

Family Start: Service Improvement Plan

Giving children the best start in life...

Family Start

Name of Provider: Turuki Health Care

Location of Provider: Region: Auckland

Manager: 9(2)(a)

Practice Advisor: 9(2)(a)

RAF: 9(2)(a)

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

Particular attention is required in the areas relating to:
Child safety, supervision, assessment and planning, engaging/lead to reach whanau, delivery of activity e.g. weekly visits, relationships with other agencies.
Additional 'Advice Notes' - will be made available to set standards to assist with this process and guide expectations. Current Advice notes will be used to support standards and unity practice.

Proportion of time spent at each site will have an emphasis on input, advice, support, and guidance.
RAF's role is centrally one of monitoring and Practice Advisers is one of delivering active support and building on change and improvement. The roles are complementary and will naturally overlap in some instances.

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

Brief summary of practice strengths:

- Peer Supervision occurs monthly (last Friday of every month) with all Whanau Advocates to discuss practice and share practice issues. There is a focus on Supervision regarding quality and practice
- Three ex-CYF staff have begun with Family Start which will provide invaluable support and practice knowledge to Whanau advocates. Another two additional staff are currently being considered.
- De-briefing process with cases has been implemented which includes the issue, outcome and action plan and involves the Team Leader, Supervisor and Manager. A copy is placed on the client file.
- Live Supervision occurs and will ensure Child Safety tools are being utilised by Whanau Advocates
- Creativity amongst staff in working with families, i.e. three houses approach, visual timeline of child's development and life journey using photos and traffic light resource.
- 8 staff are completing Child Matters training before xmas 11, with a further 12 staff to complete next year

Brief summary of practice requiring attention

- Some staff are not referring to the manual to assist them on a regular basis. A refresher training has been arranged to address this and to encourage staff to utilise this resource. This has been scheduled for 9th December 2011.
- Historical information is not being recorded on the Strengths and Needs assessment which does not provide for a robust assessment outcome to inform the Individual Family Plans. There are some barriers from staff around asking about family history due to lack of confidence and approach.
- Child Safety tools to be implemented and staff to be confident in using these tools, particularly with cultural input and safety planning
- IFP training with staff regarding SMART planning and objectives. Ensuring that these are child centred and link to the Strengths and Needs assessment.
- Develop and strengthen child protection processes and protocols.
- Reviewing on those families that are considered low need and exiting. Focus on soliciting referrals more carefully

Current judgement on level of support required:

This will assist Practice Advisors in determining how much time needs to be allocated **High Medium Low**
Low/Would indicate need for no more than contact every 2 months. Medium monthly contact and high requires contact twice a month.

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Desired Outcome Ensure SMART	Action	Who	When	Review date: Enter evidence of progress or add actions as required	Achieved Signed off
<p>All staff to be confident and competent in using the Child Safety tool with families with safety plans evidenced on files</p>	<p>Workshop discussion with MSD regarding processes of Child Safety tools.</p> <p>Staff to receive training which will be supported by evidenced discussions in supervision.</p>	<p>FSM/Supervisors/Practice Advisor/Practice leader</p>	<p>8th Dec 11</p> <p>Immediate – Supervisors to begin discussions with staff. Manager is meeting with all staff on 23rd Jan to ensure they are familiar and are confident with the safety tools. Practice Advisor to review this action by Feb 12 during next RAF monitoring visit</p>	<p>Meeting held with 9(2)(a) FSM Supervisors, RAF and PA. PA has delivered a power point session to all staff outlining the purpose and process of implementing the child safety tools as well as incorporating strengths based practice. PA has received copy of presentation.</p>	
	<p>Additional training with staff, i.e. workshop involving conversation skills and safety planning will also occur.</p>	<p>Supervisors/ Practice Advisors</p>	<p>Meeting to occur to with Practice Advisor and Supervisors on the 25th Jan to discuss and develop training workshop</p>	<p>Initial meeting occurred with Supervisor with further planning meeting on 2nd Feb.</p>	

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<p>Incorporation of the Child and Family consult tool as an additional safety check. This will provide further analysis to support the Child Safety tool where families are deemed high risk</p>	<p>A training workshop to take place so all staff understand how to utilise the tool. An appropriate CYF staff member may be contacted to negotiate delivery of this training</p>	<p>Practice Advisor to contact CYF by end Feb</p>	<p>By June 12</p>	<p>9(2)(e) has completed FS manual refresher training and incorporated IFP SMART planning and strengths and needs assessments.</p>	
<p>That all IFP's link to the strengths and needs assessment and that goals are clearly child focussed and are evidenced in the plan</p>	<p>Staff to understand what constitutes a well recorded and reviewed assessment and IFP (e.g. summarising strengths and defining SMART planning and objectives. Supervisors to ensure this is being captured before sign off.</p>	<p>FSM/Supervisors/Whanau Advocates/Practice Advisor</p>	<p>Mar-12</p>		

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<p>All staff are completing the past history section of the Strengths and Needs Assessment and understand the importance of this in informing the IFP</p>	<p>Supervisors are to ensure that all of the domains in the assessments are completed with clear and informative narratives. All assessments and IFP's are discussed with the supervisor before sign off.</p>	<p>FSM/Supervisors</p>	<p>Immediate with review in Feb 12 by Practice Advisor</p>	<p>[redacted] has developed and presented an example copy of safety plan guidelines to be utilised by staff. This was presented in conjunction with child safety tools on Jan 23. PA has received copy of this.</p>	
<p>Staff to be familiar with the purpose and completion of a Safety Plan in relation to the Child Safety Tools.</p>	<p>Practice Advisor to introduce assessment standards checked to staff at next peer supervision</p> <p>Manager to facilitate a discussion with all staff regarding this process. This will be in conjunction with the Child Safety tools discussion.</p>	<p>Practice Advisor</p> <p>FS Manager</p>	<p>To be completed before next review by end of Feb 12</p> <p>23rd Jan 12</p>	<p>[redacted] has sent an initial email to agencies informing them of upcoming changes and that further information will become available.</p>	
<p>A strategy to target high intensity families ahead of the new referral criteria and a review and exit of low to medium families.</p>	<p>Manager, with support of PA to alert referrers of new criteria followed by a meeting with those agencies, i.e. breakfast meeting once criteria becomes available</p>	<p>FS Manager / PA / Supervisors</p>	<p>March 12</p> <p>9(2)(a)</p>	<p>[redacted] has sent an initial email to agencies informing them of upcoming changes and that further information will become available.</p>	

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Use as many pages a required as continuation

Signed: Manager:
Signed off Practice Leader:

date:
date:

Practice Advisor: date:
Ensure copied and sent to RAF

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Family Start: Service Improvement Plan

Name of Provider: Turuki Health Care
Location of Provider: Region: Auckland
Manager: 9(2)(a)
Practice Advisor: 9(2)(a)
RAF: 9(2)(a)

Giving children the best start in life...

Family Start

*7/02/12
waiting
spread
copy*

*To Road
9(2)(a)
copy*

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

Particular attention is required in the areas relating to:
Child safety, supervision, assessment and planning, engaging hard to reach whanau, delivery of activity e.g. weekly visits, relationships with other agencies.
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- Child Safety tools to be implemented and staff to be confident in using these tools, particularly with cultural input and safety planning
- IFP training with staff regarding SMART planning and objectives. Ensuring that these are child centred and link to the Strengths and Needs assessment.
- Develop and strengthen child protection processes and protocols
- Reviewing on those families that are considered low need and exiting. Focus on scrutinising referrals more carefully

Current judgement on level of support required:

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

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Desired Outcome Ensure SMART	Action	Who	When	Review date: Enter evidence of progress or add actions as required	Achieved Signed off
<p>All staff to be confident and competent in using the Child Safety tool with families with safety plans evidenced on files</p>	<p>Workshop discussion with MSD regarding processes of Child Safety tools.</p> <p>Staff to receive training which will be supported by evidenced discussions in supervision</p> <p>Additional training with staff, i.e. workshop involving conversation skills and safety planning will also occur.</p>	<p>FSM/Supervisors/Practice Advisor/Practice leader</p> <p>FSM Supervisors/Practice advisor</p>	<p>8th Dec 11</p> <p>Immediate - Supervisors to begin discussions with staff Manager is meeting with all staff on 20th Jan to ensure they are familiar and are confident with the safety tools. Practice Advisor to review this action by Feb 12 during next RAF monitoring visit</p>		

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<p>Incorporation of the Child and Family consult tool as an additional safety check. This will provide further analysis to support the Child Safety tool where families are deemed high risk</p>	<p>A training workshop to take place so all staff understand how to utilise the tool. An appropriate CYF staff member may be contacted to negotiate delivery of this training</p>	<p>Practice Advisor to contact CYF by end Feb</p>	<p>By June 12</p>		
<p>That all IFP's link to the strengths and needs assessment and that goals are clearly child focussed and are evidenced in the plan</p>	<p>Staff to understand what constitutes a well recorded and reviewed assessment and IEP. The summary of strengths and defining SMART planning and objectives. Supervisors to ensure this is being captured before sign off.</p>	<p>FSM/Supervisors/Whanau Advisors/Practice Advisor</p>	<p>Mar 17</p>		

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<p>All staff are completing the past history section of the Strengths and Needs Assessment and understand the importance of this in informing the IFP</p>	<p>Supervisors are to ensure that all of the domains in the assessments are completed with clear and informative narratives. All assessments and IFP's are discussed with the supervisor before sign off.</p>	<p>FSM/Supervisors</p>	<p>Immediate with review in Feb 12 by Practice Advisor</p>		
<p>Staff to be familiar with the purpose and completion of a Safety Plan in relation to the Child Safety Tools.</p>	<p>Practice Advisor to introduce assessment standards checklist to staff at next peer supervision</p> <p>Manager to facilitate a discussion with all staff regarding this process. This will be in conjunction with the Child Safety tools discussion.</p>	<p>Practice Advisor</p> <p>FS Manager</p>	<p>To be completed before next review by end of Feb 12</p> <p>20th Jan 12</p>		
<p>A strategy to target high intensity families ahead of the new referral criteria and a review and exit of low to medium families.</p>					

Use as many pages a required as continuation

Signed: Manager:
Signed off Practice Leader:

9(2)(a)

date:

24/1/12

Practice Advisor: date:
Ensure copied and sent to RAF

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RAF's Monitoring Visit Report Template

<p style="text-align: center;">Turuki Health Care Charitable Trust</p> <p style="font-size: small;">Provider ID: 507245 Contract Number: 5072450164</p>	<p style="text-align: center;">UNDER INQUIRY</p> <p style="text-align: center;">No Monitoring visit conducted in January as agreed between FS Practitioner, RAF, and Turuki Health Care</p>
Contracted Volume	#
Whanau workers	#
Supervisors	#
Date of Monitoring Visit	N/a

Family Start: Practice Advisor Site Visit Record:



9(2)(a)

C33

7/12/12

<p>Name of Provider: Turuki Health Care Manager: 9(2)(a) Practice Advisor: Practice Advisor RAF: 9(2)(a)</p>	<p>Location of Provider: Mangere Region: Auckland</p>
<p>Date of Visit: 23/12/11</p>	<p>Staff seen: 9(2)(a)</p>
<p>1. Review of Service Improvement Plan</p>	<p>LEP/SMART planning built into FS refresher training and completed. Overview of strengths and needs assessment completed. Admin checklist for referrals completed. FS manual refresher training delivered.</p>
<p>2. Evidence of progress</p>	<p>9(2)(a) produced copies of the power point slides which she has presented to staff</p> <ul style="list-style-type: none"> - Draft copy of presentation to providers to inform them of new criteria changes - All new referrals will be allocated to a team of 2 to complete I.A.'s. Upon completion there will be a de-brief with the team leader. All referrals that do not meet the criteria will be referred on to other agencies and will be tracked. <p>9(2)(a)</p>
<p>3. Delivery of support as planned</p>	

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4. Additional activity agreed	
5. Other relevant issues	<p>9(2)(a) [redacted] wanted to discuss transforming the team structure to include CYF as senior practitioners due to their experience and ability to coach and mentor staff particularly with risk and safety. Encouraged [redacted] for making this step as it means that she is able to focus more on the wider issues such as raising with referrers and maintain appropriate volume levels. Senior Practitioners would also provide daily oversight with practice and support to 9(2)(a) as well as providing opportunities for staff to act up if she is ever away. 9(2)(a)</p> <p>9(2)(a) [redacted] said she would be taking these recommendations to the board for their endorsement. I told [redacted] that I would be happy to provide my opinion to support hers if required. 9(2)(a)</p> <p>Viewed completed safety plans as previously discussed, both were satisfactory. [redacted] said that she expects to be informed of all safety plans through the supervisors.</p>

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 INFORMATION

9(2)(a)

9(2)(a)

299

Family Start Monitoring Visit File Check Template

Visit Date: 13/12/2011
 Provider Name: Turuki Health Care
 Monitoring Period Covered: []

File Number	Whanau Worker
4073	9(2)(a)
3980	
4040	

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

Date of referral?	How old was child at date of referral?	Where did the referral come from?	Does the child/whanau met the 'high needs' criteria?
?	13 months	Self-referral	N
07/09/2011	3 mths	FVIARS	Y
13/10/2011	12 mths	FVIARS	?

Comments per file:

File Numbers	Comments
4073	Family are non-resident. WW inherited file from another WW. Main issue is residency. Family originally came to FS in 2009 and then disengaged for approx 18 months. Overcrowded home. WW said there are 3 separate file no's for this family.
3980	Past history into comes with police referral. High intensity family. 9(2)(a) No safety plan yet created and placed on file for this child.
4040	FW - WW says this would be a low intensity case. 9(2)(a) WW sees no concern in terms of ongoing situation - 9(2)(a)

2. STRENGTHS AND NEEDS ASSESSMENTS / HOME VISIT FREQUENCY

Was the 1st assessment completed within 6 weeks of the family being made active? 2	?	N	7/12/2011	n/a	Y	N
Have subsequent assessments been completed within the 6 monthly periods?	?	n/a	n/a	n/a		
Has the supervisor signed off the assessment?	n/a	Y				

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 months

File Numbers	4073	3980
Comments per file:	See above	No IFP has been completed as Mum is not very compliant.

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	n/a	
Are the child's needs reflected in the IFP?	n/a	n/a	n/a	
Has the IFP been signed by whanau and worker?	n/a	n/a	n/a	
Are the family goals consistent with the Family Start goals? i.e. child centred, prevention of abuse & neglect?	n/a	n/a	n/a	
Do the IFP's include SMART objectives?	n/a	n/a	n/a	
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	n/a	n/a	
Has the supervisor signed off the quarterly reviews within a week of the review's completion?	n/a	n/a	n/a	

File Numbers	4073	3980	4040
Comments per file:	Because there are apparently 3 separate file numbers for this case, a lot of the original documentation is missing from this file.	Good range of info across domains. Past History completed.	S&N Assessment has not been signed by Supervisor. WW says there is not an 'in-tray' to leave files in to be signed off. This could lead to files not being signed as soon as S&N assessments are completed.

What does the assessment look like? Across the five domains has the whanau worker captured a good range of information?	Y	Y	Y
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	n/a

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

File Numbers	Comments per file:
4073	Mum is not interested in AMBTL. She is mostly focussed on immigration status.
3980	
4040	

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

File Numbers	Comments per file:
4073	
3980	
4040	

4. AM & BTL			
	n/a	n/a	n/a
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?			

4040	No IFP has been completed yet.

Comments per file:	
File Numbers	4073
	3980
	4040

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

Comments per file:	
File Numbers	4073
	3980
	4040

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

Comments per file:	
File Numbers	4073
	3980
	4040

PHARMACY INFORMATION UNDERMINES CONFIDENTIALITY

Comments per file:	
File Numbers	4073
	3980
	4040

9. EARLY CHILDHOOD EDUCATION				
Is there evidence on file that the child is engaged in ECE?				
	n/a	n/a	n/a	

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Family Start Monitoring Visit File Check Template

Visit Date: 13/12/2011
 Provider Name: Turuki Health Care
 Monitoring Period Covered: _____

File Number	Whanau Worker	3590	3965	3079
1. REFERRALS (Related KPI – Contract Volumes, referral criteria met)				
Date of referral?	01/10/20	24/08/201	28/01/20	09
How old was child at date of referral?	2 months	1yr 10 mths	4 months	
Where did the referral come from?	CYF	FVIARS	Community	midwife
Does the child/whanau met the 'high needs' criteria?	N	Y	N	

Comments per file:

File Numbers	9(2)(a)	9(2)(a)	3590	3965	3079
	Mum, Baby was referred to CYF because of suspected non-accidental injury, which turned out to be childbirth related injury.	FVIARS twice in past 2 months. Trespass order in place, but not a protection order. Mum wants a divorce but Dad doesn't.			Historical DV (no longer), 5 children, solo mum, financial issues.

2. STRENGTHS AND NEEDS ASSESSMENTS / HOME VISIT FREQUENCY

Was the 1 st assessment completed within 6 weeks of the family being made active?	9/10/201	13/12/201	16/04/20	09
Have subsequent assessments been completed within the 6 monthly periods?	Y	n/a	Y	
Has the supervisor signed off the assessment?	Y	Y	Y	
What does the assessment look like? Across the five domains has the whanau worker captured a good range of information?	Y	Y	Y	

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

⁴ This question is not applicable if the family has been on the programme for more than 12 months

File Numbers	Comments per file:
3590	
3965	I/FP goals could be more explicitly linked to child's needs
3079	

3. INDIVIDUAL FAMILY PLANS REVIEWED AT LEAST EVERY THREE MONTHS?				
Was the 1 st I/FP completed within the required timeframe? (one month of S&N Assessment)	26/10/19	04/11/201	20/04/20	10
Are the child's needs reflected in the I/FP?	Y	N	?	?
Has the I/FP been signed by whānau and worker?	Y	Y	Y	Y
Are the family goals consistent with the Family Start goals? i.e. child centred, prevention of abuse & neglect?	N	?	Y	Y
Do the I/FPs include SMART objectives?	Y	N	Y	Y
Have reviews of the I/FP taken place quarterly? 1 - reflecting progress over last 3 months, and the link between assessments and I/FPs	Y	n/a	Y	Y
2 - assessment of progress made by whānau and goals achieved	Y	n/a	Y	Y
3 - an amended plan setting the goals for the next 3 months and does it reflect needs of the child	Y	n/a	Y	Y
Has the supervisor signed off the quarterly reviews within a week of the review's completion?	Y	n/a	Y	Y

File Numbers	Comments per file:
3590	
3965	9(2)(a)
3079	

Has there been an assessment of the child's safety as a result of the domain work? (Manual pages 58-61)	Y	Y	Y	Y
Have all whānau in their first year of engagement received weekly home visits?	Y	Y	N	
	domains.	domains.	domains	

Comments per file:

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

6. RETENTION OF FAMILIES

File Numbers	3590	
	3965	
	3079	
Comments per file:		

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

File Numbers	3590	
	3965	
	3079	
Comments per file:		

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	N	
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4. AM & BTL

File Numbers	3590	
	3965	
	3079	

7. IMMUNISATIONS		
Is there an Immunisation Schedule on file?	Y	
Is the Immunisation Schedule up to date? (is there an immunisation due in the relevant quarter?)	Y	
Is their evidence in case notes that immunisation has been discussed? (at 1 C Assessment and other HV)	Y	

Comments per file:	
File Numbers	3590
	3965
	3079

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

Comments per file:	
File Numbers	3590
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	3079

Comments per file:	
File Numbers	3590
	3965
	3079
	Child not enrolled in ECE.

9. EARLY CHILDHOOD EDUCATION				
Is there evidence on file that the child is engaged in ECE?				
	Y	n/a	N	

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Family Start Monitoring Visit File Check Template

Visit Date: 13/12/2011	RAF: 9(2)(a)
Provider Name: Turuki Health Care	
Monitoring Period Covered:	

File Number	4022	3371	3639
Whanau Worker	9(2)(a)		

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

Date of referral?	06/10/201	17/11/200	24/11/201
How old was child at date of referral?	1	3 mths	6 mths
Where did the referral come from?	Turuki Midwife	Middlemore Health	Turuki Health Care
Does the child/whanau met the 'high needs' criteria?	2	N	N

Comments per file:

File Numbers	4022	3371	3639
Mum is involved with three Turuki Services - FS, Teen Parent ICW, Midwife. Issues include housing, finances (but not involved with budgeting service), Husband's immigration status (Tongan father).	Mum awaiting residency - family in Tonga. Dad is Tongan and has residency. WW helps Mum with resources. Designated 'Medium' intensity.	Indian father (WW suspects he married to gain citizenship) and Maori Mum. Low intensity case. W&L housing, were main issues.	

2. STRENGTHS AND NEEDS ASSESSMENTS / HOME VISIT FREQUENCY

Was the 1st assessment completed within 6 weeks of the family being made active?	No	?	Y
Have subsequent assessments been completed within the 6 monthly periods?	n/a	Y	Y
Has the supervisor signed off the assessment?	n/a	Y	Y

⁵ The date made active is the date a whanau worker was assigned (not Key Contact). It happens after acceptance of the family.

⁶ This question is not applicable if the family has been on the programme for more than 12 months

4022	n/a	IFP was completed prior to S&N. IFP needs to be 'fleshed out' to align more closely to child's
File Numbers		
Comments per file:		

Was the 1 st IFP completed within the required timeframe? (six weeks month of S&N Assessment)	n/a	Y	N		
Are the child's needs reflected in the IFP?	n/a	Y	N		
Has the IFP been signed by whanau and worker?	n/a	Y	Y		
Are the family goals consistent with the Family Start goals? i.e. child centred, prevention of abuse & neglect?	n/a	Y	Y		
Do the IFP's include SMART objectives?	n/a	Y	Y		
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	Y		
Has the supervisor signed off the quarterly reviews within a week of the review's completion?	n/a	Y	Y		

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

4022	File Numbers	Case has only been active for 5 weeks.
3371	File Numbers	WW inherited this file from another WW. It seems original S&N Assessment is not on file. The information contained in S&N domains could possibly contain fuller information. This whanau have visits twice per month.
3639	File Numbers	WW inherited this file from another WW. S&N Assessment could contain fuller Low intensity file.
Comments per file:		
File Numbers		

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

3371	needs and how these will be achieved. Previous WWF's IFP's are not on file.
3639	Original IFP not on file. IFP could be more child focussed.

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/a
	Y

Comments per file:	
File Numbers	4022 New file 3371 3639

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

Comments per file:	
File Numbers	4022 New file 3371 3639

6. RETENTION OF FAMILIES					
Did this family remain engaged in the programme for at least 12 months?	n/a	Y	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/a	n/a	n/a		

Comments per file:	
File Numbers	4022 3371 3639

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

Comments per file:	
File Numbers	4022 3371 3639
Discussed approach with WMI/AMBL info used to communicate this.	

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

Comments per file:	
File Numbers	4022 New file 3371 3639 n/a

MEDICAL INFORMATION ACT

Comments per file:	
File Numbers	4022
	n/a
	Evidence of discussion of ECE in case notes.
	3371
	3639

9. EARLY CHILDHOOD EDUCATION				
Is there evidence on file that the child is engaged in ECE?	n/a	Y	Y	

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Giving child the best start in life...

Family Start

9(2)(a)

7/2/12

Family Start: Practice Advisor Site Visit Record:

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: 13/12/2011	Staff seen: Client file audit with RAF 9(2)(a) staff were seen: 9(2)(a)
1. Review of Service Improvement Plan	
2. Evidence of progress	
3. Delivery of support as planned	
4. Additional activity agreed	
5. Other relevant issues	-All three Whanau Workers had a good understanding of their clients and what their presenting needs and issues were. Overall they were able to identify issues of risk and put in appropriate safety strategies. - I had concerns for two families that were audited where safety issues were concerned. Although 9(2)(a) could articulate the concerns, they did not

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appear to understand the potential for further issues to escalate and the need to put in place a safety plan.

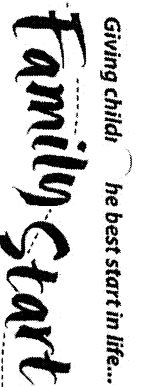
9(2)(a)

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9(2)(a)

- I have asked for copies for both safety plans to be sent through to me before the 23rd Dec. 9(2)(b) feedback to 9(2)(a) and to ensure tasks are completed.

Family Start: Practice Advisor Site Visit Record:



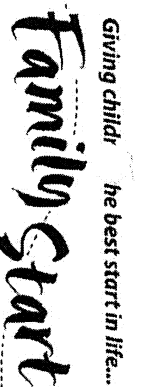
7/12/12

<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: 8/12/11</p>	<p>Staff seen: 9(2)(a) and 9(2)(a) and Supervisor group Also present was 9(2)(a) and RAF 9(2)(a) to discuss main focus on child safety tools. 9(2)(a)</p>
<p>1. Review of Service Improvement Plan</p>	<p>SIPs still being considered by 9(2)(a) with ongoing amendments is disputing the need for a focus on frontloading interventions with S&N and IFP's to be included in the SIP. It has relayed to 9(2)(a) that these are areas of concern that require improvement which need to be monitored, therefore they must be a part of the plan. 9(2)(a)</p>
<p>2. Evidence of progress</p>	<p>two half days of manual training completed - Internal child protection protocols and processes in place with flowcharts. 9(2)(a) to site. 9(2)(a)</p>
<p>3. Delivery of support as planned</p>	<p>9(2)(a)</p>
<p>4. Additional activity agreed</p>	<p>- Discussed child safety tools processes and the need to ensure staff have confidence with these. It was agreed that I would assist the three supervisors in developing a workshop focussing on courageous conversations focussing on what is working well for the team. Agreed that I would meet with the Supervisors on the 25th January 2012 to draft up workshop.</p>
<p>5. Other relevant issues</p>	<p>- Importance of safety plans when areas of risk are identified and that these must be sighted and signed off by the Supervisor. Template for</p>

	<ul style="list-style-type: none">- safety plans to be developed to ensure consistency across sites.- Notifications and alerts are a priority with the site with a focus on the process making a report of concern to CYF.- It appears on observation that the three supervisors have differing levels of skill and motivation in regards to quality practice and that support needs to be targeted there rather than the staff as a whole to ensure consistency.
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Family Start: Practice Advisor Site Visit Record:



9(2)(a)

C24

7/2/12

<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: 25/11/11</p>	<p>Staff seen: 9(2)(a) Te Pua Wirieta (CE)</p>
<p>1. Review of Service Improvement Plan</p>	<p>Monitoring visit with RAF. Discussed with management the purpose of SFP along with where the priority areas of focus are and the role of the practice Adviser</p>
<p>2. Evidence of progress</p>	<p>QPS training & staff to attend before xmas and another 12 next year Processes in place re child protection protocols i.e. debriefing and action plan with team leader/supervisor/manager</p>
<p>3. Delivery of support as planned</p>	<p>9(2)(a)</p>
<p>4. Additional activity agreed</p>	<ul style="list-style-type: none"> - Child Safety tools workshop refresher to be delivered in Jan by 9(2)(a) - Client file audit and refresher training on FS manual to be completed on Dec 9th. Staff are not referring to the manual as they should be. - Live supervision is to occur to observe child safety tools to assess WW confidence 9(2)(a) - IFP and S&A training around SMART objectives and summarising strengths and needs. 9(2)(a) would like staff to take responsibility for this training. 9(2)(a) assist where required and will follow up with 9(2)(a) on this training. 9(2)(a) to assist supervisors with workshop regarding conversations around past history and approaches to asking difficult questions. <p>9(2)(a)</p>

C24

	<ul style="list-style-type: none"> - Discussed child consult to be used as an additional support once child safety tools have been imbedded. Potentially utilize current ex-cyf staff to deliver and support this. Reiterated the importance of utilizing experienced staff, particular senior pracs to support others.
<p>5. Other relevant issues</p>	<ul style="list-style-type: none"> - Discussed outcomes with client files and the lack of or no information with regards to past history on S&N. Discussed feedback from file audits with staff and the that they do not see the relevance to ask the questions about past history. One worker in particular reported cultural inappropriateness of asking these, however I reiterated to [redacted] that these must be asked to give the assessment context and to help inform the IFP. 9(2)(a) <p>More referrals from CYF and FVIARS. Discussed importance of informing referrers early re the referral criteria changes.</p>

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9(2)(a)

Family Start Monitoring Template

FAMILY START KPI MONITORING TEMPLATE

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

24/1/2011 for period to 31/10/2011 (for FS Net) and 23/1/2011 (for General Discussion)
Venue: Turuki Health Care

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

General discussion

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1. Good stories	news Turuki FS have begun collecting one good news story per whanau worker each month. These are provided in hard-copy form to the RAF each month.
2. Issues trends in the community and	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

	<p>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 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>Still waiting on FS net enhancements and referral criteria</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. Turuki believes this needs additional assistance at a national level and that should the contract survive past 30 June 2012 some discussions need to be had with FS Directorate around national promotion and marketing activities.</p> <p>Child Safety Tools workshop to be held at Turuki on 8th Dec 2011</p> <p>FS Manual refresh workshop to be held at Turuki on 9th Dec 2011</p>
<p>4. Health of the organisation</p>	<p>RELEA... OFFICIAL INFORMATION ACT</p>
<p>5. CYF Approval review completed</p>	<p>The last completed CYF Approvals assessment was on 6/11/2009 9(2)(a) [redacted]</p> <p>The latest visit was conducted on the 25th of November 2011, the day prior to this FS monitoring visit. CYF Approvals Assessor, FACS RAF and Practice Advisor to liaise regarding coordination of future visits and also discuss coordinating action plans resulting from recent meetings/monitoring visits.</p>
<p>6. Ahuru visit Mowai</p>	<p>The last visit by 9(2)(a) [redacted] was on the 26th August 2011 (for PAFT).</p>

	Visit in the January 2012 has been scheduled with 9(2)(a)
7. Review of the financials for Family Start (annually)	<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> <p>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 IT & contracts. According to financial documents provided to the RAF Turak Health Care is currently setting aside 30% of the MSD FS funding as an administration fee.</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
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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%	92.7% (Oct FS Net). This has increased from 83.9% in Sept 2011	<ol style="list-style-type: none"> Record the number of Whanau workers and supervisors. The number of incoming referrals in the period: <ul style="list-style-type: none"> Are the key referral agencies engaged? The number of referrals declined. <ul style="list-style-type: none"> Summary of reasons – are the reasons reasonable? Are the referral criteria being adopted? What is being done to achieve voluntary participation in the programme? The files of longest duration: <ul style="list-style-type: none"> Are these families still actively engaged in the programme? Waiting list numbers to assess demand for the service: <ul style="list-style-type: none"> How long do people wait? Are they referred elsewhere? 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 <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 increased 8.8% in the past month. On the face of it this is a good thing however, once again we are seeing a corresponding drop of in other (BY) KPI's (i.e. AMB H and Supervision). It should be that the current focus on completing the backlog of initial assessments in order to make clients 'active' has impacted negatively on these KPI percentages. There is a risk that any funded increases in client volumes as a result of a recruitment drive will include families who will not meet the new FS Referral criteria.</p>	<p>Once the current backlog of initial assessments has been cleared, it will be important for Turuki to develop a more 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 rather than undertaking short-term intensive, and possibly poorly targeted, pushes to achieve contracted volumes which then detract from underlying service quality KPI's.</p>	Dec 2011
<p>Contract Number: 314273 1 July 2011 and 30 June 2012</p> <p style="text-align: right;">Provider Number: 50146 Page 5 of 25</p>						

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement	Action By Whom	Action by when
<p>Percentage of workers who receive at least one hour of one-on-one supervision by a qualified supervisor each week</p> <p>Why? Support the professional practice of those working with vulnerable families.</p>	95%	76.4%	<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 supervisor (internal/external) supervision schedule and files for that supervisor and information that is covered, expect to see a formal note that covers client cases. 4. If external supervision is given, sight ledger/note and a written agreement - clause 6.3.4 Family Start Manual 5. Ensure supervision recorded accurately in FS-Net. 	<p>Latest CYF Approvals visit was completed the day prior to this FS monitoring (November 25th). RAF will liaise with Approvals Assessor and Practice Advisor to coordinate action plans.</p> <ol style="list-style-type: none"> 1. National certificate in Supervision - Massey University - 2006 and 2007 (both) 2. Staff development plans and performance appraisals are current and up to date. All sitting on their Personal files. 3. 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. 	RAF, Practice Advisor and CYF Approvals Assessor to coordinate action plans and information	December 2011

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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 latest goals been set by the supervisor? Review? 4. Have other agencies been consulted in relation to developing IFP? 5. Quality of goals: Are they SMART? Child focussed? Achievable? Likely to strengthen family against child maltreatment? <p>Has the supervisor signed off quarterly review within one week of review completion?</p>	<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 IFP's contain goals that are not explicitly linked to the needs of the child. Whanau Workers need to be reminded of the requirement that all goals contained in IFP's are to be explicitly child focussed.</p> <p>It would also 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.</p> <p>There are 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 and a subsequent re-building of client volume via a more accurate targeting strategy of high-needs families.</p>	RAF to liaise with Practice Advisor and CYF Approvals Advisor to coordinate actions	December 2011

Comment [92]: We will be facilitating a workshop around SMART objectives in the New Year.

9(2)(a)

Comment [93]: What we need to understand here is that sometimes we are unable to engage with the families, and therefore when we can we will capture what information we can. So this will be documented in the SN (narrative), and case notes (as discussed in the workshop)

Comment [94]: It would also be relevant to Whanau workers to reassess their intensity rating as for example, for any given time circumstances change for our families, and often the rating has not been assessed.

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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%	87.5% (Oct FS Net). This compares with 97.5% (Sept FS 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 workshop Site home visit report sheets (yellow) completed in a timely manner, dated <u>24/10/11</u> Has an equal AM or exit survey been completed? 	<p>It appears that a current focus by Turuki Health Care on completing a backlog of initial assessments to make clients active has impacted negatively on this percentage. There is a risk that any system increases in client volume as a result of a redoubt drive to meet contracted volumes may include poorly targeted families who will not meet the new FS Referral criteria</p> <p>See also attached 'Family Start File Check Sheet'</p>		<p>Comment [95]: Please add re-education of referral criteria from both provider and MSD.</p>
<p>Percentage of children 0-3 up-to-date with the developmental milestones 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> <ol style="list-style-type: none"> Sight milestone checklists are completed relevant to the age of the child Is the handout list recorded? 	See attached FS File Check Sheet		

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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%	39% (Oct FS-Net)	<p>[To confirm start date for measurement – likely to be 1 July 2010]</p> <p>Print off the list of cases for each whanau worker – randomly select and:</p> <ol style="list-style-type: none"> 1. Check that the family has received minimum of 1 home visit per month and 1 hour of AM&BTL delivered per month 2. Check that the Strength and Needs assessments are reviewed at least 6 monthly 3. Check that the Strength and Needs assessments are reviewed at least 6 monthly 4. Discuss reasons why families are leaving within 12 months (Refer to monthly FS-Net stats prepared and unplanned exits) 5. Are proposed exits discussed with Practice Manager? 6. Graduated process – strengths and needs assessment completed, I/FP reviewed and plan put in place upon exiting <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? 7. Is a retention strategy in place? 8. 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. 9. Transfers: <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</p> <p>Proposed exits are discussed with both the Team Leader and Supervisors.</p> <p>Currently, when families transfer to Turuki FS from other FS providers, it appears the existing files for those families are migrated to Turuki FS with the families.</p>	<p>Turuki FS to explore the possibility that existing files for transferred families migrate to Turuki FS with families.</p>	<p>Immediately</p> <div data-bbox="885 1758 1029 2049" style="border: 1px solid black; padding: 5px;"> <p>Comment [96]: Checking with other sites, and for our region to agree and confirm the transfer process across sites for consistency in practice.</p> </div>

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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?</p> <p>Promoting immunisation is a key way of improving children's health.</p>	80%	<p>71% (FS Net Sept Quarter). This compares to 53% (FS Net June Quarterly Report)</p>	<p>1. How do you promote this? 2. Are FS-Net reminders followed? 3. Is information collected at the initial contact phase about child's immunisation status? 4. Is this part of supervision discussions? 5. Refer to monthly FS-net stats/percentages for cannot be determined and Non answered – why? 6. Check file for completed Well Child visits 7. Check that in client notes in FS-Net the discussion has been recorded and noted</p>	<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?</p> <p>Gives us some confidence that family health and well-being is being addressed.</p>	80%	<p>61% (FS Net Sept Quarterly Report). This compares with 67% (FS Net June Quarterly Report)</p>	<p>1. How do you promote this? 2. Are FS-Net reminders followed? 3. Is information collected at the initial contact phase about child's Well Child's visits? 4. Is this part of supervision discussions? 5. Refer to monthly FS-net stats/percentages for cannot be determined and Non answered – why? 6. Check file for completed Well Child visits 7. Check that in client notes in FS-Net the discussion has been recorded and noted</p>	<p>1, 2, 5 – see previous monitoring report 3. This is now being printed and placed on client files. 4. Yes 6, 7. This is now being printed and placed on client files.</p>		

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for Improvement	Action By Whom	Action by When
Percentage of children 18 months and over enrolled in a licensed Early Childhood Education (ECE) facility Why? ECE has been shown to be beneficial for a child's development.	70%	30% (FS Net Sept Quarterly Report). This compares to 26% (FS Net June 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 Stat awareness?	See previous monitoring report		

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Key Performance Indicators for Introduction from 1 October 2011

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What Information will be gathered?	Comment and actions	Action By Whom	Action by when
Percentage of parents who do not use harmful disciplinary practices	75%			<p>Difficult to capture waiting for assessment tool and FS net enhancements.</p> <p>Noted on case notes around observations.</p> <p>This is observed via Strengths Needs although no area to capture data in FS Net.</p>	<p>Child Safety Tool Workshop to be conducted at Turuki FS.</p>	Dec 8 th 2011
Percentage of children assessed as safe from abuse and neglect	80%			<p>Waiting on assessment tool, FS Net enhancements. Narrative captured in case notes.</p>	<p>Child Safety Tool Workshop to be conducted at Turuki FS</p>	Dec 8 th 2011
Percentage of parents who demonstrate positive parent-child interactions	80%					

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Comment [97]: You might want to add that in the New year a training workshop for staff will be scheduled to support staff.

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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 families visited once weekly in the first 6 months	TBC ¹	7.8%		Waiting on new referral criteria	Child Safety Tool Workshop to be conducted at Turuki FS	<div style="border: 1px solid black; padding: 2px; width: fit-content;"> Comment [98]: This was discussed only - this is pending for February 2012 </div>

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
Turuki Health Care to discuss and address the issue of Whanau Workers not completing the 'Past History' Domain of Strengths and Needs Assessments.	Service Manager – Whanau Development	December 2011	This issue/actions to be carried forward 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 December 2012 at child safety tools workshop with 9(2)(a) 9(2)(a)
1 x Additional Whanau Worker to be recruited	Turuki Health Care	December 2011	Completed – 14 November 2011 Staff are fully aware of this expectation. We can now expect to see this filled out.

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

Agreed Actions	By Whom	By When
Turuki FS, RAF, Practice Advisor and CYF Approvals Assessor to liaise and coordinate action plans.	9(2)(a)	December 2011
Client files of families		Next FS Regional Provider

<p>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 Worker and Whanau.</p>	<p>with other FS providers at regional FS Provider Cluster hui?</p>	<p>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 has been raised with several Whanau Workers during the file checking process; WW's have stated that it is inappropriate in Pacific Island and Maori cultures to discuss bad</p>	<p>Service Manager Whanau Development</p>	<p>December 2011</p>

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<p>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.</p>		
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Overall Comments:

Overall, as I stated in the previous monitoring report I believe Turuki FS staff are committed to their work and to fulfilling the terms of the FS contract. However there are some tensions and issues that need to be acknowledged and addressed if this is to happen:

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

1. Turuki FS Service Manager, KAF, Practice Advisor and CYF Approvals Assessor to liaise and coordinate action plans in order to mitigate the risk of duplication and/or conflicting actions emerging from November visits by various MSD representatives..
2. It appears some Whanau Workers still have issues with discussing the past history of their FS clients. This is evident when looking at Client files – specifically Domain One of the Strengths and Needs Assessments. When this issue has been raised with individual Whanau Workers during the file checking process, the WW's have stated that it is often inappropriate in Pacific Island and Maori cultures to discuss bad things that have happened in a family past. This delicate issue will need to be addressed with Whanau Workers so that the past history of whanau can be captured in S&N Assessments and IFP's. There may be opportunities to address this issue in workshops scheduled for December 8th (Child Safety Tools), and December 9th (Family Start Manual refresher).

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3. Currently, when families transfer to Turuki FS from other FS providers it appears the existing files for those families do not migrate to Turuki FS with the families. It would be useful if this was able to be changed so that the file transfers with the family. This will allow the Whanau Worker to develop more relevant and meaningful IFP's because they would be able to see previous Whanau Workers' case notes, S&N Assessments, IFP's, etc.
4. 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'.

Sign-off:

Report prepared by: 9(2)(a)

Provider has sighted content and agreed it is and accurate reflection of moderating discussion: 15/12/2011

Agreed copy sent to provider on: 15/12/2011

Agreed copy sent to FS Directorate on: 15/12/2011

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Family Start Monitoring Visit File Check Template

Visit Date: 25/11/2011

RAF:9(2)(a)

Provider Name: Turuki Health Care

Monitoring Period Covered: October 2011 (FS Net), 27/10/2011 - 25/11/2011 (monitoring visit)

File Number	3956	3971	3574	3597
	9(2)(a)			
1. REFERRALS (Related KPI – Contract Volumes, referral criteria met)				
Date of referral?	28/08/2011	08/07/2011	28/09/2010	
How old was child at date of referral?	10 mths	28mths	1 mth	
Where did the referral come from?	Self referral	Transfer	B4 Baby	
Does the child/whanau met the 'high needs' criteria?	y	N	N	

Comments per file:

File Numbers

3956 High intensity file – FV (CYF involvement), low income, crowded living conditions.

3911 Transfer from Papakura to Turuki. Transfer form on file, but file from Papakura did not come across with the Whanau. Transferred as a low intensity but was redesignated as medium.

3574 Low intensity family. Immigration and housing issues.

3597 Did not discuss a file with this Whanau Worker.

Because of the fact that 9(2)(a) a mature Pacific woman and an experienced Whanau Worker who has been part of Family Start from the beginning, the discussion focussed on the need to support the new focus of FS and the tools that are being introduced. It was also used as an opportunity to attempt to understand some of the cultural issues relating to discussion of the past history of Pasifika families by Whanau Workers during first S&N Assessments. It was made clear that the use of the new tools will be non-negotiable, but also that FACS would like them to be used in a culturally appropriate manner. Because of this we would prefer it someone with 9(2)(a) cultural knowledge and standing, combined with her FS experience, could assist not only by supporting the introduction of the tools, but also by assisting in delivering the message to younger, less experienced Whanau Workers that the new approach and use of the Child Safety Tools is not negotiable but can still be delivered in a culturally appropriate way.

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}	Y	Y	N		
Have subsequent assessments been completed within the 6 monthly periods?	N	N	Y		
Has the supervisor signed off the assessment?	Y	Y	N		
What does the assessment look like? Across the five	N	N	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

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

Comments per file:

File Numbers

3956	Whanau Worker appeared unsure around how to approach discussion of family history of family violence, etc. Domain 1 'Family History' not completed.
3911	Past History did not come across to Turuki Sironi Eapokura Marae FS because the file didn't transfer with the family. Normal focus on child safety beyond obvious physical danger. This WW only has low and medium intensity files - i.e. no high intensity families in her case load.
3574	Sequence of research active, S&N assessment and IFP appears to be in reverse order from what would be expected. Supervisor had not signed subsequent S&N assessments (only the first one).
3574	Because this file has several S&N assessments, the domains have changed over the time Turuki FS have been engaged with the family (for example Domain 1 was not 'past history' in first S&N assessment). Regular visits have been made, but certainly not weekly.

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	N		
Are the child's needs reflected in the IFP?	Y	N	Y		
Has the IFP been signed by whanau and worker?	Y	Y	Y		
Are the family goals consistent with the Family Start goals?	Y	N	Y		

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i.e. child centred, prevention of abuse & neglect?					
Do the IFP's include SMART objectives?	Y	Y	Y		
Have reviews of the IFP taken place quarterly?	n/a	N	Y		
1 - reflecting progress over last 3 months, and the link between assessments and IFPs					
2 - assessment of progress made by whanau and goals achieved	n/a	N	Y		
3 - an amended plan setting the goals for the next 3 months and does it reflect needs of the child	n/a	N	Y		
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	
3956	Discussion of family's past history may have been helpful in informing goals in IFP. However, this was not incorporated in first S&A assessment.
3911	The IFP is dated prior to the S&A assessment. Could this possibly be related to the fact that this file involved a transfer of the family from Papakura FS to Turuki? The child's needs are not overtly reflected in all goals. Quarterly review hasn't been completed.
3574	

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	Y	Y	Y		

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Visit Record entry for each AM/BTL session?

Comments per file:

File Numbers

3956

3911

3754

5. AM/BTL DEVELOPMENTAL MILESTONE CHECKS

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

Y Y

Comments per file:

File Numbers

3956

3911

3754

WWW commented that often families don't have the resources for AM/BTL delivery and this means that often workers need to have the ability to adapt and improvise with the resources that are available in the home.

6. RETENTION OF FAMILIES

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Did this family remain engaged in the programme for at least 12 months?	n/a	Y	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/a	N	N	

Comments per file:

File Numbers	
3956	
3911	
3754	WWV said whanau want to stay with Family Start because of the cost of ECE. They feel they get ECE from AMBN.

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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 their evidence in case notes that immunisation has been discussed? (at I C Assessment and other HV)	Y	Y	Y	

Comments per file:

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File Numbers	
3956	Whanau Worker checked NIR for immunisation history.
3911	FS Net printout of immunisation history on file.
3754	

8. WELL CHILD VISITS

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

Comments per file:

File Numbers	
3956	New Wharaiti Market Extending date notes.
3911	

9. EARLY CHILDHOOD EDUCATION

Is there evidence on file that the child is engaged in ECE?	n/a	N	N
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Comments per file:	
File Numbers	
3956	WW has spoken about ECE with Mum.
3911	WW has discussed ECE with Mum.
3754	Family feel that AMBTL is the best option for ECE for them.

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Key performance measure	Contract Standard %	Achieved %
Number and percentage of contracted volumes delivered	95	83.9
Percentage of active families receiving at least one hour of AM / BTL per month	95	97.5
Percentage of workers who receive at least one hour of one-on-one supervision by a qualified supervisor	95	87.5
Percentage of all new families who remain on the programme for at least 12 months	80	50
Percentage of children who have their scheduled immunisation(s) during the quarter it came due	80	71.2
Percent of children who have had their scheduled Well Child visit(s) during the quarter that it came due.	80	60.87
Percentage of children 18 months and over enrolled in a licensed Early Childhood Education (ECE) facility	70	29.75

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

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

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

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

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

Dear Te Paea

Te Paea Winata
Turuki Health Care
PO Box 43 002
Mangere, Sth Auckland 2153

15 December 2011

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

Te Manatū Whakahiato Ora
MINISTRY OF SOCIAL DEVELOPMENT



C18

Your organisation has not achieved the standard for six of the key performance measures but it is pleasing to see you have improved performance and achieved the standard for the A/M/B/TL measure over the quarter.

I wish to commend your organisation for providing additional staff training to ensure whanau workers are aware of the new key performance measures and the refocus on child safety.

I am concerned that your organisation is not meeting the contract standards in the key performance measures, particularly contracted volumes and supervision. I understand that a challenge to your organisation is employing sufficient whanau workers to engage with families and also the issue of retention and/or transfer of clients to other Family Start provider areas of Auckland. I look forward to your organisation making progress in this area and ask that you advise us of any support you need from our Family Start team to assist you in making improvements.

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

Family Start Team

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

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

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

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

9(2)(a)

Communications and support provided

Over the last quarter:

- A Family Start working party has been established. It is made up of representatives of providers (as nominated by the Family Start Collective) and Ministry staff to ensure that where possible there is effective consultation on practise development.
- The Family Start team attended the Family Start Collective hui on 11 November.
- 9(2)(a) and 9(2)(a) (Programme Manager) facilitated workshops in late October/early November at five regional hui for Family Start providers. These workshops focused on the new child safety tools, associated practise and recording process.
- RAFs have undertaken regular support/monitoring visits and provided written reports on those visits to you and the National Family Start team.
- Advice notes have been issued on qualified supervision, weekly home visits, FS Net changes and child safety tools.
- A monthly newsletter with frequently asked questions has been implemented.
- Additional resources and support has been provided through:
 - AM/BTL supervision training in Wellington (early September)
 - issuing the "Raising Families in New Zealand" DVD to Family Start sites
 - Whakatipu parenting resources.

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

Yours sincerely

Carl Crerar

Director of Family Start and Social Sector Trials

Copy to: 9(2)(a)