010/2011 audited accounts provided to MSD	Manager	As soon as accounts are complete	
All new clients integrity levels are reviewed and allocated by the supervisor	RAF to follow up Supervisor	December 2011	next visit

Overall Comments:

Performance is being maintained across KPI's. Areas for improvement with producing good strength based S&NA's and IFP's can be supported by the Practice Advisor. Implementing the Child Safety Tools process with workers and families needs to be managed and rolled out effectively.

Sign-off:

Report prepared by: 9(2)(a)

Copy sent to provider: 9(2)(a)

Date: December 2011

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Te Ha o Te Whānau Trust – Opotiki

- 1 Te Ha o Te Whānau Trust's Family Start contract is \$402,816.20 for 80 families.
- 2 The performance of all Family Start Providers has been assessed by looking at:
 - key performance indicators (KPI's)
 - quality of social work practice
 - implementation of key programme components
 - viability and capability of the organisation.
- 3 Overall, KPIs for supervision and Ahuru Mowai/Born to Learn are consistently not achieved. Contracted volume was generally met but the quality of the practice with those families is poor.

Key performance indicators

- 4 Overall, there are 13 KPI's. However, we have focused on the three KPI's (below) which we consider to be the minimum performance requirements.

KPIs	July %	Aug %	Sept %	Oct %	Nov %	Dec %	Jan %	Feb %
Contracted volume							91	90
Supervision	NA	NA						
AM/BTL (parenting)	94		94					

- 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 per month. Expected standard is 95%. Green light at 95% or above; Yellow light at 90%-95%; Red light at <90%.

Practice

- 5 In February 2012 the Directorate found that the organisation was not able to manage safe practice with vulnerable children and families. This is concerning in an area where there are a number of high risk families where child safety needs particular attention.
- 6 Issues with practice include: staff have low skill levels and lack confidence in dealing with practice issues including child safety; there is an inability to set direction and move forward while adhering to the best practice guidance and training provided; and weak supervision with the supervisor having low confidence and assertiveness.
- 7 There is evidence of poor quality of service delivery in this site. For example:
 - the quality of Individual Family Plans (IFPs) is well below standard

- while some improvements have been made in terms of promoting health outcomes for children, these have not been sustained.
- 8 This provider has not independently been able to create a safe practice. Since we have raised the unsafe practice, the provider has acknowledged the problems that have been identified. They have been willing to have support and have been active in trying to address the deficits. But the provider has struggled to identify how to do this in a satisfactory manner.
- 9 A plan to remedy this was imposed on the organisation on 1 March 2012. The Trust Manager has been active in putting this into action and the Chair of the Board has signed this plan on 13 March 2012.
- 10 The Trust manager intervenes in all high risk cases and directs the actions of staff. This is not appropriate or sustainable. Other options for managing this were not considered by the organisation.
- 11 Significant individual support from the Practice Advisor has been given to this provider since November 2011. The Service Improvement Plan was agreed 19 January 2012. Its primary focus was proper management of child safety issues. Training was delivered in November 2011.
- 12 The MSD Practice Leader of Family Start has had numerous discussions with the provider while developing the plan to address concerns. This has included providing advice, support and guidance on what is expected and how these expectations can be met.
- 13 The MSD Family Start Director wrote to Te Ha o Te Whānau Trust's CE, Programme Manager and Chair of the Board in December. This letter cover performance from July to September. This letter highlights the good results Te Ha o Te Whānau Trust had achieved over this period and draws attention to their deficit in qualified supervision.
- 14 As practice support to Te Ha o Te Whānau Trust increased the poor standard of practice became more evident and grave concerns were highlighted in subsequent correspondence, telephone calls and meetings over January and February regarding incidences of unsafe practice with extremely vulnerable babies and their families. Te Ha o Te Whānau Trust with help from the MSD Family Start Directorate implemented a practice safety plan at end February. This involved amongst other things bringing in additional leadership support.
- 15 We are confident that if Te Ha o Te Whānau Trust stick to the practice safety plan that they will be able to safely deliver Family Start through the transition period. Te Ha o Te Whānau Trust willingness to work with us has made this process easier.

16 not in scope

MSD engagement

- 17 MSD's interaction with Te Ha o Te Whānau Trust since July 2011 is as follows:
- 2 letters from Family Start Director (July 2011 & Dec 2011)
 - 6 RAF monitoring visits
 - 5 Practice advisor visits
 - 1 meeting with the Family Start National Contracts Manager
 - 1 meeting with the Family Start Practice leader
 - attended 1 regional child safety workshop
 - attended 3 National Hui.
- 18 As noted above the MSD Family Start Directorate had significant contact (phone calls and emails) with the Te Ha o Te Whānau Trust regarding practice issues from Jan – Feb 2012.

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