

Waipareira Family Start File Check Findings

A random sample of five (5) Family Start case files were reviewed at the Whanau Centre on 2 March 2012, following a general discussion with Practice Leaders [9(2)(a)] and [9(2)(a)]. Feedback about the findings was then given to [9(2)(a)] and [9(2)(a)] (Initial Contact Assessor/FS-Net Champion).

File # 4132, Kaimahi: [9(2)(a)]

- Parenting Assessment completed and Child Risk Safety Plan on file (in progress) dated 13/12/2011
- Parenting Assessment identified concerns about child discipline, the need for education about age-appropriate behaviours
- Child has suffered emotional neglect/abuse & physical assault
- Safety Plan has review date, but objectives could be made more SMART?
- FOC referred to Man Alive or Shine
- First SNA on 28/09/2011 – this predates the Service Agreement date of 05/10/2011
- Suggested intensity Medium, but actual intensity high (supported by narrative analysis)
- IFP dated 20/09/2011 (precedes first SNA) – goals are adult-centric and not SMART
- e.g. “finish apprenticeship”, “enrol in business course”, “get cheaper accommodation”
- BTL milestone checks on file; BTL home visit records are child-focused

Feedback discussion:

[9(2)(a)] advised that the Whanau Worker in this case is ECE qualified and the site's AM/BTL champion. The RAF observed that AM/BTL records were very child-focused but the child was not as visible in IFP goals.

As this is a high needs case (MOC and child have been assaulted by FOC) the worker will need close supervision in working with the whanau to address the impact of family violence on the child's wellbeing. For example, a case note states that Mum and Dad are going to counselling to focus on improving communication strategies – where is the child in this picture?

It is good to see that the application of the Child Safety Tools has enabled the issue of violence and child discipline to be uncovered and addressed, when they might not otherwise have been.

File # 4100, Whanau Worker: [9(2)(a)]

- Referred by Wai Health Community Health 24/06/2011
- Service Agreement signed 26/07/2011
- First SNA dated 30/08/2011 – info sparse but okay for first assessment
- First IFP not until 10/02/2012

- Engagement tends to focus on BTL, which is a standard component of the programme anyway
- IFP notes that MOC's mother is to "watch over baby's safety"
- Case note of 15/12/2011 notes that "nothing of concern much apart from looking forward to Xmas" and note of 12/01/2012 states "Mum had a lovely Xmas..."
- It is unclear from case notes, assessments and plans exactly why the family is engaged in Family Start
- However, a case note of 10/02/2012 states that a relative had informed the Whanau Worker that "CYF has been involved three times before because of Plunket concerns."

Feedback discussion;

There has been a gap in service for this family after the original Whanau Worker left Waipareira, as shown by the time lapse between the SNA in August 2011 and the first IFP not until February 2012. Issues of child safety need to be explored through the application of the tools.

File # 3059, Whanau Worker 9(2)(a)

- Family engaged in programme for 4 ½ years, file review undertaken from April 2011
- IFP 15/04/2011 states goal is for Mum to "continue her studies 9(2)(a)" – unsure what the goals/needs are for the child
- IFP 26/01/2012 states goals are to "Have better health" and "Keep tamariki health at forefront" – this focus is good but further specifics about how and by when the goals will be achieved are needed
- SNA 16/02/2012, info is very sparse for reassessment of a family engaged for a long term
- SNA states "as per previous assessment" but does not assess family's ongoing need to remain on the programme or what progress would be required in order for the family to be ready to exit
- Parenting Practice Assessment of the 24/02/2012 in progress
- Case notes indicate some concern regarding the Family Start child's sibling's behaviour (at school?) – it's unclear what these concerns are, so unsure if this is relevant to the child's safety/wellbeing.

Feedback discussion:

9(2)(a) will follow up with the Whanau Worker as appropriate and consider the option of guiding the family towards exit/graduation.

File # 3410, Whanau Worker 9(2)(a)

- Self-referral while pregnant with third child
- Service Agreement signed 20/07/2009
- Child Safety Tools applied 20/02/2012 and no concerns identified
- Child engaged in ECE and receiving ELP
- SNA 14/09/2011 – info is okay, everything looks fine for family

- IFP goals as at 20/01/2012 [9(2)(a)] looking for a house", "Support children at day care"
- BTL delivered consistently
- Case note 07/02/2012 describes BTL milestones and progress but not much else

Feedback discussion:

It is not really clear from the file what this family's high needs are, and why they need to be engaged with Family Start. [9(2)(a)] will follow up with the Whanau Worker and consider the option of guiding the family towards exit and transferring to PAFT.

File # 4060, Whanau Worker [9(2)(a)]

- First SNA dated 15/12/2011, this predates Service Agreement dated 26/01/2012
- Referral by Wai Health, Tamariki Ora (referral needs; low income, young parent)
- First SNA states "Whanau worker still gathering information" in many domains
- Goals dated 26/01/2012 "ECE enrolment and ELP payment", "driver's licence" – not SMART or child-focussed
- File shows family's previous engagement in PAFT (June 2011 PAFT delivery records) but not enough detailed information on file to explain why the family needed to be transferred from PAFT to Family Start

Feedback discussion:

It is not really clear from the file what this family's high needs are, and why they need to be engaged with Family Start. [9(2)(a)] will follow up with the Whanau Worker and consider the option of guiding the family towards exit and possible transfer to PAFT.

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Family Start Monitoring Template – October 2011

FAMILY START KPI MONITORING TEMPLATE

Provider Name: Te Whanau O Waipareira Trust
 Provider Number: 3311
 Contract Number: 311063

Date of Visit: 22nd February 2012
 For period December 2011 and January 2012
 Venue: Whanau Centre, Waipareira Trust

Present: 9(2)(a) (Family Start Practice Leader – full time), 9(2)(a) (Family Start Practice Leader – part time), 9(2)(a) (Practice Advisor, MSD), 9(2)(a) (Funding Advisor, FACS).

General discussion

1. Good news stories	
2. Issues and trends in the community	<i>Update if there are changes from last report</i>
3. Issues and trends with the Family Start programme	<i>Update if there are changes from last report</i>
4. Health of the organisation	<i>Update if there are changes from last report</i>
5. CYF Approval review completed	<i>Refer to latest Approvals report – record when this was completed. Is there anything to follow-up? Record when the next visit due.</i>
6. Ahuru Mowai visit	<i>Record the last visit from AM/BTL team – anything to follow-up?</i>
7. Review of the financials for Family Start (annually)	Annual audited accounts were provided in 2011 but a further breakdown of expenditure was requested. The accounts provided aggregated all Waipareira's contract expenditure and did not provide a breakdown which indicated how Family Start funding had been spent. Could this be provided please? (Auditor's Notes to the Financial Statements might suffice).

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
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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.
<p>1. Number and percentage of contracted volumes delivered (Monthly measure)</p> <p>Why? Tracking volumes contracted as well as demand for the service</p>	95%	64.8% Jan 2012	<p>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? The number of referrals declined. Summary of reasons for the reasons reasonable? Are the referral offerings applied correctly? What is being done to achieve voluntary participation in the programme? Are these families still actively engaged in the referrals? Are the referral numbers to assess demand for the service? How long do people wait? Are they referred elsewhere? FS-Net being maintained. Eliminate 'unassigned' active cases in FS-Net if not contacted after 6 weeks Leave & training planned to ensure adequate coverage. Plan in place to cover unplanned absences 	<p>Previously [9(2)(a)] was working full time as the Family Start Practice Leader. This full time role has now been taken up by [9(2)(a)] and [9(2)(a)] will continue to provide supervision to Family Start, but also works across two other programmes. [9(2)(a)] and [9(2)(a)] are implementing a networking strategy in order to improve referrals and relationships with referrers. [9(2)(a)] provided a list of agencies that Waipareira has engaged with so far, and a schedule of meetings planned for the following months. [9(2)(a)] was acknowledged that many referrers had lost faith in Waipareira's referral process (i.e. there wasn't one) and also in their Whanau Workers' practice competencies.</p> <p>Rebuilding relationships with key referrers and re-establishing Waipareira Family Start's reputation is therefore part of a Change Programme which [9(2)(a)] and [9(2)(a)] estimate will take 6 to 12 months to become embedded in their organisational culture and evident in the KPI statistics.</p> <p>A Community Liaison role has been established to promote Family Start to local agencies. This is a .5 role, and the person also carries a .5 Family Start caseload.</p> <p>Family Start is now fully staffed with a team of 14 workers - 8 supervised by [9(2)(a)] and 6 by [9(2)(a)]. It is part of the Key Contact / FS Net Expert User role to monitor individual Whanau Workers' performance and alert the Practice Leaders (supervisors) to any variances, or practice concerns. The Key Contact is an experienced Family Start worker.</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
<p>2. Percentage of workers who receive at least one hour of one-on-one supervision by a qualified supervisor each week</p> <p>(Monthly measure)</p> <p>Why?</p> <p>Support the professional practice of those working with vulnerable families.</p> <p>[REDACTED]</p>	95%	100% Jan 2012	<p>The most recent CYF Approvals assessment report should be referenced, and if this has been done recently, avoid duplicating any checks</p> <p>[REDACTED]</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"> Sight supervision schedule and flags for frequency of supervisor and information that is covered (expect to see a formal 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 Staff Manual 5. Ensure supervision recorded accurately in FS-Net 	<p>She will monitor achievement of SNA's and IFP's within the required timeframes, as well as child progress key result areas and Child Safety assessments.</p> <p>The RAF reiterated her recommendation from the previous monitoring visit that the supervision structure could be strengthened by introducing a Senior Practitioner role to oversee day to day operational requirements and monitor performance variances.</p> <p>There is some concern that one full time supervisor may not be enough, given that basic processes are just being established and considering that some staff require intensive performance management in order to address practice issues that are evident in their work.</p> <p>[REDACTED]</p> <p>9(2)(a)</p>
				<p>[REDACTED]</p> <p>Other staff also lack basic understandings e.g they did not know they were required to do SNA's or what the exit process was.</p> <p>9(2)(b) advised that there has been an improvement in resourcing i.e. there is a system in place for sharing cars. Access to cars was previously an issue/barrier. 9(2)(a) commented that the two week closure period over Christmas had impacted on KPI stats, along with the need for staff to attend organisational meetings which are unrelated to Family Start. She emphasised the need to recognise that attendance at organisational meetings can impact on Family Start performance (more so than for other Waipareira services/programmes which are not target-driven).</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
<p>3. Percentage of families who are reviewing and completing their Individual Family Plans (IFPs) at least every three months</p> <p>(Quarterly measure)</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%	Reported in FS-Net	<p>Review a random selection of client files to ensure that whanau are progressing towards their IFP goals</p> <p>IFP 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/bulks on strengths and needs? 3. Have intensity levels been set by the supervisor? Revised? 4. Have other agencies been consulted in relation to developing IFP? 5. Quality of goals: Are they SMART? Child-focused? Achievable? Likely to strengthen family against child maltreatment? 6. IFP signed by both whanau worker and family? 7. Has the supervisor signed off quarterly review within one week of review completion? 	<p>9(2)(a) advised that they are keeping a strong "case focus" in supervision as well as managing Whanau Workers' outputs. They have access to all workers' calendars and are tracking their hours and deliverables, e.g. pleasing activities and child progress indicators.</p> <p>With the introduction of the new Family Start focus and the application of the Child Protection Tools, some staff are considering whether they still want to work as Family Start practitioners.</p> <p>Staff readiness to embrace the Child Protection Tools is varied. Some staff need to develop confidence in asking sensitive questions about child discipline and family violence in a safe and effective way. [] has suggested shadowing and mentoring of junior staff by more experienced workers, and will also be delivering child protection training. Waipareira has a number of new graduates who require significant investment.</p> <p>9(2)(a) is supporting staff to apply for ANZASW registration and a pre-competency workshop is scheduled for March. Currently only 1 of 14 workers has Registration and competency. Professional development plans will be developed for all staff.</p> <p>[] has undertaken to arrange external supervision for 9(2)(a)</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
<p>4. Percentage of active families receiving at least one hour of AM / BTL per month</p> <p>(Monthly measure)</p> <p>Why? Regular delivery of AM/BTL provides some confidence that families are being regularly assessed in these domains.</p>	95%	57.1% Jan 2012	<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 in per month</p> <p>1. All whanau workers have received <i>intra</i> training to deliver AM/BTL</p> <p>2. Supervisors have attended support workshop?</p> <p>3. Sight phone visit record sheets (yellow), completed in a timely manner, dated</p> <p>4. Has an annual AM/exit survey been completed?</p>	<p>An Action Plan has been developed to address the low delivery of AM/BTL. The Plan follows this report.</p>
<p>5. Percentage of children 0-3 up-to-date with the developmental milestone checks set-out in Ahuru Mowai Run-to Learn.</p> <p>(Quarterly measure)</p> <p>Why? Adherence to the development milestone checks provides some confidence that children are being regularly assessed in these domains.</p>	95%	Reported in FS-Net	<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 and relevant to the age of the child</p> <p>2. Has the check list been ticked or dated?</p>	

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<p>6. Percentage of all new families who remain on the programme for at least 12 months</p> <p>(Monthly measure)</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%	25% Jan 2012	<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 (Relate to monthly FS-Net stats planned and unplanned exits)</p> <ol style="list-style-type: none"> 3. Are proposed exits discussed with Practice Managers? 4. Is a 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? 4. Is a retention strategy in place? 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)? 	<p>An Action Plan has been developed which stipulates that all exits must be signed off by a supervisor.</p> <p>A brochure and powerpoint presentation have been developed to market Family Start and reflect the new referral criteria.</p> <p>An MCO has been developed with Western Refuge and a number of referrals are now being received through the FVIARS Poll 400 system. There is a clear referral pathway and clients are seen within 24 hours.</p> <p>4 referrals have been received from Maternity Services.</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
<p>7. Percentage of children who have their scheduled immunisation(s) during the quarter it came due</p> <p>(Quarterly measure)</p> <p>Why? Promoting immunisation is a key way of improving children's health.</p>	80%	Reported in FS-Net	<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>Child outcomes stats were not discussed in detail at this monitoring visit, but have historically been low, especially considered that Waiparera is a PHO and Tamariki Ora provider.</p>
<p>8. Percent of children who have had their scheduled Well Child visit(s) during the quarter that it came due.</p> <p>(Quarterly measure)</p> <p>Why? Gives us some confidence that family health and well-being is being addressed.</p>	80%	Reported in FS-Net	<p>1. How do you promote this?</p> <p>2. Are FS-Net reminders followed?</p> <p>3. Is information collected at the initial contact phase about child's Well-Child's visits?</p> <p>4. Is this part of supervisor discussions?</p> <p>5. Refer to monthly FS-net stats/percentages for cannot be determined and Non answered – why?</p> <p>6. Check file for completed Well Child visits</p> <p>7. Check that in client notes in FS-Net the discussion has been recorded and noted</p>	

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>9. Percentage of children 18 months and over enrolled in a licensed Early Childhood Education (ECE) facility</p> <p>(Quarterly measure)</p> <p>Why? ECE has been shown to be beneficial for a child's development</p>	70%	Reported in FS-Net	<p>1. Gather information about how many are on waiting lists or enrolled in alternative education facilities.</p> <p>2. Refer to monthly FS-Net stats percentages for cannot be determined and non answered – why?</p> <p>3. Relationship with ECE's and Family Start awareness?</p>	

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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?	Comments/Directions for improvement
<p>10. Percentage of parents who do not use harmful disciplinary practices</p> <p>(Quarterly measure)</p> <p>Why? Measuring the workers proactive approach to identifying safety risks for children and taking action accordingly.</p> <p>Refer to the Family Start Advice Note - Child Safety Tools' November 2011</p>	75%	Reported in FS-Net	<p>1. Review the implementation plan for the Child Safety Tools</p> <ul style="list-style-type: none"> Should be a tangible document Are the tools included within organisation's processes/forms Are they reflected on every three months <p>2. Confirm that staff have reported training to regular supervisors for the use of the Child Safety Tools</p> <ul style="list-style-type: none"> Evidence that the Supervisor has signed off documentation Ensure that the FSNet screen is being completed properly (note in place from 1 Dec 2011) <p>3. Confirm covered in case notes</p>	<p>Efforts are focussed on supporting & guiding staff to apply the Child Protection tools, however this is still an area of concern. Some workers are reluctant to record what is happening in the family (because SNA's and VPP's were not previously signed-off, this practice went unchallenged until now).</p> <p>Supervisors are now able to discuss cases where the narrative of SNA's does not support the intensity rating and encourage staff to analyse the information gathered.</p> <p>9(2)(a) advised that some staff are still reluctant to make a notification <input type="checkbox"/> suggested using the CYF call free number to run scenarios passed CYF if in doubt.</p> <p>Waipareira has a written policy about the paramount safety of the child but some Family Start case work does not reflect this;</p> <ul style="list-style-type: none"> - Some Whanau Workers don't want to split the family up by making a notification; - are afraid of the family disengaging from Fam Start; - think that it's best to let the family work it out for themselves. <p>9(2)(a) reiterated the benefit of a buddying system to provide a fresh pair of eyes.</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
<p>11. Percentage of children assessed as safe from abuse and neglect</p> <p>(Quarterly measure)</p> <p>Why? Measuring the workers proactive approach to identifying safety risks for children and taking action accordingly.</p> <p>Refer to the Family Safety Advice Note "Child Safety Tools" November 2011</p>	80%	Reported in FS-Net	As above	

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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
<p>12. Percentage of parents who demonstrate positive parent-child interactions</p> <p>(Quarterly measure)</p> <p>Why?</p> <p>Measuring the workers proactive approach to identifying safety risks for children and taking action accordingly.</p> <p>Refer to the Family Start Advice Note "Child Safety Tools" November 2011</p>	80%	Reported in FS-Net	As above	

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<p>13. Percentage of families visited once weekly in the first 6 months</p> <p>(Monthly measure)</p> <p>Why? Frequent home visits in the first three to six months for high needs families are critical for building a strong connection and are a key to good needs assessments and achieving successful outcomes.</p> <p>Refer to the Family Start Advice Note "Weekly Home Visits" September 2011</p>	N/A	18.9% Jan 2012	<p>1. Review those families to determine:</p> <ul style="list-style-type: none"> If not meeting standard, were there attempted visits If not high need, should visiting be reduced Discussion on targeting correct "high need" referrals <p>2. Evidence that the weekly visit was within the definition of a "home visit"</p> <ul style="list-style-type: none"> Child seen Child's residence or if out, child-focused Primary Carer to be seen every time Family members to be seen in child's care to 	

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

Agreed Actions	By Whom	By When	Completed/Update
Audited Financial Statements	9(2)(a)	Required now	Please see comment in General Discussion, point 7 above
Monthly reports to management	9(2)(a)	Jan & Feb provided	info was relatively sparse and some points were incorrect e.g. "month by month contracting". Unclear how the assessment was made that Waipareira is "on track for targets by July" because key stats are actually trending downwards (except from supervision rates). Completed (attached).
Action Plan	9(2)(a)	Provided	Completed (attached).
Child Protection Tool training	Practice Advisor	9(2) scheduled	
Case-noting workshop	9(2)(a)	TBA	
Review of IFP template to encourage child-focused SMART goal planning	TBA	TBA	

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

Agreed Actions	By Whom	By When
Please see Action Plan developed by Waipareira which follows.		

Conclusion / Overall Comments:

Work over the last two months has focussed on positive re-engagement with referral networks, putting structures in place to monitor Whanau Workers' performance against key deliverables, shifting staff towards child-centred practice and trying to embed this as the new norm. A willingness to change is evident in the action planning strategies that have been put in place (see Action Plan to follow) however, it could take

three to six months for these changes to become evident in KPI's, adherence to key programme components and in the demonstration of safe and effective practice.

Even with a fully-functioning referral network, it is unknown whether there is demand from 270 high needs families in the Waitakere area.

File checks will be undertaken on Friday 2nd March. File reviews will focus on the quality of Strengths and Needs Assessments, Individual Family Plans, Weekly Visits, the application of the Child Protection Tools and the appropriateness of referrals accepted onto the programme.

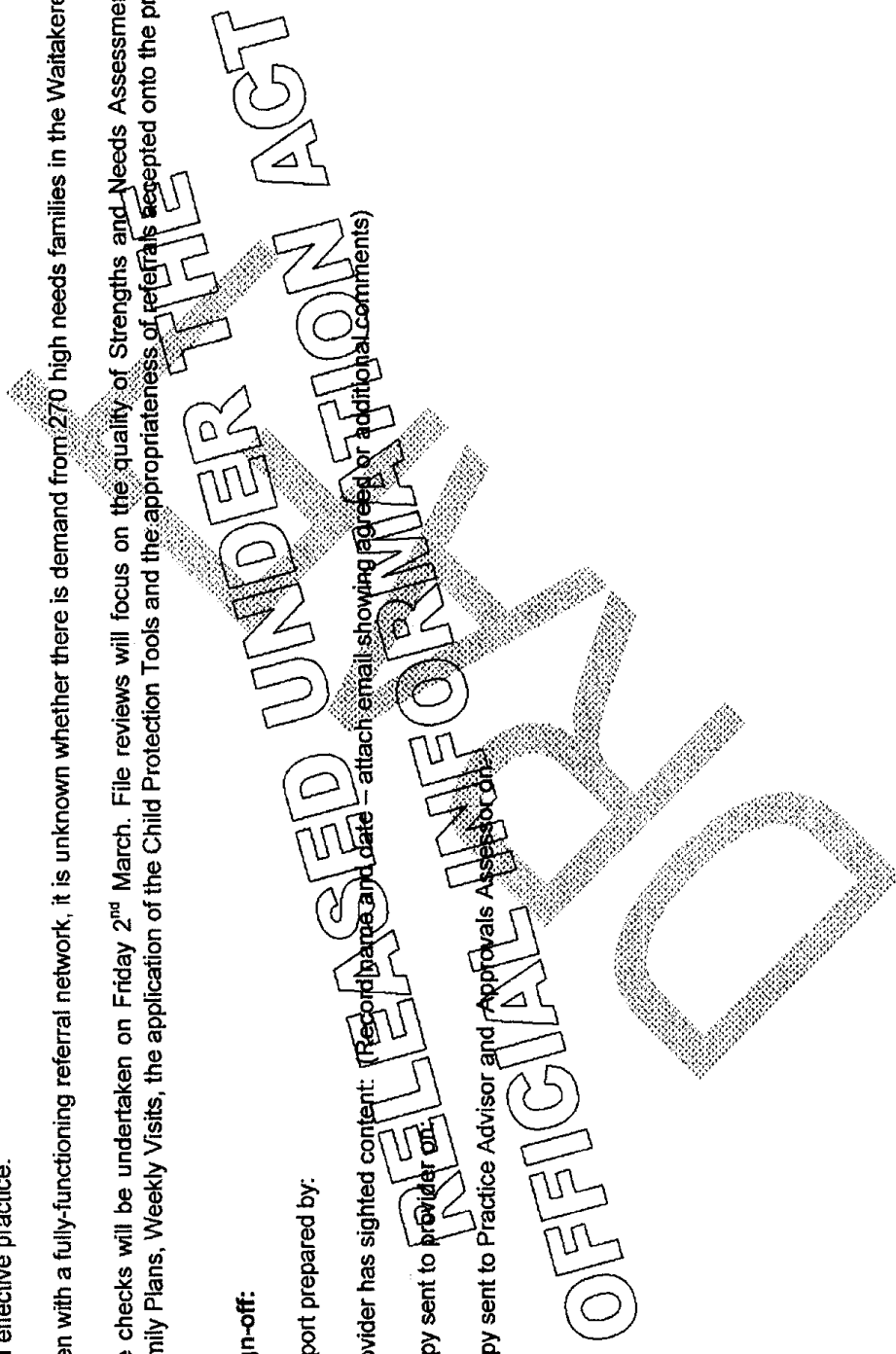
Sign-off:

Report prepared by:

Provider has sighted content: (Record name and date – attach email showing agreed or additional comments)

Copy sent to provider on:

Copy sent to Practice Advisor and Approvals Assessor on:



Action Plan developed by 9(2)(a)

Performance Areas	Action Plan	Responsibility
<p>1. Active Volume</p>	<p>a) Incoming referrals to be monitored daily by Practice Leaders</p> <p>b) ALL proposed exits to be discussed with Practice Leaders.</p> <p>c) Practice Leaders to meet with key referral agencies: CYES, Maternity Services, Hospitals and other key NGOs to increase referrals to Walsley family Street</p> <p>d) All staff leave to be authorised by <u>9(2)(a)</u></p> <p><u>9(2)(a)</u> - leave to be planned to maximise outputs</p> <p>e) All staff training to be authorised by <u>9(2)(a)</u></p> <p><u>9(2)(a)</u></p> <p>f) All staff attendance at networking meetings to be authorised by <u>9(2)(a)</u></p> <p><u>9(2)(a)</u> - no more than one staff to attend any one meeting.</p>	<p>Practice Leaders</p> <p><u>9(2)(a)</u></p>

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	<p>8) Practice Leaders to provide weekly updates to 9(2)(a)</p>	
<p>2. Home Visits</p>	<p>a) Practice Leaders to closely monitor their team members on a 2x weekly basis. If a staff member's statistics appear less than what the weekly requirement entails than immediate discussion ensues. What is difficult for the staff member to engage? Is this a case that should be closed? Referred to another organisation?</p> <p>b) Practice leaders to sight ALL team members' weekly calendar during supervision – what planned home visits are scheduled, particularly for High and Medium cases. This needs to be reviewed. This needs to be reviewed in terms of required workload.</p> <p>c) Staff to be encouraged to phone to confirm planned HV morning of</p>	<p>9(2)(a)</p>

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	<p>visit to ensure HV success.</p> <p>d) Practice Leaders to follow up these schedules – were families visited? Was this recorded on FS net? Check the data against what is recorded on FS Net</p> <p>e) All staff to set aside specific time twice a week to enter FS Net hours. Practice leaders to send out reminders about this</p> <p>f) Identify staff members that continue to underperform – despite efforts to support their intervention and look to develop a performance management plan?</p> <p>B) 9(2)(a) to provide weekly updates to 9(2)(a)</p>		9(2)(a)
3. AM/BTL	<p>a) Practice Leaders to monitor team on a weekly basis. EACH family on their caseload must receive at a minimum 60 mins of</p>		9(2)(a)

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	<p>AM/BTL a month. If a staff member is not delivering this minimum – Practice Leaders to look at ways to facilitate this process to happen.</p> <p>b) Practice Leaders – not to accept explanation of families are not home so did not deliver AM/BTL' explore other avenues – AM/BTL must be scheduled for the same month!</p> <p>Practice Leaders to sight new appointments booked. Ensure AM/BTL material is evident within the IC pack so the Key Contact person (S2(a)) is delivering the AM/BTL material on the first visit.</p> <p>d) Ensure Key Contact person is entering AM/BTL hours on FS Net.</p> <p>e) if a staff member is on leave for longer than one day – develop a contingency plan for</p>	
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	<p>another team member to cover the delivery of an AM/BTL sessions. f) 9(2)(a) [redacted] to provide weekly updates to 9(2)(a) [redacted]</p>	<p>9(2)(a) [redacted]</p>
<p>4. S&N Assessment timeframe – 6 weeks</p>	<p>a) Update IC information to reflect relevant domain of the initial S&N Assessment</p> <p>b) Practice Leaders to ensure ALL staff recently allocated a new file are able sufficient time within the first 6 weeks to meet with family and family members in weekly supervision. discuss ALL newly assigned cases – so that adequate information has been attained to formulate the first assessment</p> <p>d) Practice Leaders to check FS Net daily and monitor missing activities.</p>	<p>9(2)(a) [redacted]</p>
<p>5. % of all new families remaining on</p>	<p>a) Practice Leaders to sign off all exits. Planned exits equate to the following definition –</p>	<p>9(2)(a) [redacted]</p>

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<p>programme for at least 12 months.</p>	<p>there is mutual agreement (between family and worker) OR the family's circumstances have improved; not reliant on the delivery of AM/BTL</p> <p>b) As per FS Manual when a family cannot be contacted after 6 consecutive weeks unpaired exit Practice Leaders to monitor staff visits to ensure 6 weeks of non - contact is appropriate for exit this is an active process not inactive.</p> <p>a) Practice Leaders to ensure all S&N Assessments are completed within 6 weeks of a planned exit.</p>	
<p>6. % of families who are completing their IFPs at least every 3 months</p>	<p>a) Practice Leaders to ensure all staff have completed IFPs for all of their families</p> <p>b) Practice Leaders to sign IFP for all files and to actively ensure through supervision</p>	<p>9(2)(a)</p>

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	that all staff understand how to link IFP goals to S & Needs assessment	
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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: Te Whanau O Waipareira Trust
 Provider Number: 3311
 Contract Number: 311063

Completed by: 9(2)(a) (RAF) and [PA name] (PA) on [insert date]

SUMMARY

Criteria	Comments
Key Performance Indicators	Consistently under-delivered across all three KPI's. Contract Volumes, MFL and Supervision, from 1 July 2011 and prior to the establishment of the Family Start Directorate (i.e. over the two years that I have managed the Family Start contract), the quality and frequency of Supervision is a concern. Up until December 2011, Waipareira had only one Qualified Supervisor 9(2)(a).
Key Programme Components	There has been a significant departure from the primary Key Programme Components, particularly in the period from 1 January 2011 to date (i.e. since the implementation of Whanau Ora). File checks evidence Whanau Workers' engagement in "open-ended" social work contact with families however this contact is not guided by quality assessments or reviews. Where plans do exist for families, these were generally not child-centred or individualised, but reflected adult needs (e.g. Mum or Dad to get Driver's License for a job or complete study).
Social work practise	Questionable. Funding and Planning Manager 9(2)(a) acknowledges tensions between traditional whanau-centred iwi social services (where Family Whanau is generally regarded as the families' business to sort out) and the child-centred focus of Family Start. He advises that strategies are in place to address this however entrenched organisational culture, values and practices can take considerable time to change.
CYF Approval	Currently approved, however scope of audits are limited.
Willingness and Capacity	Waipareira appointed 9(2)(a) in late 2011 to lead the improvement of Family Start performance and service delivery 9(2)(a) has accountability across a considerable number of Waipareira's funded programmes and does not specifically focus on Family Start. Similarly, of the three supervisors appointed late last year, only one is dedicated to providing supervision and leadership for Family Start. Despite verbal undertakings which indicate a commitment and willingness to improve, improvements are not yet evident in KPI's, client file checks or adherence to Key Programme Components.

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Despite the initially strong engagement with 9(2)(g) communication is becoming increasingly difficult – e-mails are frequently unanswered with three or four attempts to contact, and the three supervisors appear to be increasingly left to their own devices. This is a shift from the initial team approach to problem-solving and planning taken in partnership with the funder.

RECOMMENDATION

Withhold or recover funding (F12)

9(2)(g)(i)

Terminate on Notice (1 July 2012)

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	9(2)(g)(i)
<p style="font-size: 2em; opacity: 0.5; transform: rotate(-45deg);">RELEASED UNDER THE ACT</p> <p style="font-size: 4em; opacity: 0.5; transform: rotate(-45deg);">OFFICIAL INFORMATION ACT</p>	
Do not renew from 1 July 2012	
Offer 1 year contract from 1/7/12	
Offer 3 year contract from 1/7/12	

Sighted by Tania Moody, National Contracts Manager

Criteria	Rating (1-2 or 3)	Comments (include the evidence you have from monitoring and site visits)
KEY PERFORMANCE INDICATORS		
Contracted Volumes	1	At the approval of the Family Start Director, contract volumes were reduced from 288 in F11 to 270 in F12 with no reduction in funding, but the reduced volume still does not appear realistic for Waipareira. The Family Start and Parents As First Teachers (PAFT) programmes were previously merged (at Waipareira's

¹ 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.

9(2)(a)

		<p>request) and then separated out again at the beginning of this financial year. 9(2)(a) advised that inappropriate referrals were subsequently culled from Family Start. Staff previous to [redacted] did a recruitment drive of families engaged in Waipareira's other Whanau Ora programmes, which resulted in Family Start files reflecting their engagement in other services rather than the Family Start programme. It is unclear what proportion of current families meet the new "high needs" criteria, but file checks indicate this would be low (many files focus on the delivery of AM/BTL, combined with adult goals).</p>
<p>AM/BTL</p>	<p>1</p>	<p>Commitment to the delivery of AM/BTL has been low historically. The issue is the absence of a structure to support the delivery of BOM to Team. I have suggested to Supervisor 9(2)(a) that appropriate supports would be (1) implementation of a role dedicated to the delivery of BTL - this role would champion BTL; the development of resources, mentoring of staff and co-working of difficult cases and (2) increased monitoring of BTL delivery with variance charts or similar highlighting any shortfall in individual Whanau Workers' delivery, with appropriate follow up and advice. This, the BTL component needs to be marketed / explained to staff during initial Contact Assessments to gain their commitment to the programme. It is a concern that the RAF had to suggest these strategies after about a month of engagement with the "new" F S staff.</p>
<p>Supervision</p>	<p>1</p>	<p>There is still only 1 FTE Qualified Supervisor responsible for clinical supervision of Family Start staff (it is unclear how much of the other two supervisors' time is applied to F.S. - it seems this depends on demands from other services). I have advised 9(2)(a) that in addition to clinical supervision, senior practitioner and practice leader roles are required to support the day to day operational management of staff to meet their performance targets. Admin support is also required to manage communication with referrers. Clinical supervision needs to be supported by other roles that guide and direct the follow through and application of learnings.</p>
<p>KEY PROGRAMME COMPONENTS</p>		
<p>Strengths and Needs Assessments</p>	<p>1</p>	<p>Generally not completed on time. Information generally not analysed well or linked to individualised planning. Some good observations made, but these do not inform goal planning or engagement.</p>

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Individual Family Plans	1	Sometimes address referral needs but not always. Don't visualise the future for the child very well. File checks revealed some cases of concern where violence had occurred within the family (and were the main cause for referral) but family violence was not addressed in plans or goals.
Child Safety Tools	1	It is too early to tell how staff will manage these or how this change process will be lead. There is a willingness to engage with the PA and participate in training. The concern is how Waipareira will manage these additional expectations when the fundamental baseline requirements of the programme are not being.
Weekly Visits	1	Poor. No system established to ensure delivery - e.g. no scheduling of visits due or monitoring roles which has oversight of variances.
Supervision Quality	1	The RAF has not yet had time to assess the quality of supervision notes. The RAF has met one supervisor (21/11) whose attitudes support child-centred practices to be effective. Supervision needs to be delivered within system of supervision, support, monitoring, follow up and team building. There has been some focus on the need to build a more open and supportive team environment where practice issues can be discussed.
Delivery of AMBN Promotion of health and education	1 2	Some of these outcomes are outside Waipareira's control, however a lot more could be done to influence and encourage families to work towards these outcomes. While other providers have come up with appropriate strategies to inform and encourage families to immunise and engage in ECE (e.g. assisting families to access their immunisation records, making mobile imms available) I have yet to see any detailed strategy from Waipareira. [redacted] advised that the key problem is FS-Net data entry and so KPI statistics are not an accurate indication. Waipareira is a PHO and a WellChild / Tamariki Ora provider, so it should be relatively easy for them to promote health and education outcomes and connect families with the right resources.
SOCIAL WORK PRACTISE		
Concerns about safety of practise and response to remedy those concerns	1	As noted in IFP's above, there were cases where violence had occurred but was not addressed by the Whanau Worker in the IFP. A RAF interview with one of the Whanau Workers revealed one case of particular concern; the Whanau Worker questioned a Dpt of Corrections psychologist's report that stated the Father of

9(2)(a)

<p>9(2)(a)</p>	<p>the children was not currently capable of caring for the children's needs. The Worker's focus remained on reuniting the children with their father despite the psychologist's recommendation. Although this might appear to be an isolated incident, 9(2)(a) has advised that there are about five staff who will likely struggle to make the transition to child-centred practice. Although the numbers of staff in this category are few, 9(2)(a) advised that their influence is enough to affect practice culture, due to their status as "mature" staff who have been Family Start practitioners for some time and have emerged as thought leaders and practice leaders.</p> <p>A "culture of exclusion" and "cultural justifications for violence" which refers to as "cultural knowledge" are well-documented and were highlighted in the case of the 10-year-old seven-year-old girl whose father's Family Start worker continued contact with her, reportedly after that family exited from the Family Start programme. There is an acknowledgement that this culture of practice has to change and that the safety of the child is paramount, however the RAF has yet to observe evidence of this.</p>
<p>CYF APPROVAL Governance, Financial or Management issues</p>	<p>9(2)(a)</p> <p>Approval status is current but the scope of audits may not focus on the areas aligned to the information required to inform sanctioning recommendations.</p> <p>9(2)(a) has cited a culture of "selective reporting" at Waipareira and has sent through performance reports that he is now providing to the Trust Board. The RAF has yet to see minutes of Governance meetings involving Family Start issues, in order to evidence that the Trust Board is fully informed of the degree of underperformance to the Family Start programme and is taking appropriate decisions to remedy this.</p> <p>The RAF has received feedback from an anonymous source that staff (from Family Start and other Waipareira services) don't feel safe at Waipareira due to some of the recent (and allegedly unfair) Human Resources practices carried out. Although this feedback is anecdotal, generalised and anonymous, it is noted that redundancies carried out since 9(2)(a) arrival could have an unsettling effect on staff and staff retention.</p> <p>In terms of financial management, Family Start expenditure is unclear because</p>

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			financial statements were aggregated across multiple contract expenditure. The amount of funding used for overhead costs is therefore unknown. There is a lack of transparency around Family Start expenditure -- the RAF's repeated requests for clarification have been ignored.
		Yes or No	
WILLINGNESS/CAPACITY			
Willingness or capacity	Apparent, but questionable.		Please see comments in Summary above.

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Key Performance Indicator Results (%)

	July	August	September	October	November	December	January
Contracted Volumes	99.6	85.9	83.7	83.6	84.9	84.4	Not available
AM/BTL – 1 hour each month	92.9	75.0	64.9	77.6	81.1	70.0	"
Supervision – 60 mins weekly	Not reported in FS-Net?	Not reported in FS-Net?	58.2	100.00	60.67	28.57	"

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Family Start Monitoring Template

FAMILY START KPI MONITORING TEMPLATE

Provider Name: Te Whanau O Waipareira Trust
Provider Number: 3311
Contract Number: 311063

12th January 2012 for period December 2011 (and encompassing 1 July 2011 to 12th January 2012)

Venue: Whanau Centre, Te Whanau O Waipareira Trust

Present: 9(2)(a) (Funding & Planning Manager), 9(2)(a) (Supervisor), 9(2)(a)
9(2)(a)

13 Jan 2012

General discussion

1. Good news stories	9(2)(a)
2. Issues and trends in the community	9(2)(a) advised that Waipareira Family Start is not visible or represented in the community and that there is a need to re-engage with community networks and recover relationships that have been lost (see action points)
3. Issues and trends with the Family Start programme	Previous Family Start staff 9(2)(a) are no longer involved in Family Start.
4. Health of the organisation	
5. CYF Approval review completed	Approvals Assessor 9(2)(a) has recently completed an assessment.
6. Ahuru Mowai visit	
7. Review of the financials for Family Start (annually)	See action points below.

PRELIMINARY INFORMATION UNDER THE ACT

9(2)(a)

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

Agreed Actions	By Whom	By When	Completed/Update
(1) Provide Strategic Plan focussed on team building and development.	9(2)(a)	End of Jan 2012	In Progress Planner she has put together and will send an electronic copy)
(2) Provide copies of monthly reports from Waipareira C.E.	9(2)(a)	Monthly	January report will be provided, and monthly thereafter.
(3) Carry out Knowledge and Attitude Assessment of staff, with the assistance of Practice Advisor.	9(2)(a)	End of Jan 2012	Will follow up on her return from leave on 16 th Dec 2012.
(4) Provide copy of Narrative Assessment that supports families to explore Child-Protection related issues.	9(2)(a)	Dec 2011	Provided Child Risk Tool on 15/12/2011.
(5) Provide copy of audited financial accounts	9(2)(a)	9(2)(a)	Provided 19/12/11 (see update below). Financial info not adequate - see updated below

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

Agreed Actions	By Whom	By When
(1) Audited Financial Statements provided Dec 2011, however information is aggregated to the point where it is difficult to determine whether Family Start funding is used for Family Start (there is one category for "Expenses" across all contracts) will provide Notes to the Financial Statements or other statements which identify Family Start expenditure.	9(2)(a)	Immediately please
(2) to provide (a) Stakeholder Engagement Plan designed to re-engage referral networks, (b) pamphlets used to promote Family Start, (c) presentation developed for community hui.	9(2)(a)	By the end of January 2012
(3) Performance Appraisals completed for all staff (to be carried out in conjunction with Knowledge & Attitude Assessment) to identify those 10% who will need to be performance managed.	9(2)(a)	End of Feb 2012
(4) Initial Contact Assessment process to be mapped out step by step by person in newly created Key Contact role.	9(2)(a) Key Contact	End of January 2012
(5) Exit Checklist/protocol to be developed by Key Contact worker.	9(2)(a) Key Contact	End of January 2012

9(2)(a)

9(2)(a)

(6) Consider the merits of Senior Practitioner roles to support monitoring and quality control, and provide career pathways for staff to aid staff retention.	9(2)(a)	End of January
(7) Consider the merits of a role focussed on the integrity of FS Net data entry e.g. FS Net Champion identified that ECE, Imms and Well Child are not being recorded properly and nor is AM/BTL).	9(2)(a)	End of January
(8) Reinroduce the use of Family Start referral forms. These forms disappeared from files with the introduction of Whanau Tahi. There is an opportunity to redevelop this form alongside the new referral criteria.	9(2)(a)	In conjunction with new criteria being finalised.

Overall Comments:

There are signs of improvement (i.e. Family Start is now fully staffed with 16 FTEs, and three Supervisors have been recruited). When 9(2)(a) came on board in Nov/Dec 2011 a lot of time was spent in damage control mode. Areas of concern have been identified and remedial actions are underway. Evidence of improvement will be checked at the re-evaluation stage by Feb 2012.

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New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comments and actions for improvement
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9(2)(a)

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>1. Number and percentage of contracted volumes delivered (Monthly measure)</p> <p>Why? Tracking volumes contracted as well as demand for the service</p>	<p>95%</p>	<p>(67% - Nov 2011)</p>	<p>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 referrals reasonable? Are the referral agencies being applied correctly? What is being done to achieve voluntary participation in the programme? The files of longest duration. 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? FS-Net being maintained. Eliminate 'unassigned' active cases in FS-Net if not contacted after 6 weeks Leave & training planned to ensure adequate coverage. Plan in place to cover unplanned absences 	<p>advised current contract volumes are 183 – so no real improvement since Nov 2011 (181). The reasons for low volumes are twofold;</p> <p>(1) About 60 disengaged F S families were exited from the programme. These families were not receiving any active service from Family Start and/or were inappropriate referrals;</p> <p>(2) Relationships with referring agencies have been compromised through poor communication and poor service from Waipareira Family Start.</p> <p>9(2)(a) advised that Waipareira F S is not seen favourably by referring community agencies due to a history of unacknowledged referrals and referrals remaining un-assessed or un-allocated for some months. 9(2)(a) are aware that Waipareira F S needs to rebuild its reputation in the community to generate referrals in line with the new high needs referral criteria.</p> <p>A Communications Advisor has been appointed to improve stakeholder engagement (although not solely dedicated to F S). A Stakeholder Engagement Plan will be produced identifying key referring agencies and prioritising those which influence the community's perception of Waipareira Family Start. The Engagement Plan will schedule meetings to rebuild key relationships throughout the referral network (see action point 2). This opportunity is timely as the new referral criteria are finalised and introduced.</p>

9(2)(a)

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comments and actions for improvement
<p>2. Percentage of workers who receive at least one hour of one-on-one supervision by a qualified supervisor each week</p> <p>(Monthly measure)</p> <p>Why?</p> <p>Support the professional practice of those working with vulnerable families.</p>	<p>95%</p>	<p>66.675 (Nov 2011)</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>[REDACTED]</p> <p>Are staff development plans and performance appraisals in place?</p> <p>3. Quality of the supervision (internal)</p> <ul style="list-style-type: none"> • Sight supervision suitable and fits for frequency of supervision to take information that is covered to see a formal note that covers client cases <p>4. If external supervision is given, sight ledger/invoice and a written agreement - clause 6.3.4 Family Staff Manual</p> <p>5. Ensure supervision recorded accurately in FS-Net</p>	<p>Waipareira is now fully staffed with 16 Whanau Workers - all are qualified in either social work or education. The Whanau Worker to family caseload ratio is now 1:16 which should enable quality assessments and planning to be carried out with training & support.</p> <p>Three supervisors have been appointed 9(2)(a) [REDACTED] who is from ATWC. However, only [REDACTED] and 9(2)(a) [REDACTED] will be working fulltime with Family Start while 9(2)(a) [REDACTED] will have supervisory oversight across a number of other services. We discussed the demand on the supervisors given the need for assessments, plans and safety tools to be signed off after reflective discussion with the Whanau Workers. I have suggested that 9(2)(a) [REDACTED] consider the merits of senior practitioner roles (one for each of the three teams) to assist the supervisors with monitoring variances in individual staff performances, mentoring and coaching staff with the operational aspects of service delivery. This would enable the supervisors to focus on clinical supervision. Having a tier of senior staff would also help embed the new quality and child protection focus, while providing a career pathway to assist staff retention. There is a risk that one full time supervisor may not be able to provide the required 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
<p>3. Percentage of families who are reviewing and completing their Individual Family Plans (IFPs) at least every three months</p> <p>(Quarterly measure)</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%	Reported in FS-Net	<p>Review a random selection of client files to ensure that whanau are progressing towards their IFP goals</p> <p>IFP is to include all requirements as laid out in Family Start Manual</p> <p>1. Frequency of review – check dates and review dates?</p> <p>2. Does IFP reflect progress over last 3 months and links/builds on strengths and needs?</p> <p>3. Have intensity levels been set by the supervisor? Revised?</p> <p>4. Have other agencies been consulted in relation to developing IFP?</p> <p>5. Quality of goals, are they SMART? child-relevant? Achievable? Likely to strengthen family against child-maltreatment?</p> <p>6. IFP signed by both whanau worker and family?</p> <p>7. Has the supervisor signed off quarterly review within one week of review completion?</p>	<p>File checks were not carried out at this visit. In order to allow some time for improvements to become evident. File checks will be undertaken in February 2012, in conjunction with the Practice Advisor.</p> <p>9(2)(a)</p> <p>advised that some staff (about 10%) are not showing signs of adapting to the new child-focused practice model and will need to be actively performance managed, with intensive coaching and mentoring. Although it is only 10% of staff, this is enough to bring the team down. Proactively, a number of staff were working with Family Start in a .5 role, while also working across other Whanau Tahī services. [redacted] has recently asked staff to decide on which is their core role and currently there is only one .5 Whanau Worker.</p> <p>9(2)(a)</p>

9(2)(a)

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>4. Percentage of active families receiving at least one hour of AM / BTL per month</p> <p>(Monthly measure)</p> <p>Why? Regular delivery of AM/BTL provides some confidence that families are being regularly assessed in these domains.</p>	95%	(81% Nov 2011)	<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 in per month</p> <p>1. All whanau workers have received initial training to deliver AM/BTL</p> <p>2. Supervisors have attended support workshop?</p> <p>3. Staff 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>advised that rates of AM/BTL, ECE participation, Immunisations and Well Child checks are all probably higher than what is reflected in FS-Net due to a major issue with data entry. About 200 activities and checks are overdue and need to be tidied up. I have suggested that (2)(a) consider the merits of an FS-Net Champion role to ensure FS-Net data integrity and take ownership of the referral process (there were about 30 families who were 'sitting' in FS-Net without any attention from Family Start). N has been over-seeing FS-Net but there is a risk that she will become overloaded in her (difficult) supervision role if FS-Net coordination is not delegated to someone.</p> <p>9(2)(a)</p>
<p>5. Percentage of children 0-3 up-to-date with the developmental milestone checks set-out in Ahuru Mowai Barn to Learn. (Quarterly measure)</p> <p>Why? Adherence to the development milestone checks provides some confidence that children are being regularly assessed in these domains.</p>	95%	Reported in FS-Net	<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 and relevant to the age of the child</p> <p>2. Has the check list been ticked or dated?</p>	<p>See above</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
<p>6. Percentage of all new families who remain on the programme for at least 12 months</p> <p>(Monthly measure)</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%	Reported in FS-Net	<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 months <p>Discuss reasons why families are leaving within 12 months (Refer to monthly FS-Net stats planned and unplanned exits)</p> <ol style="list-style-type: none"> 3. Are proposed exits discussed with Regional Manager? 4. Is exit strategy process - strengths and needs assessment completed? JFP 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? 4. Is a retention strategy in place? 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)? 	<p>We discussed the initial contact assessment phase as it was apparent from file checks that no assessment of referred families' suitability for the F S programme was being carried out - there was no assessment information on file and Whakatani consent forms and referral forms were being used instead of those specifically for Family Start.</p> <p>I have agreed to a dual Family Start/Whanau Tahī consent form: being used but recommend that Family Start returns to using the Family Start referral form so that presenting needs and referral information can be captured and filed. I've suggested that Waipareira revisits the referral form when the new criteria have been finalised.</p> <p>Because the intake and assessment phase does not seem to be too clear, I have asked [redacted] and the Key Contact worker to map out this process step by step e.g. referral received, referral acknowledged, assessment undertaken, made active, assigned to worker, referrer advised of Whanau Worker and file number etc.</p> <p>This will also strengthen relationships and help restore Waipareira's Family Start programme as a service worth referring to.</p> <p>I have also suggested that the back-end of the process is mapped out to ensure that there are clear exit/transfer protocols in place. File checks show that families are exited without up-to-date assessments signed by a supervisor. It is recommended that an Exit Checklist is developed and applied immediately.</p>

9(2)(a)

New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Comment and actions for improvement
<p>7. Percentage of children who have their scheduled immunisation(s) during the quarter it came due</p> <p>(Quarterly measure)</p> <p>Why? Promoting immunisation is a key way of improving children's health.</p>	80%	(55.83% Sept 2011 quarter)	<ol style="list-style-type: none"> How do you promote this? Are FS-Net reminders followed? Is information collected at the initial contact phase about child's immunisation status? Is this part of supervision discussions? Refer to monthly FS-net stats/percentages for cannot be determined and Non answered why? Check file for completed immunisation schedule Check that incident notes in FS-Net the discussion has been recorded and noted 	<p>See above. Waipareira is a PHO so immunisation rates are expected to be higher. Low rates are reported to be primarily an FS-Net data entry issue.</p>
<p>8. Percent of children who have had their scheduled Well Child visit(s) during the quarter that it came due.</p> <p>(Quarterly measure)</p> <p>Why? Gives us some confidence that family health and well-being is being addressed.</p>	80%	(50% Sept 2011 quarter)	<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 incident notes in FS-Net the discussion has been recorded and noted 	<p>See above. Waipareira is a Well Child / Tamaki Ora provider so Well Child visits are expected to be much higher. Low rates are reported to be primarily an FS-Net data entry issue.</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.
<p>9. Percentage of children 18 months and over enrolled in a licensed Early Childhood Education (ECE) facility</p> <p>(Quarterly measure)</p> <p>Why? ECE has been shown to be beneficial for a child's development</p>	70%	(36.57% Sept 2011 quarter).	<p>1. Gather information about how many are on waiting lists or enrolled in alternative education facilities.</p> <p>2. Refer to monthly FS-Net stats percentages for cannot be determined and non answered - why?</p> <p>3. Relationship with ECE's and Family Start awareness?</p>	<p>See above. Waipareira holds an ECE "priority engagement" contract with MOE so ECE participation rates should be higher. Low rates are reported to be primarily an FS-Net data entry issue.</p>

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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?	Comments and actions for improvement
<p>10. Percentage of parents who do not use harmful disciplinary practices (Quarterly measure)</p> <p>Why? Measuring the workers proactive approach to identifying safety risks for children and taking action accordingly.</p> <p>Refer to the Family Start Advice Note "Child Safety Tools" November 2011</p>	75%	Reported in FS-Net	<p>1. Review the implementation plan for the Child Safety Tools</p> <ul style="list-style-type: none"> Should be a tangible document Are the tools included within organisation's processes/forms Are they reflected on every three months <p>2. Confirm that staff have received training and regular supervision for the use of the Child Safety Tools</p> <ul style="list-style-type: none"> Evidence that the Supervisor has signed off documentation Ensure that the FSNet screen is being completed properly (note in place from 1 Dec 2011) <p>3. Confirm covered in case notes</p>	<p>Training and support in applying the Child Protection Tools will be assisted by the Practice Advisor (see Service Improvement Plan) will implement a monthly team reward system to encourage good practice.</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
<p>11. Percentage of children assessed as safe from abuse and neglect</p> <p>(Quarterly measure)</p> <p>Why?</p> <p>Measuring the workers proactive approach to identifying safety risks for children and taking action accordingly.</p> <p>Refer to the Family Start Advice Note "Child Safety Tools" November 2011</p>	80%	Reported in FS-Net	As above	See above

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New KPI Performance Measure	New KPI Standard	KPI Achieved	What information will be checked/verified? What information will be gathered?	Commit and actions for improvement
<p>12. Percentage of parents who demonstrate positive parent-child interactions</p> <p>(Quarterly measure)</p> <p>Why?</p> <p>Measuring the workers proactive approach to identifying safety risks for children and taking action accordingly.</p> <p>Refer to the Family Start Advice Note "Child Safety Tools" November 2011</p>	80%	Reported in FS-Net	As above	See above

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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
<p>13. Percentage of families visited once weekly in the first 6 months</p> <p>(Monthly measure)</p> <p>Why?</p> <p>Frequent home visits in the first three to six months for high needs families are critical for building a strong connection and are a key to good needs assessments and achieving successful outcomes.</p> <p>Refer to the Family Start Advice Note "Weekly Home Visits" September 2011</p>	N/A	(30% in Nov 2011)	<p>1. Review those families to determine:</p> <ul style="list-style-type: none"> • If not meeting standard, were there attempted visits • If not high need, should visiting be reduced • Discussion on targeting correct "high need" referrals <p>2. Evidence that the weekly visit was within the definition of a "home visit"</p> <ul style="list-style-type: none"> • Child seen • Child's residence or if out, child focused Primary Carer to be seen every time • Family members involved in child's care to be seen 	

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Sign-off:

Report prepared by 9(2)(a)

Provider has sighted content: (Record name and date - attach email showing agreed or additional comments)

Copy sent to provider on: 13 January 2012

Copy sent to Practice Advisor and Approvals Assessor on:

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