Annual Outcomes Report 2019-2020

August 2020

hcn

Me mahi tahi tātou

HIGH AND COMPLEX NEEDS UNIT

Table of Contents

L's Story

Over the course of her HCN plan so far, L has made great improvements with her ability to communicate her needs to others. She is making impressive progress with developing skills that allow her to safely engage in activities with her peers. This has resulted in L joining her classroom peers full-time.

L's communication exchange with her teacher during a Speech and Language Therapist session funded by HCN.

Introduction

Who we are

The High and Complex Needs Unit (HCN) is a cross-government strategy between the Ministry of Health, the Ministry of Education, and Oranga Tamariki—Ministry for Children. The agencies work together to create lasting and positive change for our tamariki and rangatahi.

What we do

The HCN Unit works collaboratively with multiple government and non-government agencies, private providers and whānau. We create interagency plans that work towards finding solutions and support for children and young people who have high and complex needs.

We coordinate intensive services around children and their families in a way that is intended to bring hope, stability, new skills and a positive future. Close collaboration is at the heart of what the HCN Unit does. We know that we get better results when agencies work closely together to close service gaps, providing focus on the needs and outcomes for children and young people with high and complex needs.

Vision

The Vision of the High and Complex Needs Unit (HCN) is **"Improved outcomes for children and young people with high and complex needs through effective intersectoral service collaboration"**

From the Chair

The HCN Board is made up of representatives from the Ministries of Health, Education and Oranga Tamariki, who work alongside HCN staff to run an effective intersectoral service. This style of cross-agency teamwork occurs collaboratively both at the Board level in Wellington, and within community-based Interagency Management Group (IMG) meetings across New Zealand.

There is a very strong connect between the nationally based Board and the local IMGs. The HCN Manager (Nicole Lambe) and her team are the link between the Board and what happens on the ground within local communities. Oranga Tamariki is the employer of the HCN staff with Governance of HCN being split between the three key ministries - Health, Education and Oranga Tamariki. In my experience as chair, critical matters are able to be presented to the Board to be discussed and resolved after evidenced-based consideration is given by all Board members. Measures used by the local IMGs show high levels of collaboration and satisfaction of the local teams and the outcomes they produce.

With this high level of collaboration, and without increases in funding, the HCN Unit has grown to support rising numbers of children and young people with high and complex needs. Increased demand for HCN services, has meant the Unit has needed to look at new ways to manage a greater number of referrals. The Board will continue to look at how to manage this increased demand in a way that is fair for children and young people, their whānau and all the government and non-government agencies involved. The Board has received outstanding leadership from new manager Nicole Lambe, and Bernadette Anne before her. Nicole came into the manager role in October 2019 and has been skilfully navigating and running this complex service throughout COVID-19 and all its intricacies.

I would like to thank the Board members, the HCN team and the many community providers and agencies that make such an important contribution in improving the outcomes for tamariki and rangatahi in Aotearoa, New Zealand.

David Pluck

Meet the Board

David Pluck
HCN Board Chair and Ministry of Education Representative

David has been the Board Chair for over three years, and prior to that a Board member for two years. David is a registered psychologist and national manager of Te Kahu Tōī - Ministry of Education Intensive Wraparound Service. During his career, David has been committed to improving the outcomes for all students, particularly outcomes for Māori students to assist the Government meet our obligation under the Treaty of Waitangi.

Sharon Thom
General Manager Specialist Services, Oranga Tamariki

Sharon is a registered social worker and an experienced senior manager who has worked for Oranga Tamariki for 37 years. Her current role covers a team focussed on the needs of children with health and disability challenges and as such is leading out the project that is managing the change due to the repeal of S141/2 for disabled children who require out of home placements. She also manages Clinical Services teams that are made up of Psychologists, Therapists, Specialist Child Witness Interviewers and is working on the future scope of these teams nationally.

Denise Tapper
Manager Clinical Services, Care Services, Oranga Tamariki

Denise has worked for Oranga Tamariki for 10 years and provides clinical support to residential and high needs services. Denise has worked with children, youth and their families across mental health, education and disability services over her 25 years as a clinical psychologist. She also worked as a neuropsychology assessor with children who sustained traumatic brain injuries.

Stephen Enright
Manager, Rights and Protection
Mental Health and Addictions, Ministry of Health

Stephen has been a board member since 2019. Stephen has a bachelor's degree in Biological Science with 10 years as manager of the Rights and Protection team and 20 years in Ministry of Health, mental health teams watching out for the rights of tangata whai ora obliged to accept treatment in hospital and the community. Stephen has previously worked in occupational regulation at the Ministry.

Dr Amanda Smith
Chief Advisor, Disability Directorate, Ministry of Health

Amanda Smith is a registered social worker who has been working the health and disability field for the last 25 years. Her current role as Chief Advisor, provides a range of policy, operational and clinical advice in the area of disability. She has oversight of the High and Complex Framework that provides support for individuals under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003.

From the Manager

The past year has continued to be a period of growth for the HCN Unit, through new staff appointments and increased case numbers. Demand for the service remains high, with referrals in some regions outweighing the capacity of the Unit, leading to waitlists for plan development.

The Unit has seen a change in leadership with the previous manager – Bernadette Anne, moving on to a new opportunity. Bernadette managed the Unit for six years and successfully lead the rollout and implementation of the new operating model, following the 2011/2012 review of the HCN Unit. As well as a new Manager, the Unit has also appointed Kathryn Butler as the second Team Leader Professional Practice, to work alongside Rebecca Forde, to support the increased number of HCN Specialist staff. Together they have had a very positive impact on the team, providing support, practice oversight and guidance of casework.

Shortly after a leadership change, the Unit worked together to navigate the challenging new reality of COVID-19, a global crisis. The team adapted swiftly to the changing practice environment and worked hard to continue to support the interagency teams and maintain momentum of the interagency plans in creative and adapted ways. I am incredibly proud of how the HCN Team has responded during these times, to keep tamariki and rangatahi at the heart of what we do.

The HCN Unit has been working with Oranga Tamariki and the Ministry of Health to trial the Rapid Response Pilot Project in the Auckland Region. The Service is for young people with complex mixes of disability, social and education needs who experience a crisis and present via Accident and Emergency/acute care, requiring extra supports to transition back into the community. The HCN Unit will evaluate the effectiveness of the Service in the coming year.

The Unit is committed to getting a greater understanding of the outcomes for our tamariki Māori, through reporting specifically on outcomes for Māori compared to non-Māori in the future and understanding any disparities that may emerge. This will allow us to look at ensuring culturally appropriate interventions are in place and continuing to strive to best meet the needs and improve outcomes for tamariki Māori and work towards reducing potential disparities.

I would like to thank the HCN Board for continuing to recognise and support the work of the Unit, particularly through the increase of personnel, to be able to meet the rising referral demand and enable the growth of case numbers year on year. I would also like to thank the Interagency Management Groups (IMGs) who continue to work together each month to oversee the HCN cohort in a collaborative manner.

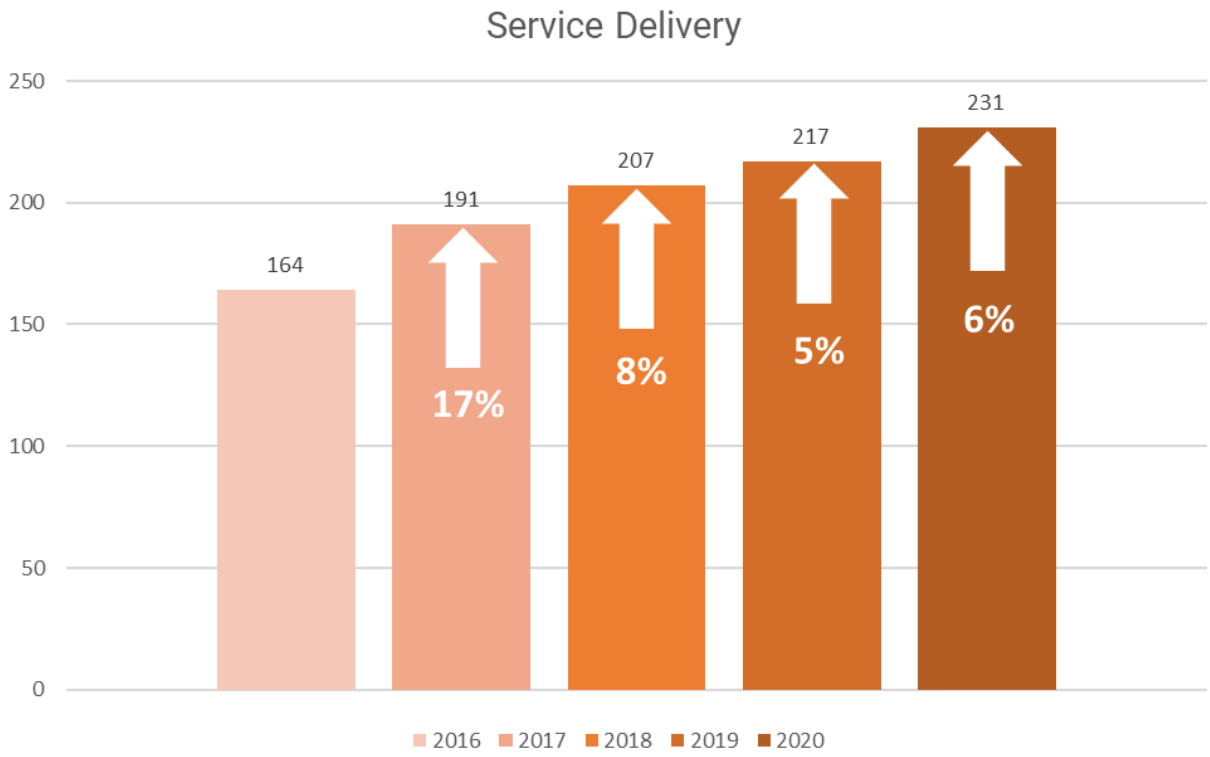
Increased personnel costs and increased case numbers means the Unit will need to be financially prudent over the coming financial years to manage the cost pressures and to meet our financial obligations. At the same time the Unit is committed to increasing our understanding of what interventions have the biggest impact on improving outcomes, to use the funding in the most resourceful way. Finally, I would like to thank all our HCN staff for their hard work, resilience, passion and commitment over the year to improve the lives of tamariki referred to the unit.

Nicole Lambe

HCN Cohort

In the Financial Year July 2019 – June 2020 (2020) the HCN Unit had a cohort of 231 children and young people engaged in the HCN process on an individualised plan. This is a 6% increase from the previous financial year. The 6% increase has again built on the strong performance trends of previous years. Since 2016, the HCN Unit has had a 41% increase in total clients of various ages, ethnicities and backgrounds spread across the whole of New Zealand.

The continuous and steady increase in client numbers year to year highlights the growing demand for this collaborative service and its immense value to the community.

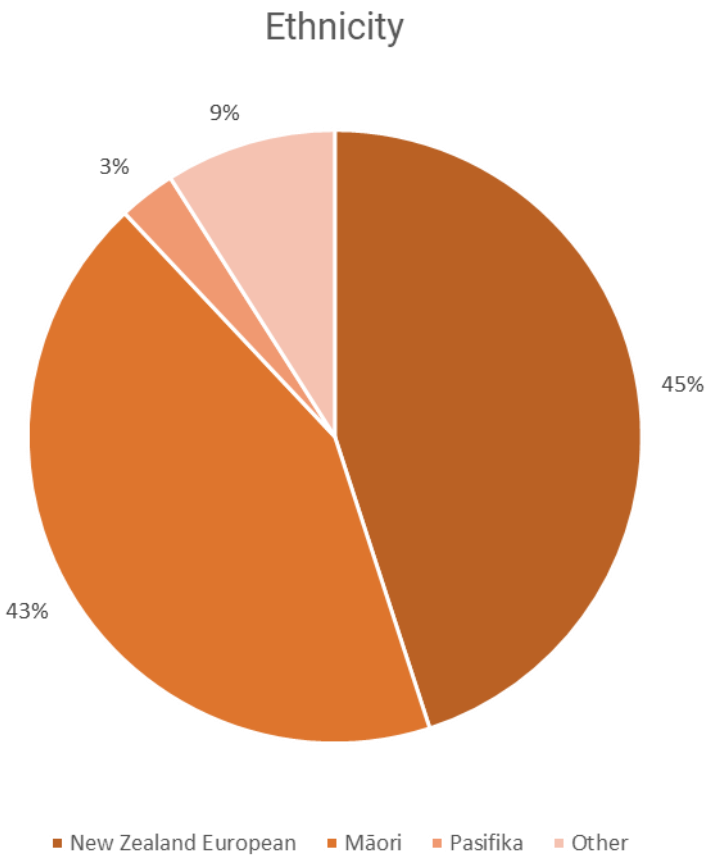


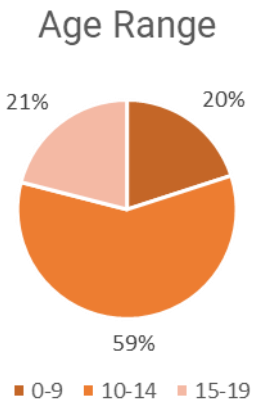
New Clients

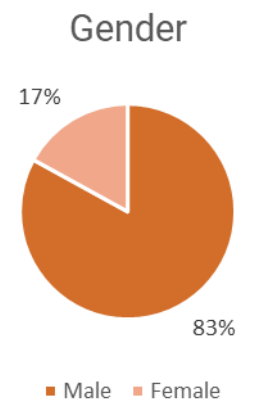
In 2020 the HCN Unit had 108 new client plans begin, an increase of 11% from the previous financial year (2019).

The 108 children and young people comprised of:

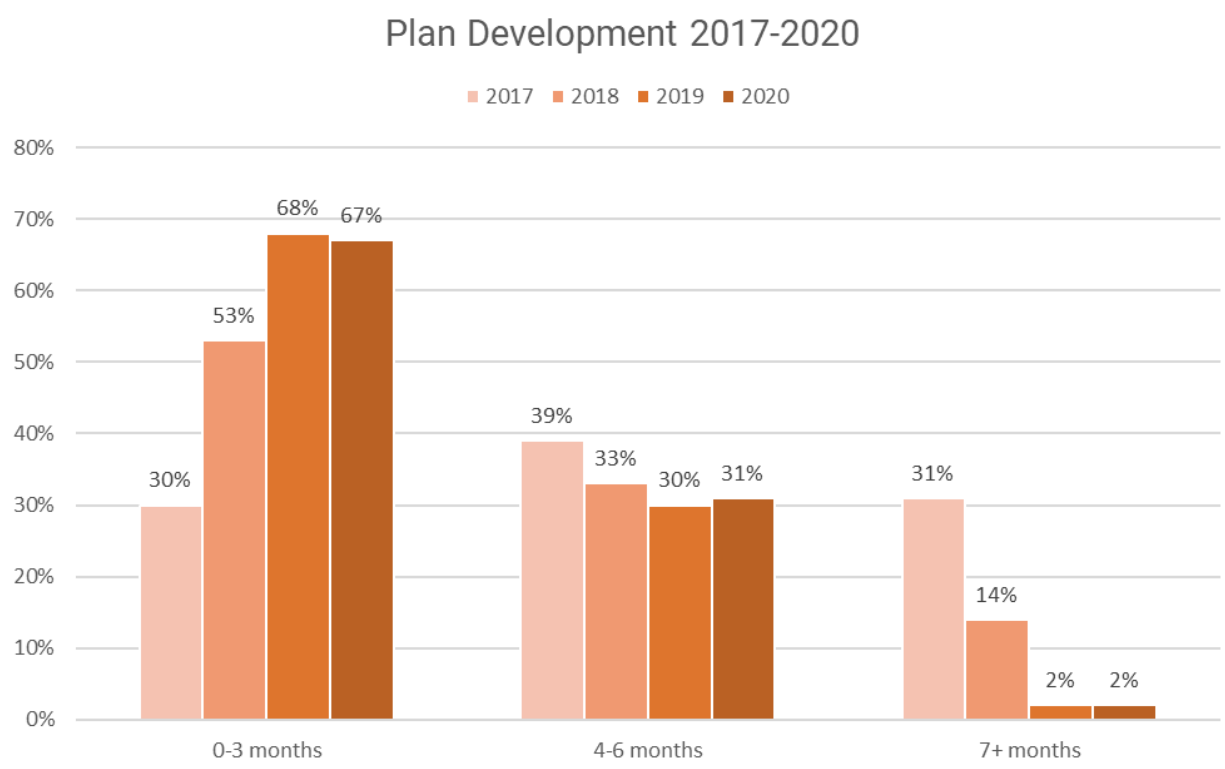
- 83% male and 17% female. Following the completion of the research report **Understanding Differences in Male and Female Referrals to the High and Complex Needs Unit (Feb, 2019)** by Siobhan Doran-Read, the HCN Unit has asked IMG's to give extra consideration to referrals for female clients. It is noted that females are harder to identify at an earlier age, with one of the key differences being that males tend to present with more extreme externalising behaviours at a younger age, whereas females tend to present with internalising behaviours which are less apparent at a younger age. The Unit remains committed to keeping this on the agenda and raising the number of female referrals, which has remained relatively stable since 2012.
- The average age for children at time of referral is 10 years old with 72% being 12 and under.
- 45% of children and young people identified as New Zealand European/European, a 10% decrease from 2019. 43% identified as Māori which is a 5% increase from 2019. 3% identified as Pacifika, a 2% increase from 2019.







Time Frames



Plan Development

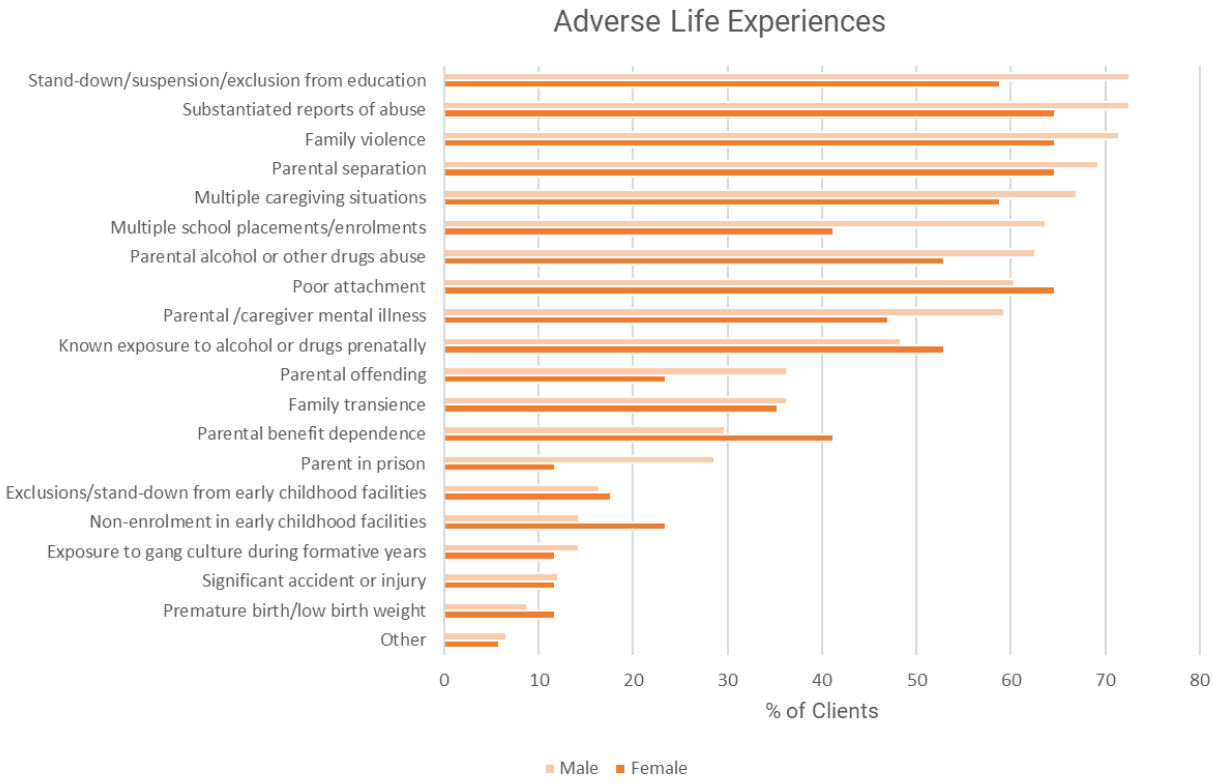
In 2020, 67% of plans were developed in the prescribed KPI timeframe of 0-3 months; a 1% decrease from 2019. This has occurred for various reasons including but not limited to COVID-19 and staff turnover.

Waitlist

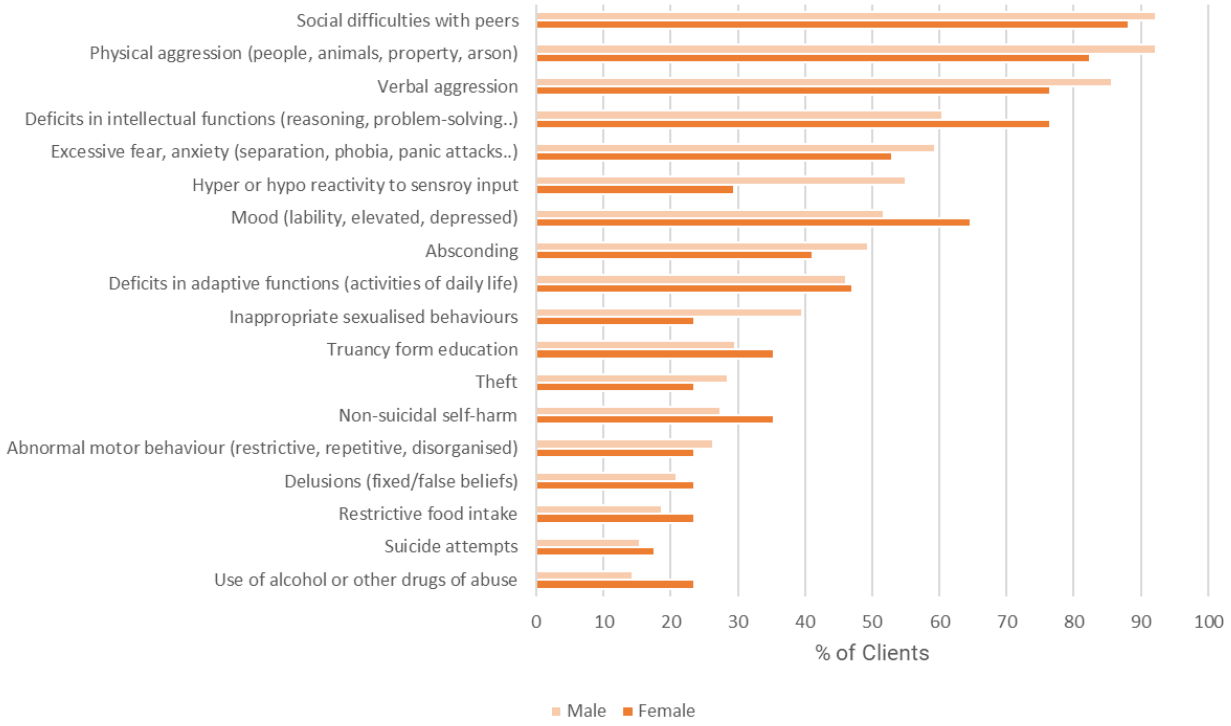
As at 31st June 2020 there were 35 children and young people on the wait list for plan development. In some regions, the length of time young people spent on the waitlist extended beyond 12 months. The Unit is committed to streamlining this process to give greater clarity to whanau and teams around the expected timeframes to receive interventions as part of an HCN plan. Where caseloads are at capacity, the flow through of referrals will be managed and prioritised by the HCN Unit and IMG's, as capacity arises, rather than sitting on a waitlist. The referral demand in each region will continue to be captured through monthly reports and discussed at Interagency Management Groups so that agency managers can discuss these cases and look at what other supports can be provided until there is capacity for the referral to progress and HCN supports implemented.

Indicators of Complexity

The graphs below detail the Adverse Life Experiences, Clinical Diagnoses and Presenting Behaviours that the children and young people who are referred to the HCN Unit present with. These are shown by gender to recognise the differences between the male and female cohort.



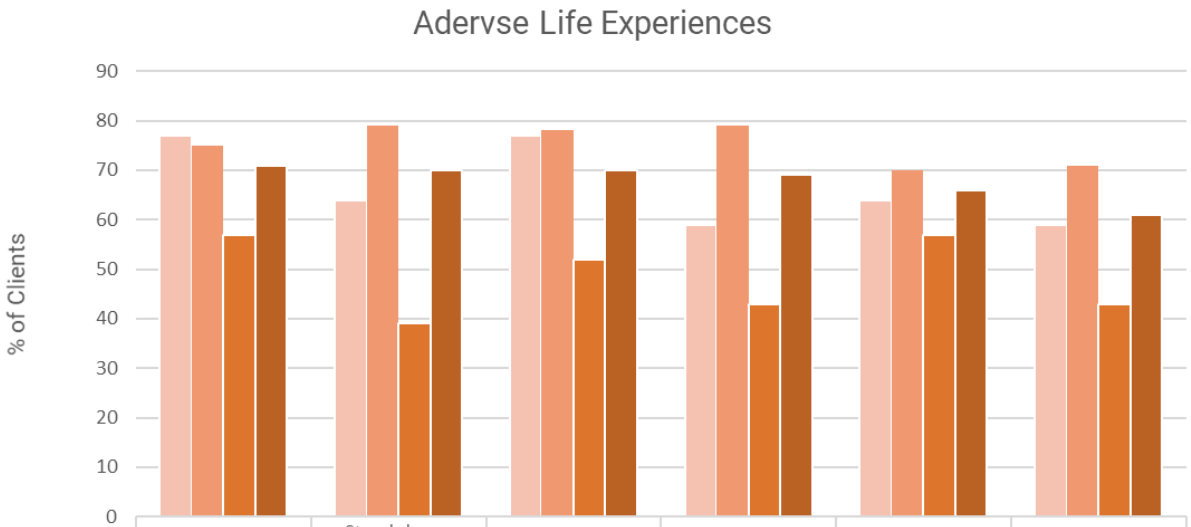
Presenting Behaviours



Clinical Diagnoses

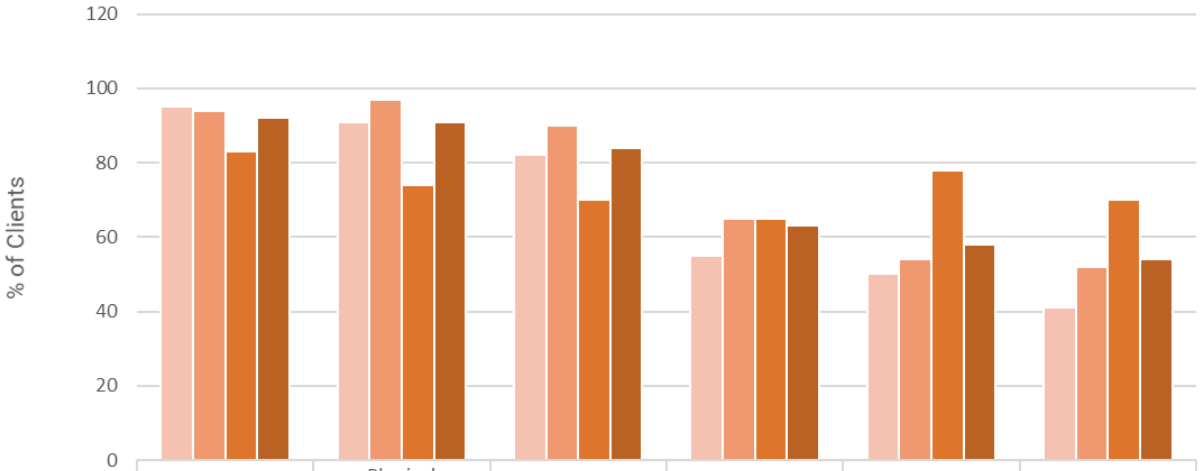
Indicators of Complexity by Age Range

The graphs below show the five highest occurring diagnostics in each age group of HCN clients. They have been grouped according to age at the time of referral. Overall, the younger age group of 0-9 years present with a similar picture of complexity as the older age groups.



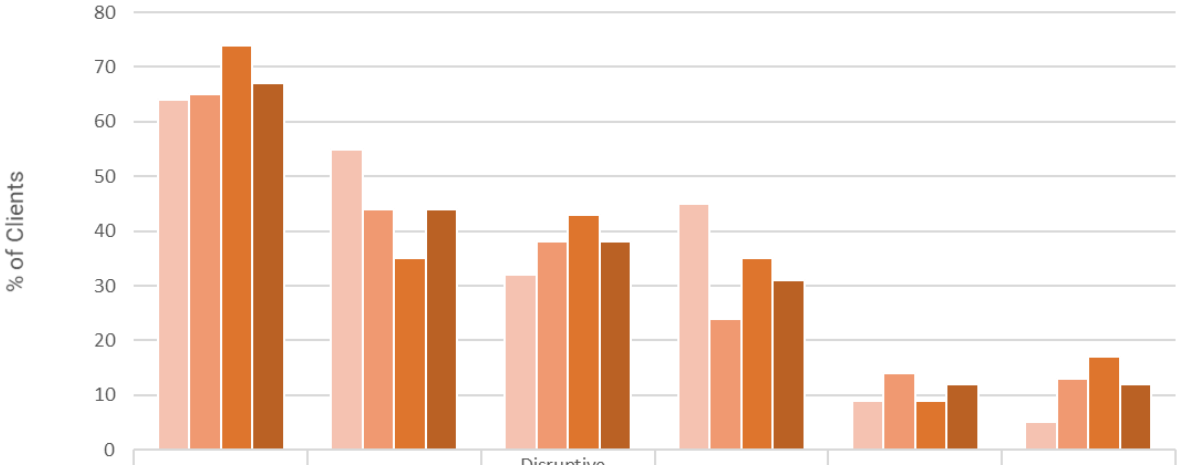
	Substantiated reports of abuse	Stand-down, suspension, exclusion from education	Family violence	Parental separation	Multiple caregiving situations	Parental alcohol or other drugs abuse
Ages 0-9	77	64	77	59	64	59
Ages 10-14	75	79	78	79	70	71
Ages 15-19	57	39	52	43	57	43
Overall	71	70	70	69	66	61

Presenting Behaviours



	Social difficulties with peers	Physical aggression (people, animals, property, arson)	Verbal aggression	Deficits in intellectual functions	Excessive fear, anxiety	Mood (lability, elevated, depressed)
Ages 0-9	95	91	82	55	50	41
Ages 10-14	94	97	90	65	54	52
Ages 15-19	83	74	70	65	78	70
Overall	92	91	84	63	58	54

Clinical Diagnoses



	Neurodevelopmental Disorders	Trauma and Stressor-Related Disorders	Disruptive, Impulse-Control, and Conduct Disorders	Anxiety Disorders	Foetal Alcohol Spectrum Disorder (FASD)	Sleep-Wake disorders
Ages 0-9	64	55	32	45	9	5
Ages 10-14	65	44	38	24	14	13
Ages 15-19	74	35	43	35	9	17
Overall	67	44	38	31	12	12

Goal Attainment Scaling: How HCN Measures Progress

The key component of the HCN Unit's ability to report on outcomes is the use of the Goal Attainment Scaling (GAS) to measure individual client progress on their identified goals. The HCN Unit has also developed Domain Descriptors for each of the eight domains. These provide a high-level goal that all individual goals work towards.

Individual goals are determined under each domain to understand whether a multidisciplinary approach to plan development, goal setting, and implementation and measurement, makes a quantifiable difference. The HCN Unit uses GAS, a multidisciplinary measure, to determine client's performance.

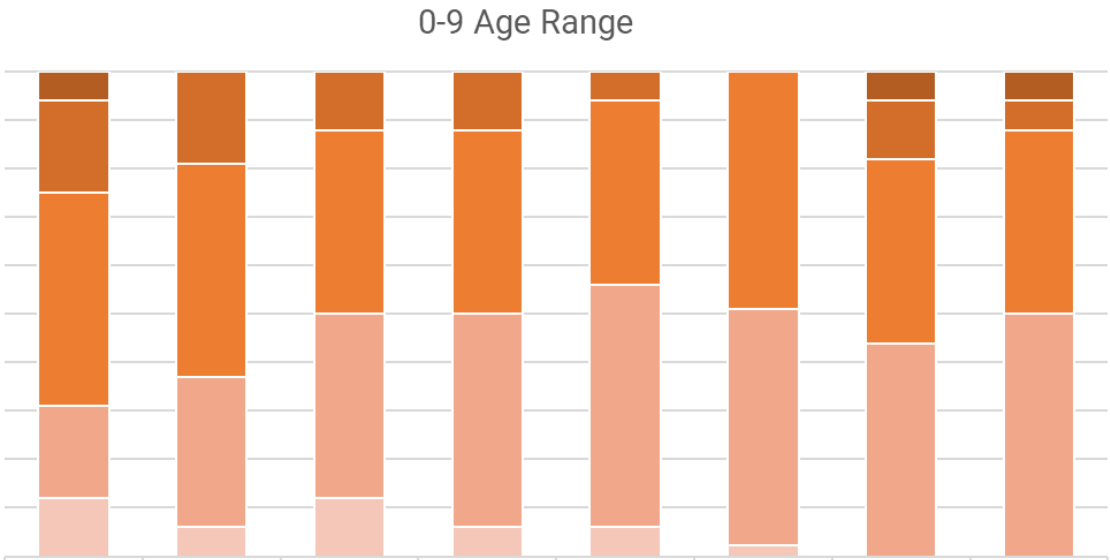
GAS enables individualised goals to be set under each domain on a five-point scale and evaluates effectiveness by measuring the extent to which individualised client goals are achieved in a specific timeframe. As shown in the below table, the goal attainment scale is characterised by five levels of achievement. The expected outcome is the middle or 'zero' score and is determined first (that is, it is determined at the plan development stage) and then two better and two worse outcomes are documented and scored at a six month review and at the final review.

Value	Indicator
2	Much more than expected outcome
1	More than expected outcome
0	Domain goal / expected outcome
-1	Less than expected outcome
-2	Much less than expected outcome

Outcomes - Financial Year July 2019/June 2020

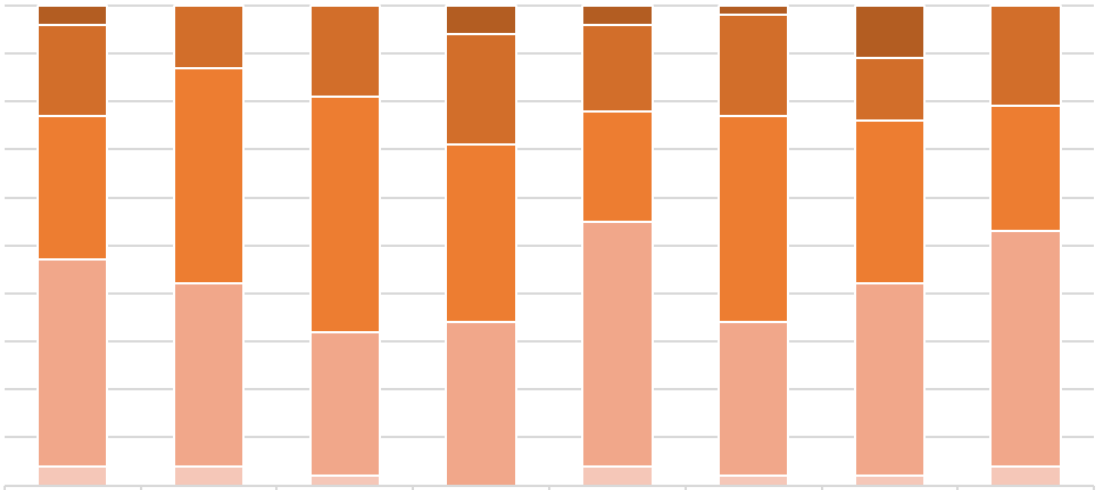
Completed Plans 2020

In the 2020 financial year, the HCN Unit had 95 children/young people complete their individualised HCN plan. When their plan was completed a final review was done, the progress they made on their individualised goals was recorded. The below graphs show the overall outcomes for these young people across the HCN Plan's eight domains of wellbeing and the outcomes for each age range category. Of the 95 children and young people, 12 were in the 0-9 age range, 52 were in the 10-14 age range and 25 in the 15-19 age range.



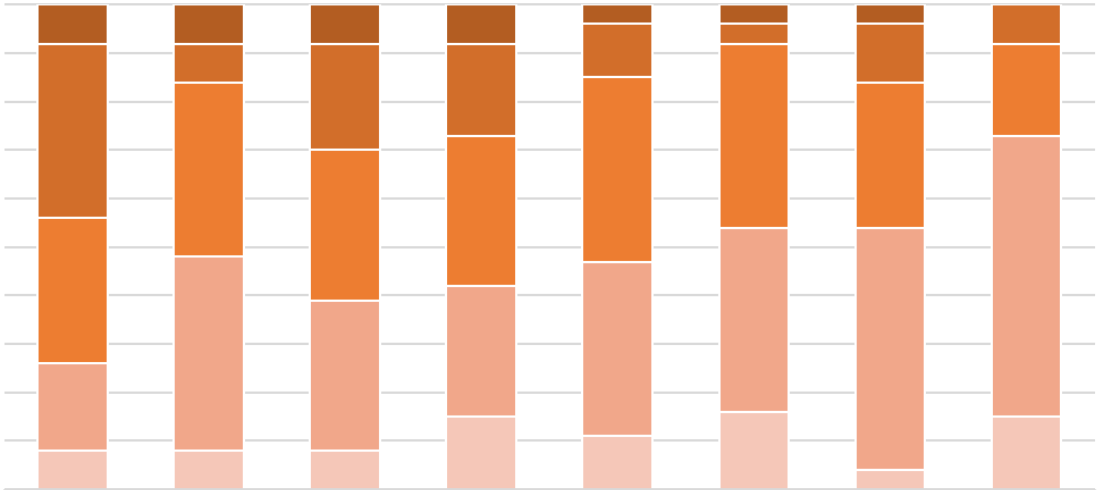
	Family Relationships	Peer & Social	Living Arrangements	Personal Health	Emotional Wellbeing	Educational/ Vocational	Life Skills Development	Cultural Identity
2	6%	0%	0%	0%	0%	0%	6%	6%
1	19%	19%	12%	12%	6%	0%	12%	6%
0	44%	44%	38%	38%	38%	44%	38%	38%
-1	19%	31%	38%	44%	50%	44%	44%	50%
-2	12%	6%	12%	6%	6%	2%	0%	0%

10-14 Age Range



	Family Relationships	Peer & Social	Living Arrangements	Personal Health	Emotional Wellbeing	Educational/ Vocational	Life Skills Development	Cultural Identity
2	4%	0%	0%	6%	4%	2%	11%	0%
1	19%	13%	19%	23%	18%	21%	13%	21%
0	30%	45%	49%	37%	23%	43%	34%	26%
-1	43%	38%	30%	34%	51%	32%	40%	49%
-2	4%	4%	2%	0%	4%	2%	2%	4%

15-19 Age Range



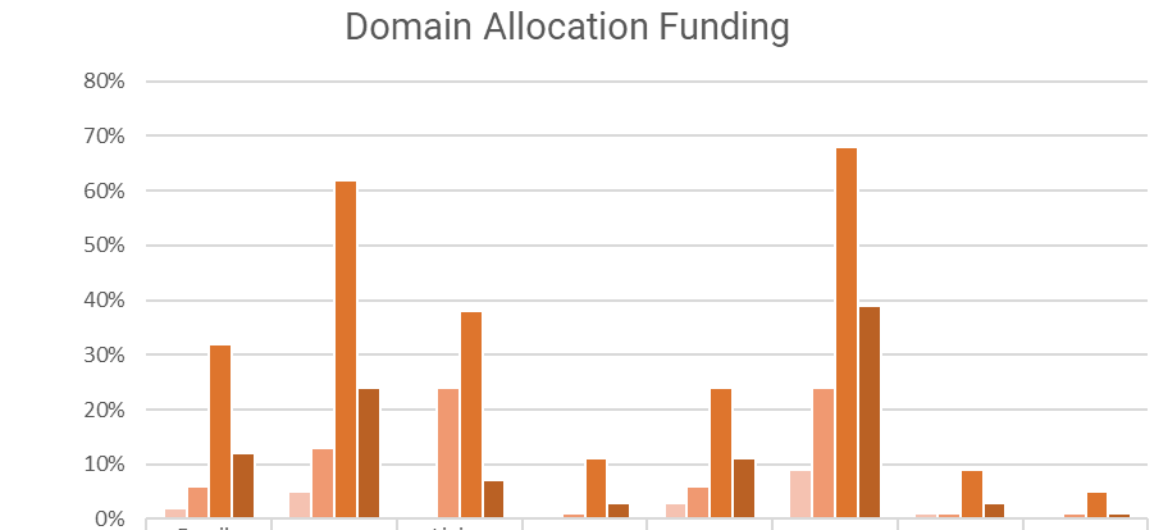
	Family Relationships	Peer & Social	Living Arrangements	Personal Health	Emotional Wellbeing	Educational/ Vocational	Life Skills Development	Cultural Identity
2	8%	8%	8%	8%	4%	4%	4%	0%
1	36%	8%	22%	19%	11%	4%	12%	8%
0	30%	36%	31%	31%	38%	38%	30%	19%
-1	18%	40%	31%	27%	36%	38%	50%	58%
-2	8%	8%	8%	15%	11%	16%	4%	15%

	Family Relationships	Peer & Social	Living Arrangements	Personal Health	Emotional Wellbeing	Educational/ Vocational	Life Skills Development	Cultural Identity
2	5%	2%	2%	5%	3%	2%	8%	1%
1	19%	12%	19%	20%	13%	12%	12%	14%
0	33%	42%	42%	35%	31%	42%	34%	26%
-1	36%	38%	31%	34%	46%	36%	44%	52%
-2	7%	6%	6%	6%	7%	8%	2%	7%

The outcomes for the overall cohort this year has seen a greater number of children and young people remain at the baseline measure across domains and age ranges, in comparison to last financial year. This is particularly evident in the emotional wellbeing domain and cultural identity domain. These results have likely been impacted by COVID-19, with some interventions (due to their nature) not being able to progress during lockdown, coupled with a general increase in stressors due to the global pandemic. Staffing gaps in some regions have also been a factor, as having an allocated HCN Specialist to consistently drive cases forward is integral.

Whilst all HCN plans have goals under the cultural identity domain, the results in this area highlight the need for the Unit to gain greater clarity on the outcomes by ethnicity group, something the Unit is committed to introducing in the coming year. This will allow the Unit to be able to better tailor supports for individual cases and address any disparities that emerge. The funding for interventions to meet goals in the cultural identity domain is the lowest area of financial spend overall. This highlights the need for the unit to further develop relationships with Māori and iwi organisations and build capacity in this area.

HCN Plan Funding by Domain and Age Range



	Family Relationships	Peer and Social	Living Arrangements	Personal Health	Emotional Wellbeing	Educational Vocational	Life Skills	Cultural Identity
Ages 0-9	2%	5%	0%	0%	3%	9%	1%	0%
Ages 10-14	6%	13%	24%	1%	6%	24%	1%	1%
Ages 15-19	32%	62%	38%	11%	24%	68%	9%	5%
Overall	12%	24%	7%	3%	11%	39%	3%	1%

Client Stories

C's Story

C is a 16-year-old young person who has ASD. He lives with his parents and 3 sisters. Prior to an HCN referral he had difficulty managing his emotions and his actions, and when he became upset, he would smash windows and put holes in walls. C didn't like going to school and would leave the class frequently. C also had difficulties going to activities which he enjoyed and at times didn't want to go out into the community.

A referral was made to HCN and with support and coordination, the agencies, including school, have been able to work together to engage C in the things he enjoys doing. C has a passion for motor bikes; he loves pulling them apart and rebuilding them. Using C's individualised funding from MoH, a garden shed was purchased which C assembled and installed in the school grounds with the assistance of school staff. He now has a mentor employed by the school and funded by HCN who works with him on the motor bike.

C now really enjoys going to school as he is engaged in the kind of learning he loves. A collaborative effort by all involved has allowed C to experience success in the education setting. C is now going out into the community regularly to access activities he enjoys. He goes bowling each week and has been racing at Daytona. He has also been able to spend time away with extended family. C has been able to manage his emotions and he hasn't damaged any property since he received this support.

R's Story

R has never understood friendships and had limited involvement with children his own age. He mainly "hung out" with his parents, grandparents and female mentor. R was not able to manage being at school, was often aggressive and did not want to engage in learning (despite being very clever). His family found it extremely difficult to get him up and to school in the morning. He was very isolated with no meaningful daily living activities to speak of and would not join his family for meals or any of their activities. Throughout the plan Speech Language Therapy Input was used extensively, firstly to prepare R for social situations and ways to interact with peers, then focusing on supporting him at a regular weekly evening group to practice the skills and expand his social network. This also occurred in the school environment.

R transitioned to High School and at the beginning was supported in an individual learning environment. He rarely ventured out of this environment and refused to complete work. The team worked collaboratively to come up with plans (ever evolving) to support change with R. He is now in a mainstream class and is attending school fulltime. R is up and ready before the rest of his family most mornings.

He also attends a weekly Peer Social Group and goes on outings with his peers. The day of the final review, R was excited to be attending mega Air (trampolining) with this group. R now also joins his family for meals and to go on family outings, he completes his chores independently and they are all enjoying a more settled and happy home life. R's early feedback to the team was all about him wanting to make a friend and his final feedback to the team was that he *had* made a friend.

Feedback from HCN families

This is an opportune time to thank you for all your efforts on T's and our behalves. You've introduced T and us to a range of new activities and experiences that have really aided in making great leaps forward in T's wellbeing and equilibrium. Also, of great importance has been the opportunity for us to meet some wonderful people who became significant in T's schedule. We're considering continuing some of these activities. Thank you so much.

Just wanted to say thank you for the HCN plan that you shared with us today. I could see that a lot of thought and preparation had gone into it. For the first time ever, I feel that there is some hope for a better future for N and our family and I am really looking forward to the plan being rolled out. I have discussed it in detail with B tonight and he feels that this could change N's long-term outcome for the better. It is very appreciated.

Thank you for another great meeting today, it was great to meet the new team on board. Thanks so much for all your hard work, commitment and support for R, we really, really appreciate this hugely.

hcn

Me mahi tahi tātou

hcn@ot.govt.nz

www.hcn.govt.nz