

Family Start File Check Sheet

Family Start Monitoring Visit File Check Template	
Visit Date: 26/09/2011 & 28/09/2011	RAF: 9(2)(a)
Provider Name: Turuki Health Care	
Monitoring Period Covered: 1/08/2011 – 31/08/2011 (FS Net), 25/09/2011 (discussion)	

File Number	3884	3154	3659	3427	3731
Whanau Worker	9(2)(a)				
1. REFERRALS (Related KPI – Contract Volumes, referral criteria met)					
Date of referral?	23/06/2011 1	30/03/2010 9	10/01/2011 1	22/03/2010 10	5/01/2009 9 (transferred from FS Manukau 01/03/2011)
How old was child at date of referral?	9 months	3 months	5 months	20 months	2 yrs, 4 months
Where did the referral come from?	CYF DR Coordinator (Mangere)	Middlemore Hospital	Women's Health - CMDHB	Self Referral	CYF Otago
Does the child/whanau met the 'high needs' criteria?	Y	Y	?	Y	Y

Comments per file:	
File Numbers	
3884	9(2)(a)
3154	Evidence of substance abuse, SIDS risk, mental health issues, relationship problems, low income, low educational attainment, etc.
3659	Low income, Low parental education, young parent – assigned as 'low intensity'
3427	Mental health issues, relationship problems, unsupported parent, frequent change of address, sickness benefit cancelled (low/no income)
3731	High Intensity client transferred from FS Manukau. CYF involvement. Protection order in place. File only contains records from the time Turuki took this client from FS Manukau.

2. STRENGTHS AND NEEDS ASSESSMENTS / HOME VISIT FREQUENCY					
Was the 1 st assessment completed within 6 weeks of the family being made active? ^{1 2}	Y, active 28/07/2011	Y, active 12/05/2010	N, active 26/01/2011	Y Active	N Whanau

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

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

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	1, assessment dated 24/08/2011	9, assessment dated 12/05/2009	1, assessment dated 1/08/2011	23/03/2010, assessment dated 12/04/2010	Worker received file 07/03/2011, but first needs assessment under Turuki completed 15/06/2011
Have subsequent assessments been completed within the 6 monthly periods?	n/a	Y	n/a	Y	n/a
Has the supervisor signed off the assessment?	Y	Y	Y	Y	Y
What does the assessment look like? Across the five domains has the whanau worker captured a good range of information?	Good range of info across all except Domain 1 (Past History)	Early assessments did not include 'Past History' but subsequent ones have good range of info.	Good range of info across all domains.	First 3 assessments contained very brief info (although all domains were filled in). Latest assessment is more expansive.	Extremely brief entries under all domains of S&N Assessment
Has there been an assessment of the child's safety as a result of the domain work? (Manual pages 58-61)	Y Domain 3 includes completed Health and Safety info. Completed home visiting risk assessment also on file.	Y Health and Safety covered under Domain 3	Y Health and Safety covered well in Domain 4 and 'Initial Risk Assessment' template completed.	Y Health and Safety covered briefly in domain work. Risk Register template on file but left blank.	Y Health and Safety covered very briefly in Domain 4 and 'Home Visiting / Initial Risk Assessment' template completed on file
Have all whanau in their first year of engagement received weekly home visits?	n/a Case notes to	N	N	N Visits were	Y Weekly visits, but

months

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	06/09/2011 1			regular but certainly not weekly.	client has not been with Turuki FS for a year yet.
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Comments per file:

File Numbers	
3884	Case notes may not have been updated following weekly visits (last case note on file is 06/09/2011)
3154	Case note history and ongoing contact record does not indicate weekly visits maintained throughout.
3659	Case notes only begin on 23/05/2011 when file was allocated to new Whanau Worker following resignation of original WW.
3427	Contact record shows early history of missed appointments, WW time off work and child illness/doctor's appointment leading to home visits getting off to a poor start. IFP has a Health and Safety Goal, but Risk Register is not completed and Health and Safety section of S&N Assessment does not expand on the need for Health and Safety Goal in IFP.
3731	This client transferred from FS Manukau. The file does not include records from the period prior to Turuki FS becoming involved.

3. INDIVIDUAL FAMILY PLANS REVIEWED AT LEAST EVERY THREE MONTHS?

Was the 1 st IFP completed within the required timeframe? (one month of S&N Assessment)	IFP not yet on file	N. First IFP on file dated 21/07/2010	N. IFP is dated 6/07/2011, S&N assessment is dated 1/08/2011 (later than IFP)	N. IFP dated 6/04/2010, S&N assessment completed 12/04/2010 (later than IFP)	N. IFP completed 15/04/2011, S&N Assessment dated 15/06/2011 (later than IFP)
Are the child's needs reflected in the IFP?	n/a	Y	Y	Y	Y
Has the IFR been signed by whanau and worker?	n/a	Y	Y	Y	Y
Are the family goals consistent with the Family Start goals? i.e. child centred, prevention of abuse & neglect?	n/a	Goals very much AMBTL focussed	Goals restricted to AMBTL	Y. Goal #1 AMBTL, Goal #2 Child Safety and Health	Y Goals relate primarily to the Health and Safety of the child
Do the IFP's include SMART objectives?	n/a	Y	Y	Y	N Timeframes attached to goals are not specific

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					(they are listed as 'Ongoing' and ASAP)
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	n/a	Y	n/a	Y Reviews have taken place but rationale behind changes in goals not adequately covered	Y One review has occurred and goals/IFP were not altered
	n/a	Y	n/a	Y See above	Y See above
	n/a	Y	n/a	Y See above	Y See above
Has the supervisor signed off the quarterly reviews within a week of the review's completion?	n/a	Y	n/a	Y	Y

Comments per file:	
File Numbers	
3884	IFP not yet on file. S&N assessment completed 24/08/2011.
3154	First IFP on file dated 21/07/2010. Goals very much focussed on AMBTL.
3659	IFP is dated as being completed prior to S&N Assessment being completed. Only one goal listed and this is restricted to AMBTL delivery.
3427	Notes around review of progress towards goals and rationale behind changes in goals should be expanded significantly.
3731	IFP goals could perhaps be more specific with timeframes attached to them.

4. AM & BTL					
Does the file reflect that the family has received at least one hour of AM/BTL per month? Is there a case note or Home Visit Record entry for each AM/BTL session?	Y (Sept visit yet to take place?)	N	Y	N However, AMBTL Home Visit Records are on file for all but two months	Y

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Comments per file:	
File Numbers	
3884	3 home visits recorded for July/Aug. No visits yet recorded for Sept.
3154	There is a gap in AMBTL home visit records between 3/06/2009 and 31/03/2010
3659	AMBTL Progress Form indicates that one visit of one hr per month has occurred since new WW was assigned.
3427	AMBTL records are significantly better than IFP, S&N, etc
3731	AMBTL Home Visit Records on file for each month since transfer of client.

5. AM/BTL DEVELOPMENTAL MILESTONE CHECKS

Is the child (if aged 0 to 3 years) up to date with developmental milestone checks?	Y	N	Y	Y	Y
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Comments per file:

File Numbers	
3884	Milestones summary dated 24/08/2011 on file.
3154	There are significant gaps in the records on this file (AMBTL and IFP)
3659	Completed 'Milestones: Birth to 1 ½ months' template on file.
3427	Three completed 'Milestones' templates on file.
3731	Completed 'Milestones: 24-36 Months' template on file.

6. RETENTION OF FAMILIES

Did this family remain engaged in the programme for at least 12 months?	n/a	Y	n/a	Y	Y Transferred from another FS provider.
If exited, what was the reason for early exit?	n/a	n/a	n/a	n/a	Transfer
If exited, was this referral suitable/appropriate?	n/a	n/a	n/a	n/a	Y
Is there evidence on file of a retention strategy for this family?	n/a	N	n/a	N	N

Comments per file:

File Numbers	
3884	Relatively new file.
3154	Family have been engaged for 2 ½ years but goals have not been significantly updated and there appear to be gaps in file records for AMBTL, IFP.
3659	Relatively new file (less than 12 mths). Case Notes indicate the Whanau now reside outside Turuki catchment area and that FS Manager will confirm continuation of Turuki involvement with ATWC. Letter to this effect is on file and signed by Whanau.

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3427	Although this Whanau have been retained, goals need to be reviewed more rigorously and rationale captured for changes.
3731	Records only on file for period since client transferred to Turuki FS

7. IMMUNISATIONS					
Is there an Immunisation Schedule on file?	N	N	N However, FS Net shows immunisation history	N However, FS Net shows immunisation history	Y FS Net Immunisation records on file
Is the Immunisation Schedule up to date? (is there an immunisation due in the relevant quarter?)	N	N	Immunisation checklist in FS Net up to date	Immunisation history in FS Net up to date	Y
Is their evidence in case notes that immunisation has been discussed? (at I C Assessment and other HV)	N	N	N FS Net has been updated	N FS Net has been updated	N

Comments per file:	
File Numbers	
3884	Relatively new file. Whanau Worker may have noted in FS Net but not updated hard-copy file.
3154	No immunisation schedule on file, but case notes state 15 month check completed and next check is due at 4 years.
3659	Case Notes and file do not mention Immunisation discussion between Whanau & Whanau Worker. However, FS Net shows confirmation of immunisations.
3427	Case Notes and file do not mention Immunisation discussion between Whanau & Whanau Worker. However, FS Net shows confirmation of immunisations.
3731	No record of Immunisation being discussed, but Immunisation record on file.

8. WELL CHILD VISITS					
Is there evidence on file of completed Well Child visits?	N	N	N	Y	Y
Is there evidence in case notes that Well Child has been discussed?	N	Y	N	N	N

Comments per file:	
File Numbers	
3884	Whanau Worker may have noted in FS Net but not updated file?
3154	Case notes state "Well Child; Baby is all up to date last check was 15 months next check 4

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	years"
3659	No evidence of Well Child visits or discussion on file. However, FS Net shows Well Child visits made at 4 weeks, 6 weeks, 3 months and 5 months.
3427	There is a Family Start 'Progress Form' on file with dates of GP/Well Child meetings.
3731	FS Net print out on file showing Well Child history.

9. EARLY CHILDHOOD EDUCATION

Is there evidence on file that the child is engaged in ECE?	N	N	N	N
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Comments per file:	
File Numbers	
3884	Child is 9 months old.
3154	n/a
3659	Child is 5 months old.
3427	Nothing on file re: ECE but FS Net indicates child is not enrolled in ECE
3731	FS Net print out indicates child is enrolled in ECE

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Family Start Monitoring Template – August 2011

FAMILY START KPI MONITORING TEMPLATE

Provider Name: Turuki Health Care
 Provider Number: 50146
 Contract Number: 314273

25 August 2011 for period 1 July to 31 August 2011
 Venue: Turuki Health Care, Mangere.

Present: 9(2)(a) (FACS, Regional Advisor Funding), Te Paea Winiata (CEO, Turuki Health Care, 9(2)(a) (Service Manager – Whanau Development, Turuki Health Care), 9(2)(a) (Supervisor, Family Start, Turuki Health Care), 9(2)(a) (Supervisor, Family Start, Turuki Health Care)

General discussion: The meeting opened with 9(2)(a) informing those present that this first monitoring visit under the new contract would be an opportunity for both parties (RAF and Turuki) to go through the new monitoring template together to ensure there was a shared understanding of the monitoring requirements under the new contract. The first complete monitoring visit using the new template will take place in September 2011.

1. Good news stories	
2. Issues and trends in the community	
3. Issues and trends with the Family Start programme	<p>Turuki FS raised the issue of client transfers between FS providers. Turuki FS said it would be preferable if FS providers were able to retain whanau who have moved out of the geographic area dictated by their FS contracts if whanau feel more comfortable remaining with their existing FS provider. Turuki would like to see a policy developed by the FS Directorate around this.</p> <p>FS Net enhancements need to catch up with implementation of new KPI's and other changes made by FS Directorate. Once the enhancements are complete, what support/training will be available to providers?</p>
4. Health of the organisation	<p>Turuki Health Care has engaged 9(2)(a) 9(2)(a) to put systems in place to capture RBA client feedback in a way that will benefit Turuki Health Care, Te Kotahitanga Whanau Ora collective and its funders – including MSD. As part of this contractual relationship 9(2)(a) will also conduct a workshop on Sept 15th with Turuki and Papakura Marae staff around capturing KPI's for FS.</p>

	<p>Turuki Health Care is looking at trialling the excess? IT system across Te Kotahitanga Whanau Ora collective</p> <p>Turuki have identified a need to manage tensions between Whanau Ora and Family Start. Family Start is under pressure to comply with the new contract issued by the FS Directorate at the same time as changes are occurring as a result of the implementation of Whanau Ora.</p>
5. CYF Approval review completed	<p>The latest CYF Approvals assessment was on 6/11/2009 9(2)(a) 9(2)(a)</p> <p>The next CYF Approvals visit by 9(2)(a) will take place on the 24th of November 2011</p>
6. Ahuru Mowai visit	<p>Record the last visit from AM/BTL team → anything to follow-up?</p> <p>The last visit by 9(2)(a) was on 24/02/2011. The next visit by 9(2)(a) will take place on the 26th August 2011.</p> <p>Follow-up from the previous visit included concerns around provision of adequate educational resources by Turuki FS. This has been addressed by Turuki extending educational resources through Whanau Workers taking SKIP packs to initial visits and providing Brainwave Trust DVD's for whanau.</p>
7. Review of the financials for Family Start (annually)	<p>Record the last review of Annual accounts Review of annual budget and expenditure on the Family Start programme</p> <p>The next annual audit of accounts is in Oct 2011. These accounts should be available by Christmas 2011. The annual budget for the FS programme should also be available at the same time.</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
Number and percentage of contracted volumes delivered Why? Tracking volumes contracted as well as demand for the service	95%	88.8% (July FS Net Monthly Report)	<ol style="list-style-type: none"> 1. Record the number of whanau workers and supervisors. 2. The number of incoming referrals in the period: <ul style="list-style-type: none"> • Are the key referral agencies engaged? 3. 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? 4. The files of longest duration: <ul style="list-style-type: none"> • Are these families still actively engaged in the programme? 5. Waiting list numbers to assess demand for the service: <ul style="list-style-type: none"> • How long do people wait? Are they referred elsewhere? 6. FS-Net being maintained: <ul style="list-style-type: none"> • Eliminate 'unassigned' active cases in FS-Net if not contacted after 6 weeks 7. Leave & training planned to ensure adequate coverage: <ul style="list-style-type: none"> • Plan in place to cover unplanned absences 	# of whanau workers = 18 (comprised of 14 FTE and 4 fixed term contractors) # of supervisors = 2		

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%	39% (FS Net June Quarterly Report)	<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 (external, sight supervision schedule and files for frequency of supervision and information that is covered; expect to see a normal note that covers client cases. 4. If external supervision is given, sight ledger/invoice and a written agreement - clause 6.3.4 Family Start Manual 5. Ensure supervision recorded accurately in FS-Net. 			

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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>Why? The IFP is particular to a family and a regular review is required to reflect progress and ensure appropriateness of service provision.</p>	95%		<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/build 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 maltreatment? 6. IFP signed by both whanau worker and family? 7. Has the supervisor signed off quarterly review within one week of review completion? 	<p>For example: Training to be delivered around setting SMART objectives</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>Why? Regular delivery of AM/BTL provides some confidence that families are being regularly assessed in these domains.</p>	95%	91.7% (July FS Net Report)	<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 exit survey been completed? 	<p>For example: Parent Educator to co-work cases where Whanau Worker is not meeting AM/BTL delivery; All supervisors to monitor team member's AM/BTL delivery.</p>		
<p>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%		<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"> Sight milestone checklists are completed relevant to the age of the child Is the handout list recorded? 			

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?</p> <p>Research suggests vulnerable families need to be actively engaged in intensive home-visitation programmes for at least 12 months for the programme to have a positive effect</p>	80%		<p>[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&BIT delivered per month 2. Check that the Strength and Needs assessments are reviewed at least 6 monthly 3. Discuss reasons why families are leaving within 12 months. (Refer to monthly FS-Net starts planned and unplanned exits) 3. Are proposed exits discussed with Practice Manager? <p>Graduation process – strengths and needs assessment completed, IFP reviewed and plan put in place upon exiting</p> <ul style="list-style-type: none"> • Was the exit within the control of the provider? • Is a regular scan done for long periods of non-contact? <p>4. Is a retention strategy in place?</p> <p>5. Are families referred elsewhere? (particularly if vulnerable)</p> <p>6. Transfers:</p> <ul style="list-style-type: none"> • Have family signed consent? • Has transition been managed between Family Start providers (Sight transfer documentation)? 			

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>Why? Promoting immunisation is a key way of improving children's health.</p>	80%	53% (FS Net June Quarterly Report)	<p>1. How do you promote this?</p> <p>2. Are FS-Net reminders followed?</p> <p>3. Is information collected at the initial contact phase about child's immunisation status?</p> <p>4. Is this part of supervision discussions?</p> <p>5. Refer to monthly FS-net stats/percentages for cannot be determined and Non answered why?</p> <p>6. Check file for completed immunisation schedule</p> <p>7. Check that in client notes in FS-Net the discussion has been recorded and noted</p>			
<p>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%	67% (FS Net June Quarterly Report)	<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 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
<p>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%	26% (FS Net June Quarterly Report)	<ol style="list-style-type: none"> 1. Gather information about how many are on waiting lists or enrolled in alternative education facilities. 2. Refer to monthly FS-Net stats percentages for cannot be determined and non answered – why? 3. Relationship with ECE's and Family Start 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?	Comment and actions	Action By Whom	Action by when
Percentage of parents who do not use harmful disciplinary practices	75%			Turuki asked the question "What is MSD's expectation around families who are identified as using harmful practices?"		
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	75%					

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:

Agreed Actions	By Whom	By When	Completed/Update

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

Agreed Actions	By Whom	By When

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:



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MINISTRY OF SOCIAL DEVELOPMENT
Te Manatū Whakahiato Ora

Bowen State Building, Bowen Street, PO Box 1556, Wellington 6140 • Telephone: 0-4-916 3300 • Facsimile: 0-4-918 0099

29 September 2011

IN CONFIDENCE

9(2)(a)

Turuki Health Care
PO Box 43 002
Mangere
Sth Auckland 2153

Tēnā koe, 9(2)(a)

KEY PERFORMANCE MEASURE - WEEKLY VISIT THRESHOLD

Your Family Start contract sets nine key performance measures from 1 July 2011, and four key performance measures from 1 October 2011. One of the key performance measures to be in effect from 1 October 2011 is "percentage of families visited once weekly in the first 6 months". The threshold currently says "TBC" (to be confirmed).

We have reassessed this measure against the feedback we have received from providers and practice experts. We continue to believe that this is an important and appropriate measure as its intention is to monitor best practice – that best practice being frequent visits to our most vulnerable families. This is to ensure that a strong connection is built with the family which is critical for assessing the needs of the family and achieving positive outcomes.

We will require that all new families (those that commence from 1 October 2011), once accepted on to the Family Start programme, are visited once weekly for the first six months. However we will not set a threshold for this financial year but rather take the opportunity to work with you to set an appropriate threshold from 1 July 2012.

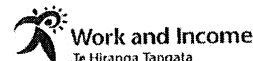
You will receive a report on your performance each month from 1 October 2011 and this will be discussed at monitoring/support visits. We will provide information on the exact reporting formula when we provide the first report in November. Your performance against this measure will not have an impact on contract payments until a threshold is set.

I look forward to continuing our work with you to strengthen best practice and to make a positive difference to the lives of the families we work with.

Nāku noa, nā

9(2)(a)

National Contracts Manager



C4

26 July 2011

UNCLASSIFIED

Tepuea Winiata
Turuki Health Care
PO Box 43 002
Mangere 2153

Dear Tepuea

FAMILY START SERVICES FROM 1 JULY 2011

As you maybe aware, I have been appointed the Director of the Family Start programme. This is as a direct result of Minister Bennett directing that new governance arrangements be put in place due to concerns about the performance of the Family Start programme.

I will be seeking a demonstrable improvement in the programmes effectiveness over the next 12 months. To achieve an improvement, the environment within which Family Start operates and how we work together, needs to change.

Family Start Team

A dedicated Ministry of Social Development (MSD) team has been established for the Family Start programme.

The team consists of:

- Carl Crafar - Director of Family Start.
Accountable for the delivery and performance of the Family Start programme.
(Email: 9(2)(a) DDI: 9(2)(a))
- 9(2)(a) - National Contracts Manager Family Start.
Responsible for the development of contracting procedures to ensure compliance with government contracting processes. This includes managing the reporting and monitoring of performance and compliance with contractual obligations.
(Email: 9(2)(a) DDI: 9(2)(a))
- 9(2)(a) - Programme Manager Family Start.
Responsible for leading the development of the Family Start programme. This includes redesigning the Family Start programme manual, developing best practice and coordinating enhancements to FS Net.
(Email: 9(2)(a) DDI: 9(2)(a))

PRELIMINARY INFORMATION UNDER THE ACT

- 5 positions to develop and support good practise to be appointed:
 - Practice Leader, MSD National Office. This position will lead the development and maintenance of supporting processes, resources and tools for quality service delivery.
 - Four Technical Experts will be based within the regions. The Technical Experts will identify areas needing practice improvement and will work collaboratively with you and relevant stakeholders to implement strategies/plans to strengthen practice.
- 9(2)(a) – Regional Advisor Funding.
Your RAF is responsible for the day-to-day management of your contract. Your RAF will work closely with the National Contracts Manager to monitor your performance and closely with the Technical Experts to support practice improvement.
(Email: 9(2)(a) DDI: 9(2)(a))

Communications

I will be writing to you quarterly to keep you informed of your organisation's performance, any contract or practice issues and to update you on the developments with the Family Start programme. In addition I will be regularly attending the Family Start Collective Meetings nationally and regionally.

The Family Start team is developing a monthly e news letter which will feature more generic updates on the Family Start programme, frequently asked questions and answers, reminders about key dates, training opportunities and the like. We also encourage you to share with us your good news stories. We will be checking your preferred contact details with you directly to confirm the distribution list.

Family Start Contract from 1 July 2011

Overall the performance of the Family Start programme against key performance measures for the 2010/2011 year was below expectations in a number of areas. On that basis, changes have been made to Family Start contracts from 1 July 2011 to strengthen our monitoring of providers performance and to accurately capture the service's key outcomes. The changes are noted below:

1. Monitoring of performance

From 1 July 2011 we will monitor your performance each month. The monthly monitoring arrangement will be reviewed quarterly and, subject to an improved performance, may be reduced to each quarter. Monitoring will focus on your performance against the key performance measures and the explanations for the numbers reported through FS-Net.

As part of the monitoring process, we will be reviewing provider's Family Start cost allocation structure and Family Start Programme budgets to ensure that Family Start funding is being used directly for Family Start service provision.

Your RAF will contact your organisation to organise dates. It is expected that monitoring visits will be conducted on arranged dates and that your organisation will develop and implement action plans to address any concerns raised. The RAFS and national office team will work closely together to remedy any concerns you have that require MSD action.

2. New Key Performance Measures

Your contract includes a revised set of 13 monthly and quarterly key performance measures (KPIs). These are attached as Appendix One and we include a brief description of any changes made and the rationale for those. In brief the KPIs include:

- Nine measures to be introduced from 1 July 2011: these include four new or amended measures of supervision practises, family planning processes and retention of families, and current measures around volumes, WellChild checks, immunisations and attendance at early childhood education.
- Four new measures to be introduced from 1 October 2011: these include three new measures of child maltreatment and a new measure of intensive home-visitation. The delay till October should enable adequate lead-in time around changes to the programme manual, development of whanau worker training and FS-Net changes.

The level of performance expected against those measures has been raised to between 70% and 95% and this will represent the level of performance that will be "green lighted" from 1 July 2011. We are working on changes to FS-Net to reflect the new KPIs but these will not be in place until August 2011.

Where performance targets are not met, the reasons why will be discussed during contract monitoring. The Ministry acknowledges that Family Start providers will need time and support to achieve the new KPIs and we will not penalise your organisation for things outside its control. However, a consequence of poor performance without an acceptable reason may be the withholding of payments and continued poor performance may result in contract termination.

I will again be meeting with the Family Start Collective on 28 July in Wellington and will talk about the above.

I look forward to working with you to improve outcomes for children and their families.

Yours sincerely

Carl Crafar
Director of Family Start

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Family Start: Practice Advisor Site Visit Record:

<p>Name of Provider: Turuki Health Care Manager: 9(2)(a) Practice Advisor: 9(2)(a) RAF: 9(2)(a)</p>	<p>Location of Provider: Mangere Region: Auckland</p>
<p>Date of Visit: 21/03/2012</p>	<p>Staff seen: 9(2)(a) (Manager)</p>
<p>1. Review of Service Improvement Plan</p>	<p>9(2)(a)</p>
<p>2. Evidence of progress</p>	<p>22/3/12 - Email from 9(2)(a) advising that she has approached Mangere CYF who are unable to release staff at this time. 9(2)(a)</p>
<p>3. Delivery of support as planned</p>	<p>9(2)(a) also emailed draft supervision template she has completed for comment.</p>
<p>4. Additional activity agreed</p>	<p>9(2)(a)</p>
<p>5. Other relevant issues</p>	<ul style="list-style-type: none"> - Debrief with 9(2)(a) following the delivery of the child safety tools workshop on site and with the three staff that attended Papakura. Staff interacted well in both session and where appropriate. - Practice Advisor reviewed 9(2)(a) Supervision notes with her team.

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Overall, notes were very brief and often only included the client number with very little information following about the Whanau Workers rationale for decision making or any meaningful case discussion. No recorded discussion of risk where this was identified to ascertain a plan of safety. Live Supervision was being recorded but no feedback to the Whanau Worker on what their strengths are or areas of development that could be worked into a development plan. 9(2)(a)

This was discussed with 9(2)(a) and it was agreed that a revised supervision template with specific prompts may be more useful to capture information more fully 9(2)(a) will also discuss expectations of supervision recording with staff as she understands the need for quality supervision recording. 9(2)(a) to view further records.

Supervision recording 9(2)(a) Further discussion with 9(2)(a) in regards to the Supervisor vacancy left by 9(2)(a) 9(2)(a) was hoping to potentially recruit a Supervisor for a fixed 3 month contract. Practice Advisor suggested that 9(2)(a) approach the manager of the Mangere City site to put forward the possibility of a secondment for a Supervisor to Family Start or an experienced Senior Practitioner who would like to gain further supervisory experience.

Discussed further the role of senior practitioners being identified to act up who may have Supervision qualifications. Should these options not be suitable 9(2)(a) asked whether or not it would be suitable for her to provide Supervision as an interim measure although she does not have a Supervision qualification as she is already providing debriefs with staff and documenting discussions. I advised that this would be acceptable given 9(2)(a) understanding of practice issues.

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