

9(2)(a)

From: 9(2)(a)
Sent: Friday, 17 February 2012 10:36 a.m.
To: 9(2)(a)
Cc: Carl Crafar; 9(2)(a)
Subject: Practice Safety

Morena 9(2)(a)

Thankyou for your time yesterday. I felt it was a useful discussion and that we were able to clarify the key concerns that I think we all agree are present at Te ha o Te Whanau Trust.

To summarise:

- 1) That whanau workers have a low level of skill and confidence in a range of practice matters including child safety but also around programme fidelity strengths and needs assessments and Planning.
- 2) That despite significant input from Practice Advisor and yourself - practice appears to be very 'stuck' and there are instances of workers not following specific direction
- 3) That you are carrying many high risk cases that require vigilance and confidence in order to ensure child safety
- 4) That your supervisory level is weak - worker has low confidence and assertiveness.
- 5) That you are a senior member of the organisation with additional responsibilities to Family Start and need to rely on the appropriate levels to take responsibility

It appears that PA has needed to provide a high level of guidance and support around case issues - while it is hard to understand the complexities of each case and be clear about what has or has not happened and when - we agreed that 9(2)(a) has been responding to areas of concern and linking up with you to resolve these. This should not be happening and there should mechanisms within your organisation that manages, responds to and tracks risk without her input.

9(2)(a)

not in scope

Carl has asked you to consider these issues with your Board and come back to us with a plan that re-assures us that practice is managed within a safe framework. I understand that you have formed some plans in respect of this and have shared them with us at an earlier point and this is a good start. however - additional actions are required in order to respond to urgent matters of safety .

you may want to reflect upon the following;

- 1) Current cases
- 2) supervision
- 3) management input
- 4) monitoring
- 5) staff performance
- 6) MSD support required.

9(2)(a)

I understand that you are meeting with 9(2)(a) today and we agreed that you would feed back to me your initial responses and plans at the ends of today and a formal response is required by Monday please.

I look forward to moving forward on this concern and will hear from you later today

regards

9(2)(a)

9(2)(a)
Family Start Practice Leader

9(2)(a)

From: Carl Crafar
Sent: Thursday, 1 March 2012 2:18 p.m.
To: 9(2)(a)
Cc: 9(2)(a)
Subject: Family Start
Importance: High
Follow Up Flag: Follow up
Flag Status: Red
Attachments: planfor safety.doc

Kia ora 9(2)(a)

You will be aware from your Trust Manager 9(2)(a) that there have been concerns identified in relation to safe and competent practice at Te Ha o Te Whanau Trust Family Start. 9(2)(a) has been in discussion with 9(2)(a) Family Start Practice Leader in respect of the actions required to address these concerns.

I understand that 9(2)(a) and the Board of Trustees are in agreement that these concerns are present and that you have proposed some alterations to the management structure of Family Start to rectify this. After considering your proposals it was felt that further and more detailed actions were required. This plan is attached.

I need to impress upon you the urgency and seriousness of the current situation and hope that you will be able to approve this plan and respond with agreement on behalf of the Board of Trustees at the earliest opportunity

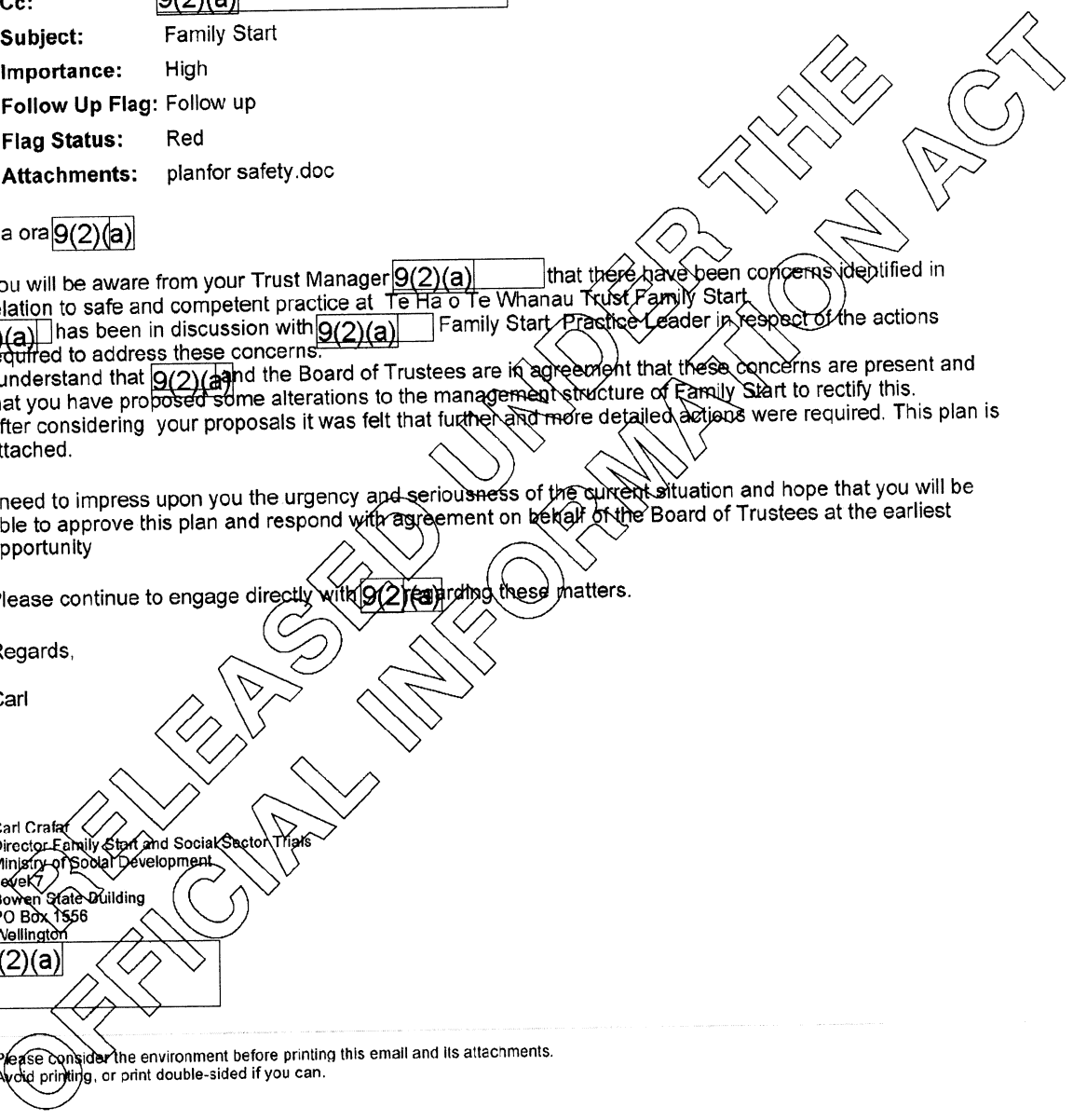
Please continue to engage directly with 9(2)(a) regarding these matters.

Regards,
 Carl

Carl Crafar
 Director Family Start and Social Sector Trials
 Ministry of Social Development
 Level 7
 Bowen Gate Building
 PO Box 1556
 Wellington

9(2)(a)

Please consider the environment before printing this email and its attachments.
 Avoid printing, or print double-sided if you can.



9(2)(a)

29/3/12
RLE

Giving children the best start in life...



Family Start: Service Improvement Plan 19th January 2011
Updated as from 26/3/12

Name of Provider: Te Ha O Te Whanau Trust
Location of Provider: Onotiki Region: Central North
Manager: 9(2)(a)
Practice Advisor: 9(2)(a)
RAF: 9(2)(a)

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

Particular attention is required in the areas relating to:
Child safety, supervision, assessment and planning, engaging hard to reach whanau, delivery of activity e.g. weekly visits, relationships with other agencies.
Additional Advice Notes: Will be available to set standards to assist with this process and guide expectations. Current Advice notes will be used to support standards and unify 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 providing the Practice Advisors is one of delivering active support and building on change and improvement. The roles are complementary and will naturally overlap in some instances.

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

Brief summary of practice strengths:

1. Open attitude to support:
 - The FS team are open to practice support and willing to participate in activities that improve practice.

Brief summary of practice requiring attention:

1. Ensuring that professional supervision is of a good quality to ensure that practice is safe.
2. 9(2)(a)
3. Effectively using the Child Safety Tools:
 - Gaining confidence in asking the questions
 - Gaining proficiency in completing FS Net and manual recording requirements
 - Use of safety planning

RFS

4. Strengths and Needs Assessments to capture family's situation and ability to identify and transfer into IFP SMART goals
5. Working smarter in engaging clients and keeping them on the programme
6. ensuring that high risk cases are managed closely and learning embedded

Current judgement on level of support required:

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

Desired Outcome Ensure SMART	Action	Who	When	Review date: Enter evidence of progress or add actions as required	Achieved Signed off
1 Increase staff confidence in using the Child Safety Tools to ensure that children are safe (KPI's 10, 11, 12)	a) for a refresher overview of how to use the child safety tools	9(2)(a)	29 Nov	15 April Successfully delivered refer outcome evaluation	✓
2 Increase staff ability to develop whanau capability through effective assessment and planning so whanau strengths are identified and responsive plans are made to meet any needs (KPI 4)	a) appropriately assessing needs b) effectively using SMART planning c) proactively planning with families for "beyond crisis"	9(2)(a)	29 Nov 8-12	Successfully delivered refer outcome evaluation	✓
3 Increase staff rate of engagement so that hard to reach families fully participate in the programme to give their children the best start in life (KPI's 2, 3 and 13)	a) identifying at risk behaviours b) developing strategies and approaches to	9(2)(a)	14 Dec	Successfully delivered refer outcome evaluation	Yes

	influence engagement				
4	Ensure that staff are enabled and guided towards competent, safe and accountable practice through professional supervision (KPI 1 - practice note Sept 11 refers)				
	a) to gain required qualifications	To apply for registration with the Social Work Board	9(2)(d)	By 29 Feb	29 Feb: application made? y/n
	b) to arrange for the oversight of supervision until qualifications are attained / confidence gained.	To identify someone who oversees requirements to work	9(2)(a)	8 Feb	Monthly reviews: 15 March: late during joint supervision sessions
	c) Increase supervisor's confidence to take appropriate action when identifying risk	Provide regular ongoing professional development to	9(2)(a)	Every (day) at (time) from (date)	19 April 15 March: - Site Plan from MSD refers
		regular ongoing case management development	9(2)(a)	9 Feb 9.00 am	19 April
		Attend group progress update meetings	9(2)(a)	9 Feb and 29 March 9-3	19 April
5	Increase staff confidence in management support to ensure service delivery is seamless	Plan a team hui to refocus Family Start on professional service delivery: a) improving safe practice b) reinforcing processes c) roles and	9(2)(a)	19 Jan	19 Jan debrief review: • Outline, structure and delivery sections confirmed
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		responsibilities				
		Deliver the presentation	9(2)(a)	20 Jan	20 Jan debrief review:	
6	Support 9(2)(a) strengthen staff relationships to effect strong practice	Plan a team hui to refocus Family Start on professional service delivery: a) improving safe practice b) reinforcing processes of roles and responsibilities	9(2)(a)	19 Jan	19 Jan debrief review: • Outline, structure and delivery sections confirmed	✓
		Deliver the presentation	9(2)(a)	20 Jan	20 Jan debrief review: • Presentation delivered	✓
7	Develop stronger processes to manage high case management and refresh at risk situations	Regular ongoing case management development	9(2)(a)	9 Feb and 29 March 9-3	29 April 15 March: 9(2)(a) has implemented identification of high risk cases to date and conducted file audits 9(2)(a) has given authority for 9(2)(a) to report concerns to CVF - Site Plan from MSD progress update refers	
8	To refocus/ refresh staff on the main components of home visits including preparation so that staff feel more confident in providing delivery	Request site training from AMBTL team	Diana	20 Jan	20 Jan: • Email sent to 9(2)(a)	✓
9	Increasing staff ability to enable whanau to advocate effectively to meet their needs	Training on principles of effective advocacy	Diana	15 March	19 April	
10	Improve the quality of leadership in FS so that a high standard of professionalism is maintained	Establish, maintain and attend regular management	9(2)(a)	Mondays at 9:00 from 23	Monthly up to 29 April 15 March: Progress update on Site plan	

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Use as many pages as required as continuation

Signed: Manager: date:
Signed off Practice Leader: date:

9(2)(a)

2/2/12

Practice Advisor: date:
Ensure copied and sent to RAF

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Extract from Minister's
 Paper dated 19 March 2012

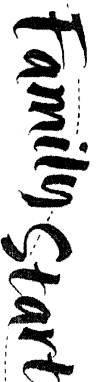
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28 The total contract and funding information from MSD for the five providers is set out below (in no particular order) as well as comment about the performance of these providers across other MSD services. Note that the MSD performance assessment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

PROVIDER	FAMILY START \$ ²	NO. FAMILIES	MSD \$	OTHER MSD SERVICES	MSD PERFORMANCE
Papakura - Papakura	\$564,697.28	112	\$890,000	not in scope	
Te Ha o Te Whānau Trust - Opotiki	\$402,816.20	80	\$647,000		
Te Roopu Awhina Family Start - Porirua	\$614,870.00	125	\$1M		
Turuki Health Care - Māngere	\$1,627,477.48	329	\$1.9M		
Te Whānau o Waipareira Trust - Waitakere	\$1,417,024.80	270	\$3.8M		

² The average unit cost per family is \$5100, though it varies across provider. Historically rural providers were funded at a slightly higher rate than urban providers.
 * Providers are part of a Whānau Ora Collective.

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Family Start: Practice Advisor Contact Record

<p>Name of Provider: Te Ha O Te Whanau Trust Manager: 9(2)(a) Supervisor: 9(2)(a) Practice Advisor: 9(2)(a) RAF: 9(2)(a)</p>	<p>Location of Provider: Opotiki Region: Central North</p>
<p>Date of Contact : 15 March 2012 10.00 am to 4.45 pm</p>	<p>Staff contacted: 9(2)(a) Date change agreed for April from 26th to 19th</p>
<p>1. Review of Service Improvement Plan</p>	<p>2. Evidence of progress</p>

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- A) APPOINTMENT OF 9(2)(a) TO THE ROLE OF SUPERVISOR
- 9(2)(a) started as Supervisor on 9 March 2012 and introduced herself
 - She's happy to be with the Trust and is well looked after
 - The staff and 9(2)(a) have been really great in receiving her
 - She has been checking in with 9(2)(a) regularly and will continue to keep these communication lines open
 - 9(2)(a) asked if she may contact 9(2)(a) if she has any questions before 9(2)(a) leaves her role. 9(2)(a) paid yes
 - 9(2)(a) spoke to value she sees in 9(2)(a) appointment
 - a strength-based approach
 - acknowledgement of the good things that staff bring to FS
 - open communication
 - support finally for 9(2)(a)

9(2)(a) confirmed that since her appointment she has taken the following action:

1. Files

EGS

27/3/12 file

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A full file audit as outlined in the MSD Safety Plan was not completed due to other requests to participate in case consult with CYF. This needs to be followed up.

- Has looked at current set-up
 - Determined it is not helpful for staff from the front page through to all sections
 - Needs them to be cleaner and more concise
 - The following deficiencies have been identified:
 - Nil assessment in between the six month SNA review period where significant changes in circumstances have required this
 - Nil sign off for reviews by the supervisor
 - DV POL's referred to us are two weeks post incident which in many cases makes the work we do far too late to ensure child safety – this is because the community agencies meet with the Police fortnightly in Opotiki as opposed to weekly in Whakatane
 - Has submitted the following improvements to 9(2)(a) for approval
 - FSW change over form
 - Front central location for SNA/IFP and plans
 - Introduce a change of circumstances form
2. **Supervision**
- 9(2)(a) has sectioned off client files at FSW selection
 - During joint-supervision sessions held 9(2)(a) has identified the following deficiencies:
 - Staff do not feel confident with domestic violence
 - Staff do not feel confident in asking the hard questions
 - Families with a low intensity level are left unseen
 - The way staff work in using their diaries and making appointments needs to be improved to create efficiencies
 - This is going to require a lot of training/up skilling
 - 9(2)(a) is thinking about implementing this in to team training
 - 9(2)(a) invited co-facilitation of SNA/IFP workshop between 9(2)(a) as many of the exercises target just this. 9(2)(a) also welcomed them to use any tools/ideas they may already have to the workshop. Both accepted. 9(2)(a) agreed to email 9(2)(a) and outline: 9(2)(a) 9(2)(a)
 - 9(2)(a) has recommended that the following be implemented to the 9(2)(a)

9(2)(a)

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- supervision that receive:
- Signing off of action between supervisor/FSW
 - external supervision to be made available for all staff because they all have low levels of self-esteem and are finding it hard to identify what it is they are doing well and need to off load 9(2)(a)s happy to offer staff the option of seeing her in her counselling office off site)
 - types of supervision currently being provided by 9(2)(a) are:
 - regular, ongoing and protected scheduled time
 - reflective to examine practice
 - open door

3. High Intensity Needs Families

These have been clearly identified with a red sticker 9(2)(a) has ensured there are current plans on file

4. Family Start Worker Role

- 9(2)(a) asked what the scope of this role is for workers
- 9(2)(a) confirmed it is primarily “facilitators/coordinators” for support for families
- MSD do not require delivery of any specific areas of work (mental health, DV etc) from the workers

5. File Case Study

9(2)(a) shared a recent case she has reviewed to outline the level of practice currently being delivered:

- SNA looks at positives only with no needs identified
- Family violence present as evidenced from the CVF referral at the back of the file which was significantly violent. No reference in SNA.
- 9(2)(a) commented FS reporting is not congruent

6. IFP'S

- 9(2)(a) is not confident that these change much
- There seems to be a use of generic templates

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DATE: 11/11/2014
TIME: 10:10 AM

• 9(2)(a) wants to encourage review when achievements are made

7. FS Net
- 9(2)(a) confirmed that FS Net serves to provide data/status only
 - 9(2)(a) was encouraged to provide narratives and stories direct to 9(2)(a)

B) CASE REVIEWS/CONSULT
9(2)(a) and 9(2)(a) (CYF staff) met with staff and management to discuss specific cases. 9(2)(a) were present at this meeting.

- 5 cases were discussed (detailed specific information available if required)
 - Plans of action were agreed between agencies
 - Information sharing was found valuable
 - On demand case consults will be paid for on call
- The following were some views that created specific discussions:
9(2)(a) does not find the POL400 meetings helpful because people just sit around and talk

- 9(2)(a) had specific concerns for the safety of a child because of the ongoing violence in the home but 9(2)(a) felt baby was safe
- 9(2)(a) said she was the SF Lead for a family - 9(2)(a) later said Te Ha doesn't have a contract for this and its an incredible amount of work to do without getting paid so encouraged the service to concentrate on FS as its core service to deliver
- 9(2)(a) was promoting the view that advocated for a client's choice to decline a Protection Order. CYFS/9(2)(a) argued the need to reinforce and support the need victims of family violence to apply for orders to protect their children. It was agreed that a report of concern be lodged in any instance where risk is live and active and the parent refuses to

	<p>apply for this when it is necessary 9(2)(a) reinforced this message strongly. The worker involved found this hard to understand/accept. 9(2)(a)</p>
<p>3. Delivery of support as planned</p>	<ul style="list-style-type: none"> • Purpose of meeting was to offer specific support around the plan [redacted] had written • Attached plan notes refers
<p>4. Additional activity agreed</p>	<ul style="list-style-type: none"> • 9(2)(a) invited co-facilitation of SNA/IEP workshop between 9(2)(a) [redacted] also welcomed them to use any topics/ideas they may already have to the workshop. Both accepted 9(2)(a) agreed to email 9(2)(a) and outline: 9(2)(a) [redacted] will have 9(2)(a) @ AMBTL wants to visit Te Ha again in April. As the Service will have 9(2)(a) and myself already it was suggested that [redacted] be invited to visit with [redacted] in 29th March 2012 • 9(2)(a) [redacted] agreed to identify all SNA's due through FS Net to diary on a [redacted] planned to ensure these do not fall through the gaps
<p>5. Other relevant issues</p>	<p>There is still much room for improvement</p> <ul style="list-style-type: none"> • 9(2)(a) feels more confident in the ability of Te Ha to lead change now with the appointment of 9(2)(a) • 9(2)(a) shows a high level of insight, social work skill and managerial ability to manage FS within the organisation • The referral criteria was shared by 9(2)(a) with 9(2)(a) and 9(2)(a) as they had not seen it • 9(2)(a) encouraged them to start thinking about a promotion strategy

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9(2)(a)

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

FAMILY START PROVIDER PERFORMANCE ASSESSMENT – July 2011 to February 2012

Provider's Legal Name: *To be 0 to Barbara Trust. op ch's*
Provider Number:
Contract Number:

Completed by: [RAF name] (RAF) and [PA name] (PA) on [insert date]

SUMMARY

Criteria	Comments
Key Performance Indicators	<i>see number</i>
Key Programme Components	<i>see number</i>
Social practise	<i>work</i>
CYF Approval	<i>see number</i>
Willingness and Capacity	<i>see number</i>

RECOMMENDATION [Choose from below and comment]

Withhold or recover funding (F12)	
<input checked="" type="checkbox"/> Terminate on Notice (1 July 2012)	Note if you consider there is demand for the service and if there are other potential providers
<input type="checkbox"/> Do not renew from 1 July 2012	Note if you consider there is demand for the service and if there are other potential providers
<input type="checkbox"/> Offer 1 year contract from 1/7/12	Note what performance expectations you would put in the contract
<input type="checkbox"/> Offer 3 year contract from 1/7/12	

based on provider's return.

Sighted by 9(2)(a) National Contracts Manager

Just under 1 hour. No hearing. I still or experience. Required. Extreme hearing.

Criteria	Rating (1, 2 or 3)	Comments (Include the evidence you have from monitoring and site visits)
KEY PERFORMANCE INDICATORS		
Contracted Volumes	3	Record any reasonable explanation for results that you have taken into account
AM/BTL	2	Record any reasonable explanation for results that you have taken into account
Supervision	2	Record any reasonable explanation for results that you have taken into account
KEY PROGRAMME COMPONENTS		
Strengths and Needs Assessments	1	Timely but poor quality. No use of hearing.
Individual Family Plans	1	as above. No use of hearing.
Child Safety Tools	1	as above. No use of hearing.
Weekly Visits		as above. No use of hearing.
Supervision Quality		as above. No use of hearing.
Delivery of AM/BTL		as above. No use of hearing.
Promotion of health and education	2	as above. No use of hearing.
SOCIAL WORK PRACTISE		
Concerns about safety of practise and response to remedy those concerns		see PA notes. Agreed.
CYF APPROVAL		
Governance, Financial or Management issues	1	Note last Approvals Assessment Date - any concerns? Any concerns of your own independent of Approvals? <i>Historical approvals</i>
WILLINGNESS/CAPACITY		
Willingness or capacity	1	collaboration present, capacity in current practice arrangements not present.

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approvals were on hold Feb 2011. Happy at present. Beyond 'light' considering we're concerned with pro-schools. Policy + practice SWIS ok. Repetitive problems are here.

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

E22

Family Start: Practice Advisor Contact Record:



Given children the best start in life...

9(2)(a)

16/5/12

E22

<p>Name of Provider: Te Ha O Te Whanau Trust Manager: 9(2)(a) Practice Advisor: 9(2)(a) RAF: 9(2)(a)</p>	<p>Location of Provider: Opotiki Region: Central North</p>
<p>Date of Contact : 9 Feb 2012</p>	<p>Staff present: FS: 9(2)(a) 9(2)(a) Whanau Ora Staff: 9(2)(a) Social and Health Staff: 9(2)(a) (attended in parts) Te Ha Trust Manager: 9(2)(a) (attended in parts)</p>
<p>1. Review of Service Improvement Plan</p>	<ul style="list-style-type: none"> Dates agreed for future visits 9(2)(a) agreed to amend plan and send to 9(2)(a)
<p>2. Evidence of progress</p>	<p>9(2)(a)</p>

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<p>3. Delivery of support as planned</p>	<p>SNA/IFP workshop</p> <p>The following exercises were shared in the group setting:</p> <ul style="list-style-type: none">• Scaling• Three houses• Genogram <p>General feedback from the staff was:</p> <ul style="list-style-type: none">• really great assessments/plans show they are doing such a half-pie job• there are so many improvements are needed in their practice to improve service delivery• the purpose of FS and importance of SNA/IFP has never been made clear before• the information is clearly correct as per the FS Manual• there is confidence in the quality of answers/responses to questions /queries that are asked which is great. (2) doesn't have to flick around pages of books or manuals to find out the answers• programme fidelity like this should be explained through a national induction – included with AMBLL week long induction training• at present it is only outgoing workers "interpretation" that is passed on to incoming workers and if this is inaccurate it is unhelpful• if this information had been known at the start they would have worked differently with families
<p>4. Additional activity agreed</p>	<p>Debrief with Management</p> <p>Following the workshop (2)(a) had a debriefing. Later (2)(a) called (2)(a) in to speak to the following case:</p> <p>(2)(a)</p>

9(2)(a)

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9(2)(a)

9(2)(a) registered the following concerns with 9(2)(a) about this case:

- lack of action with first report of concern from the family staff wanting to work in isolation with whanau outside of the supervisory process which is where it needed to lie
- lack of use of the CS Tools
- nil safety plan in place to address these issues

9(2)(a) agreed to:

- send 9(2)(a) to visit 9(2)(a)
 - apply the CS Tools
 - have a plan of safety in place by the weekend
 - update 9(2)(a)
- On or about 6:00 pm that evening 9(2)(a) discussed this visit with 9(2)(a) over the phone.

5. Other relevant issues

Supervisors capacity

9(2)(a)

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Trust Position

9(2)(a)

advised that at the last Trust Meeting she:

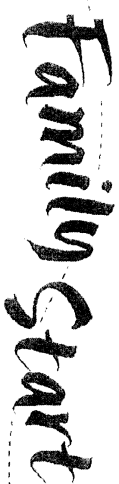
- tabled concerns she had about the ability of the FS service to address child safety
- outlined her plan to address this
- received the approval from the Trustees to continue

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9(2)(a)

29/3/12
E21
E12

Giving children the best start in life...



Family Start: Service Improvement Plan 19th January 2011

Updated as from 2/2/12

Name of Provider: Te Ha O Te Whanau Trust

Location of Provider: Onotiki Region: Central North

Manager: 9(2)(a)

Practice Advisor: 9(2)(a)

RAF: 9(2)(a)

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3. Effectively using the Child Safety Tools:
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 - Use of safety planning

F21

4. Strengths and Needs Assessments to capture family's situation and ability to identify and transfer into IFP SMART goals
5. Working smarter in engaging clients and keeping them on the programme
6. ensuring that high risk cases are managed closely and learning embedded

Current judgement on level of support required:

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2	Increase staff ability to develop whanau capability through effective assessment and planning so whanau strengths are identified and responsive plans are made to meet any needs (KPI 4)	a) appropriately assessing needs b) effectively using SMART planning c) proactively planning with families for "beyond crisis"	9(2)(a)	29 Nov 8-12	Successfully delivered refer outcome evaluation	✓
3	Increase staff rate of engagement so that hard to reach families fully participate in the programme to give their children the best start in life (KPI's 2, 3 and 13)	a) identifying at risk behaviours b) developing strategies and approaches to	9(2)(a)	14 Dec	Successfully delivered refer outcome evaluation	Yes

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		practice b) reinforcing processes c) roles and responsibilities					
	9(2)(a)	Deliver the presentation	9(2)(a)	20 Jan	20 Jan debrief review:		
6	Support [redacted] to strengthen staff relationships to effect strong practice	Plan a team hui to refocus Family Start on professional service delivery a) improving safe practice b) reinforcing processes c) roles and responsibilities	9(2)(a)	19 Jan	19 Jan debrief review: Outline structure and delivery sections confirmed	V	
7	Develop stronger processes to manage high case management and /or fresh at risk situations	Regular ongoing case management development	9(2)(a)	Feb and March dates and times	20 Jan debrief review:		
8	To refocus/ refresh staff on the main components of home visits including preparation so that staff feel more confident in providing delivery	Request site training from AMBTL team	9(2)(a)	20 Jan	20 Jan: • Email sent to 9(2)(a)	V	
9	Increasing staff ability to enable whanau to advocate effectively to meet their needs	Training on principles of effective advocacy	9(2)(a)	March date and times	April date		
10	Improve the quality of leadership in FS so that a high standard of professionalism is maintained	Establish, maintain and attend regular management	9(2)(a)	Mondays at 9.00 from 23	Monthly up to April date		

Use as many pages a required as continuation

Signed: Manager:
Signed off Practice Leader:

date:

2/2/12

Practice Advisor: date:
Ensure copied and sent to RAF

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Family Start: Service Improvement Plan 19th January 2011

Giving children the best start in life...



Name of Provider: Te Ha O Te Whanau Trust

Location of Provider: Opotiki Region: Central North

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 of engaging hard 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 Advisors is one of delivering active support and building on change and improvement. The roles are complementary and will naturally overlap in some instances.

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

Brief summary of practice strengths:

- 1. Open attitude to support:
 - The FS team are open to practice support and willing to participate in activities that improve practice.

Brief summary of practice requiring attention:

- 1. Ensuring that professional supervision is of a good quality to ensure that practice is safe.
- 2. 9(2)(a)
- 3. Effectively using the Child Safety Tools:
 - Gaining confidence in asking the questions
 - Gaining proficiency in completing FS Net and manual recording requirements
 - Use of safety planning

4. Strengths and Needs Assessments to capture family's situation and ability to identify and transfer into IFP SMART goals
5. Working smarter in engaging clients and keeping them on the programme
6. ensuring that high risk cases are managed closely and learning embedded

Current judgement on level of support required:

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

Desired Outcome Ensure SMART	Action	Who	When	Review date Enter evidence of progress or add actions as required	Achieved Signed off
1 Increase staff confidence in using the Child Safety Tools to ensure that children are safe (KPI's 10, 11, 12)	a) Run a refresher overview of how to use the child safety tools	9(2)(a)	29 Nov Dep 8-11	Successfully delivered refer outcome evaluation	✓
2 Increase staff ability to develop whanau capability through effective assessment and planning so whanau strengths are identified and responsive plans are made to meet any needs (KPI 4)	a) appropriately assessing needs b) effectively using SMART planning c) proactively planning with families for "beyond crisis"	9(2)(a)	29 Nov 8-12	Successfully delivered refer outcome evaluation	✓
3 Increase staff rate of engagement so that hard to reach families fully participate in the programme to give their children the best start in life (KPI's 2, 3 and 13)	a) identifying at risk behaviours b) developing strategies and programmes to	9(2)(a)	14 Dec	Successfully delivered refer outcome evaluation	Yes

	influence engagement				
4	Ensure that staff are enabled and guided towards competent, safe and accountable practice through professional supervision (KPI 1 - practice note Sept 11 refers)				
	a) to gain required qualifications	To apply for registration with the Social Work Board	9(2)(a)	By 29 Feb 29 Feb: application made ?y/n	
		To become a registered Social Worker	9(2)(a)	April deadline 30 JAN	
	b) to arrange for the oversight of supervision until qualifications are attained (confidene gained)	To identify someone who meets the criteria for supervision to oversee 9(2)(a) work	9(2)(a)	3 Feb Feb visit date to review:	
	c) Increase and V/sor's confidence to take appropriate action when identifying risk	Provide regular ongoing professional development to 9(2)(a)	9(2)(a)	Every (day) at (time) from (date) April date	
		regular ongoing case management development	9(2)(a)	Feb date and time April date	
		Attend group progress update meetings	9(2)(a)	Feb and March dates and times April date	
5	Increase staff confidence in management support to ensure service delivery is seamless	Plan a team hui to refocus Family Start on professional service delivery: a) improving safe	9(2)(a)	19 Jan 19 Jan debrief review: • Outline, structure and delivery sections confirmed	V

		practice b) reinforcing processes c) roles and responsibilities					
		Deliver the presentation	9(2)(a)	20 Jan	20 Jan debrief review:		
6	Support 9(2)(a) to strengthen staff relationships to effect strong practice	Plan a team hui to refocus Family Start on professional service delivery: a) Improving safe practice b) Reinforcing processes c) roles and responsibilities Deliver the presentation	9(2)(a)	19 Jan	19 Jan debrief review: Outline structure and delivery sections confirmed	V	
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Signed: Manager:
Signed off Practice Leader:

date:

2/2/12

Practice Advisor: date:
Ensure copied and sent to RAF

*Plan was agreed by Trust Manager but
signature not acquired, Practice issues bearing individual fees.*

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Family Start: Practice Advisor Site Visit Record:

<p>Name of Provider: Te Ha O Te Whanau Manager: 9(2)(a) Practice Advisor: 9(2)(a) RAF: 9(2)(a)</p>	<p>Location of Provider: 29A King Street Region: Opotiki</p>
<p>Date of Visit: 23 November</p>	<p>Staff seen: • 9(2)(a) was busy and to his credit only the piece approx 9:20 • 9(2)(a) was not present for a brief period 9(2)(a) • 9(2)(a) was not present for a brief period 9(2)(a)</p>
<p>1. Review of Service Improvement Plan</p>	<p>1. F/Up-officers reviewed the following from her last report: 1. Supervision • @ 100% for October up from September • Using RODAS in supervision is effective as raised by AMBTL in Wellington • I suggested segregated hours if that helped i.e. x1 dedicated to RODAS for AMBTL and 1 to RODA for social (it's how a segregated provider do there's) 3. AMBTL • Nil audit since 2008 • 9(2)(a) asked when this would happen • 9(2)(a) said with [redacted] secondment she's not sure 4. Complaints received • A record of outcomes needed to be established 5. Performance Appraisal Progress • 9(2)(a) is doing this in stages • Stage 1 is the self-assessment • Stage 2 is the observation of practice during home visits</p>

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- Stage 3 is the development of training plans
- This new process started first week of November and will be finalised end of November

6. Intensity Levels

- 9(2)(a) does the initial assessment
- These are only just now being set in consultation with the Supervisor
- Previously staff were setting these themselves

7. 9(2)(a) Supervision plan 9(2)(a)

- 9(2)(a)
- I suggest reference to the Family Start Manual as this covers all the necessary requirements of what must be in the supervision agreement/contract

IFP's:

- These need to be more simple

AM HV

- 85 Sep to 95 Oct so good improvement
- The plan for unplanned leave is that 9(2)(a) picks the visits up

AM MS

- Check sheets to be used

IMMS

- 8% no answer meaning staff are skipping the question
- 9(2)(a) asked for this to be looked at more carefully so staff complete the question

WC

- 4% no answer

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Employment

- Work – PSA are here because people are being laid off their jobs

Pre-natal young mothers

- It is difficult for these clients to get onto a benefit because they have working partners
- WINZ are encouraging them to say they are separated so they can qualify
- The following case study was tabled to demonstrate the types of cases which come through

9(2)(a)

The challenge of engagement

- families are disengaging and the main reason appears to be an overall non-committal to the working partnership
- young women will follow their partners around the town instead of attending their home-visits
- staff are expending themselves effortlessly and available resources by seeking out the whereabouts of their clients which took take hours

Geographical boundaries

- rural clients are not home

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- it may take a full days travel to visit one family
- Whakatane FS are refusing to take families from Wairamanga? And ? whose main service supports are in Whakatane

Professional Development

Social Work

- All five staff have been accepted into Te Tohu Paetahi Nga Poutaka Whakarara Oranga Bachelor of Social Work Biculturalism in Practice Degree at Te Waranga O Aotearoa Whirikoka Campus in Gisborne with [9(2)(a)]
- Should the NGO Study Awards application be declined [9(2)(a)] will be referring staff to Studylink and suggesting attendance
- [9(2)(a)] has requested the option for weekly tutorials
- The monthly non-st (weekend stays) are mandatory
- Staff attended mental health training recently

Community Mentoring and Support
 [9(2)(a)] and [9(2)(a)] are doing this today
 There are NZQA unit standards attached to this

Child Protection Programme with Child Matters

- [9(2)(a)] is keen to send her staff on this and is actively looking into the Trusts eligibility for Youth Worker funding through the Department of Internal Affairs to cover the fees
- Collectively at the \$600 subsidised fee is will cost \$3000

Child Safety Tools

- The staff asked for an update on when they were going to receive this training
- They are keen to receive it because it affects the new KPI's
- [9(2)(a)] confirmed [9(2)(a)] couldn't attend this because she was meeting with [9(2)(a)] on 3rd Nov
- [9(2)(a)] confirmed she didn't meet with [9(2)(a)] on that day
- [9(2)(a)] then said [9(2)(a)] did in fact attend the training

These issues were
challenged -
often at training
local water shed
initiated + present
over head processes
with implementation

9(2)(a)

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9(2)(a) then joined us and explained that her staff have not received this training because:

- The training in Rotorua was not training

9(2)(a) She was asked to go through for a meeting and 9(2)(a) and 9(2)(a) discussed the tools there was no training asked 9(2)(a) specific questions which she could not answer competently

- The providers did not have confidence in the tools accordingly and provided recommendations for improvements
- The handouts given on the day were a draft only she's still waiting for the update
- The collective are not happy with the tools and were reviewing this as tabled in meeting of the last meeting
- Rotorua had designed their own 9(2)(a) expects that now I am in role I will assume this
- 9(2)(a) has just begun using a weekly High Case Management/Case Consult forum for high needs cases.
- 9(2)(a) from Te Puna Ora Mataatua has extensive skills and experience in high needs risk assessment as an ex-CYFS worker and is involved in this
- 9(2)(a) and the staff are the other parties
- This forum supports 9(2)(a) to support 9(2)(a)
- Identifies for 9(2)(a) the level of staff skills/confidence and where she as a Manager needs to invest in training/support

9(2)(a)

Service Closure

- The Service is closed from 20th December 2011 through to the 18 January 2012
- A triage plan is currently being drafted

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Key performance measure	Contract Standard	% Achieved
Number and percentage of contracted volumes delivered	95	101.3
Percentage of active families receiving at least one hour of AM / BTL per month	95	93.8
Percentage of workers who receive at least one hour of one-on-one supervision by a qualified supervisor	95	66.67
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	83.72
Percent of children who have had their scheduled Well Child visit(s) during the quarter that it came due.	80	89.13
Percentage of children 18 months and over enrolled in a licensed Early Childhood Education (ECE) facility	70	77.5

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 [9(2)(a)]

Te Ha o Te Whanau Trust
PO Box 247
Opotiki 3162

[9(2)(a)]

15 December 2011

UNCLASSIFIED

Bowen State Building, Bowen Street, Wellington 6011, PO Box 1556, Wellington 6140 • Facsimile: 0-4-918 0099

Te Manatū Whakaiti Ora
MINISTRY OF SOCIAL DEVELOPMENT



Your organisation achieved four of the key performance measures this quarter and was close to achieving another. Your organisation is performing well.

I wish to commend your organisation on its improved performance, particularly in relation to volumes (and increased referrals) and delivery of the AM/BTL programme. Your results in respect of immunisations, Well Child visits and ECE enrolment are great.

I am concerned about the performance of your organisation in delivering the requisite supervision to workers but I am pleased that development plan is in place for your current supervisor to become qualified. This will have a positive impact on the quality of the practise of your organisation. I look forward to your organisation continuing to deliver a good Family Start service 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) will 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.

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 17 November 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

9(2)(a)

Carl Oratar

Director of Family Start and Social Sector Trials

Copy to 9(2)(a)

National Contracts Manager

9(2)(a)

Naku noa, na

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

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

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

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

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

KEY PERFORMANCE MEASURE - WEEKLY VISIT THRESHOLD

Tana koe, 9(2)(a)

Opotiki 3162
PO Box 247
Te Ha o Te Whanau Trust

9(2)(a)

29 September 2011

IN CONFIDENCE

