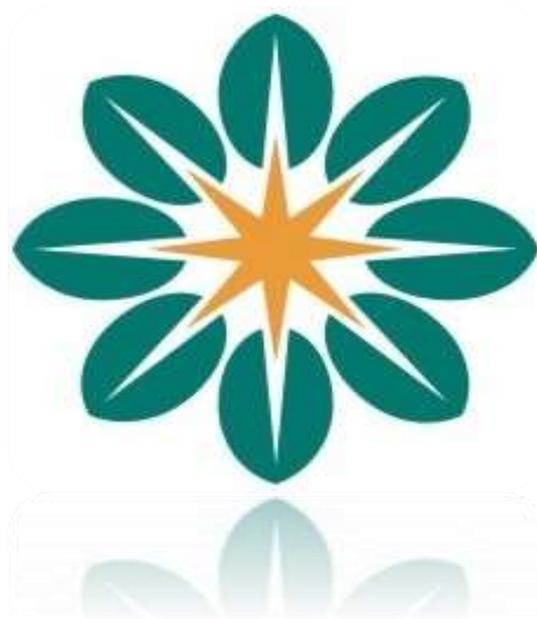
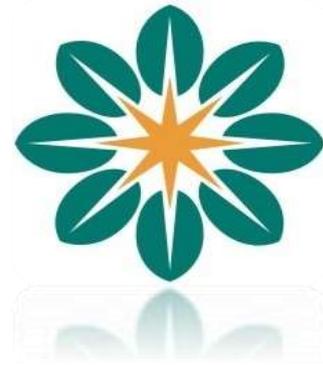


Making Headway in Gateway

Allie Fyfe



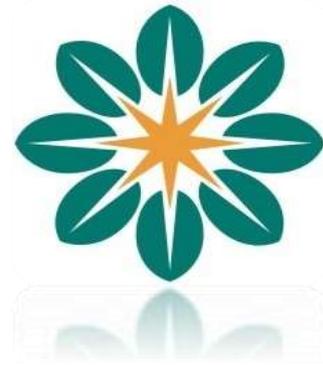


Case One:

- Ten year old NZ European Girl
- One of six children, ranging in age from 1 – 14
- Mother 28 weeks pregnant
- MVCOT held concerns about:
 - Exposure to family violence
 - Exposure to parental alcohol and methamphetamine use
 - Exposure to maternal mental health difficulties
 - Extreme difficulty engaging parents with services
 - Physical abuse
 - Emotional abuse
 - Neglect
 - Poor school attendance



Case One Continued:



- Significant anxiety symptoms
- Eating difficulties
- Constipation
- Dental caries
- Learning and concentration difficulties

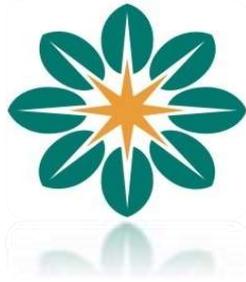


Case One Continued:



- Actions following Gateway Assessment :
 - MVCOT applied for Custody
 - Child and siblings moved to foster carers
 - Family violence, antenatal and child protection alerts
 - School Public Health Nurse
 - Auckland Regional Dental Service
 - Cognitive Behavioral Therapy
 - Advice on eating and constipation
 - Subsequently referred to Consult Liaison Service
 - Resource Teacher of Learning and Behaviour

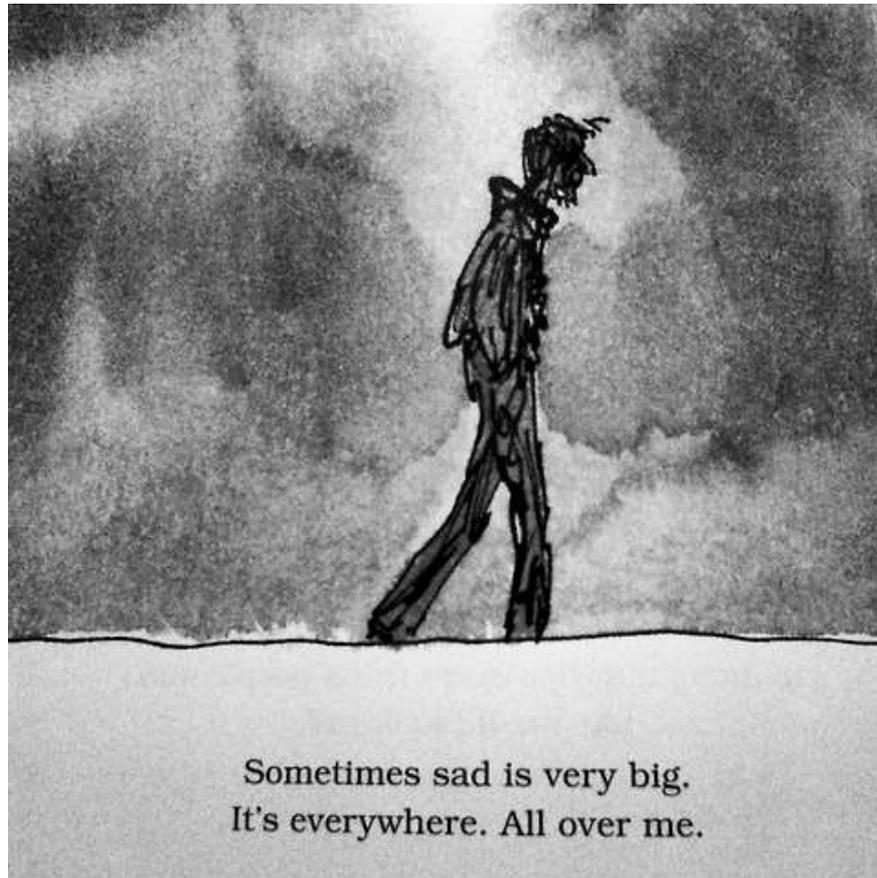
Complex Multi-faceted Needs



- Repeated adverse life experiences cause children significant difficulties
 - social
 - education
 - health
- Estimated lifetime cost to the state per child in MVCOT care is more than \$750,000

D Rankin, 2011

Difficult to quantify in terms of human misery.



Barriers to Access – Services



- Traditional focus on single presenting complaint.
- Difficulties comprehensively assessing child in context of their family.
 - Time, funding, facilities, staffing
- Difficulties coordinating between health services.
 - Community health services
 - Adult mental health
 - Adult alcohol and drug services
 - Child and Adolescent Mental Health Services (CAMHS)



Barriers to Access - Services



- Difficulties coordinating with other agencies
 - MVCOT
 - Police
 - Schools
 - Special Education Services
 - ACC
 - Disability Service Providers





Barriers to Access - Services

- Lack of shared language
- Lack of knowledge of other services/ agencies
- Unclear roles and responsibilities
- Unclear referral pathways
- Varying computer systems
- Limited information sharing between services/ agencies



Gateway Programme



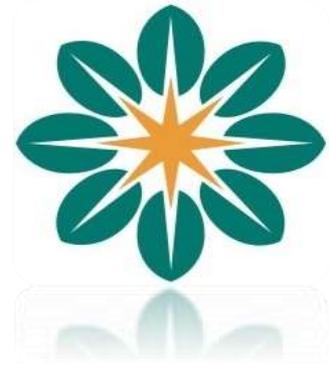
- CYF funded “Gateway” pilot in four DHBs in 2009.
- Assessed health needs of children entering out-of-home care
- 88% had unmet health needs.
- Subsequently expanded to all children with high level of CYF involvement.



	2009 Pilot Children in Care	July 2013-June 2014 CYF Involvement	ADHB Audit
	% of Children	% of Children	% of Children
Unmet health needs	88	-	-
Emotional/ behavioural	65	34	-
Dental	41	21	92
Hearing	37	12	20
Immunisations	-	12	10-30
Skin Problems	-	9	-
Vision	11	12	-
Developmental	13	-	-
Mental health	-	12	-
Depression	36	-	-
Anxiety	26	-	-
Conduct disorder	17-45	-	-
ADHD	10-30	-	-
Below peers maths	-	24	-
Below peers reading	-	24	-
Social skill deficits	-	9	-
Disrupted schooling	-	7.5	-

The process of a Gateway.....





1. MVCOT make referral to Gateway Clinic

2. Information gathering

National

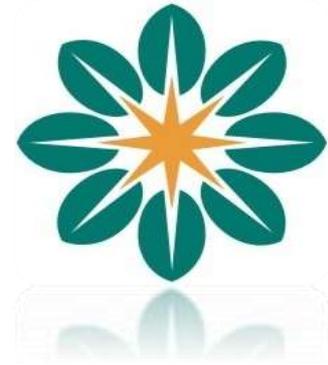
- NIR (national immunisation registrar)
- Concerto
- Plunket
- Dental
- ACC
- NZHIS (all scripts, GP visits, hospitalisations)
- School/Early Childhood Provider/Ohomairangi Trust
- MVCOT
- GPs
- Parents and Caregiver complete Strengths and Difficulties/Ages & Stages questionnaires
- Parents health records



2. Information gathering

- Te Puaruruhau (info gathered on any NAIs/sexual assaults etc they have been seen at Te Pua for)
- Specialist Services Unit (CYFs psych assessments & therapeutic intervention for trauma)
- Police (specific cases only)
- Kari Centre – Child Mental Health
- CCHADS (Public health nurses etc)
- Newborn hearing screening
- MoE (special education)
- Starship Medical Specialities (specialist involved is contacted and asked to share any additional info)

Extra
sources we
have
introduced



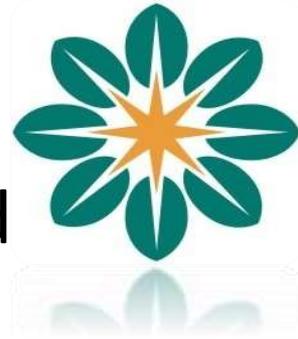
3. Child seen in clinic by SMO

- Parents / Caregiver attend
- MVCOT Social Worker attends
- PHN attends for school-aged children
- Other involved professionals may attend too (SWiS, Counsellor, SLT, Cultural Support Worker)

4. MDT agree on a Inter-Service Agreement (ISA)

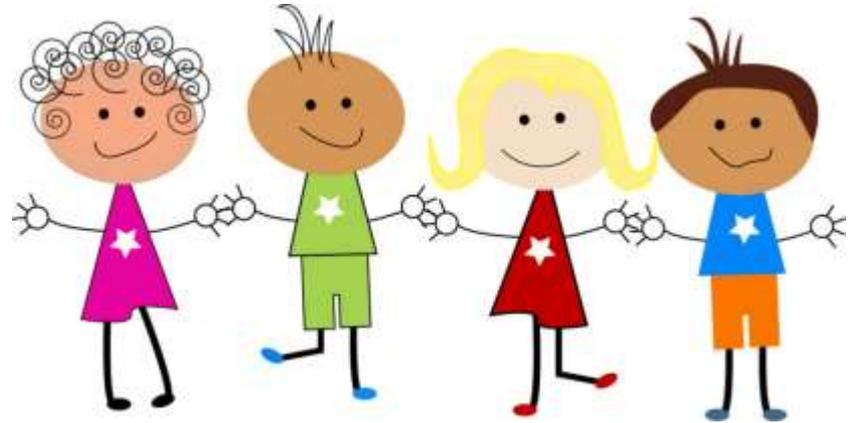
- MDT attended by Te Pua, SSU, Kari Centre, Education, Youth Horizons, MVCOT





5. ISA & medical report finalised & distributed

- To school
- MVCOT
- GP
- Lawyer for child
- Any involved professionals



6. Plan implemented

7. 3-6 months later case is reviewed to check plan has been implemented

Benefits of a Gateway:



Child:

- Their unmet medical needs are identified & are referred to appropriate services
- Their medical needs are communicated to MVCOT in a way they understand to enable MVCOT to monitor/support the family to meet the child's needs.
- Get vaccinated
- Get prioritised within dental, PHN and MOE services.
- Access Youth Horizon's supports that only Gateway can refer for (in home parenting courses, CBT for children etc)

Benefits of Gateway:



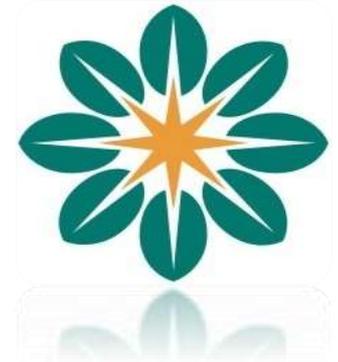
To other Health Professionals:

- Understand how abuse/neglect impacts child's health
- Clarifies individual services' roles and accountabilities
- Ensures all services are aware of each others input

To other agencies:

- Help others to understand the child's health/behavioural/emotional/learning needs.
- Promotes a more supportive empathetic, less punitive approach.
- Help schools access more supports
- Gather medical evidence to support MVCOT to escalate or close case...

Issues:



- Many eligible children are never referred
- Different DHBs have different levels of capacity/resourcing and processes.
- Many vulnerable children are ineligible and have unmet health need.
- Uncoordinated social/health system so information held by many NGOs etc will often be unknown to Gateway and therefore excluded during the assessment.
- Written consent from parents is still required – we are trying to change this
- We often send onward referrals which result in consequent appointments which children are not brought to.
- Parents may not attend if the child is in care and parents are out of Auckland/ in prison/uncontactable. However usually these parents still retain Guardianship so we are unable to refer/treat with their consent creating a barrier for the child to access the healthcare they need.
- Limited scope within current contact to allow for follow up assessment.

Conclusions



- These children have the highest level of need
- We have great opportunities to make big differences
- We cannot afford to take a narrow approach.
- We should view every encounter with health services as an opportunity
- Gateway Assessments are a single assessment
- Their value lies in incorporating their findings into the ongoing work of other services engaged with these families.