

Extract from Minister's *report* meeting
dated 19/3/12.

C47

Turuki Health Care – Māngere

- 30 Turuki Health Care's Family Start contract is \$1,627,477.46 for 329 families. They are part of a Whānau Ora Collective.
- 31 KPIs are consistently not achieved. Further the quality of the practice with those families is poor and not in accordance with programme requirements.

KPIs ⁶	July %	Aug %	Sept %	Oct %	Nov %	Dec %	Jan %
Contracted volume				93	95	92	
Supervision	NA	NA					
AM/BTL (parenting)	92						

- 32 There is evidence this provider does not consistently attend to safety issues. There have been incidences where there has been risk to a child and the provider has not taken sufficient action.
- 33 The examples of poor practice in this site are:
- supervision is not regular though recently new systems have been put in place to improve this as well as on site learning, case scrutiny and peer support
 - Strengths and Needs assessments and Individual Family Plans are of poor quality and are not child focused with inadequate linking between assessments and planning for intervention
 - Strengths and Needs assessments are not completed according to programme requirements and until recently staff avoided collecting historical information on clients. Attention has been given to how they can do this with cultural integrity
 - high needs families are not engaged and retained, despite the geographical location of this provider. A pattern of increased volumes resulting in lowered performance is evident
 - the delivery of Ahuru Mowai/Born to Learn is not up to standard, nor is promotion of health and education.
- 34 There is a lack of organisational capacity or willingness to improve. Historically there was a reluctance to address the performance issues and a view that many programme requirements were unreasonable (especially around AM/BTL and health and education promotion). Since December 2011 the Team Manager has demonstrated a commitment to change and has addressed the requirement for child safety as a priority.

⁶ The three KPIs are:

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

- 35 However despite this new commitment, the quality of delivery has not significantly improved and practice issues remain. What progress has occurred seems to be attributable to one key staff member and this is not appropriate or sustainable.
- 36 The Practice Advisor has been engaged with this site since November 2011 and the provider actively seeks assistance and guidance. The Practice Advisor has visited the site six times and delivered child safety training. The Service Improvement Plan was agreed in December 2011.
- 37 not in scope

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

PROVIDER	FAMILY START \$ ²	NO. FAMILIES	MSD \$	OTHER MSD SERVICES	MSD PERFORMANCE
Papakura Marae Society – Papakura*	\$564,697.28	112	\$890,000	not in scope	
Te Ha o Te Whānau Trust – Opotiki	\$402,816.20	80	\$647,000		
Te Roopu Awhina Family Start – Porirua	\$614,870.00	125	\$1M		
Turuki Health Care – Māngere*	\$1,627,477.46	329	\$1.9M		
Te Whānau o Waipareira Trust – Waitakere*	\$1,417,024.80	270	\$3.8M		

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

* Providers are part of a Whānau Ora Collective.

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

FINAL March 2012

FAMILY START PROVIDER PERFORMANCE ASSESSMENT – July 2011 to February 2012

Provider's Legal Name: **Turuki Health Care**
 Provider Number: 50146
 Contract Number: 314273

Completed by: Tania Moody as a record of the assessment meeting with 9(2)(a) (RAF) and 9(2)(a) (PA) on 9 February 2012
Recommendation finalized 13/2/12

SUMMARY

Criteria	Comments
Key Performance Indicators	Overall performance is poor (3 out of 9).
Key Programme Components	Overall core elements of assessments not being achieved - not child focused; not adept at managing child safety issues and supervision quality of concern. Concern also about the cultural fit of the services provided to a Pacifica culture (11 out of 21).
Social work practise	Lacks social work focus and main elements. (1 out of 3).
CYF Approval	Organisational concerns re finance and under-resourcing Family Start
Willingness and Capacity	No. Great effort by FS Manager but no evident lift in performance. Organisational capacity to take on child focus is of concern. Historical concerns noted (attached memo dated 2/3/11)

RECOMMENDATION

Withhold or recover funding (F12)	No
Terminate on Notice (1 July 2012)	N/A
Do not renew from 1 July 2012	Yes – National Contract Managers recommendation <u>9(2)(g)(i)</u>
There is demand for the FS service in this area. Current population is largely Pacifica. Many other	

	providers in the Auckland area <u>9(2)(g)(i)</u> including well established Family Start providers.
Offer 1 year contract from 1/7/12	No <u>9(2)(g)(i)</u>
Offer 3 year contract from 1/7/12	No

Sighted by 9(2)(a), National Contracts Manager 9(2)(a) *NS/12*

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

Criteria	Rating ² (1, 2 or 3)	Comments (include the evidence you have from monitoring and site visits)
KEY PERFORMANCE INDICATORS		
Contracted Volumes	1	Volumes consistently well below. Not the full suite of whanau workers. A reason given by Turuki for this is the inability to offer long-term employment. However, this has been a problem for many years. The area has many high needs families and they need to improve their engagement and retention strategies. Note they have been advised to exit low intensity families – high proportion currently on the books. RAF advised of a trend that where volumes increase, quality of performance drops. See the decline in AM/BTL delivery.
AM/BTL	1	Continues to decrease. Of particular concerns given Turuki's position that this is the Family Start programme.
Supervision	1	The performance in this area continues to be poor despite being advised that this needs to improve. Supervision structures have been put in place to remedy practice deficits yet the frequency of supervision does still not meet the threshold.

¹ A reduced volume is not an appropriate sanction – it is not appropriate to work with fewer families badly. Rather we judge performance and then demand modelling will be considered to determine the volume of service going forward.

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

KEY PROGRAMME COMPONENTS		
Strengths and Needs Assessments	1	Not covering all domains. Cultural needs of the Pacific population are not addressed.
Individual Family Plans	1	Poor quality and not child focused
Child Safety Tools	2	These were not implemented in the timeframe expected. Turuki has acknowledged that this is a priority to imbed and have accepted PA support to do this. Implementation needs to be monitored.
Weekly Visits	2	Inconsistent. Provider is not necessarily referring where appropriate. Some whanau workers inappropriately take on an advocate role.
Supervision Quality	1	Not regular enough – but improvements have been made to structure. Needs to be monitored over the next month. Supervisors need to be up skilled.
Delivery of AM/BTL	2	The focus on this is promising but delivery is not up to the standard in the manual.
Promotion of health and education	2-3	Well promoted. Good communications with PHO.
SOCIAL WORK PRACTISE		
Concerns about safety of practise and response to remedy those concerns	1	Safety issues are not consistently attended to. Examples where there has been risk to a child and Turuki has not taken sufficient action. Once KPI tools are adopted and implemented it is expected that this will improve.
CYF APPROVAL		
Governance, Financial or Management issues	2	<p>CYF Approved 18 August 2010.</p> <p>Interaction with Directorate – this was confrontational at the beginning, and the organisation seemed reluctant to take on the changes required to lift their performance – particularly around the focus on child safety.</p> <p style="text-align: center;">s9(2)(g)(i)</p> <p>s9(2)(a) [redacted] FS Manager, has recently put effort into improving the service delivery. Concerning though that the organisation is relying on the effort of one and unclear on the organisations capacity to appropriately deliver the social work component of the programme. This is not appropriate or sustainable. Supervisors need to be up skilled.</p>

		Financial concerns have been raised that the organisation takes a 30% overhead from Family Start. This arguably under-resources the delivery of the programme.
	Yes or No	9(2)(a) 9(2)(a)
WILLINGNESS/CAPACITY		
Willingness or capacity	No	While [redacted] has demonstrated great effort in shifting the performance level of the organisation, and has recently worked willingly with the PA (although tends to want to deliver things herself rather than allow [redacted] to do this) this is not evidenced in the performance against KRIs or the quality of delivery of key programme components. This raises concerns about the skill level and understanding of the staff. It has been noted that the skill level of supervisors needs to improve.
		s9(2)(g)(i)

Key Performance Indicator Results (%)

Attached July to January

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

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Family Start

Mangere

% of contracted volumes

Report Month (History)	2011/07	2011/08	2011/09	2011/10	2011/11	2011/12	2012/01	Summary
Site								
Turuki Family Start Mangere	88.8	84.2	83.9	92.7	94.5	92.1	82.7	88.4
Summary	88.8	84.2	83.9	92.7	94.5	92.1	82.7	88.4

Workers receiving at least 60mins of supervision

Report Month (History)	2011/07	2011/08	2011/09	2011/10	2011/11	2011/12	2012/01	Summary
Provider Name								
Turuki Family Start Mangere	87.50	76.47	76.47	82.34	83.82	76.47	76.47	76.47
Summary	87.50	76.47	76.47	82.34	83.82	76.47	76.47	76.47

% of whanau receiving at least 1 AM hour

Report Month (History)	2011/07	2011/08	2011/09	2011/10	2011/11	2011/12	2012/01	Summary
Site								
Turuki Family Start Mangere	91.7%	95.7%	97.5%	87.5%	77.7%	69.9%	50.3%	82.3%
Summary	91.7%	95.7%	97.5%	87.5%	77.7%	69.9%	50.3%	82.3%

Report Month (History)	2011/07	2011/08	2011/09	2011/10	2011/11	2011/12	2012/01	Summary
Provider Name								
Turuki Family Start Mangere	87.50	76.47	76.47	82.34	83.82	76.47	76.47	76.47
Summary	87.50	76.47	76.47	82.34	83.82	76.47	76.47	76.47

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Family Start: Practice Advisor Site Visit Record:



9(2)(a)
2/3/12

<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: 2/3/12</p>	<p>Staff seen: All staff</p>
<p>1. Review of Service Improvement Plan</p>	
<p>2. Evidence of Progress</p>	
<p>3. Delivery of support as planned</p>	<p>-Child Safety Tools training delivery was facilitated alongside myself and two of the supervisors. Staff participated well with lots of discussion particularly around the cultural relevance to child safety and what is seen as the "norm" as opposed to abusive parenting practices. It was important for senior Pacific Island staff to reiterate this and to acknowledge the level of experience and resources within their site. [redacted] also reiterated key messages that were presented and used this time also to get a better understanding of any further practice gaps. [redacted]</p> <p>- Some staff appeared to have some apathy about the notification process due to their relationship with CYF and levels of communication. There will need to be an ongoing and consistent message with staff about the need to make notifications where necessary and to ensure that Supervisors are actively discussing this in supervision. This may be an action that could be part of the SIP.</p>

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4. Additional activity agreed	
5. Other relevant issues	

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Family Start: Practice Advisor Site Visit Record:

9(2)(a)

9/3/12

Name of Provider: Turuki Health Care Manager: 9(2)(a) Practice Advisor: 9(2)(a) RAF: 9(2)(a)	Location of Provider: Mangere Region: Auckland
Date of Visit: 29/2/12	Staff seen: 9(2)(a) and three staff for the purposes of the RAF monitoring and file audits
1. Review of Service Improvement Plan	- Previous two staff were completing initial assessments in pairs, however this was not a good use of time and resources. The two staff now complete this separately which allows a quicker response to referrals. - Weekly visits have remained a concern due to lack of resources with cars. This has now been rectified with additional cars and x3 new staff have been recruited on fixed term contracts until June.
2. Evidence of progress 3. Delivery of support as planned	
4. Additional activity agreed	
5. Other relevant issues	- Three staff were seen for file audits with mixed results. Main area that require attention are: - Some strengths and needs assessments are still too brief and are not capturing enough information to give a complete context of the families

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9(2)(a) situation.

9(2)(a) IFP's are still not SMART focussed and clearly linked to the child

9(2)(a) - Child safety tools are not being applied fully. Stage two where information is being entered into FS net is evidenced on file, however stage one has not yet been utilised. I asked 9(2)(a) why this is the case and she said that they have now transferred the template onto their own forms and will start using these. I made it clear to 9(2)(a) that these should have been done in the beginning and that workers that have already applied stage two with their families, must over their next visits apply stage 1 and have this recorded on file. 9(2)(a) agreed that this will be conveyed to all staff.

9(2)(a) I am still not seeing safety plans on files where there should be and as further discussion occurred with the workers, I am not convinced that robust discussion is being held with their supervisors around this and that supervision is not reflective enough. I discussed this with 9(2)(a) that accountability needs to rest with her supervisors and that her focus right now should be on their level of understanding and skill. 9(2)(a) stated that she is calling a meeting with the Supervisors in which 9(2)(a) will be present to relay the message of what is expected of them and that if they do not comply the consequences may be performance management. 9(2)(a) 9(2)(a)

9(2)(a) - I am satisfied that 9(2)(a) has taken seriously on board where there are staff concerns and understands that it is imperative that her Supervisors are capable of promoting and delivering high quality practice and is willing to have the necessary conversations with them supported by 9(2)(a) 9(2)(a)

9(2)(a) - I requested supervision notes from 9(2)(a) (supervisor) to look at how supervision is used within her team and what the discussion points are. My observations were that there was little or no reflection on practice or any real in depth case discussion. Notes were very brief and it is unclear that the supervisor understands fully the purpose and how to structure a supervision session. This will require further discussion with 9(2)(a) and to develop a plan of support to address this. 9(2)(a)

9(2)(a) - X2 staff are on verification visits due to performance issues. This requires families to sign that the worker has visited.

Family Start Monitoring Template

FAMILY START KPI MONITORING TEMPLATE

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

27/02/2012 for period to 31/01/2012 (for FS Net) and 26/02/2012 (for General Discussion)
 Venue: Turuki Health Care

Present: 9(2)(a) (FACS RAF), 9(2)(a) (Turuki FS), 9(2)(a) (Turuki FS Manager), 9(2)(a) (FACS Practice Advisor)

General discussion

<p>1. Good stories</p>	<p>news Turuki FS collects one good news story per Whanau worker each month. These are provided to the RAF.</p>
<p>2. Issues and trends in the community</p>	<p>Mangere has a high Pacific population – therefore there are often issues around the immigration status of families who are unable to access services due to financial struggles. One key issue in Mangere according to some Whanau Workers, which also could explain some of their reluctance to discuss the past histories of families, is the fact that many families are living in overcrowded houses which often contain multiple generations of families - including Grandparents, Great-grandparents, Aunts, Uncles, etc. The older generations often bring traditional attitudes and behaviours to households around disciplining children. The FS client/parent may be receptive to the message that hitting children is not acceptable - however they still want to show respect to their elders. There are also often people with differing immigration status living in these households. These things may be creating some difficulties for</p>

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	<p>Whanau Workers when they are doing home visits and/or attempting to discuss family history.</p>
<p>3. Issues and trends with the Family Start programme</p>	<p>Turuki plan to hold a Child Safety Tools Workshop on 29th Feb. This will include Pacific perspectives on child discipline.</p> <p>Two 'headline' stats have shown a significant decline this month – (1) Actual client volume (2) Percentage of Whanau receiving at least 1hr of AMBTL per month. In pointing out that these stats had declined significantly over the previous month it also needs to be acknowledged that a seasonal drop in these stats around Christmas is to be expected, and this makes it difficult to ascertain whether the decline is of concern.</p> <p>From Turuki's perspective, referrers need educating again around the new principles of Family Start – i.e. reducing child abuse, neglect and maltreatment. Are currently awaiting referral criteria and guidelines from F/S Directorate before promoting this to external providers in the Mangerere/Manukau area.</p> <p>Turuki F/S state that they are currently experiencing issues with recruitment/retention of F/S staff as a result of uncertainty around the continuation of the Family Start contract beyond June 30th 2012. The organisation has advertised for three Whanau Workers to be employed on fixed term contracts. If Turuki is successful in recruiting and given the short-term nature of the contracts this is far from certain, two of the new employees would be solely undertaking initial assessments.</p> <p>Still waiting on F/S net enhancements and referral criteria</p>
<p>4. Health of the organisation</p>	
<p>5. CYF Approval review completed</p>	<p>CYF Approvals visit was completed by 9(2)(a) <input type="checkbox"/> in November and the report has since been finalised. No issues or remedial actions were identified.</p>

6. Ahuru Mowai visit	Last visit was conducted by 9(2)(a)	In late Jan 1012.
7. Review of the financials for Family Start (annually)	It would be helpful if the FS Directorate were able to provide some guidance around what level of administration fee is deemed acceptable for Family Start providers to take for managing FS contracts. According to financial documents provided to the RAF Turuki Health Care is currently setting aside 30% of the MSD FS funding as an administration fee.	

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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
<p>Number and percentage of contracted volumes delivered</p> <p>WHY? Tracking volumes contracted as well as demand for the service</p>	95%	82.7% (Jan FS Net); This has decreased from 92.1% in Dec 2011	<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"> Are the key referral agencies engaged? <p>3. The number of referrals declined:</p> <ul style="list-style-type: none"> Summary of reasons – are the reasons reasonable? Are the referral criteria being applied correctly? What is being done to achieve voluntary participation in the programme? 4. The files of longest duration: (Are these referrals still actively engaged in the programme?) 5. Waiting list numbers to assess demand for the service: <ul style="list-style-type: none"> How long to people wait? Are they referred elsewhere? 6. FS Net being maintained: 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 <p>Whanau workers are co working – process in place for unplanned – co workers know their partners families and will pick up on delivery.</p>	<p>The percentage of contracted volume delivered has decreased 9.4% in the past month. This is probably largely due to Christmas/New Year seasonal fluctuation. The review of intensity levels being undertaken will also impact on volumes over coming months as whanau have exited or have the intensity level reassessed.</p> <p>Turuki is currently advertising for 3 new Whanau Workers (on short-term contract) who would be designated solely to completing Initial Assessments. Whilst it remains important for Turuki to develop a consistent approach to managing the flow of referrals and the processing of incoming clients to ensure that both contracted volume and underlying service quality are maintained, it must also be acknowledged that current uncertainty around the future of the FS contract may have made it more difficult to recruit and retain staff.</p>	Turuki Health Care	<p>Turuki to decide whether to continue attempting to recruit 3 new Whanau Workers on short term contract or alternatively delay recruitment until FS Directorate provide notification around future of contract</p> <p>Review of intensity levels to continue.</p>

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1 July 2011 and 30 June 2012

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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
<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%	76.47% This is the same as previous report.	<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? 2. Are staff development plans and performance appraisals in place? 3. Quality of the supervision (internal):</p> <ul style="list-style-type: none"> Sight supervision schedule and files for frequency of supervision and information that is covered, expect to see a format note that cover that assesses significant contact between supervisor and vulnerable worker If external supervision is given, sight ledger/invoice and a written agreement - clause 6.3.4 Family Staff Manual FS Net Ensure supervisor recorded accurately in 	<p>Latest CYF Approvals visit was undertaken by [redacted] in November. Report has been completed with no issues or remedial actions identified.</p> <p>9(2)(a)</p> <p>3. Staff development plans and performance appraisals are current and up to date. All sitting on their Personal files</p> <p>4. Supervision files available to sight and internal contracts. External supervision CV and tohu available to sight as well. 3 x staff has external supervision.</p>	<p>RAF to sight supervision schedule and files at next monthly monitoring visit in March</p>	<p>FS Service Manager to provide RAF with Supervision schedule and files at March monitoring visit.</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>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%	See attached 'Family Start File Check Sheet'.	<p>Review a random selection of client files to ensure that whanau are progressing towards their IFP goals</p> <p>IPF is to include all requirements as laid out in Family Start Manual</p> <ol style="list-style-type: none"> 1. Frequency of review – check dates and review dates? 2. Does IFP reflect progress over last 3 months and links/builds on strengths and needs? 3. Have intensity levels been set by the supervisor? Revised? 4. Have other agencies been consulted in relation to developing IFP? 5. Quality of goals: Are they SMART? Child-focused? Achievable? Likely to strengthen family against child 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>See attached 'Family Start File Check Sheet'. RAF will provide any actions relating to this to Practice Advisor for possible inclusion in Service Improvement Plan.</p> <p>Some historical IFP's contain goals that are not explicitly linked to the needs of the child and/or S&N assessment. Whanau workers need to be reminded of the requirement that all goals included in updated IFP's are to be explicitly child focussed. Tunki included a section on SMART objectives in a workshop in order to reinforce the standard required for IFP's.</p> <p>As mentioned in previous monitoring reports it would be helpful if the 'Past History' section of the S&N assessment could be completed in all cases in order to better inform IFP's. If Whanau Workers have been unable to engage with families this still needs to be captured in narrative in S&N assessment and in case notes.</p> <p>There are still very few high intensity families in the Whanau Workers' current case loads. This would indicate that there will need to be an exiting of families who do not meet the FS referral criteria or a reassessment of existing low intensity families. This process is currently underway.</p>	RAF to liaise with Practice Advisor and CYF Approvals Advisor to coordinate actions.	March monitoring visit

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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%	56.33% (Jan FS Net), This compares with 69.9% (Dec Net)	<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>1. Sign milestone checklist sale completed relevant to the age of the child 2. Is the handout list recorded?</p>	<p>See also attached 'Family Start File Check Sheet'</p> <p>The significant decline in this statistic for the January month is likely to be largely due to Christmas/New Year seasonal fluctuation.</p>		
<p>Percentage of children 0-3 up-to-date with the developmental milestone checks set out in Ahuru Mowai / 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> <p>1. Sign milestone checklist sale completed relevant to the age of the child 2. Is the handout list recorded?</p>	<p>See attached FS File Check Sheet</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?</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>60% (Jan FS Net) - This compares with 38.1% in Dec)</p>	<p>Discuss reasons why families are leaving within 12 months: (Refer to monthly FS-Net stats planned and unplanned exits).</p> <p>3. Are proposed exits discussed with Practice Manager?</p> <p>4. Are retention strategies in place?</p> <p>5. Are families referred elsewhere? (particularly if vulnerable) No retention strategy at present – proposal submitted to CEO. Clients are referred elsewhere to other agencies as well as receiving Family Start.</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)? Yes – RAF included in emails 	<p>Strengths & Needs and AM&BTL viewed on client file Proposed exits are discussed with both the Team Leader and Supervisors.</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>Why? Promoting immunisation is a key way of improving children's health.</p>	80%	59% (FS Net Dec Quarter). This compares to 71% (FS Net Sept Quarterly Report)	<ol style="list-style-type: none"> How do you promote this? Are FS-Net reminders followed? Is information collected at the initial contact phase about child's immunisation status? Is this part of supervision discussions? Refer to monthly FS-net stats/percentages for cannot be determined and Non answered – why? Check file for completed Immunisation schedule Check that in client notes in FS-Net the discussion has been recorded and noted 	<p>See previous monitoring report/s and File Check Sheet.</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%	61% (FS Net Dec Quarterly Report). This compares with 61% (FS Net Sept Quarterly Report)	<ol style="list-style-type: none"> How do you promote this? Are FS-Net reminders followed? Is information collected at the initial contact phase about child's Well Child visits? Is this part of supervision discussions? Refer to monthly FS-net stats/percentages for cannot be determined and Non answered – why? Check file for completed Well Child visits Check that in client notes in FS-Net the discussion has been recorded and noted 	<ol style="list-style-type: none"> See previous monitoring report This is now being printed and placed on client files. Yes 6, 7. This is now being printed and placed on client files. 		

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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
Percentage of children 18 months and over enrolled in a licensed Early Childhood Education (ECE) facility Why? ECE has been shown to be beneficial for a child's development	70%	34% (FS Net Dec Quarterly Report). This compares to 30% (FS Net Sept Quarterly Report)	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?	See previous monitoring reports		

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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%		File Checks by RAF to verify effective use of Child Safety Tools and Past History section of S&N Assessments by Whanau Workers.	Training Workshop on Child Safety Tools held in late Feb 2012. This included information on Pacific Perspectives on child discipline. Use of Child Safety Tools and Past History section of S&N assessments does not appear to be consistent among Whanau Workers.	RAF to be informed of outcomes of Child Safety Tool Workshop	March Monthly Monitoring visit

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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	Action By Whom	Action by when
Percentage of children assessed as safe from abuse and neglect	80%		<p>File check to assess information captured by Whanau Workers around the following:</p> <ul style="list-style-type: none"> S&N Assessments - particularly Past History Child Safety Tools 	<p>Whanau Workers whose files were checked did not appear to be familiar with the Child Safety Tools.</p> <p>Training Workshop on Child Safety Tools held in late Feb 2012. This included information on Pacific Perspectives on Child discipline</p> <p>This KPI is also covered via S&N Needs Assessments. Whanau Workers still appear not to be completing the 'Past History' section of the S&N Assessment.</p>	<p>Turuki FS to remind Whanau Workers of the need to complete the Past History section of S&N Assessment s and use the Child Safety Tools</p> <p>RAF to be informed of outcomes of Child Safety Tool Workshop</p>	<p>March Monthly Monitoring visit</p>
Percentage of parents who demonstrate positive parent-child interactions	80%		<p>File Checks</p>	<p>Past History section of S&N Assessments and Child Safety Tool to be utilised by all Whanau Workers</p>	<p>RAF to be informed of outcomes of Child Safety Tool Workshop</p>	<p>March Monthly Monitoring visit</p>

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 families visited once weekly in the first 6 months	TBC ¹		File checks	Waiting on new referral criteria	RAF to be informed of outcomes of Child Safety Tool Workshop	March Monthly Monitoring visit Dec 8 th 2011

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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
<p>Turuki FS, RAF, Practice Advisor and CYF Approvals Assessor to liaise and coordinate action plans.</p>	<p>9(2)(a)</p>	<p>December 2011</p>
<p>Client files of families transferring to Turuki from other FS Providers do not currently migrate with the families. This needs to change as the existing client files could very well contain information useful in informing future IFP's and shortening the process of information sharing between Whanau Workers and Whanau.</p>	<p>9(2)(a) to raise the issue with other FS providers at regional FS Provider Cluster hui?</p>	<p>Next FS Regional Provider Cluster hui.</p>
<p>Whanau Workers need to be reminded of the requirement that all goals contained in IFP's are to be explicitly child focussed.</p>	<p>Service Manager and Supervisors to reinforce the requirement that goals are child focussed.</p>	<p>December 2011.</p>
<p>Turuki Health Care to discuss and address the issue of Whanau Workers not completing the 'Past History' Domain of Strengths and Needs Assessments. This issue</p>	<p>Service Manager – Whanau Development</p>	<p>December 2011</p>

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has been raised with several Whanau Workers during the file checking process. WVs have stated that it is inappropriate in Pacific Island and Maori cultures to discuss bad things that have happened in a family's past. This delicate issue needs to be addressed urgently with Whanau Workers so that the past history of whanau can be captured in S&N Assessments and can subsequently be taken into account during development of IFP's.

Agreed Actions	By Whom	By When	Completed/Update
<p>Turuki Health Care to discuss and address the issue of Whanau Workers not completing the Past History' Domain of Strengths and Needs Assessments.</p>	<p>Service Manager Whanau Development</p>	<p>March 2012 Monitoring visit</p>	<p>This issue/action has been carried forward from the previous monitoring report.</p> <p>Discussed – staff will capture what information they do have, and will case note and add a narrative in Domain 1 – Past History (very first SN Assessment), if unable to gather enough information will case note and collect over time. This was discussed 8</p>

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Turuki to reinforce the requirement that Child Safety Tools are now to be used by all Whanau Workers.	Service Manager – Whanau Development	March 2012 Monitoring visit	<p>December 2012 at child safety tools workshop with 9(2)(a) <input type="checkbox"/></p> <p>Staff are fully aware of this expectation. We should now be seeing this filled out.</p> <p>This requirement to be reinforced as part of Child Safety Tool Workshop held in late Feb 2012</p>
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Overall Comments:

Key issues/actions to emerge from this monitoring visit are as follows -

1. It appears some Whanau Workers still have issues with discussing the past history of their FS clients. The Whanau Workers whose files were checked this month did not appear to be as familiar as they should be with the Child Safety Tools. Internal file audits and supervision will focus on this issue on an ongoing basis and the staff will be attending a 'Child Safety Tool Workshop' on the 29th Feb 2012 to improve their competency in this area.
2. It would be helpful if the FS Directorate could provide some guidance as to what is an acceptable 'Administration Fee' for FS providers to build in to their budgets. Turuki Health Care currently set aside 30% as an 'Administration Fee'.
3. Uncertainty around the future of the FS contract post-June 30th 2012 appears to be having a degree of impact on staff morale; however overall the team appears to be focussed and committed to delivering a quality service. Turuki has also reported that potential applicants applying for vacancies have not applied or in one case withdrew their application when they were advised the positions would be for a fixed short term contract until such time as Turuki are advised about the status of their future contracting arrangements with MSD. While this has been an identifiable barrier to being able to recruit experienced and qualified staff, Turuki has seen the need to be transparent with applicants while the decision is pending. FS Directorate to send letter to Turuki informing the provider of any decision affecting the future of the FS contract.

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

Provider has sighted content and agreed it is and accurate reflection of monitoring discussion:

Agreed copy sent to provider on:

Agreed copy sent to FS Directorate on:

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Family Start Monitoring Visit File Check Template

Visit Date: 27/02/2012

RAF: 9(2)(a)

Provider Name: Turuki Health Care

Monitoring Period Covered: Jan 2012 (FS Net), – Period to 27/02/2012 (monitoring visit)

File Number	4112	3977	3669
Whanau Worker	9(2)(a)		

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

Date of referral?	22/11/201	07/10/201	24/01/201
How old was child at date of referral?	1	3 months	18 months
Where did the referral come from?	Turuki Whanau	Turuki Whanau	Self-referral
Does the child/whanau met the high needs criteria?	N	Y	N

Comments per file:

File Numbers	4112	3977	3669
	Baby had breathing difficulties, new house. Family should probably be exited as family only wait AMBIT. Family could be transferred to PAFI.	3 children under 5, CYF involvement, family disengaged last year after 2 visits by whanau worker – family not responding to phone calls, etc. WWV could perhaps discuss disengagement with CYF.	Mum had mental health issues – anxiety. WWV will refer to mental health nurse and exit from FS.

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2. STRENGTHS AND NEEDS ASSESSMENTS / HOME VISIT FREQUENCY

Was the 1 st assessment completed within 6 weeks of the family being made active? ^{2,3}	No, but Christmas period in interim. (Made active on 28/11/2011, 1 st assessment complete 23/02/2012).	N. Only 2 visits prior to disengagement. No S&N Assessment ent completed	N. Made active 2/2/2011, 1 st assessment 30/03/2011		
Have subsequent assessments been completed within the 6 monthly periods?	n/a	n/a	N		
Has the supervisor signed off the assessment?	23/02/2012 9/2/12 9/2/12(a)	n/a	Y		
What does the assessment look like? Across the five domains has the whanau worker captured a good range of information?	Rate: History of whd family is lacking.	n/a	No 'Past History'		
Has there been an assessment of the child's safety as a result of the domain work? (Manual pages 58-61)	N	n/a	N		
Have all whanau in their first year of engagement received weekly home visits?	n/a	n/a	N		

² The date made active is the date a whanau worker was assigned (not Key Contact). It happens after acceptance of the family.

³ This question is not applicable if the family has been on the programme for more than 12 months

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Comments per file:

File Numbers

4112 Would be good to have more history of family.

3977 Disengaged family

3669 Low intensity family. To be exited? Child safety tools applied to family but not signed. Family discipline and history not covered. WWV appeared not to be familiar with Child Safety Tools and use of them.

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)	n/a	n/a	29/04/2011	1		
Are the child's needs reflected in the IFP?	n/a	n/a		N		
Has the IFP been signed by whanau and worker?	n/a	n/a		Y		
Are the family goals consistent with the Family Start goals? i.e. child centred, prevention of abuse & neglect?	n/a	n/a		N		
Do the IFP's include SMART objectives?	n/a	n/a		N		
Have reviews of the IFP taken place quarterly?	n/a	n/a				
1 - reflecting progress over last 3 months and the link between assessments and IFPs	n/a	n/a	29/07/2011	1		
2 - assessment of progress made by whanau and goals achieved	n/a	n/a		N		
3 - an amended plan setting the goals for the next 3 months and does it reflect needs of the child	n/a	n/a		N		
Has the supervisor signed off the quarterly reviews within a week of the review's completion?	n/a	n/a		Y		

Comments per file:

File Numbers	
4112	Appointment for today to complete IFP (27/02/2012).
3977	Disengaged family
3669	Latest IFP not on file. WW said it is still in work folder.

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?

File Numbers				
4112	New file.	n/a	n/a	
3977	n/a			
3669	AM/BTL has been regularly delivered.			

5. AM/BTL DEVELOPMENTAL MILESTONE CHECKS

Is the child (if aged 0 to 3 years) up to date with developmental milestone checks?				
	n/a	n/a	Y	

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Comments per file:	
File Numbers	New file
4112	n/a
3977	n/a
3669	

6. RETENTION OF FAMILIES

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

Comments per file:	
File Numbers	n/a
4112	n/a
3977	n/a
3669	

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7. IMMUNISATIONS

Is there an Immunisation Schedule on file?	n/a	n/a	Y		
Is the Immunisation Schedule up to date? (is there an immunisation due in the relevant quarter?)	n/a	n/a	Y		
Is their evidence in case notes that immunisation has been discussed? (at I C Assessment and other HV)	n/a	n/a	Y		

Comments per file:

File Numbers	n/a
4112	n/a
3977	n/a
3669	

8. WELL CHILD VISITS

Is there evidence on file of completed Well Child visits?	n/a	n/a	Y		
Is there evidence in case notes that Well Child has been discussed?	n/a	n/a	Y		

Comments per file:

File Numbers	
4112	n/a
3977	n/a

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3669	

9. EARLY CHILDHOOD EDUCATION

Is there evidence on file that the child is engaged in ECE?	n/a	n/a		
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Comments per file:

File Numbers	
4112	n/a
3977	n/a
3669	

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Family Start Monitoring Visit File Check Template
 Visit Date: 27/02/2012 RAF: 9(2)(a)
 Provider Name: Turukū Health Care
 Monitoring Period Covered: Jan 2012 (FS Net), – Period to 27/02/2012 (monitoring visit)

File Number	3982	3765	3329		
Whanau Worker	9(2)(a)				

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

Date of referral?	19/09/2011	17/03/2011	25/09/2009		
How old was child at date of referral?	20 mths	5 mths	3yr 9 mth		
Where did the referral come from?	FVIARS	FVIARS	Turuki Midwife		
Does the child/whanau met the 'high needs' criteria?	Y	Y	N		

Comments per file:

File Numbers	9(2)(a)
3982	been fully applied yet. Of some concern is the fact that MVM seems unsure around use of the Child Safety Tools. Child safety plan to be developed once tools have been reapplied. (Child safety tools have not been fully applied yet. Of some concern is the fact that MVM seems unsure around use of the Child Safety Tools. Child safety plan to be developed once tools have been reapplied.)
3765	Extreme risk of continuing violence be evident from Police reports. CYF involvement but MVM doesn't engage with CYF readily. Please engagement with MVM. File could better reflect MVM's concern regarding potential for Paper-based Child safety tools need to be developed followed by creation of a Safety Plan.
3329	Have sent letter to exit as Murn has not engaged with FS fully. Child safety tools haven't been used yet.

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2. STRENGTHS AND NEEDS ASSESSMENTS / HOME VISIT FREQUENCY

Was the 1 st assessment completed within 6 weeks of the family being made active? ⁴	Made active	Made active	Made active		
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⁴ The date made active is the date a whanau worker was assigned (not Key Contact). It happens after acceptance of the family.

Have subsequent assessments been completed within the 6 monthly periods?	11/10/201 1 1st assessment ent 07/12/201 1	07/03/201 1 1st assessment ent 07/06/201 1	09/11/200 9 1st assessment ent 12/01/201 1		
Has the supervisor signed off the assessment?	n/a	11/11/201 1	09/07/20 10, 27/11/201 1, 23/02/20 12		
What does the assessment look like? Across the five domains has the whanau worker captured a good range of information?	25/01/20 12 (Brenda Hepi)	Initial S&N assessment was not signed off until 11/11/201 1	12/01/201 1, subsequent S&N assessment was not signed off until 11/11/201 1		
Has there been an assessment of the child's safety as a result of the domain work? (Manual pages 58-67)	Y	Y	Y		
Have all whanau in their first year of engagement received weekly home visits?	n/a	n/a	Y		

Comments per file:

⁵ This question is not applicable if the family has been on the programme for more than 12 months

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File Numbers	
3982	Past History is covered.
3765	Mum was reluctant to engage, leading to delay in completing S&N assessment. A lack of depth in information in S&N Assessment.
3329	Mum hasn't engaged with Whanau Worker sufficiently to complete documentation in a meaningful manner.

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)	Y	N	Y	N	Y	N
Are the child's needs reflected in the IFP?	1					
Has the IFP been signed by whanau and worker?	Y	N				
Are the family goals consistent with the Family Start goals? i.e. child centred, prevention of abuse & neglect	N	N				
Do the IFP's include SMART objectives?	N	N				
Have reviews of the IFP taken place quarterly?	Y	N				
1 - reflecting progress over last 3 months and the link between assessments and IFPs	Y	1				
2 - assessment of progress made by whanau and goals achieved	Y	Y				
3 - an amended plan setting the goals for the next 3 months and does it reflect needs of the child	Y	Y				
Has the supervisor signed off the quarterly reviews within a week of the review's completion?	Y	N				

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Comments per file:

File Numbers	
3982	Goals are not very specific in first IFP, although they do have a child focus in the second IFP. Child safety could be more explicitly covered.
3765	IFP goals could be more explicitly linked to child. IFP sign-off should be dated by Supervisor.
3329	There is no IFP on file until April 2011 whereas first assessment was in 2009

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?

Comments per file:

File Numbers	
3982	
3765	
3329	

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5. AM/BTL DEVELOPMENTAL MILESTONE CHECKS

Is the child (if aged 0 to 3 years) up to date with developmental milestone checks?	Y	Y	Y	

Comments per file:

File Numbers

3982

3765

3329

6. RETENTION OF FAMILIES

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

Comments per file:

File Numbers

3982

3765

3329

Although this family have been with Turuki FS for over 12 months the Mum has not engaged with the WW sufficiently for delivery of the FS programme to be meaningful.

7. IMMUNISATIONS

Is there an Immunisation Schedule on file?	Y	Y	Y		
Is the Immunisation Schedule up to date? (is there an immunisation due in the relevant quarter?)	Y	Y	Y		
Is there evidence in case notes that immunisation has been discussed? (at I C Assessment and other HV)	Y	Y	Y		

Comments per file:

File Numbers	
3982	
3765	
3329	

8. WELL CHILD VISITS

Is there evidence on file of completed Well Child visits?	Y	Y	Y		
Is there evidence in case notes that Well Child has been discussed?	Y	Y	Y		

Comments per file:

File Numbers	
3982	

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3765	
3329	

9. EARLY CHILDHOOD EDUCATION

Is there evidence on file that the child is engaged in ECE?	Y	Y	Y		
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Comments per file:

File Numbers	
3982	
3765	
3329	

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Family Start Monitoring Visit File Check Template

Visit Date: 27/02/2012

RAF: 9(2)(a)

Provider Name: Turuk Health Care

Monitoring Period Covered: Jan 2012 (FS Net), -- Period to 27/02/2012 (monitoring visit)

File Number	3795	3789	3551		
Whanau Worker	9(2)(a)				

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

Date of referral?	08/04/2011	04/04/2011	07/09/2011	
How old was child at date of referral?	10 mths	9 mths	14 mths	
Where did the referral come from?	Middlemore referral	Self-referral	B 4 baby	
Does the child/whanau met the 'high needs' criteria?	Y	N	N	

Comments per file:

File Numbers	
3795	Mum consuming alcohol during pregnancy, housing support required, 5 children and pregnant again. WW seemed unaware of Child Safety Tools.
3789	Overcrowding. Mum interested in AMBTL. Low intensity, looking to exit.
3551	Mum just wanted AMBTL. Now looking to exit.

2. STRENGTHS AND NEEDS ASSESSMENTS / HOME VISIT FREQUENCY				
Was the 1 st assessment completed within 6 weeks of the family being made active? ^{6,7}	Active 1 20/04/2011 S&N assessm ent 02/06/2011	Active 2 S&N assessm ent 01/07/2011	Active ? S&N assessm ent 14/09/ /2010	
Have subsequent assessments been completed within the 6	25/01/2011	15/12/2011	Y	

⁶ The date made active is the date a whanau worker was assigned (not Key Contact). It happens after acceptance of the family.

⁷ This question is not applicable if the family has been on the programme for more than 12 months

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monthly periods?	12	1			
Has the supervisor signed off the assessment?	N	N	N		
What does the assessment look like? Across the five domains has the whanau worker captured a good range of information?	N	N	N		
Has there been an assessment of the child's safety as a result of the domain work? (Manual pages 58-61)	Y	Y	Y		
Have all whanau in their first year of engagement received weekly home visits?	n/a	Y	Y		

Comments per file:

File Numbers	
3795	Needs to be moved from medium to high, this is why Supervisor has yet to sign off on S&N. Past History not covered.
3789	Mum was primarily interested in being involved in CS for AMBIT.
3551	Mum only wanted to be involved for AMBIT.

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)	N, 08/11/2011	N, 1 st plan is not on file. 2 nd plan on file.	N, 21/02/2011	N, 1		
Are the child's needs reflected in the IFP?	N	N	N	N		
Has the IFP been signed by whanau and worker?	Y	Y	Y	Y		
Are the family goals consistent with the Family Start goals?	Y	Y	N	N		

i.e. child centred, prevention of abuse & neglect?						
Do the IFPs include SMART objectives?		N	Y	N		
Have reviews of the IFP taken place quarterly?		28/09/2011	Y	Y		
1 - reflecting progress over last 3 months, and the link between assessments and IFPs		1	Y	Y		
2 - assessment of progress made by whanau and goals achieved		Y	Y	Y		
3 - an amended plan setting the goals for the next 3 months and does it reflect needs of the child		N	Y	Y		
Has the supervisor signed off the quarterly reviews within a week of the review's completion?		N	N	N		

Comments per file:

File Numbers					
3795	It might be helpful to include a space for supervisor sign-off in IEP.				
3789	Supervisor sign-off is absent				
3551	Supervisor sign-off absent				

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?	N	Y	Y		
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Comments per file:	
File Numbers	
3795	Latest visit not recorded, but generally good.
3789	
3551	

5. AM/BTL DEVELOPMENTAL MILESTONE CHECKS

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

File Numbers	
3795	
3789	
3551	

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6. RETENTION OF FAMILIES

Did this family remain engaged in the programme for at least 12 months?	n/a	n/a	Y		
If exited, what was the reason for early exit?	n/a	n/a	n/a		
If exited, was this referral suitable/appropriate?	n/a	n/a	n/a		

Is there evidence on file of a retention strategy for this family?	N	n/a	N		
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Comments per file:					
File Numbers					
3795					
3789	Family to be exited.				
3551	Family to be exited.				

7. IMMUNISATIONS					
Is there an Immunisation Schedule on file?					
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					
3795					
3789					
3551					

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8. WELL CHILD VISITS

Is there evidence on file of completed Well Child visits?	Y	Y	Y		
Is there evidence in case notes that Well Child has been discussed?	Y	Y	Y		

Comments per file:

File Numbers	
3795	
3789	
3551	

9. EARLY CHILDHOOD EDUCATION

Is there evidence on file that the child is engaged in ECE? Y N Y N Y N

Comments per file:

File Numbers	
3795	
3795	
3551	

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