



# The Gateway programme:

New Zealand's response to the health and wellbeing needs of children in care

# Objective of Gateway

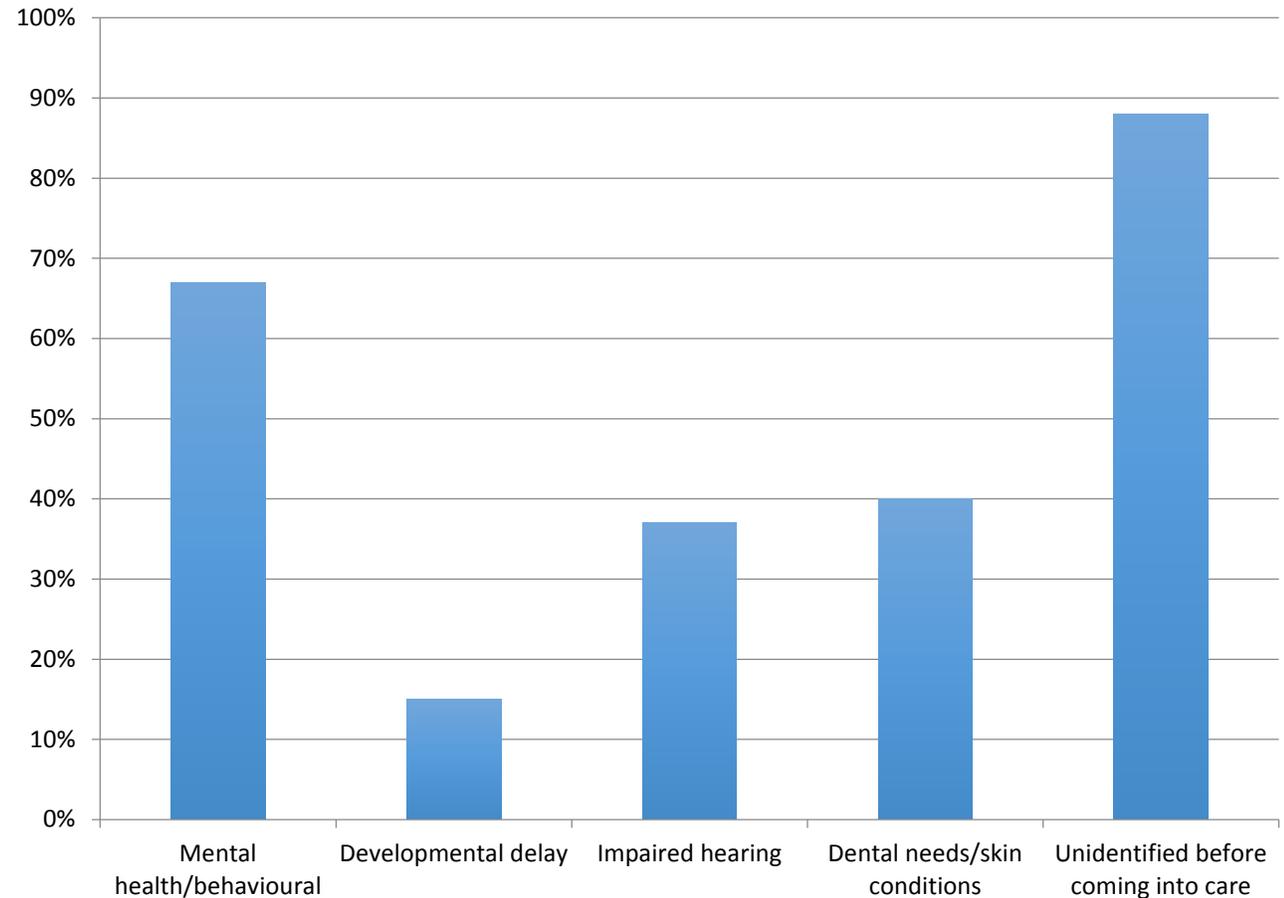
To enhance the Child or Young Person's physical, mental, educational and social wellbeing through the identification of unmet needs and make referrals to appropriate services to address these needs.

# How Gateway started

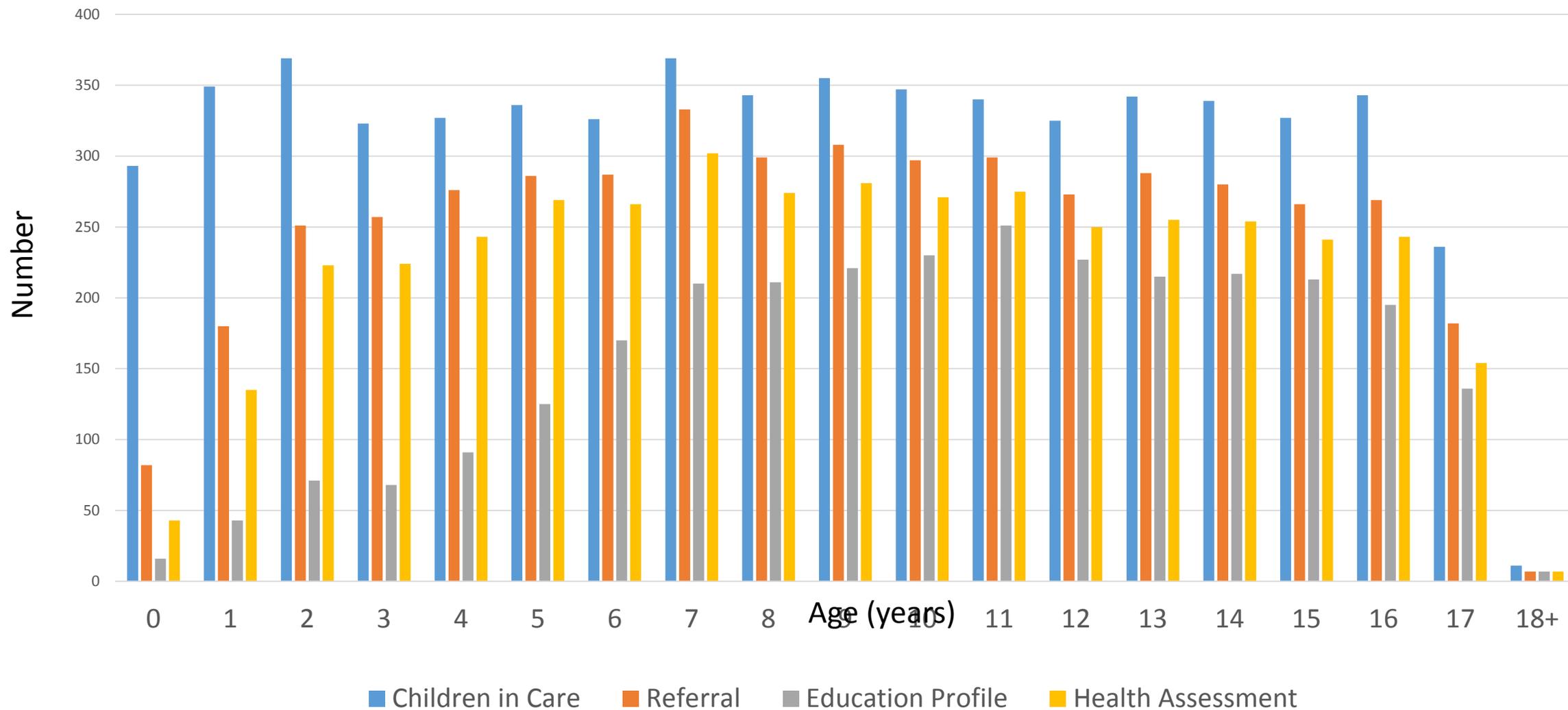
- Piloted in 2008 across four district health boards – Auckland, Counties Manukau, Lakes, and Mid Central
- The pilots identified a range of medical, developmental and psychological issues in children
- One of the key lessons was that strong collaborative effort and resourcing was required to run such a complex cross-agency service
- The review showed that social workers were generally able to identify around two health needs per child, however the Gateway assessment identified on average five needs per child

# The pilot data

- Two thirds had mental health or behavioural problems
  - Around two thirds of these children may be affected by FASD
- 15 percent had developmental delay
- 37 percent had impaired hearing
- Around 40 percent dental or skin problems
- Many had a combination of health needs, with 88 percent of the health problems unidentified or untreated prior to coming into care.



# Gateway provision for children in care 2017-18



# For the child or young person

The Gateway assessment should:

- identify their health, education and care and protection needs
- create a plan to address these needs
- facilitate access to appropriate services for health, education and wellbeing
- help them develop the knowledge, skills and confidence they need to adopt healthy behaviours
- collate a health and education history for them to assist them in their future interactions with the health and education systems

# For the caregivers of the child or young person

The Gateway assessment will:

- identify any health needs of the child's parents or caregivers that will impact on the child
- identify the skills and training that the caregiver may require to address the needs of the child or young person or their ability to care for them

# Who is eligible for a Gateway assessment?

- The children and young people who are receiving care and protection services from Oranga Tamariki
- The families/whānau and caregivers of the children and young people being assessed
- Service delivery for this group may include:
  - identifying family/whānau and caregiver health and parenting needs
  - responding to needs by providing information and making referrals to services as agreed with the family or young person

# Current Gateway Process Diagram

- Children involved in Family group conferences
- Children entering care
- Children in care

Oranga Tamariki Social worker refers to Gateway coordinator and seeks an education profile

Gateway coordinator collates child's health information and organises assessment

**Gateway Assessment:** generally undertaken by a paediatrician +/- multi-disciplinary team.

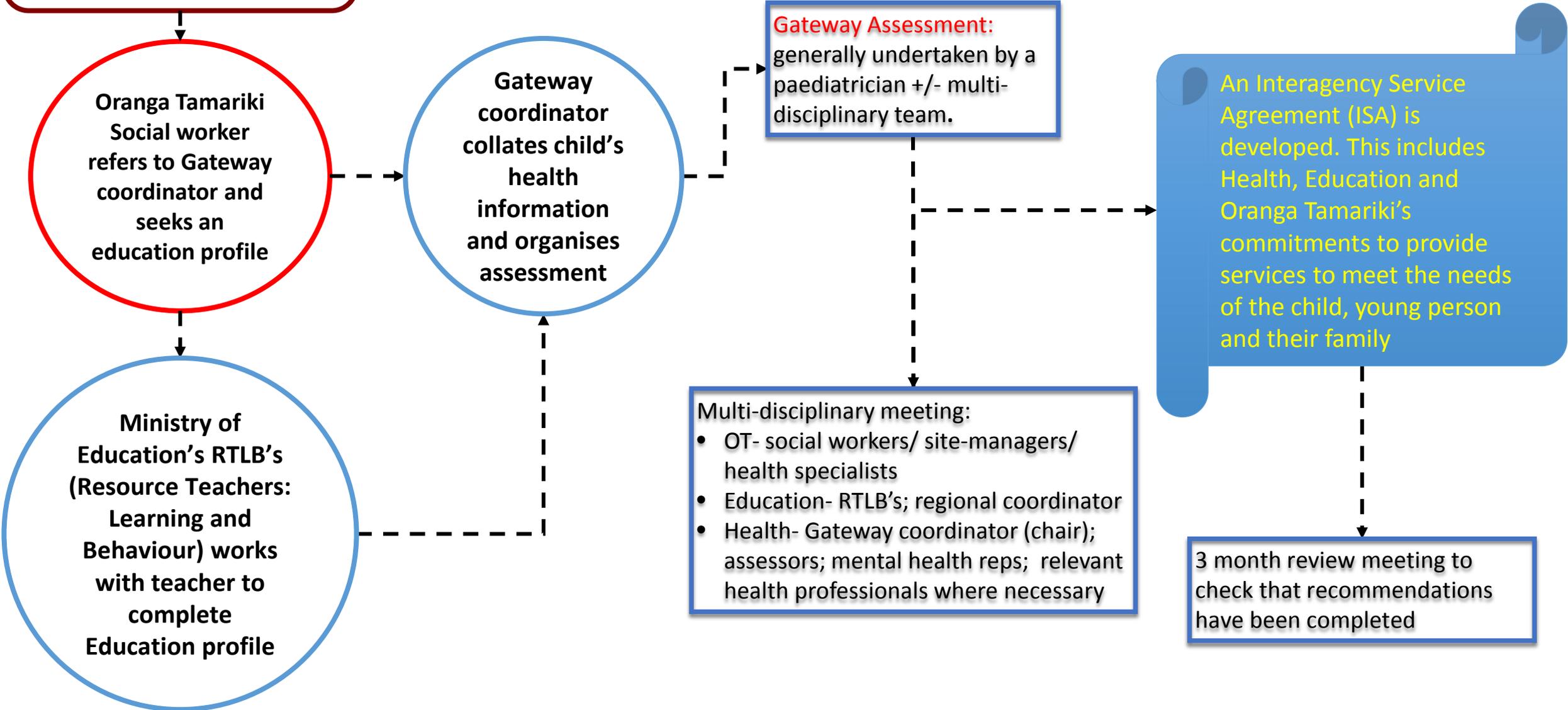
An Interagency Service Agreement (ISA) is developed. This includes Health, Education and Oranga Tamariki's commitments to provide services to meet the needs of the child, young person and their family

Ministry of Education's RTLB's (Resource Teachers: Learning and Behaviour) works with teacher to complete Education profile

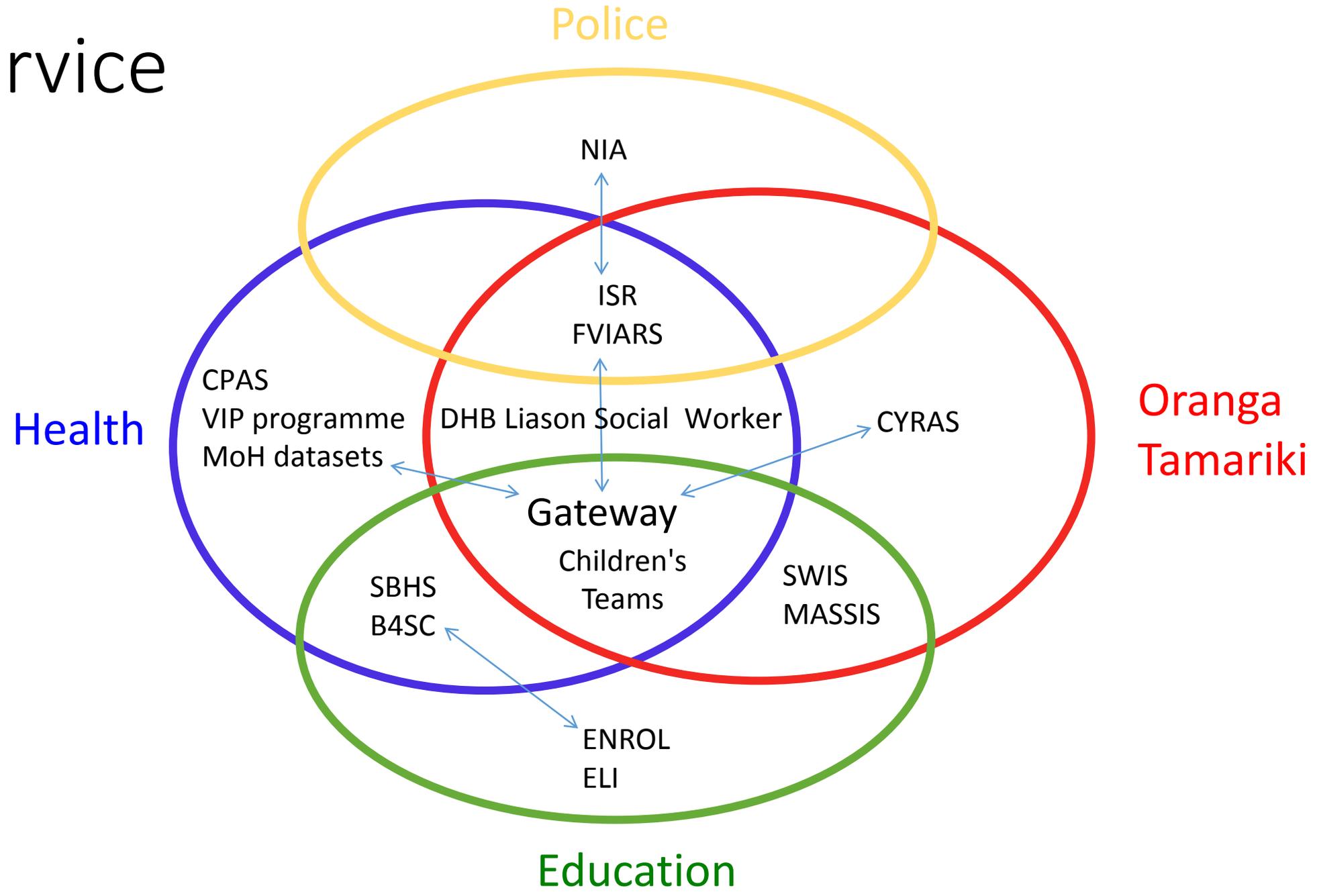
**Multi-disciplinary meeting:**

- OT- social workers/ site-managers/ health specialists
- Education- RTLB's; regional coordinator
- Health- Gateway coordinator (chair); assessors; mental health reps; relevant health professionals where necessary

3 month review meeting to check that recommendations have been completed



# Social service agency linkages



# Consent

- Parents have to consent to assessment, unless the young person is old enough to consent. This can be particularly challenging when parents are mobile, unable to be found, or have a poor relationship with OT
- If they don't consent, a court process is required
- Some parents do consent but don't understand what they have consented to
- The form currently does not yet permit sharing full information with Health providers

# Maori health and equity

- Approximately half of the children and young people that are known to Oranga Tamariki identify as Māori.
- The programme is intended to reduce inequity for Māori. DHBs and other health providers are expected to provide services that will contribute to this aim
- This may be achieved through mechanisms that facilitate Māori access to services, which might include, but are not limited to:
  - appropriate pathways of care
  - referrals through to Kaupapa Māori, Tikanga Māori and/or Whānau Ora based services
  - assuring that services are culturally competent.
- There should be Māori participation in the decision making around, and delivery of, the Service. This may include involvement in Multi-disciplinary Clinical Meetings, clinical governance processes, and the local leadership group.

# The Service components delivered by DHBs

- Programme coordination (Gateway Coordinator role)
- Health assessments and Gateway reports
- Interagency Service Agreements (ISA) and Multi-disciplinary Clinical Meetings
- Referral to other health services
  - Child Health
  - Child and Adolescent Mental Health Services (CAMHS)
  - Adult Mental Health and Alcohol and other Drug (AOD) Services
  - Child Development Teams
  - Other services e.g. Dental, Allied Health
- Review(s) of ISAs.

# Current issues needing to be sorted

- Child and caregiver engagement
- Social work referrals
- Education profiles
- Clinical assessment
- Access to services
- Workforce
- Access to mental health services
- Governance



# Child and caregiver engagement

- Anecdotal evidence of children not being able to attend appointments as parents aren't supported with child care and transport
- Social workers need capacity or support to ensure that these needs are met
- Explore brokerage/ navigation as an option so someone has accountability and oversight for the whole process
- Make assessment more whanau friendly, e.g bring assessment closer to home

# Social work referrals

- Many DHBs are seeing fewer children for Gateway than they are contracted for
- Possible reasons:
  - Competing demands and high caseloads means referrals not made by the social worker
  - Gateway is seen as “just another assessment” (on top of the other assessments they complete)
  - Social workers don’t always see a benefit for the child and family following the assessment

# Education profiles

- Education profiles are not always provided, either because social workers are not sending requests to education providers to start the process or education providers are not completing
- Education providers may not feel that they can provide comprehensive assessments when the child is new to the school
- Sometimes teachers are not available e.g during summer holidays
- Early childhood services often decline to provide a profile

# Clinical assessment

- There is no standardisation of assessment process
- Paediatricians don't always assess for neurodevelopment and (including FASD) or mental health need because of time pressure, and may not feel comfortable making recommendations
- Caregiver need is not always considered
- There is a workforce shortage in some areas of expertise, for example clinical psychologists, and Speech Language therapists (c.f. FASD assessment)

# Access to services

- Following Gateway assessments, some services are not available (e.g FASD assessments), and access to services (mental health, ORS, child development services, disability support services) is challenging
- An unstable situation is not suitable for therapy e.g psychologists won't work with children who remain in the situation that caused trauma
- Child-parent focussed therapy is difficult if the child is not in the parent's care
- Health triage is typically based on clinical need. Some children in care miss out, as they have medium high needs across multiple domains, but don't quite meet criteria in any single domain

# Workforce

- Workforce issues
  - Not enough capacity
  - Capability development needed in some workforce segments
  - Competition for workforce likely to grow.
- Capability issues also lead to some unmet needs, e.g FASD.



# Referrals to mental health services

Mental health services are one of the most common referrals

Options include:

- CAMHS delivered by DHBs
- Adult Mental Health and AOD services delivered by DHBs (for parents/caregivers)
- Primary mental health services delivered by Primary Health Organisations
- Primary mental health services funded by oranga Tamariki and delivered by NGOs
- Intensive Clinical Support Services provided by NGOs or DHBs, and funded by either the DHBs or the Ministry of Social Development.

# Governance/Kaitiakitanga

## The issues

- Performance is not being adequately monitored
- Limited accountability for outcomes
- Governance arrangements at local and national levels need to be reinvigorated

## The solutions

- Whakapapa - developing and maintaining a personal connection
- Whenua - Sustain and develop the mahi
- Whanaungatanga – gives expression to relationships

# The Direct Purchasing/Access to services trial

- In 2017 the Government invested over \$6 million into the “Access to Services” trial to assess unmet need in the Gateway programme, starting in Waitemata and the Bay of Plenty
- The intention was to ensure that when a child or families needs were identified and agreed that timely intervention was available through the public service or through private providers
- The Direct Purchasing trial indicated that the Gateway model is reasonably sound, but had not been consistently delivered.
- Working together to support Gateway teams on the ground has confirmed the value of a shared focus across agencies and highlighted key issues with delivery.

# The Direct purchasing/Access to services trial

- The trial highlighted the following issues:
  - Difficulties in providing children and whānau with appropriate, seamless care and support, even when it is initiated through Gateway.
  - Agencies or services have difficulty monitoring these children and their progress through systems, as children move in and out of care, or between regions. There are no clear transfer processes in place.
  - The threshold for children to access support doesn't always account for complexity of needs, and can differ across (and sometimes within) regions.
  - Key to improving access is additional support for families and caregivers - extra assistance to attend appointments or changing service delivery models.

# What's next for Gateway?

- Gateway was designed and is largely delivered without input from its clients
  - Given our commitment to reducing inequity, addressing high rates of non-consent and WNB/DNA's should this be a key focus moving forwards?
- Gateway was designed to be a 'one off' assessment
  - Could Gateway assessments and/or reviews be used to monitor wellbeing, support transition planning or develop cross-agency strategies when issues for the child escalate (e.g. care breakdown because of behaviour)?
  - How does it fit with the proposed "Annual Health check" for children in care?
- How does Gateway fit in a landscape with Children's Teams, High and Complex Needs Unit, Whānau Ora, Child Protection Alerts etc?
  - Are there opportunities to share resources, have flexible eligibility criteria, create more of a logical continuum of care and escalation?
  - How could we enhance Gateway's capacity to identify the needs of families, and connect them with appropriate services?
- Adopting the Life course approach
  - There is an increasing awareness of the impact of fetal and early life trauma (Toxic antenatal exposures and Adverse Childhood Experiences) on later neurodevelopment, physical and mental health, and of the importance of intervening early and effectively.