

Family Start Monitoring Template

FAMILY START KPI MONITORING TEMPLATE

Provider Name: Turuki Health Care

Provider Number: 50146

Contract Number: 314273

27/10/2011 for period to 31/09/2011 (for FS Net) and 26/10/2011 (for General Discussion)

Venue: Turuki Health Care

Present: 9(2)(a) [] (RAF), 9(2)(a) [] (FS Manager)

General discussion

1. Good news stories	Turuki FS have begun collecting one good news story per whanau worker each month. These will be provided in hard copy form to the RAF. Good news internally – recruitment of an ex CYFS worker to one of the vacant Whanau Worker positions.
2. Issues and trends in the community	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.
3. Issues and trends with the Family Start programme	Unable to capture the information re: some of the new KPIs. Still waiting on FS net enhancements. Assessment tool, referral criteria. From Turuki's perspective, referrers need educating again around the new principles of Family Start – i.e. reducing child abuse, neglect and maltreatment. Turuki believe this needs promotional 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.
4. Health of the organisation	
5. CYF Approval review	The latest CYF Approvals assessment was on 6/11/2009 9(2)(a) [] The next visit is due on the 25 th of November 2011.

completed	Mock Audit took place in October 2011. An external Quality Consultant was brought in to do this.
6. Ahuru Mowai visit	The last visit by 9(2)(a) was on the 26 th August 2011 (for PAFT). Awaiting another visit in November 2011.
7. Review of the financials for Family Start (annually)	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.

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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%	83.9% (Sept FS Net). This has declined from 84.2% in August 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? <p>4. The files of longest duration</p> <ul style="list-style-type: none"> Are these families still actively engaged in the programme? Waiting list numbers to assess demand for the service: How long do people wait? Are they referred elsewhere? <p>6. FS-Net being maintained:</p> <ul style="list-style-type: none"> Eliminate 'unassigned' active cases in FS-Net if not contacted after 6 weeks <p>7. Leave & training planned to ensure adequate coverage:</p> <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>1. 17 whanau workers and 2 supervisors – 1 is a team leader with a supervision function. Turuki are currently looking at separating these functions so they have a team Leader and 2 Supervisors.</p> <p>2. Update 2 Supervisors x FIE, 1 Team Leader, 1 Service Manager, 1:17 Whanau workers as at 31.10.2011</p> <p>3. 1 additional Whanau Worker recruited in November 2011 at 01.11.2011</p>	1 additional Whanau Worker to be recruited	Dec 2011

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%	<p>87.5% (Sept Quarter). This compares with 39% (FS Net June Quarterly Report)</p>	<p>The most recent CYF Approvals assessment report should be referenced, and if this has been done recently, avoid duplicating any checks.</p> <p>1. What level of qualifications do supervisors currently have?</p> <p>2. Are staff development plans and performance appraisals in place?</p> <p>3. Quality of the supervision (internal)</p> <ul style="list-style-type: none"> • Sign supervisor schedule and files for frequency of supervision and information that is covered; expect to see a format note that covers client cases. • Sight internal contract between supervisor and whānau worker • If external supervision is given, sight ledger/invoice and a written agreement - clause 6.3.4 Family Start Manual <p>5. Ensure supervision recorded accurately in FS-Net.</p>	<p>1. Professional development plan for 2012 – put Team Leader and Supervisors on a Post Graduate Course through Auckland University.</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 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 focussed? 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? 	See attached 'Family Start File Check Sheet'.		

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%	<p>97.5% (Sept FS Net). This compares with 95.7% (August FS Net)</p>	<p>Refer to last Ahuru Mowai report and with AM Advisor – check if any follow up is required? (Avoid duplication)</p> <p>Site random sample of client files FS-Net client notes for AM delivery verifying one hr per month</p> <ol style="list-style-type: none"> All whanau workers have received initial training to deliver AM&BTL Supervisors have attended support workshop? Site home visit record sheets (yellow), completed in a timely manner, dated Has an AM or exit survey been completed? 	See attached 'Family Start File Check Sheet'		
<p>Percentage of children 0-3 up-to-date with the developmental milestone checks set out in Ahuru Mōwai / Born to Learn.</p> <p>Why? Adherence to the development milestone checks provides some confidence that children are being regularly assessed in these domains.</p>	95%		<p>Refer to last Ahuru Mowai report and with AM Advisor – check if any follow up is required? (Avoid duplication)</p> <ol style="list-style-type: none"> Sight milestone checklists are completed relevant to the age of the child Is the handout list recorded? 	See attached FS File Check Sheet		

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%	50% (FS Net) updated 13/10/2011	<p>[To confirm start date for measurement – likely to be 1 July 2010]</p> <p>Print off the list of cases for each whanau worker – randomly select and:</p> <ol style="list-style-type: none"> 1. Check that the family has received minimum of 1 home visit per month and 1 hour of AM&BTL delivered per month 2. Check that the Strength and Needs assessments are reviewed at least 6 monthly <p>Discuss reasons why families are leaving within 12 months</p> <ol style="list-style-type: none"> 3. Are proposed exits discussed with Practice Manager? 4. Evaluation process – strengths and needs assessment completed, IFP reviewed and plan put in place upon exiting 5. Was the exit within the control of the provider? 6. 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. <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</p> <p>Proposed exits are discussed with both the Team Leader and Supervisors.</p>		

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement	Action By Whom	Action by when
<p>Percentage of children 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%	<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 immunisation schedule 7. Check that in client notes in FS-Net the discussion has been recorded and noted</p>	<p>See previous monitoring report 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>		
<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%	<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
<p>Percentage of children 18 months and over enrolled in a licensed Early Childhood Education (ECE) facility</p> <p>Why? ECE has been shown to be beneficial for a child's development</p>	70%	30% (FS Net Sept Quarterly Report). This compares to 26% (FS Net June Quarterly Report)	<ol style="list-style-type: none"> 1. Gather information about how many are on waiting lists or enrolled in alternative education facilities. 2. Refer to monthly FS-Net stats percentages for cannot be determined and non answered – why? 3. Relationship with ECE's and Family Staff 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%		Meeting with 9(2)(a) and 9(2)(a) on 8 December 2011 – workshop around the child safety tools. It is of the Managers view that the tools will enhance the strengths needs assessment, however staff to be trained further – recommendation to be made of Family Start Manual – Practice boys to support staff.	This is hard to capture – waiting on assessment tool and FS net enhancements. Noted on case notes around observations	ACT	
Percentage of children assessed as safe from abuse and neglect	90%		As above	This is observed via Strengths Needs though no area to capture data in FS Net.		
Percentage of parents who demonstrate positive parent-child interactions	80%	78%	As above	Waiting on assessment tool, FS Net enhancements. Narrative captured in case notes.		
Percentage of families visited once weekly in the first 6 months	TBC ¹		Work in progress – active from 1 October 2011.	Waiting on new referral criteria. Currently reviewing clients on Low intensity levels. Need to re-educate external providers of referral criteria. Push back within our own internal processes.		

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
2 dedicated full-time FS Supervisor positions to be put in place	Turuki Health Care	November 2011	The following supervisory positions are now in place: 1 x part-time supervisor with a case load of 9 Whanau workers, 1 x Tgata leader and 1 x ATE supervisor with a case load of 9 Whanau Workers.
FS Net info on Immunisations, Well Child Checks and ECE enrolments to be printed and placed on client files	Whanau Workers/Supervisors	October 26 th 2011	A new index system has been implemented for client files to ensure this is included.
Further discussion to be held between Turuki FS and ATWC regarding client transfer/retention protocol	Turuki FS, ATWC	October 26 th 2011	There have been no new cases requiring discussion. There will be ongoing communication on a case-by-case basis around this.
Communicate prescribed nature of FS templates, forms etc to Turuki Health Care CEO and Board	FS Directorate/RAF	Immediately	Family Start will not be part of the roll out of Whanau Ora tools, templates, etc.
Recruit an additional 2 Whanau Workers	Turuki Health Care	ASAP	Turuki have recruited 1 x ex-CYF staff member as a

Whanau Worker. Interviews are being conducted during the coming week for a second position.			
The one key outstanding issue/question relates to clients who are non-residents.	ASAP	RAF	Chase up outstanding answers to any of Turuki's questions still sitting with FS Directorate

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

Agreed Actions	By Whom	By When
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
1 x Additional Whanau Worker to be recruited	Turuki Health Care	December 2011

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. It appears some Whanau Workers 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 was raised with an individual Whanau Worker, the WW stated that it was 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.
2. Turuki Health Care to recruit additional Whanau Worker by December 2011.
3. 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 monitoring discussion: 21/11/2011

Agreed copy sent to provider on: 21/11/2011

Agreed copy sent to Approvals Assessor on:

Family Start Monitoring Visit File Check Template

Visit Date: 27/10/2011

RAF: 9(2)(a)

Provider Name: Turuki Health Care

Monitoring Period Covered: 1/09/2011 – 31/09/2011 (FS Net), 27/10/2011 (discussion)

File Number	3795	3696	3925	3490	3888
Whanau Worker	9(2)(a)				
1. REFERRALS (Related KPI – Contract Volumes, referral criteria met)					
Date of referral?	08/04/2011 1	No date of referral on file	22/07/2011 1	28/06/2010 10	30/06/2011 1
How old was child at date of referral?	1 day old	2 mths	1 mth	21 mths	3 weeks
Where did the referral come from?	Middlemore Hospital	FVIARS	Pinknet	CYF	FVIARS
Does the child/whanau meet the 'high needs' criteria?	Y	Y	N	Y	Y

Comments per file:

File Numbers	
3795	Low income, young mum with 5 kids, evidence of transience
3696	DV, some children were removed from mum and taken by Grandmother. Although this FVIARS referral did not have a date of referral, the WW stressed that a system was put in place to capture this approximately a month ago.
3925	Only issue was housing related
3490	DV, Housing
3888	FV

2. STRENGTHS AND NEEDS ASSESSMENTS / HOME VISIT FREQUENCY

Was the 1st assessment completed within 6 weeks of the family being made active?^{2 3}	No. completed on 02/06/2011	Yes 29/04/2011 1	Yes 16/09/2011 1	Yes 11/08/2011 0	Yes 25/08/2011 1
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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

Have subsequent assessments been completed within the 6 monthly periods?	n/a	n/a Will be 6 months in 2 days time.	n/a	N This WW has only recently taken this file over	n/a
Has the supervisor signed off the assessment?	Y	Y	Y	Y	N
What does the assessment look like? Across the five domains has the whanau worker captured a good range of information?	'Past history' (domain 1. domain not completed)	Very brief information recorded under all domains apart from domain 1 (past history)	Very brief info recorded against each domain. Nothing recorded under domain 1 'Past History'	Latest S&N assessment has very brief info recorded. Original S&N Assessment has nothing recorded under domain 1 - Past History	Good range of info under all domains except domain 1 - Past History
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	Y
Have all whanau in their first year of engagement received weekly home visits?	Y	N	N	N	N

Comment [MSOffice1]: This is pending their intensity level - narrative needs to sit behind this.

Comments per file:	
File Numbers	
3795	Good case notes, showing extensive details around client contact
3696	No details recorded under 'Past History'. WW said this was a mother who has been on FS before and has re-entered. Weekly visits have not always been kept up, but reasons are generally well documented in case notes.
3925	No details recorded under Domain 1 - 'Past History'. Case notes have not been made for all home visits.
3490	Latest S&N assessment has very brief info recorded. Original S&N Assessment has nothing recorded under domain 1 - Past History
3888	No details recorded under Domain 1 - 'Past History'. This is something that is not able to be addressed in some cultures.

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)	Completed 28/06/2011 1	15/03/2011 1	N No date on IFP.	N 26/10/2010	9/08/2011 IFP date prior to S&N Assessment

Are the child's needs reflected in the IFP?	Y	Y	Y AMBTL and housing goals	Y AMBTL and Immunisa tion	Y Immuna tions and Well Child Checks	Comment [MSOffice2]: We are advising the team that up to five working days to complete IFP after completion of SN.
Has the IFP been signed by whanau and worker?	Y	Y	Y	Y	Y	
Are the family goals consistent with the Family Start goals? i.e. child centred, prevention of abuse & neglect?	Y	Y	Y Goals are FS goals in that the primary one is AMBTL. However, they are not related to preven tion of abuse and neglect	Y	Y Short- term goals are FS goals in that they are immunisa tion and Well Child related. However, long term goal of looking for housing could be regarded as less explicitly so.	
Do the IFP's include SMART objectives?						Comment [MSOffice3]: Internal focus on SMART Objectives – refresher training for the Family Start Manual – July 2009.
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	26/09/2011	15/06/2011	n/a	Y	n/a	
	Y	Y	n/a	Y	n/a	
	Initial plan has been reviewed but revised plan has yet to be discussed and implemented	AMBTL and Immunisation focus	n/a	Y	n/a	
Has the supervisor signed off the quarterly reviews within a week of the review's completion?	Y	Y	n/a	Y	Y	

Comments per file:	
File Numbers	
3795	Initial IFP has been reviewed on 26/09/2011 but revised plan yet to be discussed with mother.
3696	It might be a good idea for a date to be recorded alongside the Supervisor signature.
3925	No completion date recorded on IFP
3490	It might be a good idea for a date to be recorded alongside the Supervisor signature.
3888	Next review not due until next month

4. AM & BTL					
Does the file reflect that the family has received at least one hour of AM/BTL per month? Is there a case note or Home Visit Record entry for each AM/BTL session?	Y	N and Y	Y	Y	Y

Comment [MSOffice4]: 3696 two questions, should show the visit as yes or no, and if case noted should show yes or no.

Comments per file:	
File Numbers	
3795	
3696	In months were AMBTL could not be delivered the VWW has made note of the reason.
3925	File shows 4 AMBTL sessions delivered
3490	Good recording of AMBTL delivery
3888	AMBTL records show an average of approx 1 hr 35 mins

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	Y	N

Comments per file:	
File Numbers	
3795	
3696	
3925	
3490	
3888	

6. RETENTION OF FAMILIES

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

Comments per file:

File Numbers

3795	Relatively new file
3696	File is only 7 months old
3925	New file
3490	
3888	

7. IMMUNISATIONS

Is there an Immunisation Schedule on file?	Y Fs Net printout on file	N Immunisation status only recorded in FS Progress form, FS Net printout not on file.	N Immunisation status is 'entered in the system' according to VWW	Y	Y FS Net printout on file
Is the Immunisation Schedule up to date? (Is there an immunisation due in the relevant quarter?)	Y Schedule indicates baby did not receive 6 week immunisation, received 3 mth, then did not receive 5 mth	Y Next immunisation due at 15 mths	Immunisation status is recorded in FS Progress Form, but FS Net entries are not on file.	Y	Y
Is there evidence in case notes that immunisation has been discussed? (at I C Assessment and other HV)	Y	Y	N	Y	Y

Comment [MSOffice5]: FS Net print outs on file from October onwards. Review of file index and recommendations from RAF

Comments per file:	
File Numbers	
3795	WW has discussed immunisation with mum at relevant stages (evidenced in case notes)
3696	WW records discussion of immunisation in case notes
3925	New file
3940	
3888	

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

Comments per file:	
File Numbers	
3795	WW said she needs to follow up with Plunket
3696	
3925	FS Progress Form shows Well Child
3940	FS Net printout indicates Well Child visits not made. However, WW says she knows this has been done
3888	FS Net printouts on file

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

Comments per file:	
File Numbers	
3795	WW has supported mum with other children's enrolment in education, as well as with this baby
3696	WW has discussed ECE with mum. Other siblings all in primary school.
3925	Baby is only 4 mths old
3940	Evidence in case notes that child recently enrolled in ECE.
3888	Baby is 4 mths old

Family Start Monitoring Template

FAMILY START KPI MONITORING TEMPLATE

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

30/9.
AM/BTL improved ← C10

26/09/2011 for period to 31/08/2011 (for FS Net) and 25/09/2011 (for General Discussion)
Venue: Turuki Health Care

Present: 9(2)(a) (RAF), 9(2)(a) (FS Manager), 9(2)(a) (FS Team Leader/Supervisor)

General discussion

1. Good news stories	Turuki FS have begun collecting one good news story per whanau worker each month. These will be provided in hard-copy form to the RAF.
2. Issues and trends in the community	<p>The FS Manager reports that due to a shortage of housing in Mangere, clients are moving out of area. Some of these clients have requested to remain with FS Turuki. In each of these cases the FS Manager has contacted either ATWC or FS Manukau to discuss the client's desire to remain with Turuki FS. The RAF has requested that these discussions be followed up with an email outlining the rationale behind the retention of the client and showing that agreement has been reached between FS providers. The RAF is to be copied in on these emails.</p> <p>Turuki FS reports an increase in Family Violence in Mangere – example: 97 incidences reported over one week – 48/97 resided in Mangere – 20/48 have children under the age of 5. Alcohol, relationship issues, and also Rugby World cup rivalry creating tension in families.</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.</p>
3. Issues and trends with the Family Start	<p>Unable to capture the information re: some of the new KPIs. Still waiting on FS net enhancements, Assessment tool, referral criteria.</p> <p>FVIARS referrals declined by clients – Turuki FS reports there are</p>

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programme	<p>issues with the approach to whanau. It is currently working with the police team to understand how engagement can be improved on both sides.</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 believe this needs promotional 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>
4. Health of the organisation	<p>A joint RBA training workshop was conducted by 9(2)(a) 9(2)(a) on 15th Sept 2011 involving staff from both Family Start Turuki and Papakura Marae sites (Turuki Health Care and Papakura Marae are both part of Te Kotahitanga Whanau Ora Collective). Staff are being encouraged to take ownership of and individually and collectively 'buy in' to what could be done to meet the FS KPIs. The outcome was that each KPI will have an action plan and each site will have RBA scorecards developed.</p> <p>On the subject of Whanau Ora and Family Start, there appears to be potential for tension to occur between the work being conducted by 9(2)(a) in creating shared systems, processes, forms, templates, etc for the Kotahitanga Whanau Ora Collective and changes that are simultaneously being implemented by MSD through the FS Directorate. Two parallel change management processes are occurring and there may be potential for confusion and mismatches to emerge as a result. There could also be potential for Whanau Workers to become less productive if the new Whanau Ora systems, processes, forms and templates do not mesh seamlessly with those being used by Family Start. It is important that 9(2)(a) 9(2)(a) are made very aware of the fact that FS is a prescribed programme with prescribed forms, templates, etc and these are to be used by all FS providers - including those involved in Whanau Ora Collectives.</p> <p>The multi service nature of Turuki Health Care should in theory provide benefits to FS client in that the organisation can offer a number of services under one roof and therefore has the ability to provide wrap around services. On this note, Turuki Health Care is planning to open a pharmacy and is currently in the process of finalising the contracting and auditing processes through Med safe.</p> <p>Family Start staff attended the PATH (pathway assessment for Tomorrows Hope) Training – looking at family goal plans that family identify their aspirations and how they will achieve their goals. Visual plans completed by families. (Example provided by Turuki)</p>

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	<p>Takurangi cultural competency training for practitioners is to be held on 12 October 2011 – Workforce Development as part of the Kotahitanga Collective.</p> <p>Introduction of the Xcess IT system is 'work in progress' – supported by the ISSP plan via Whanau Ora.</p>
5. CYF Approval review completed	<p>The latest CYF Approvals assessment was on 6/11/2009 9(2)(a)</p> <p>9(2)(a)</p> <p>The next visit is due on the 25th of November 2011.</p> <p>Mock Audit to take place in October 2011. An external Quality Consultant is being brought in to do this.</p>
6. Ahuru Mowai visit	<p>The last visit by 9(2)(a) was on the 26th August 2011 (for PAFT).</p> <p>Follow-up from the previous AMBTL visit on 24/02/2011 visit included concerns around provision of adequate educational resources by Turuki FS. This has been addressed by Turuki extending educational resources through Whanau Workers taking SKIP packs to initial visits and providing Brainwave Trust DVD's for whanau, Raising Children in NZ, Brainwave workshops inviting clients to group sessions, Receipt of Whakatipu resources from AMBTL team – Turuki is awaiting participation in a workshop.</p>
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 FS contracts. It is estimated Turuki Health Care may be 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
Number and percentage of contracted volumes delivered Why? Tracking volumes contracted as well as demand for the service	95%	84.2% (August FS Net)	1. Record the number of whanau workers and supervisors. 2. The number of incoming referrals in the period: <ul style="list-style-type: none"> Are the key referral agencies engaged? 3. The number of referrals declined: 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 non-vest obration: Are these families still actively engaged in the programme? 5. Waiting list numbers to assess demand for the service: <ul style="list-style-type: none"> How long do people wait? Are they referred elsewhere? 6. FS-Net being maintained: <ul style="list-style-type: none"> Eliminate 'unassigned' active cases in FS-Net if not contacted after 6 weeks 7. Leave & training planned to ensure adequate coverage: <ul style="list-style-type: none"> Plan in place to cover unplanned absences Whanau workers are co working - process in place for unplanned - co workers know their partners families and will pick up on delivery.	1. 16 whanau workers and 2 supervisors - 1 is a team leader with a supervision function. Turuki are currently looking at separating these functions so they have a team leader and 2 Supervisors. 2. Some key referral agencies are engaged - the links of midwives are limited it would be easier for the FS Manager to spend time engaging strategically with referral agencies if 2 fulltime FS supervisors were employed. 3. Declines - for the month of August 2011 = 3 <ul style="list-style-type: none"> Voluntary nature of participation in FS and complexity of family issues are both factors. Turuki often see a lack of commitment or interest in the programme if there is too much going on for the families. Eg FVIARS - huge number of declines. There only has to be 1 tick against the risk indicators, and age of child to accept referral. To achieve voluntary participation in the programme - may need to create provide incentives - this is an area we have not explored due 	2 dedicated Full-time FS Supervisor positions to be put in place 2 additional Whanau Workers to be recruited	November 2011

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?</p> <p>Support the professional practice of those working with vulnerable families.</p>	95%	39% (FS Net June Quarterly Report)	<p>The most recent CYF Approvals assessment report should be referenced, and if this has been done recently, avoid duplicating any checks.</p> <ol style="list-style-type: none"> What level of qualifications do supervisors currently have? Are staff development plans and performance appraisals in place? Quality of the supervision (internal): <ul style="list-style-type: none"> Sight supervision schedule and files for frequency of supervision and information that is covered; expect to see a formal note that covers client cases. Sight internal contract between supervisor and manager/worker If external supervision is given, sight ledger/invoice and a written agreement - clause 6.3.4 Family Start Manual Ensure supervision recorded accurately in FS-Net. 	<p>1. National certificate in Supervision – Massey University – 2006 and 2007 (both 9(2)(a) and 9(2)(a) Turuki have reported that Massey University lost 9(2)(a) that assignment and she is currently completing this to gain her-tohu. This will be finalised and marked by mid October 2011.</p> <p>2. Staff development plans and performance appraisals are current and up to date. All sitting on their Personal files.</p> <p>3, 4. Supervision files available to sight and internal contracts. External supervision CV and tohu available to sight as well. 3 x staff have external supervision. 1 x supervisor has external supervision.</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 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 focussed? 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? 	See attached 'Family Start 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 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%	<p>95.7% (August FS-Net)</p>	<p>Refer to last Ahuru Mowai report and with AM Advisor – check if any follow up is required? (Avoid duplication)</p> <p>Site random sample of client files FS-Net client notes for AM delivery verifying one hr per month</p> <p>1. All whanau workers have received initial training to deliver AM&BTL</p> <p>2. Supervisors have attended support workshops</p> <p>3. Site home visit record sheets (yellow), completed in a timely manner, dated</p> <p>4. Has an annual AM or exit survey been completed?</p>	<p>See attached 'Family Start File Check Sheet'</p> <p>Training schedules to verify AMBTL training all staff except for (2) and (3) Orientation (2) training via Supervisor at Papakura Marae.</p> <p>Supervisor has attended support workshop.</p> <p>Juruki FS does not have Family Start exit survey forms. Please advise where we access these.</p> <p>The Resource order form only allows for certain resources and forms, exit surveys are not on this form.</p> <p> I:\Family Start Resource Order form</p>		

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement	Action By Whom	Action by when
<p>Percentage of children 0-3 up-to -date with the developmental milestone checks set out in Ahuru Mōwai / Born to Learn.</p> <p>Why? Adherence to the development milestone checks provides some confidence that children are being regularly assessed in these domains.</p>	95%		<p>Refer to last Ahuru Mowai report and with AM Advisor – check if any follow up is required? (Avoid duplication)</p> <p>1. Sight milestone checklists are completed relevant to the age of the child 2. Is the handout list recorded?</p>	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%		<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. Are proposed exits discussed with Practice Managers? 4. Graduation process – strengths and needs assessment completed, IFP 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? 5. Are families referred elsewhere? (particularly if vulnerable) 6. Transfers: <ul style="list-style-type: none"> • Have family signed consent? • Has transition been managed between Family Start providers (Sight transfer documentation)? Yes – RAF included in emails 	<p>Viewed printed list of Whanau Worker cases. Only the referral date is able to be seen, not date made 'active', so cannot verify if family is 'active' for 12 months.</p> <p>By AMBTL - viewed both client file and on FS net – whanau time</p> <p>Strengths Needs viewed of client file and on FS Net.</p> <p>Proposed exits are discussed with both the Team Leader and Supervisors.</p> <p>10 exit files were made available for RAF to review and sight if SN assessment completed, IFP reviewed and Plan in place upon exit – graduation. Mix of graduation, unplanned and planned.</p> <p>3. Yes and no – if the client chooses to remain on the programme once child turns 3 they have the option to continue the AMBTL resource – 3 years – 5 years - available for whanau workers to continue working with these families. Exits – transferred out of area – due to housing availability via HNZ. Affordability of private rentals, and immigration status, transient (debt collectors). There is a recent</p>		

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement	Action By Whom	Action by when
<p>Percentage of children 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%	53% (FS Net June Quarterly Report)	<p>1. How do you promote this?</p> <p>2. Are FS-Net reminders followed?</p> <p>3. Is information collected at the initial contact phase about child's immunisation status?</p> <p>4. Is this part of supervision discussions?</p> <p>5. Refer to monthly FS-net stats/percentages for cannot be determined and Non answered why?</p> <p>6. Check file for completed immunisation schedule</p> <p>7. Check that in client notes in FS-Net the discussion has been recorded and noted</p>	<p>1. Education, building awareness, facilitation into GP clinics to get immunisations. Open day through the clinic – proposal to CEO for Sign off.</p> <p>2. Key reminder – majority of the time are followed, however some staff need reminding.</p> <p>3. Collection of immunisation should be collected at initial assessments. However, this is currently often only visible in FS Net. The FS Net immunisation record needs to be printed and placed on file.</p> <p>4. Reminders around key results Strengths needs, immunisations, and well Child are part of supervision discussions.</p> <p>5. Some families choose not to immunise their children – FS Net does not capture this on key results.</p> <p>6. This is currently often only visible in FS Net. The FS Net immunisation record needs to be printed and placed on file.</p> <p>7. This needs improvement</p>	Immunisation info from FS Net to be printed and placed on client files	October 2011

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TEMPLATE ISSUE? DOESN'T EXIST
 TO INCLUDE ALL TEXT?

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>Percent of children who have had their scheduled Well Child visit(s) during the quarter that it came due.</p> <p>Why? Gives us some confidence that family health and well-being is being addressed.</p>	80%	67% (FS Net June Quarterly Report)	<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's 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 	<p>1. Education, building awareness, referrals to Plunket or Mokopuna ora – facilitating access. Tamariki Ora Day – proposal to CEO for sign off. Well child providers being engaged to have clinics days at Tūrūki Healthcare.</p> <p>2. Majority of the time reminders are followed. Some staff need reminding.</p> <p>3. Well child info appears to be being recorded in FS Net, but is often not printed and placed on file.</p> <p>4. Yes</p> <p>5, 6, 7. This appears to be being recorded in FS Net, but is often not printed and placed on file.</p>	Well Child info contained on FS Net to be printed and placed on client files	October 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 children 18 months and over enrolled in a licensed Early Childhood Education (ECE) facility</p> <p>Why? ECE has been shown to be beneficial for a child's development</p>	70%	26% (FS Net June Quarterly Report)	<ol style="list-style-type: none"> 1. Gather information about how many are on waiting lists or enrolled in alternative education facilities. 2. Refer to monthly FS-Net stats percentages for cannot be determined and non answered – why? 3. Relationship with ECE's and Family Start – awareness? 	<p>Turuki state that 41/114 are enrolled in ECE. (36%)</p> <p>80 clients need to be enrolled in ECE to meet 70%.</p> <p>Turuki FS have highlighted some of the barriers to ECE enrolments in their August monthly report.</p> <p>Key results on FS net re: cannot be determined and non answered</p> <p>By following progress with the team of which licensed ECEs are in Mangere area.</p> <p>Some organisations will help families with funding for ECE eg Barnadoes.</p>	ECE enrolment info from FS Net to be printed and placed on client files	October 2011

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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%			This is hard to capture on assessment tool, and FS net enhancements. Noted on case notes around observations		
Percentage of children assessed as safe from abuse and neglect	80%			This is observed via Strengths Needs though no area to capture data in FS Net.		
Percentage of parents who demonstrate positive parent-child interactions	80%			Waiting on assessment tool, FS Net enhancements. Narrative captured in case notes.		
Percentage of families visited once weekly in the first 6 months	TBC			Waiting on new referral criteria		

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

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

Agreed Actions	By Whom	By When	Completed/Update

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

Agreed Actions	By Whom	By When
2 dedicated full-time FS Supervisor positions to be in place	Turuki Health Care	November 2011
FS Net info on Immunisations, Well Child Checks and ECE enrolments to be printed and placed on client files	Whanau Workers/Supervisors	October 2011.
Further discussion to be held between Turuki FS and ATWC regarding client transfer/retention protocol	Turuki FS, ATWC FS	October 2011
Communicate prescribed nature of FS templates, forms etc to Shea Pita & Associates	Turuki Health Care	Immediately
Recruit an additional 2 Whanau Workers	Turuki Health Care	ASAP
Chase up outstanding answers to any of Turuki's questions still sitting with FS Directorate	RAF	ASAP

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Overall Comments:

Overall, 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 emerging 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. The retention and/or transfer of clients who have moved out of Turuki's area into either the ATWC of Manukau FS areas needs further discussion and agreement between FS providers. It is important that a process for managing retention/transfer of clients is discussed and agreement reached ASAP between Turuki Health Care, ATWC and Manukau FS and that the best interests of families are kept to the forefront of any agreement.
2. There is potential for tension to emerge between work currently being undertaken by 9(2)(a) and the FS Directorate. 9(2)(a) is currently developing systems, processes, templates, etc for the Koranitaranga Whanau Ora Collective at the same time as the MSD FS Directorate is developing systems, processes and templates for Family Start 9(2)(a). There is a need to be aware that FS is a prescribed programme with prescribed systems, processes, templates, forms, etc, which must be used by all FS providers - including those that are part of Whanau Ora collectives.
3. 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 appears to be setting aside an approximate 30% as an 'Administration Fee'.
4. Turuki FS needs to ensure it has a full quota of 18 Whanau Workers and 2 full-time dedicated FS Supervisors employed as soon as possible if it is to have a realistic chance of fulfilling the requirements of the latest FS contract with MSD. Currently Turuki FS is two Whanau Workers short and one Supervisor is in a dual role as Team Leader/Supervisor, which includes supervision of the Teen Parent ICW.
5. Whanau Workers are not always printing from FS Net and updating client files. For example, data on Immunisations, Well Child and ECE is often completed and up-to-date in FS Net but this is not reflected in the client files.

Sign-off:

Report prepared by 9(2)(a)

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

Agreed copy sent to provider on:

Agreed copy sent to Approvals Assessor on:

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