

PROVIDER FIVE  
PART THREE of FOUR  
~~A03a~~  
A12

DRAFT 20/12/11

Family Start: Service Improvement Plan

Giving children the best start in life...  
**Family Start**

*Team Manager signed  
of copy.*

Name of Provider: Waipereira Trust  
Location of Provider: 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 unity 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 emerging plans to develop practice:

- Clear messages about practice standards, social work philosophy and direction of service will be consistently communicated and firm and direct leadership will be delivered with the appointment of 9(2)(a)
- Part of this message relates to re-aligning practice to being child focussed and 'safe' while still being able to embrace and reflect a commitment to having a family orientated approach.
- Commitment to this position and the activity required to deliver change is, we understand, present from the Management Board. The Board will be kept fully informed of practice development.
- Due to the range of historical difficulties and long term performance issues of this Provider - we need to see early and significant evidence of this commitment to securing change.

We understand that the following measures have been put in place to date:

- Coordination Integration meeting held every Friday to discuss cross referrals within the organisation.
- Newly recruited Communications Manager to focus on breakdowns in internal and external systems and to ensure a clear communication pathway.
- Family Start group meet weekly to review quality of practice, providing openness and transparency.
- Weekly Supervision is now a priority with additional focus on peer and group supervision yet to be implemented
- Supervisor has completed FS net and file audit and identified systems and practice issues, ie a number of families required exiting, home visits not being completed.
- All three newly appointed Supervisors are qualified.
- All staff to complete Te Puaturuhau (Star ship Hospital child abuse team) training and Child Matters Training.
- Staff are reported to be feeling more secure and supported with a refocusing of teams to ensure even mix of culture and experience.
- Strategic planning day to be held in January 2012 to focus on the year ahead in regards to performance and to identify what supports staff require

Brief summary of practice requiring attention:

- Historical pervasive culture of selective reporting.
- Loss of child focus within practice.
- Role clarity and boundaries have been compromised.
- Lack of clarity in respect to Family Start programme requirements. Poor client files and FS net recording
- Supervision has not been fully focused on reflective practice and file monitoring and recording has needed attention. This includes evidence of discussion of assessments, child safety tools and plans being signed off.
- Staff need to be able to understand and evidence the use of child safety tools with clear analysis in case narratives. This is also to be captured in Supervision.
- Staff need to understand the objectives of strengths and needs assessments and the link to inform the I-F-P.
- The I-F-P needs to have clear SMART goals that are child focussed throughout and the progression of goals are evidenced throughout the plan.
- Ensuring that there is a clear pathway for referrals and that there is improved engagement with referrers.
- There is a need for improved leadership and guidance, particularly in regards to safe practice.
- KPI reporting has been poor across the set and progress is required as a matter of urgency. ( refer to RAF Monitoring report )

This plan builds on the practice issues that have been identified through the RAF Monitoring report and needs to be read in conjunction with this document as there will be additional and separate action points agreed.

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

Desired Outcome Ensure SMART	Action	Who	When	Review date: Enter evidence of progress or add actions as required	Achieved Signed off
Practitioners are clear and focussed in their role. They understand and stay within their professional boundaries	Strategy in place to address staffing and practice issues.  Weekly FS meetings and monthly practice meetings. Start date to be confirmed.	(b)(2)(a) management team including new Supervisor group and Practice Advisor	Jan 9 2012		
Identifying and dealing with barriers to safe and accountable practice Promoting child safety Professional practice quality	To cover: Team culture Boosting morale and confidence Identifying and dealing with barriers to safe and accountable practice Promoting child safety Professional practice quality	(b)(2)(a) and Management Team	9/1/12		
Baseline assessment audit to be completed on all staff to assess individual's current	To implement from 9 Jan 2012 Plan to be shared with PA	Management team	By 9/1/12		

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<p>Families EXIT from FS when clear and evidenced progress is made sufficient for their children to be thriving</p>	<p>Whanau Workers will be able to demonstrate this through evidence of case narratives which will include ongoing reflection and clear progression of the S&amp;A and IFP.</p>	<p>Supervisors, Whanau Workers</p>	<p>Immediate - Jan 12</p>	
<p>'knowledge &amp; attitude' and to identify any areas which require further support.</p>	<p>Pro-active attention to professional boundaries using 'Laurie Curtis' Tool</p>	<p>Management team  Supervisors</p>	<p>End Jan 2012</p>	
<p>Pro active monitoring of competence and skill level</p>	<p>Professional development plans in place</p>	<p>Senior management</p>	<p>ongoing  In place by end Feb 2012</p>	
<p>Commitment to using full weight of appropriate Performance Management processes if required.</p>	<p>Evidenced discussion in Supervision notes of all FS exits including Whanau V's</p>		<p>Review discussion with PAF/RAF and 9(2)(a) End Feb 12</p>	

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<p>rationale.</p> <p>Appropriate recording processes will ensure that files are closed when it has been assessed that a service is no longer required.</p>	<p>Practice Advisor to review files in conjunction with next monitoring visit with RAF in order to identify impact.</p>	<p>Feb 2012</p>	
<p>Families are empowered to be self reliant and any dependency developed is addressed</p> <p>Messaging and leadership of objectives of strengths based practice maintained to ensure that families achieve empowerment and independence through realistic SMART goals that are task centred and time focussed</p>	<p>Specialist supervision team</p>	<p>On going regular</p>	
<p>Supervision focus</p> <p>Group / peer supervision</p> <p>Monthly to build transparency and accountability</p>	<p>As above</p>	<p>As above</p>	
<p>PA to attend to assess impact and contributions</p>	<p>PA</p>	<p>Within Jan and/or Feb</p>	

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	of workers.		2012		
<p>There is always a clear role for FS for families who receive a service – defined by an assessment and guided by a plan. Families receive regular weekly visits as defined by FS manual and advice notes.</p>	<p>All Whanau Workers complete all domains of the Strengths and Needs assessment with case narratives evidencing the decisions made for each domain.</p> <p>The IFP clearly reflects the outcome of the S&amp;N assessment. Goals will be SMART and will be discussed. They will continuously be reflected upon throughout home visits and evidenced through case notes.</p>	<p>Supervisors Whanau Workers</p> <p>File audit will monitor progress. RAF</p> <p>Supervisors</p>	<p>Immediate</p>		
	<p>'Great assessments Tool' to be used to explore strengths and improvement required</p>	<p>Supervisors with staff PA support</p>	<p>End Jan 12</p>		
	<p>All assessments and plans will be discussed and signed off by the Supervisor.</p>	<p>Supervisors</p>	<p>On going</p>		
	<p>Evidence of referral detail and tracking of original concern</p>	<p>As above</p>			
	<p>File audit will monitor progress</p>	<p>PA and RAF</p>	<p>By end Feb 12</p>		

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<p>All issues pertaining to Service delivery are shared throughout the management structure of the Organisation - all levels are aware of and support relevant actions to rectify any difficulties</p>	<p>A training package will be delivered to all staff to ensure clearer understanding of S&amp;N and IFP best practice requirements</p> <p>All families have a regular appropriate visiting regime - meeting practice standards defined by advice Note</p> <p>Track progress</p>	<p>Practice Advisor to deliver training package</p> <p>supervisors</p> <p>RAF with PA</p>	<p>By end Feb 2012</p>	
	<p>Report on FS to Management Board every week</p> <p>Copied to RAF/ PA</p> <p>Communication to flow up and down through the organisation regarding difficulties within the service. Evidence of this to be identified for Family Start Directorate. Management to be aware of staff issues or performance concerns as they arise.</p>	<p>902(a) with management Team</p>	<p>Weekly from now</p>	

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<p>Workers are objective in their relationships with parents. They demonstrate a clear child</p>	<p>Clarity and transparency established – written reports shared and copied to FS Directorate</p> <p>All reports from FS Directorate will be shared with Management Board</p> <p>Copies of Governance minutes pertaining to FS Directorate. Via RAF</p> <p><i>We need to determine how this will be monitored / demonstrated</i></p>	<p>9(2)(a)</p> <p>RAF and PA with 9(2)(a)</p>	<p>As generated</p> <p>As provided.</p> <p>As provided</p> <p>As provided</p>		
<p>File audits are completed regularly to challenge practice where tran: rency</p>	<p>Supervisors</p>	<p>Immediate</p>			



focus	issues arise	9(2)(a)		
<p>issues arise</p> <p>Messaging and Leadership remain strong and consistent</p> <p>Base line worker audit (see above )</p> <p>Use of Great assessment tool – which considers child focus</p> <p>Group / peer supervision encourages transparent and accountable practice.</p> <p>PA attends group supervision / peer supervision to assess how this functions</p> <p>Child safety tools to be applied as advised within relevant Advice note and good judgement has enabled them to be used to enhance safe practice. Training delivered</p> <p>Where risk is identified - supervisors must ensure safety plans are completed and signed off</p> <p>Consult tool used to make so 1 risk</p>	<p>Supervisors</p> <p>Supervisors</p> <p>Supervisors</p>	<p>Mid Jan 2012</p> <p>With PA</p> <p>Supervisors</p>	<p>On going</p> <p>On going</p> <p>On going</p>	
	<p>Supervisors</p>	<p>PA</p> <p>Jan/Feb 2012</p> <p>Date to be agreed</p>	<p>On-going</p>	
	<p>Supervisors</p>	<p>On going</p>		
	<p>Supervisors</p>	<p>On going</p>		

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<p>Thresholds for notification are appropriate and safe and take into account each agency's roles and responsibilities.</p>	<p>decisions are appropriate referrals</p> <p>File audit to check all above Processes in place.</p> <p>PA to attend – review consult process</p> <p>Support provided if this required</p>	<p>PA and RAF</p> <p>PA</p>	<p>Feb 2012</p> <p>Jan/Feb 2012</p>	
<p>Child Safety statement is written and provided by strong and persistent leadership messaging</p> <p>Statement to be shared with FS Directorate</p> <p>Weekly FS meetings training sessions to include:</p> <ul style="list-style-type: none"> <li>- Child Care legislation</li> <li>- Role of CYF</li> </ul> <p>All staff will be facilitated to attend the 4 day child matters course –</p> <p>Staff to attend star ship CP training</p> <p>'Consult Tool' to be used – see above</p>	<p>9(2)(a) and supervisors</p> <p>PA</p> <p>CYF</p> <p>FS Management Team</p>	<p>Mid Jan 12</p> <p>On going</p> <p>Date to be agreed</p> <p>By when?</p> <p>By when?</p>	<p>9(2)(a)</p>	

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<p>That all staff clearly understand and are confident in utilising the Child Safety tools</p>	<p>Those identified as requiring further support will have training from PA</p>	<p>PA  <input type="checkbox"/> 9(2)(a)</p>	<p>Staff to be identified to practice Advisor by the end of Jan 12</p>		
<p>A robust performance management system is in place which staff understands.</p>	<p>Template to be devised to reflect child safety tools          Family violence is clearly identified within SNA and IFPs          Specialist services are engaged where appropriate.          Safety plans in place.</p>	<p>Supervisors  <input type="checkbox"/> 9(2)(a)</p>	<p>End Dec 11</p>		
<p>A robust performance management system is in place which staff understands.</p>	<p>Clear processes of identifying poor practice and performance are documented alongside performance improvement plans. A standard template document is to be developed and that is reviewable at 3 monthly intervals.          Traffic light reports shared with staff at all levels</p>	<p>PA and RAF  <input type="checkbox"/> 9(2)(a)</p>	<p>Immediate</p>		
	<p>Safety plan workshops to be considered in this support is required</p>	<p>PA and Supervisors to reflect and deliver if required</p>	<p>Reflect Feb 12 Workshop march 12</p>		

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<p>Provider delivers service for the contacted volume of families</p>	<p>Weekly staff meeting and reports to management board</p> <p>Client record keeping processes clarified and rules implemented</p> <p>Sample files</p> <p>File audits</p> <p>Checked at File audit</p>	<p>9(2)(a) and FS Management</p> <p>PA and RAF</p> <p>9(2)(a) with Comms manager</p>	<p>Immediate</p> <p>Feb 2012</p> <p>immediate</p>	
<p>Network strategy:        Restoring confidence Internal and external agency awareness        Integration meeting planned</p>	<p>Impact on referrals rate to be reflected upon</p> <p>Support will be provided if required when new referral criteria is rolled out by FS Directorate</p>	<p>9(2)(a) with PA and RAF</p> <p>PA</p>	<p>End Feb 2012</p> <p>End Feb 2012</p>	
<p>Families receive regular and reliable parenting advice through AM/BTL delivery</p>	<p>Dedicated AM/BTL practitioner in place</p> <p>Check impact on recording AM/RTI</p>	<p>PA RAF</p>	<p>Feb 12</p>	

<p>delivery and UI</p> <p>Group training for all staff to enhance AM/BTL knowledge and skills.</p> <p>'Engagement' issues to be addressed within supervision</p> <p>Training needs on this issue to be raised with PA if required</p>	<p>9(2)(a)</p>	<p>Date to be identified</p>	
<p>Staff ratio ensures effective and safe service delivery</p> <p>Consider a staff ratio system - reference Early start model</p> <p>Worker ratios are maintained at the correct level</p> <p>Worker to supervision ratio maintained at correct level - now in place.</p>	<p>9(2)(a)</p>	<p>By end Feb 2012 End Feb. 12</p> <p>On going - review</p> <p>On going review.</p>	

Signed: Manager: [redacted]  
Signed off Practice Leader: [redacted]

date: [redacted]  
date: 22/1/12

Practice Advisor: date: [redacted]  
Ensure copied and sent to RAF

23/2/12

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# Family Start Monitoring Visit File Check Sheet

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Family Start Monitoring Visit File Check Template

Visit Date: 19<sup>th</sup> Sept

Provider Name: Te Whanau O Waipareira Trust

Monitoring Period Covered: July and August 2011

RAF: 9(2)(a)

File Number	Whanau Worker
4119	9(2)(a)
3402	
3645	
4039	
4047	

1. REFERRALS (Related KPI – Contract Volumes, referral criteria met)	
Date of referral?	21/07/011
How old was child at date of referral?	?
Where did the referral come from?	Hard to tell
Does the child/whanau met the 'high needs' criteria?	?

File Numbers	Comments per file:
4119	Service Agreement on file, but not signed or dated by kaimahi. No referral info on file – i.e. source, or needs.
3402	Case "re-entered" but no info on file re-referral needs or the change in circs that generated the need to re-enter.
3645	First opened 30/09/10, re-enter date 24/05/11. Family went to India on holiday indefinitely – case note indicates discussed with Supervisor.
4039	File too recent to demonstrate practice, so skipped to next one. Whanau Plan goals are the most detailed and time-framed that I have seen of all 15 files sampled.
4047	Service Agreement form on file, signed and dated. No referral info on file.

2. STRENGTHS AND NEEDS ASSESSMENTS / HOME VISIT FREQUENCY	
Was the assessment completed within 6 weeks of the family being made active?	No
Have subsequent assessments been completed within the 6 monthly periods?	No
Has the supervisor signed off the assessment?	No
What does the assessment look like? Across the five domains has the whanau worker captured a good range of information?	No
Has there been an assessment of the child's safety as a	No

The date made active is the date a whanau worker was assigned (not Key Contact). It happens after acceptance of the family.

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



## Family Start File Check Sheet


<b>4. AM &amp; BTL</b>	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?
No	No
No	No
Not checked	Not checked

Comments per file:

<b>File Numbers</b>	4119 According to the Contact record, no BTL sessions have taken place since the referral in July 2011.
	3402 No BTL visit in August. No information recorded in Contact Sheet.
	3645 No BTL delivered in June or July.
	4047 BTL delivered in July only, so far.

<b>5. AM/BTL DEVELOPMENTAL MILESTONE CHECKS</b>	Is the child (if aged 0 to 3 years) up to date with developmental milestone checks?
Yes	No
Not checked	Not checked

<b>File Numbers</b>	4119 No, not used/completed
Comments per file:	

<b>6. RETENTION OF FAMILIES (all files checked were recent referrals).</b>					
Did this family remain engaged in the programme for at least 12 months?	Yes	Yes	No	Yes	Yes
If exited, what was the reason for early exit?					
If exited, was this referral suitable/appropriate?					
Is there evidence on file of a retention strategy for this family?					

<b>File Numbers</b>	3645 No Home Visits in June or July.
Comments per file:	



# Family Start File Check Sheet

4047

However, only 2 H V's undertaken - one in July and one in Sept.


## 7. IMMUNISATIONS

Is there an Immunisation Schedule on file?	No	No	No	No	Yes
Is the Immunisation Schedule up to date? (is there an immunisation due in the relevant quarter?)					
Is their evidence in case notes that immunisation has been discussed? (at I C Assessment and other HV)					

Comments per file:

File Numbers

4119

No mention of immunisations on file.


## 8. WELL CHILD VISITS

Is there evidence on file of completed Well Child visits?	No	No	No	No	Yes
Is there evidence in case notes that Well Child has been discussed?					

Comments per file:

File Numbers

4119

No mention of Well Child visits on file.


## 9. EARLY CHILDHOOD EDUCATION

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# Family Start File Check Sheet

Is there evidence on file that the child is engaged in ECE?	No	Yes	No	Not checked	No
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Comments per file:	
File Numbers	3402
	Desire for child to attend Kohanga Reo noted in case note.

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# Family Start File Check Sheet

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Family Start Monitoring Visit File Check Template

Visit Date: 19<sup>th</sup> Sept

RAF: 9(2)(a)

Provider Name: Te Whanau O Waipareira Trust

Monitoring Period Covered: July and August 2011

File Number	4080	4123	4028	4029	4026
Whanau Worker	9(2)(a)				

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

Date of referral?	How old was child at date of referral?	Where did the referral come from?	Does the child/whanau met the 'high needs' criteria?
13/05/11		CYF	Yes - family violence
19/05/11		Referral info not on file	Partnered info not on file
21/06/11		Referral info not on file	Referral info not on file
07/07/11		F S	Referral info not on file

Comments per file:

File Numbers	Comments per file:
4026	Service Agreement on file, signed and dated
4029	Service Agreement on file, signed and dated. No referral info on file. Also engaged with Waipareira's Tamariki Ora nurse. Needs appear to be more around W&I benefits and HNZ (more appropriate Strengthening Families referral?)
4028	Service Agreement on file, signed and dated. No referral info (i.e. needs? Source?). Some case notes not signed e.g. 10/08/11 entry.
4123	Service Agreement on file, signed and dated.
4080	Service Agreement not signed by kaimahi - no date. Some case notes are really brief - almost short hand e.g. 30 <sup>th</sup> August 2011.

## 2. STRENGTHS AND NEEDS ASSESSMENTS / HOME VISIT FREQUENCY

Was the 1 <sup>st</sup> assessment completed within 6 weeks of the family being made active?	No	Yes	No	No	No
Have subsequent assessments been completed within the 6 monthly periods?	No				
Has the supervisor signed off the assessment?					

<sup>1</sup> The date made active is the date a whanau worker was assigned (not Key Contact). It happens after acceptance of the family.

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

## Family Start File Check Sheet

						What does the assessment look like? Across the five domains has the whanau worker captured a good range of information?
						Has there been an assessment of the child's safety as a result of the domain work? (Manual pages 58-61)
						Have all whanau in their first year of engagement received weekly home visits?

Comments per file:						
4026	No Family Start S&N's Assessment on file so service intensity level undetermined. Generic Needs Assessment Summary Report used in place of this - captures some general info but not geared up to generate the intensity level req'd for F S.	Highlights need for advocacy with HNZ. Completed 2/10/11. Discuss intensity level: prescribed Medium, Whanau Worker suggests High. Why? Primary need on file is healthy housing.	4028	There is no S&N Assessment on file and this is well overdue. There are general case notes documenting needs and incidents but no comprehensive assessment or Whanau Plan linked to any assessment.	4123	Referred in July but no S&N Assessment (or any kind of assessment on file). Therefore intensity level not determined and needs not actively planned for.
4080	No S&N's Assessment undertaken. No assessment on file. Strengthening Families Action Plan on file, but this doesn't replace the need for Family Start engagement.					

3. INDIVIDUAL FAMILY PLANS REVIEWED AT LEAST EVERY THREE MONTHS?						
						Was the 1 <sup>st</sup> IFP completed within the required timeframe (one month of S&N Assessment)?
						Are the child's needs reflected in the IFP?
						Has the IFP been signed by whanau and worker?
						Are the family goals consistent with the Family Start goals? i.e. child centred, prevention of abuse & neglect?
						Do the IFP's include SMART objectives?
						Have reviews of the IFP taken place quarterly? 1 - reflecting progress over last 3 months, and the link between assessments and IFPs 2 - assessment of progress made by whanau and goals achieved 3 - an amended plan setting the goals for the next 3 months and does it reflect needs of the child
						Has the supervisor signed off the quarterly reviews within a week of the review's completion?

Comments per file:						
						The only goal is "Daycare for 9(2)(a)". This is not SMART, and does not reflect the wider needs of the children or family identified in the Needs Assessment e.g. the need to develop appropriate disciplinary strategies with the children. No notes which address the possible
						File Numbers
						4026



## Family Start File Check Sheet

	Is there evidence on file of a retention strategy for this family?
	If exited, was this referral suitable/appropriate?

Comments per file:	
<b>File Numbers</b>	
4026	Engaged June 2011. More suited to PAFI as no other needs identified.
4029	Engaged May 2011. Home visits monthly except August.
4028	Engaged June 2011.
4123	Engaged July 2011
4080	Still engaged, but programme not delivered in prescribed form - seems to be more Strengthening Families.

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

Comments per file:	
<b>File Numbers</b>	
4029	Tracking well with immunisations and Well Child checks.

<b>8. WELL CHILD VISITS</b>	
Is there evidence on file of completed Well Child visits?	Yes    No
Is there evidence in case notes that Well Child has been discussed?	Yes    No

Comments per file:	
<b>File Numbers</b>	
4026	Plunket
4028	Immunisation and Well Child checklist on file but not used

# Family Start File Check Sheet

4123	Immunisation and Well Child checklist on file but not used
4080	As above

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

Comments per file:	
<b>File Numbers</b>	
4026	Focus on day care in future
4029	Child 9 months

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# Family Start File Check Sheet

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Family Start Monitoring Visit File Check Template

Visit Date: 19<sup>th</sup> Sept

Provider Name: Te Whanau O Waipareira Trust

Monitoring Period Covered: July and August 2011

File Number	4024	4076	3947	4049	3097
Whanau Worker	9(2)(a)				

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

Date of referral?	How old was child at date of referral?	Where did the referral come from?	Does the child/whanau met the 'high needs' criteria?
23/08/11	3 years, 9 months	Referral form not on file	Yes, but Medium
25/05/11	3 years, 9 months	W&L	Yes
03/08/10	3 years, 9 months	GYF	Yes
05/06/11	3 years, 9 months	Waipara T food bank	Yes
18/05/11	3 years, 9 months	Waipara T	No

Comments per file:

File Numbers

3097	Service agreement not signed by Whanau Worker or Whanau. No referral form or other referral information on file. Referral not acknowledged. No Initial Contact info on file, no evidence of progress towards Strengths and Needs Assessment. Reason for re-referral?
4049	Whanau Tahi referral form on file. Referral 9(2)(a) GP Practice (Internal) or MSD (W&I ISC, witnessed abuse of child in office). Low intensity but child has been the victim of violence?
4076	Whanau Worker 9(2)(a) Also engaged in Strengthening Families.
4024	Service Agreement signed and dated. Whanau Tahi referral form on file. Check if Waipareira still using Family Start referral form? Referral needs – young mother (16 years).

## 2. STRENGTHS AND NEEDS ASSESSMENTS / HOME VISIT FREQUENCY

Was the 1 <sup>st</sup> assessment completed within 6 weeks of the family being made active? <sup>1 2</sup>	Yes, Referral date not on file, can't check time frame for complete	No, see below	No	No
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<sup>1</sup> The date made active is the date a whanau worker was assigned (not Key Contact). It happens after acceptance of the family.

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







## Family Start File Check Sheet

3097	Child Health and Development Sheet on file but incomplete. AM/BTL milestone checks not recorded.
3947	Milestone checklist on file but incomplete.
4076	Milestone checklist on file but not filled out at all.
4024	Milestone checks up to date.

6. RETENTION OF FAMILIES (all files checked were recent referrals)					
Yes	Yes	No	Yes	Yes	Is there evidence on file of a retention strategy for this family?
					If exited, what was the reason for early exit?
					If exited, was this referral suitable/appropriate?
					Did this family remain engaged in the programme for at least 12 months?

Comments per file:	
File Numbers	Engaged 23 August 2011.
	Engaged May 2011
3947	Family was exited (presumably due to non-engagement) and re-entered. No exit info on file. Re-entry documented in HV case notes (10/08/2011).
4076	Engaged June 2011. Contact Records don't indicate that any HV's have taken place.
4024	Engaged May 2011. Case more suited to PAF. High needs criteria of FS not met.

7. IMMUNISATIONS					
Yes	Yes	Yes	Yes	No	Is there an Immunisation Schedule on file?
					Is the Immunisation Schedule up to date? (is there an immunisation due in the relevant quarter?)
			Yes		Is their evidence in case notes that immunisation has been discussed? (all & assessment and other HV)

Comments per file:	
File Numbers	Schedule on file but incomplete. This 're-entered' case is still a relatively 'new' file.
	Immunisation schedule and Well Child checks on file.
3947	Case notes referring to immunisations due on file.
4024	Up to date.

8. WELL CHILD VISITS					
Yes	No	Yes	Yes	No	Is there evidence on file of completed Well Child visits?



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**FAMILY START KPI MONITORING TEMPLATE**

Provider Name: Te Whanau O Waipareira Trust  
 Provider Number: 3311  
 Contract Number: 311063

Monitoring support visit on: 27<sup>th</sup> October 2011  
 For the service delivery period: 1<sup>st</sup> July 2011 to 30<sup>th</sup> September 2011.

Present (9(2)(a))  
 (Waipareira Trust) (9(2)(a))  
 (RAF, Family and Community Services).

**General discussion**

1. Good news stories	
2. Issues and trends in the community	
3. Issues and trends with the Family Start programme	
4. Health of the organisation	
5. CYF Approval review completed An Approval visit is coming up before the end of 2011. I understand this will focus on Family Start, in part. 9(2)(a) is the CYF Approvals Assessor.	
6. Anuru Mowai visit	
7. Review of the financials for Family Start (annually) Waipareira will check whether the latest audited accounts are available to pass on to the RAF.	

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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:	Action By Whom	Action by when
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New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comments and actions for improvement	Action By Whom	Action by when
<p>Number and percentage of contracted volumes delivered</p> <p><b>Why?</b> Tracking volumes contracted as well as demand for the service</p>	95%	89.8% quarterly average	<p>1. Record the number of whanau workers and supervisors.</p> <p>2. The number of incoming referrals in the period:</p> <ul style="list-style-type: none"> <li>Are the key referral agencies engaged?</li> <li>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?</li> </ul> <p>3. The number of referrals declined:</p> <ul style="list-style-type: none"> <li>Are these families still actively engaged in the programme?</li> <li>Waiting list numbers to assess demand for the service</li> <li>How long do people wait? Are they referred elsewhere?</li> </ul> <p>6. FS-Net being maintained:</p> <ul style="list-style-type: none"> <li>Eliminate 'unassigned' active cases in FS-Net if not contacted after 6 weeks</li> </ul> <p>7. Leave &amp; training planned to ensure adequate coverage:</p> <ul style="list-style-type: none"> <li>Plan in place to cover unplanned absences</li> </ul>	<p>Contract volumes declined over the three months of the quarter.</p> <p>It was acknowledged that Family Start resourcing needs to be improved and that this should see an improvement in performance and service delivery.</p> <p>Waipareira currently has 12 FTE's which translates to a caseload of 22 whanau per worker which is higher than the required ratio of 1:16.</p> <p>Recruitment is underway for 7 Whanau Workers. Waipareira advised that the new recruits will need to hold social work qualifications in order to be able to manage the 'new' child protection focus and KPI's.</p> <p>Alongside this recruitment, Waipareira will focus on re-engaging with referral agencies and networks in order to generate more referrals. This will include targeting CYF sites, CYF Care &amp; Protection Panels (which 9(2)(a) attends) Plunket and Waitakere Hospital maternal mental health 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	Action By Whom	Action by when
<p>Percentage of workers who receive at least one hour of one-on-one supervision by a qualified supervisor each week</p> <p><b>Why?</b></p> <p>Support the professional practice of those working with vulnerable families.</p>	95%	41% quarterly average	<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. What level of qualifications do supervisors currently have?</p> <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"> <li>Sight supervision schedule and files for frequency of supervision and information that is covered; expect to see a formal note that covers client cases.</li> <li>Sight internal contract between supervisor and whanau worker</li> </ul> <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>It was acknowledged that referrals had "slowed down" and that Waipareira had been slow to respond to some referrers (especially in cases where the referrer wanted a worker in place within a two week period).</p> <p>CEO John Tamihere introduced [9(2)(a)] now working for Waipareira and will be supporting the recruitment and promotional strategies.</p> <p>[9(2)(a)] reiterated Waipareira's commitment to Family Start and advised that a recruitment drive is underway to get the right staff on board and ensure that the right supports are in place to enable them meet Family Start deliverables.</p>		



9(2)(a)

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
Percentage of families who are reviewing and completing their Individual Family Plans (IFPs) at least every three months  <b>Why?</b> The IFP is particular to a family and a regular review is required to reflect progress and ensure appropriateness of service provision.	95%		Review a random selection of client files to ensure that whanau are progressing towards their IFP goals IPF is to include all requirements as laid out in Family Start Manual 1. Frequency of review – check dates and review dates? 2. Does IFP reflect progress over last 3 months and link/burials on strengths and needs? 3. How frequently keyjs been set by the supervisor? Revised? 4. Have other agencies been consulted in relation to developing IFP? 5. Quality of plans are they SMART? child-referred? 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?	The few supervision rate was discussed. I raised the issue of FS-Net supervision recording, which he does not believe is accurate. The staff who did not receive one hour of supervision per week were on leave or students and therefore not eligible for supervision. The RAF advised that FS-Net reviews are underway to look at how the accuracy of supervision recording could be improved. The RAF thought that a 'margin of error' could account for a 10% - 20% underperformance but does not explain the low figure of 41% for the last quarter.		

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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	Action By Whom	Action by When
<p>Percentage of active families receiving at least one hour of AM / BTL per month</p> <p><b>Why?</b> Regular delivery of AM/BTL provides some confidence that families are being regularly assessed in these domains.</p>	95%	77.6% quarterly average	<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 F5-Net client notes for AM delivery verifying one hr per month</p> <p>1. All Whanau workers have received initial training to deliver AM/BTL</p> <p>2. Supervisors have attended support workshop?</p> <p>3. Site home visit record sheets (yellow), completed in a timely manner, dated</p> <p>4. Has an annual AM or exit survey been completed?</p>	<p>The RAF did not have time to undertake file checks this month so it was agreed that Waipareira would undertake self-checks and the results could be discussed.</p> <p>The RAF will send through the File Checker, which can be modified to suit Waipareira's quality assurance needs. Self-checks are good practice and will help clarify what documents should be on client files.</p> <p>AM/BTL delivery has declined over the three months of the quarter. This is due in part to some of the former PAF-T workers leaving Family Start to return to PAF-T, following the separation of the previously merged programmes.</p> <p>Four staff are booked in for BTL training in November, however the kits now available enable staff to start delivering BTL before receiving the formal initial training.</p> <p>Whanau Workers are split into two teams with a Coordinator for each, who would normally monitor variances in BTL delivery and other targets. However because their time has been taken up with managing the high caseloads of 22....</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	Action By Whom	Action by when
<p>Percentage of children 0-3 up-to-date with the developmental milestone checks set out in Ahuru Mōwai / Born to Learn.</p> <p><b>Why?</b> Adherence to the development milestone checks provides some confidence that children are being regularly assessed in these domains.</p>	95%		<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 relevant to the age of the child 2. Is the handout list recorded?</p>	<p>...they haven't been able to undertake this intended monitoring/coordination role. It is hoped this will be alleviated by employing the required number of staff.</p> <p>Some workers struggle to engage families in AM/BTL, especially in the initial stages. This is where co-working or mentoring of difficult cases could be of benefit. Currently for the 12 FTE's have social work qualifications, the rest have ECE quals.</p>		

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 THE  
 OFFICIAL INFORMATION ACT

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>Percentage of all new families who remain on the programme for at least 12 months</p> <p>Why? 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%	85% (Sight)	<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"> <li>1. Check that the family has received minimum of 1 home visit per month and 1 hour of AM/PT/TS delivered per month</li> <li>2. Check that the Strength and Needs assessments are reviewed at least 6 monthly</li> </ol> <p>Decide reasons why families are leaving within 12 months. (Refer to monthly FS, exit status marked and unplanned exits) Are proposed exits discussed with Practice Manager?</p> <ul style="list-style-type: none"> <li>• Graduation process – strengths and needs assessment completed, IFP reviewed and plan put in place upon exiting</li> <li>• Was the exit within the control of the provider?</li> <li>• Is a regular scan done for long periods of non-contact?</li> <li>4. Is a retention strategy in place?</li> <li>5. Are families referred elsewhere? (particularly if vulnerable)</li> <li>6. Transfers: <ul style="list-style-type: none"> <li>• Have family signed consent?</li> <li>• Has transition been managed between Family Start providers (Sight transfer documentation)?</li> </ul> </li> </ul>	<p>This low figure could in part be due to the exiting of former PAF-T families that were engaged in the amalgamated PAF/FS programme over the past 12 months. Valpareira also called a number of families who were only engaged to retain their ECE entitlement, or did not want to engage fully in the programme.</p> <p>We discussed the high needs challenge of engaging high-needs families in a voluntary programme and what happens to families who don't wish to engage in Family Start but don't meet the "care and protection" threshold that would require continued CYF oversight.</p> <p>In cases where children have been assessed as unsafe from abuse or neglect, or where attachment dynamics need modifying,</p> <p>Valpareira will use the CYF Consult Sheet which is a Risk Assessment incorporating Signs of Safe Practice. This will provide for the use of consistent language e.g. the distinction between 'high needs' and 'high risk'.</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	Action By Whom	Action by when
<p>Percentage of children who have their scheduled immunisation(s) during the quarter it came due</p> <p><b>Why?</b> Promoting immunisation is a key way of improving children's health.</p>	80%	56% (quarterly average)	<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>Check that in client notes in FS-Net the discussion has been recorded and noted</p>	<p>We discussed the need to look into the high number of "Cannot Be Determined" or "Non Answer" responses to the ECE, Immunisation and Well Child Check KPI status. Waipareira advised that this is the role of the two coordinators who should be able to investigate these stats once Family Start is fully started.</p>		
<p>Percent of children who have had their scheduled Well Child visit(s) during the quarter that it came due</p> <p><b>Why?</b> Gives us some confidence that family health and well-being is being addressed.</p>	80%	50% (quarterly average)	<p>How do you promote this?</p> <p>1. Are FS-Net reminders followed?</p> <p>2. Is information collected at the initial contact phase about child's Well Child's visits?</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 Well Child visits</p> <p>7. Check that in client notes in FS-Net the discussion has been recorded and noted</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	Action By Whom	Action by when
Percentage of children 18 months and over enrolled in a licensed Early Childhood Education (ECE) facility  <b>Why?</b> ECE has been shown to be beneficial for a child's development	70%	37% (quarterly average)	1. Gather information about how many are on waiting lists or enrolled in alternative education facilities. 2. Refer to monthly F-S-Net stats percentages for cannot be determined and non answered -- why? 3. Relationship with ECE's and Family Staff awareness?			

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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?	Comments and actions	Action By Whom	Action By When
Percentage of parents who do not use harmful disciplinary practices	75%					
Percentage of children assessed as safe from abuse and neglect	80%					
Percentage of parents who demonstrate positive parent-child interactions	80%					
Percentage of families visited once weekly in the first 6 months	TBC <sup>1</sup>					

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<sup>1</sup> 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:**

Noted above in comments/actions.

Agreed Actions	By Whom	By When	Completed/Update

**Overall Comments:**

**Sign-off:**

Report prepared by: 9/2/11 (PAF)

Provider agreed to content: (Record name and date – attach email showing agreed)

Draft copy sent to provider on: 27<sup>th</sup> October 2011

Agreed copy sent to Approvals Assessor on:

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**FAMILY START KPI MONITORING TEMPLATE**

Provider Name: Te Whanau O Waipareira Trust  
 Provider Number: 3311  
 Contract Number:

Visit on 19<sup>th</sup> September 2011 (with follow up discussion on Wednesday 21<sup>st</sup> September re case file check outcomes) for period July and August 2011, with a focus on cases engaged since the reported improvements in FS-Net statistics.

Present: 9(2)(a) and 9(2)(a) (19<sup>th</sup> Sept), 9(2)(a) and 9(2)(a) (21<sup>st</sup> Sept).

Venue: Whanau Centre, Te Whanau O Waipareira Trust.

**General discussion**

1. Good news stories	
2. Issues and trends in the community	
3. Issues and trends with the Family Start programme	9(2)(a) raised the issue of the tension between integrated, whanau-centred practice under Whanau Ora, and the more prescriptive requirements of the Family Start programme.
4. Health of the organisation	
5. OYF Approval review completed	Refer to latest Approvals report – record when this was completed. Is there anything to follow-up? When is the next visit due.
6. Apurū Mowai visit	Record the last visit from AM/BTL team – anything to follow-up?
7. Review of the financials for Family Start (annually)	Record the last review of Annual accounts Review of annual budget and expenditure on the Family Start programme

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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	Action By Whom	Action by when
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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	Action By Whom	Action by when
Number and percentage of contracted volumes delivered  Why? Tracking volumes contracted as well as demand for the service	95%	Reported in FS-Net	<ol style="list-style-type: none"> <li>Record the number of whanau workers and supervisors.</li> <li>The number of incoming referrals in the period:               <ul style="list-style-type: none"> <li>Are the key referral agencies engaged?</li> </ul> </li> <li>The number of referrals declined:               <ul style="list-style-type: none"> <li>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?</li> </ul> </li> </ol> <p>Are these for longest duration: Are these families still actively engaged in the programme? 5. Marking list numbers to assess demand for the service. How long do people wait? Are they referred elsewhere? 6. FS-Net being maintained:           <ul style="list-style-type: none"> <li>Eliminate 'unassigned' active cases in FS-Net if not contacted after 6 weeks</li> </ul>           7. Leave &amp; training planned to ensure adequate coverage:           <ul style="list-style-type: none"> <li>Plan in place to cover unplanned absences</li> </ul> </p>	# of whanau workers # of supervisors  Contract volumes peaked in July 2011 after an internal recruitment drive across Whangarei's other services. 111 new referrals were picked up primarily from Whangarei's Tahariki, Orahau and Waiti Health Clinic. 14 referrals were received from CYF.  There are 26 whanau referrals waiting to be assessed.  There are currently two Whanau Worker vacancies. 13 Whanau Workers are currently carrying caseloads of 20 families each. This is less than optimal and recruitment of staff is a priority.	9(2)(a)	

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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	Action By Whom	Action by when
<p>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>	95%	Reported in FS-Net	<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"> <li>1. What level of qualifications do supervisors currently have?</li> <li>2. Are staff development plans and performance appraisals in place?</li> <li>3. Quality of the supervision (internal/sign supervisor schedule and files for frequency of supervision and information that is covered; expect to see a formal note that covers client cases and a separate supervisor sign-off on the work.)</li> <li>4. External supervision is given, sight ledger/invoice and a written agreement - clause 6.3.4 Family Start Manual</li> <li>5. Ensure supervision recorded accurately in FS-Net.</li> </ol>	<p>... no longer wanting to engage in F S, families who only wanted to engage in order to retain their ELP entitlement, and families returned to the PAF programme after the separation with PAF &amp; FS.</p> <p>The Whanau Workers have been split into two teams and now have a Coordinator and Senior Practitioner assigned to each team. These new roles have a monitoring and practice support function.</p> <p>There is still only one Qualified Supervisor (2) (a) [redacted]. He works to a supervision schedule. The newly-introduced coordinators may complete supervision training in future (Mataora certificate).</p> <p>Waipareira Family start currently has 10 Unitec students on placement. This could provide a recruitment pool to draw from in future.</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	Action By Whom	Action by When
<p>Percentage of families who are reviewing and completing their Individual Family Plans (IFPs) at least every three months</p> <p><b>Why?</b> The IFP is particular to a family and a regular review is required to reflect progress and ensure appropriateness of service provision.</p>	95%		<p>Review a random selection of client files to ensure that whanau are progressing towards their IFP goals</p> <p>IFP is to include all requirements as laid out in Family Start Manual</p> <ol style="list-style-type: none"> <li>1. Frequency of review – check dates and review dates?</li> <li>2. Does IFP reflect progress over last 3 months and links/burths on strengths and needs?</li> <li>3. Have intensity levels been set by the supervisor? Revised?</li> <li>4. Have other agencies been consulted in relation to developing IFP?</li> <li>5. Quality of reports are they SMART child-focused? Achievable? Evidently to strengthen family against child maltreatment?</li> <li>6. IFP signed by both whanau worker and family?</li> <li>7. Has the supervisor signed off quarterly review within one week of review completion?</li> </ol>	<p>For example: Training to be delivered around setting SMART objectives.</p> <p>The 111 new families were achieved through a promotion of Family Start across Waipareira's other Whana Tahi Whanau Ora services. There are 6000 clients registered with their FHO.</p> <p>Whanau workers and other Waipareira staff (e.g. Tamariki Ora nurses) are co-visiting families.</p> <p>The intensity level breakdown is as follows: High - 19 Medium - 95 Low - 91</p> <p>CYFS &amp; Probation referrals are always assessed as High.</p> <p>As the majority of cases are medium and low, we discussed the issue of whether families are meeting the new 'high needs' criteria. Some of the low families have been engaged for a long time and could be exited. Most of the 111 new families recruited are medium intensity.</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	Action By Whom	Action by when
<p>Percentage of active families receiving at least one hour of AM / BTL per month</p> <p><b>Why?</b> Regular delivery of AM/BTL provides some confidence that families are being regularly assessed in these domains.</p>	95%		<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"> <li>All whanau workers have received training to deliver AM/BTL</li> <li>Supervisors have attended support workshop?</li> <li>Site home visit beyond sheets (yellow), completed in a timely manner, dated</li> <li>Has an annual AM or exit survey been completed?</li> </ol> <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"> <li>Sight milestone checklists are completed relevant to the age of the child</li> <li>Is the handout list recorded?</li> </ol>	<p>For example: Parent Educator to co-work cases where Whanau Worker is not meeting AM/BTL delivery; All supervisors to monitor team members AM/BTL delivery.</p> <p>A higher rate of AM/BTL delivery has been achieved than Home Visit rates over the last few months. This has been due to proactive efforts to promote the delivery of BTL, alongside recently-delivered training and supervisors training from the MSD AM/BTL support team.</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	Action By Whom	Action by when
<p>Percentage of all new families who remain on the programme for at least 12 months</p> <p>Why? 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>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"> <li>1. Check that the family has received minimum of 1 home visit per month and 1 hour of AM&amp;BH delivered per month</li> <li>2. Check that the Strength and Needs assessments are reviewed at least 6 monthly</li> </ol> <p>Discuss reasons why families are leaving within 12 months: (Refer to monthly ES-Net stats shared and unplanned exits) 3. Are proposed exits discussed with Practice Manager?</p> <ul style="list-style-type: none"> <li>• Graduation process – strengths and needs assessment completed, IFP reviewed and plan put in place upon exiting</li> <li>• Was the exit within the control of the provider?</li> <li>• Is a regular scan done for long periods of non-contact?</li> <li>4. Is a retention strategy in place?</li> <li>5. Are families referred elsewhere? (particularly if vulnerable)</li> <li>6. Transfers: <ul style="list-style-type: none"> <li>• Have family signed consent?</li> <li>• Has transition been managed between Family Start providers (Sight transfer documentation)?</li> </ul> </li> </ul>	<p>9/2/10 will check FS-Net and generate a list of clients of active clients who have been engaged in the programme for at least one year.</p> <p>9/2/10 will check what other sites are doing and suggest ways that this info could be generated.</p>		

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9(2)(a)

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
Percentage of children who have their scheduled immunisation(s) during the quarter it came due  <b>Why?</b> Promoting immunisation is a key way of improving children's health.	80%		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 structure 7. Check that in client notes in FS-Net the check that in client notes in FS-Net the discussion has been recorded and noted	The immunisation rate of 63% could be better. [redacted] will look into the 28% Non Answer category, as this could be a recording issue. Better promotion of immunisation is required. Maipareira has three Tamariki or Nurses.		
Percent of children who have had their scheduled Well Child visit(s) during the quarter that it came due  <b>Why?</b> Gives us some confidence that family health and well-being is being addressed.	80%		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? 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 Well Child visits 7. Check that in client notes in FS-Net the discussion has been recorded and noted	The Senior Practitioners will look into this low result (43%), especially the 28% Non Answer statistic. Given that some F S referrals actually come from Maipareira's Well Child programme, this result should be higher.		



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>Percentage of children 18 months and over enrolled in a licensed Early Childhood Education (ECE) facility</p> <p><b>Why?</b> ECE has been shown to be beneficial for a child's development</p>	70%		<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 SA awareness?</p>	<p>The availability of ECE is an issue. Many families prefer Kohanga Reo or language nests, but placements are limited (as they are with private ECE's).</p> <p>Eligibility for ELP is from 18 months to 3 years. At 3 years children become eligible for 20 free hours. Some facilities require families to attend (and pay for) a further 20 hours. MOE advised Wapereira to report these facilities as this requirement is not appropriate.</p> <p>Discussion re whether 70% is a realistic target for Akid, given the above constraints. Exceptions reporting (and reasons for non-participation) should be captured in FS-Net to inform this analysis.</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%					
Percentage of children assessed as safe from abuse and neglect	80%					
Percentage of parents who demonstrate positive parent-child interactions	80%					
Percentage of families visited once weekly in the first 6 months	Tbc <sup>1</sup>					

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<sup>1</sup> 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:

Agreed Actions	By Whom	By When	Completed/Update
Ensure 9(2)(a) receive the newsletter	9(2)(a)	23 September 2011	
Generate list of information re families engaged for at least 12 months.		Drop into Regional Office on Wednesday 21 <sup>st</sup> Sept.	
Provide sample of supervision case notes.		Drop into Regional Office on Wednesday 21 <sup>st</sup> Sept.	
Check status/introduction of Early Start Risk Assessment Tool and guidelines for use.		Drop into Regional Office on Wednesday 21 <sup>st</sup> Sept.	

Overall Comments:

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Sign-off:

Report prepared by:

Provider agreed to content: (Record name and date – attach email showing agreed)

Agreed copy sent to provider on:

Agreed copy sent to Approvals Assessor on: