

Intersectoral Strategy for Children and Young People with High and Complex Needs

Te Kahu Tauahi Whānau



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**A joint strategy of the Ministries of Health and Education and the Department of
Child, Youth and Family Services**

‘Me mahi tahi tātou’



FOREWORD

Some children and young people in New Zealand have unmet needs so high and complex that regular health, education and social services cannot cater for them.

The High and Complex Needs Strategy is a joint-sector initiative that is all about achieving better outcomes for this group of children and young people, regardless of their diagnosis. The emphasis is on addressing serious, unmet needs that are best dealt with through planned, intersectoral intervention.

These children's circumstances are often enormously difficult. This strategy requires thinking and acting differently to find positive solutions to situations that are our collective concern. It challenges our traditional ideas about coordination across services.

While this strategy has some funding for the exceptional and extreme individual cases, its purpose is to foster collaboration at all levels. For that reason, all options need to be fully explored before a case manager decides that a particular case is an exception. It needs to be stressed that all interventions directly funded under the strategy are in addition to what is provided by families, communities and local agencies. They are not a replacement for existing services.

This strategy is about supporting effective relationships with children and young people from all cultures, including Māori children and their whānau.

These children and young people are our collective clients. Indeed, some may become parents of future clients. For some of us, this strategy is operating in a new, ground-breaking area. For others, it may look like what we've always done. What we have in common is that we all have a role to play to give these young people the best opportunity to succeed.



Hon Ruth Dyson

Associate Minister for Social Development and Employment (Child Youth and Family)



Hon Annette King

Minister of Health



Hon Trevor Mallard

Minister of Education

INTRODUCTION

Existing health, education and care and protection services are not meeting the needs of a small but significant group of children and young people in New Zealand. These children and young people have often been involved with multiple existing services over a period of time, and they will often have exhausted all existing services without their outcomes having improved. These children can present a danger to themselves and others, and may require 24-hour care arrangements.

For a small group of between 70 and 150 throughout the country at any given time, the only effective response is likely to be tailored service plans for each individual that cover the range of traditional service areas. There is a larger group of children and young people who are likely to benefit from joined-up existing services, while still others need effective case coordination and management. Māori are over-represented in these groups.

This is not a prevention strategy. It is about managing severe and current needs of the most challenging group of young people. Under the strategy's exception fund, priority is given to those who present with mental health and behavioural problems. Indeed, the strategy is as much about creating and supporting interagency partnerships to build our collective strengths in meeting the needs of these children and young people as it is about the particular services themselves. These partnerships have been agreed at the national level and must be mirrored and supported at local levels.

Nor, however, is this strategy a crisis service. We need to do better at supporting front-line staff and communicating across sectors to more effectively manage and oversee these children and young people's whole situation, and not just our contribution. We need to facilitate the development of effective intersectoral clinical practice and help translate this into better resources and support for front-line managers and staff.

We need to think outside the square and ask ourselves how we can we meet their needs and give them the opportunity to succeed. Front-line staff, teachers, nurses, doctors, social workers, service managers, funders and planners, and central government agencies all have a role to play. We need to create opportunities to grow leadership in dealing with these children and young people. We need to develop ways to try new ideas, share our knowledge and experience, and capture what has worked.

Tackling these complex issues through developing relationships, collaboration and innovation will also help us to get better at talking to each other across agencies and professional boundaries for the more straightforward issues.

This strategy has been three years in development and fine-tuning. Because of its developmental nature, we expect it will be further refined in the future as we learn from current initiatives and experience. This document describes the High and Complex Needs Strategy as it has emerged in 2003/04 following reviews of the high-cost exceptions fund (formerly known as system 3) and the joint service responses (formerly known as system 2).

1 What do we mean by high and complex needs?

The group of children and young people who have high and complex unmet needs are those:

- whose behaviours constitute a risk to themselves or others
- whose needs are so complex, or mixed up, that they cannot be effectively addressed by the usual services
- whose ongoing, persistent and complex unmet needs will take time to address and stabilise
- for whom intensive interventions are required to make an improvement
- whose circumstances place the family or alternative caregivers under extreme stress or severely compromise their ability to provide adequate care.

There are challenges in attempting to describe a population that, by definition, has highly idiosyncratic and unusual needs, but the following generalised comments may be made.

- Most of these young people present with extremely challenging behaviour including suicidal and risk-taking activities, criminal behaviour, substance abuse and aggression to others.
- Many are no longer living with their families, but are in care and often living in specialised placements.
- Many have associated mental health diagnoses including autistic spectrum disorder, post-traumatic stress disorder, emerging borderline personality disorder, attention deficit disorder and conduct disorder.
- Many have experiences of early trauma including sexual, physical and emotional abuse, domestic violence and parental mental illness.
- A number have very high needs associated with disabilities.

None of the children and young people covered by the strategy are likely to fit just one of the descriptors above. For all, a number of these features apply in a complex interplay of contributing factors over their lifecourse. It is the way they are entangled together that makes the unravelling so challenging.

2 What do we want this strategy to achieve?

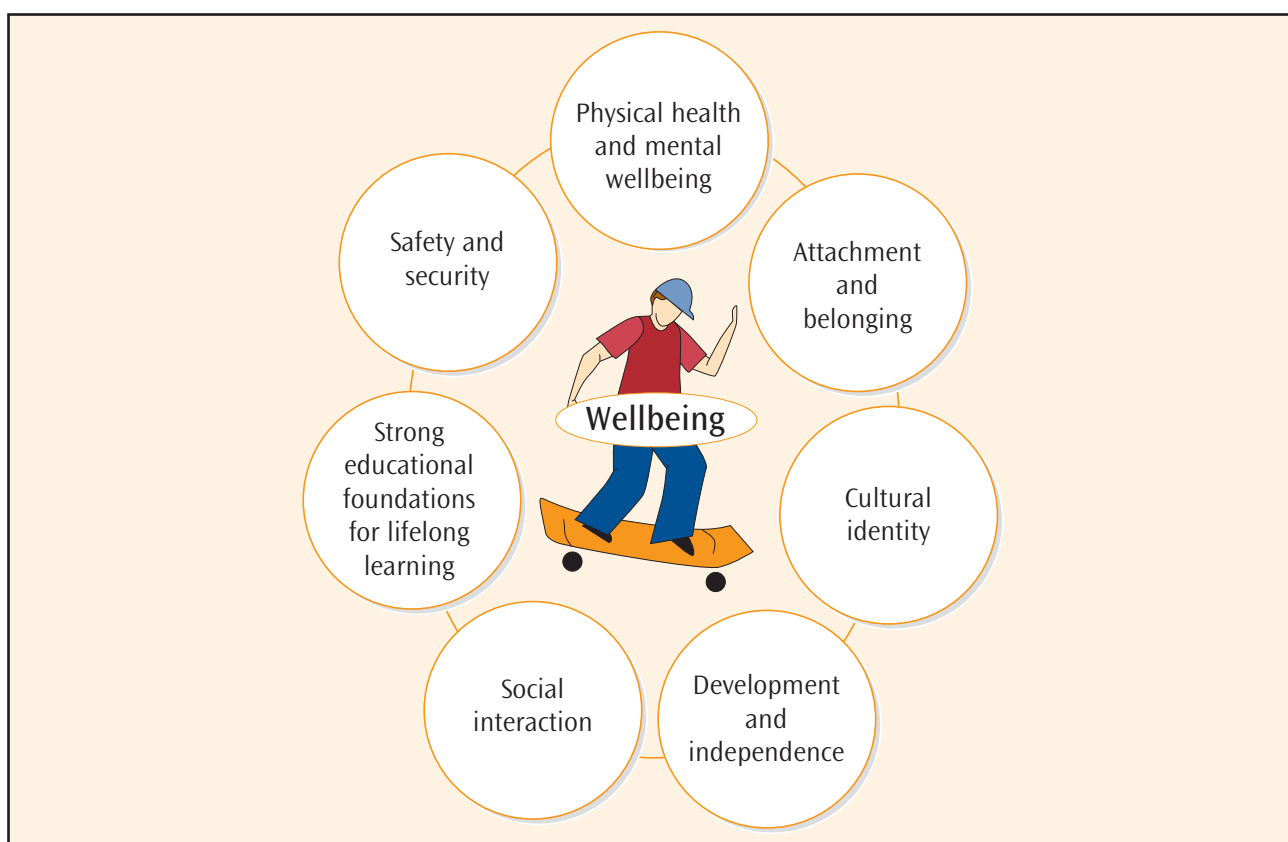
The High and Complex Needs Strategy supplies a framework for providing services to these children and young people. It encourages local case collaboration between professionals, and joint service responses across agencies and services. It also provides access to a nationally coordinated exceptions fund.

2.1 Vision

Improved outcomes for children and young people with high and complex needs through effective intersectoral service collaboration.

2.2 HCN outcomes for children and young people are centred on wellbeing

The strategy seeks to improve the wellbeing of these children across a range of domains.



- Physical health and mental wellbeing. The child or young person has stable or improved physical health and mental wellbeing, a sense of control and the skills to deal with emotions competently. They can access health and disability services appropriately, manage their own health and disability needs or have their health and disability needs managed on their behalf.
- Attachment, belonging and family/whānau relationships. The child or young person is attached to a stable family or meaningfully attached to their caregiver or other adult.
- Cultural identity. The child or young person is aware of, can draw strength from and can participate in his/her culture and spiritual identity.
- Development and independence. The child or young person is gaining developmentally appropriate skills. He or she is being prepared for independence and developing strengths.

- Strong educational foundations for lifelong learning. The child or young person is gaining strong foundation knowledge and skills and qualifications for ongoing participation in education, training or the labour market. The child is positively engaging in educational activities, their learning is progressing and they are developing :
 - the motivation to continue developing their foundation knowledge and skills through participation in education or training
 - the resilience to cope with challenges
 - a strong sense of identity and self-worth
 - the attitudes, values, communication and interpersonal skills to pursue lifelong learning and active participation in society.
- Social interaction. The child has established relationships with his/her peers, engages positively in social situations and participates in the community. Their social, emotional and sexual behaviour is appropriate for their age.
- Safety and security. The child is safe and secure in a stable living environment. The family/whānau/caregivers are supportive, well informed and meet the needs of the child.

HCN outcomes for sectors are about relationship building and understanding, setting up the conditions so that the services will be better able to work well together in future.

2.3 *The principles underpinning the strategy*

GENERAL PRINCIPLES	
PRINCIPLE	COMMENT
The strategy focuses on addressing unmet needs, with these needs dictating the type and mix of services provided.	<ul style="list-style-type: none"> • The primary focus is on meeting the unmet needs of children and young people. • Interventions should address unmet needs and aim at improvement and transition, rather than focusing only on stabilisation or containment. • The strategy should build on the strengths of children, young people and their families. • Meeting the individual unmet needs of the children and young people may require a more individualised service delivery approach.
The strategy seeks to support and strengthen family/whānau/caregiver capacity to nurture and care for children and young people with high and complex needs.	<ul style="list-style-type: none"> • Children and young people's needs should be seen within the context of their family or whānau. • Whānau/families/caregivers need to be supported to contribute to and plan for successful solutions that meet the needs of their children and young people.
The strategy will promote and encourage intersectoral partnerships nationally and locally to enable increased responsiveness of local services so the needs of children and young people can be met locally.	<ul style="list-style-type: none"> • The strategy is about strengthening intersectoral service collaboration at national and local levels to ensure that the national funds are deployed locally to enhance the responsiveness of the local services to meet the needs of children and young people at a local level. • The role of the HCN Unit is to prioritise limited funding on a national basis, facilitate best practice and identify service gaps.

COLLABORATION PRINCIPLES

Sectors will take a collaborative problem-solving approach

- The heart of the strategy is that sectors bring a range of skills and perspectives to solve problems in a way that could not be done by one agency alone.
- Collaboration is about a joint effort to meet the whole needs of the child for their health, education, safety and development.
- Collaboration is wider than government agencies: it is about building effective relationships with whānau, communities and independent service providers.

Sectors should accurately identify children and young people with high and complex needs and engage in intersectoral processes to meet their needs at the earliest possible stage

- Sectors should have the ability to identify children and young people accurately and appropriately at the earliest possible stage.
- Sectors working together at an early stage are more likely to achieve positive outcomes.
- Sectors should have the ability to interact and work effectively with Māori children, young people and their whānau, hapū and iwi to identify their needs at the earliest possible stage.

INTERVENTION PRINCIPLES

1) All interventions will focus on making gains for the child or young person

- The starting point for all interventions is optimism that there can be change.
- Interventions should build on strengths, increase resilience and meet the unmet needs of children and young people.
- Where individualised plans are developed they should be capable of demonstrating gains and be reviewed regularly.

2) All interventions will support the child or young person to be positively aware of, and able to draw strength from, their culture and spiritual identity

- Spiritual and cultural identity are important to children and young people's sense of self-worth and belonging.
- Interventions will support the development of spiritual and cultural identity. For Māori children and young people this may mean supporting Māori whānau
- It also means ensuring whānau or caregivers have the necessary support to provide such opportunities.

3) Children and young people should, wherever possible, participate in planning and decision-making processes that affect their future

- Underlying this is an assumption that children have a right to be consulted and participate in decisions that affect them.
- Interventions are more likely to be successful when children and young people participate.
- It is acknowledged that it will not always be appropriate or possible for children and young people to participate, but this should be reviewed regularly.

4) Services should be delivered within the least restrictive environment that is appropriate

- Wherever possible the aim is to keep children and young people with their family/whānau/ caregiver or in the most family-like environment.
- Intervention planning should consider how best to transition to mainstream services.

2.4 The goals of the strategy

1. To foster collaboration to improve outcomes
2. To improve the effectiveness of intersectoral services
3. To build sector capacity.

Steps necessary to achieve the goals

To achieve the goals it is important to strive to achieve the following intermediate goals for children and young people with high and complex needs:

1. Establish joint agency systems for intersectoral assessment, planning, and case coordination that address the whole situation of children and young people with complex needs.
2. Encourage enhanced intersectoral professional practice and more integrated service responses to increase responsiveness.
3. Improve the situations of those with the highest and most complex, idiosyncratic, or exceptional unmet needs through nationally supported, individualised service packages.
4. Ensure national and local intersectoral processes, service design and policy development are informed by intersectoral, information, analysis and design capability.

3 The service response: what are the elements of the strategy?

The HCN strategy is a concept and direction for working intersectorally. It is a way of working with colleagues from other sectors to improve outcomes for children and young people. It builds on existing services and relationships between various providers in local communities. The challenge for each of us – whether policy makers, funders and planners, service managers or practice professionals – is to make it work.

In some areas the relationships are well developed and there are high levels of trust. In other areas, working relationships need to be supported to develop. The following three elements are essential.

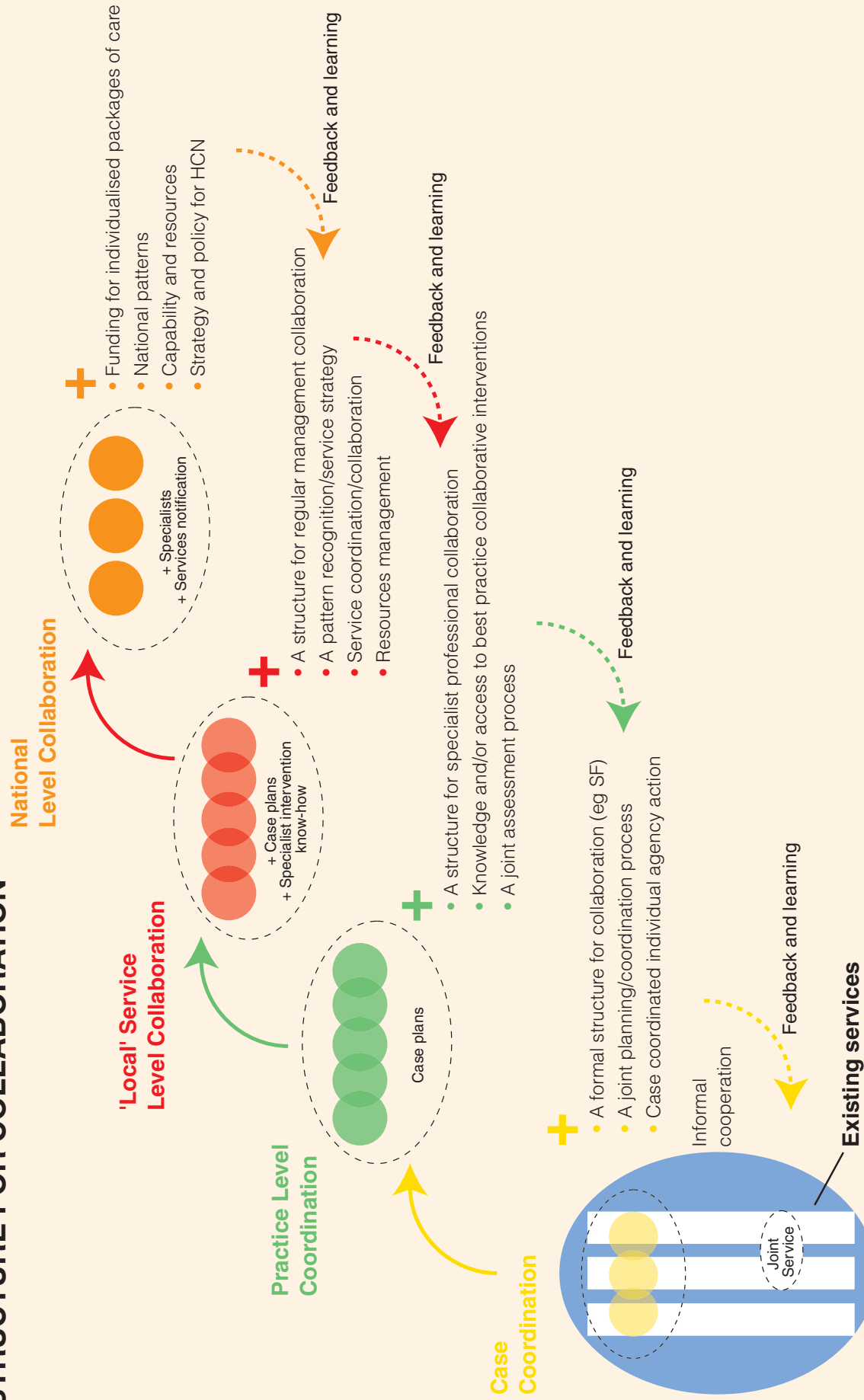
1. Effective local case coordination is the most fundamental level. The second key aspect of this level, local service responses, includes practice-level collaboration and management, along with access to relevant services within the sectors. This usually takes place within the context of Strengthening Families collaborative case management.
2. Development of effective intersectoral service responses for children through better integration of existing sector services, development of additional service capabilities, or developing new joint services.
3. Individual packages of funding to a small number of children and young people who present highly complex idiosyncratic needs and challenges that cannot be met through existing services.

If we can create these three elements, children and young people within the strategy are identified early, have holistic needs assessment and individualised plans developed in partnership with their family/whānau/caregiver. For this to happen:

- * managers across agencies need to develop relationships with each other (eg, Child Youth and Family manager with school principals and Child and Adolescent Mental Health Services managers)
- * frontline workers need to understand and respect sectors' expertise (eg, joint training days)
- * front-line workers need access to expert advice and review if they are having difficulty (eg, cross-sector experts reviewing cases together)
- * funding and planning managers need to hold discussions across sectors/agencies to ensure the available resources and services have been applied.

The diagram on the next page depicts the way these elements are intended to work together.

STRUCTURE FOR COLLABORATION



Collaboration is never easy. It takes time and effort, and requires a willingness to be flexible yet disciplined. The financial costs of working together will need to be considered alongside the benefits. Collaboration is both expensive and time-consuming. It is also assumed that ensuring all existing, budgeted services are accessed and appropriately used will result in positive efficiencies. Removing duplication and ensuring use of under-utilised services will increase capacity at the local level. Intensive intersectoral case management of these difficult individual situations will lead to improved outcomes for all sectors. The strategy seeks to do this by supporting a range of levels of collaborative activity. These include fairly straightforward tools that can be used by individuals wanting to work together to formal processes for agencies, and a national inter-agency partnership. Support for key players at each level is available through the High and Complex Needs (HCN) Unit (see page 15).

3.1 What does the strategy mean for sectors?

The starting point is sectors being able to identify and agree on the children and young people covered by the strategy, identifying their needs, and then planning together how to meet these needs. Many of the service responses at the individual case level, at the practice level and at the service level already exist. Probably the most familiar example is Strengthening Families collaborative case management and local management groups.

Local collaborative case management is about improving local services to at-risk families through improved social service collaboration at local level. This is achieved through interagency case management, identifying gaps and overlaps in services, and joint initiatives to use resources more effectively.

Local management groups have been established throughout the country. Members include service managers and frontline workers from the health, education, welfare, justice, housing and employment sectors, and other government and community agencies and iwi. These groups are at various stages of development, supporting improved local service coordination. In each community, a local approach has been developed to help people at the front line work more closely together in the interests of individual children and young people. All areas have the capacity to apply a collaborative case management model.

What does this mean at the case coordination level?

This level refers to individual practitioners from across the three sectors. Practitioners may be a social worker for Child Youth and Family, a mental health professional, or a special education adviser. Practitioners are most likely to be in discussion with their colleagues from other sectors about a particular child or young person.

What does it mean at the professional practice level?

At the professional practice level the strategy envisages processes for coordination.

Difficult cases can be highlighted in order to develop an intersectoral profile of unmet needs and plan the appropriate effective practice interventions, including access to prioritised local services.

Improved effectiveness of intersectoral practice and interventions can support case management and improve responsiveness to the needs of children and young people.

The Guidelines for intersectoral teams have been developed. They are supported by the HCN Plan Advisers, who can gain access to networks of experts from a range of disciplines. The Plan Advisers focus on working with local intersectoral teams, advising on HCN processes, sharing knowledge on best practice and their experience of interventions that have succeeded elsewhere. The process and forms are available from the HCN website at www.hcn.govt.nz.

What does this mean at the local service level?

The strategy requires collaboration by local area management (those in control of services and resource budgets) to enable the identification of patterns of need, and the redesign of effective services (to address gaps or shortfalls). Collaboration is also required to facilitate exception management support for cases where existing services/practice is inadequate. For instance, a service manager in a District Health Board may share best practice knowledge within existing services, or develop a profile of needs, which could then be used to engage funders and planners from other sectors.

Key questions for those operating at the local service level are:

- Can we find innovative ways of resourcing the services?
- Can existing service frameworks be more flexible?

What does this mean at the national service level?

At the national level, the strategy consists of approval and support for individualised packages of care to enable local support for children and young people with the highest and most complex needs. This support is used where local exception management solutions require additional support in terms of expertise and funding. It is accessed through the HCN Unit.

The Unit also has a function to support intersectoral best practice at all levels.

4 Cultural factors for children and young people with high and complex-needs

One of the outcome areas for this strategy is described as ‘cultural identity’. We recognise that different cultures have different values and ways of doing things. It is particularly important that the strategy increases service responsiveness to Māori, especially given the high numbers of Māori children and young people who feature in the high and complex needs client group.

There are two ways we can do this. The first is through increasing Māori provision of services and the second is to improve the way mainstream services are responsive to Māori.

It is important that we don’t alienate children and young people from their culture. In recognition of the importance of cultural identity and belonging, particularly for Māori, the strategy needs to support:

- development of partnerships with Māori organisations and iwi
- innovative ways of working
- ways of disseminating best practice.

Implicit in Māori responsiveness is the notion of culturally relevant processes for identification of unmet need, leading to culturally competent service provision that is context-specific and aims to strengthen Māori whānau.

5 How can we learn from the strategy?

The High and Complex Needs strategy is, in many respects, ground-breaking. We need to ensure that we can learn from its operation, learn from some good examples of collaboration and coordination, and continue to maintain an up-to-date repository of international evidence and best practice.

The wealth of knowledge that is within the grasp and experience of those associated with the HCN strategy is unique, largely untapped and critical to the future development of children and young people with high and complex needs. Engaging in action research with Māori academics, tohunga, whānau, hapū and communities is important for the New Zealand context. It is also necessary to maintain relationships with the wider academic community, including the professional schools of social work, education, psychology and health disciplines.

6 The High and Complex Needs Unit

What is the Unit?

The role of the HCN Unit is to prioritise limited funding on a national basis, and to facilitate best practice. The Unit is the key means of implementing the centralised and coordination aspects of the HCN strategy.

In general, the functions of the Unit are to:

- support the development of intersectoral relationships and working at all levels
- collect and manage information and knowledge
- allocate funding for individualised packages of care and for some initiatives in collaboration at the local level
- report to Ministers and stakeholders.

The Unit also oversees a number of service development initiatives designed to support joint sector services. The Unit is intended to act as a learning laboratory to feed the key findings from these initiatives back to the sectors and policymakers.

The Unit manages an annual budget that is allocated to support the implementation of the strategy.

The Unit receives operational oversight from an intersectoral governance and advisory board with representatives from each sector. Policy and evaluation oversight is provided by a collective of policy managers from each government agency (Health, Education, Child Youth and Family Services, Social Development, and Te Puni Kokiri).

Within the HCN Unit the collation, critical evaluation and dissemination of learnings is an important approach to support communities, whānau, hapū, iwi, the Unit itself and the sectors to build capacity and capability.

The HCN strategy is jointly funded by CYF, Health and Education to support capability development and provide a resource for children and young people with the highest and most complex unmet need. The resource is limited; it is our collective responsibility to use it wisely as a 'step up' resource targeting the very highest priorities. It is not a substitute for local responsibility to resource services for these children.

All interventions funded under the High and Complex Needs strategy are in addition to what is provided by families, communities and local agencies. They are not a replacement for existing services.

HCN Exceptions Fund

The Unit is responsible for administering funding for individualised packages of care. The objectives for the individualised packages of care are to:

- identify accurately the children and young people with highest and most complex unmet needs
- ensure that those who do not receive service are referred to appropriate mainstream services
- support the development of plans that are capable of demonstrating gains for the child or young person
- monitor and review existing plans to ensure they are meeting their objectives and are capable of making gains for the child or young person in the above outcome domains
- ensure that all interventions promote a smooth transition back to mainstream or into adult services
- monitor services and collect information to promote best-practice interventions
- use the information gathered from monitoring and evaluating interventions as the basis for identifying service gaps and investing in future services
- promote best practice in intersectoral collaboration by identifying where collaboration has worked
- build the capability of the workforce of all three sectors to collaborate and support children and young people with the highest and most complex unmet needs
- prioritise and manage funding to get the best results.



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