1. About the Service Specification

Purpose

These Service Specifications are for District Health Boards (DHB) that the Ministry of Social Development (“the Ministry”) contracts with to provide Gateway Assessment Services (“the Service”). These Service Specifications have been agreed to by the Ministry of Social Development, the Ministry of Health and the Ministry of Education.

Agreements with DHBs require the Service to be delivered in accordance with these Service Specifications. These Service Specifications form part of each Agreement.

These Service Specifications provide:

- a set of commonly agreed practice principles and values to guide service delivery
- detailed information about service delivery and practice
- a resource tool to help you deliver the Services consistently.

These Service Specifications should be seen as setting the minimum standard for a DHB to meet when delivering the Service. Each DHB can develop the Services in a way that reflects their organisation’s philosophical base, incorporating local need and appropriate to the cultures represented within each DHB’s area.

This is a living document and will be updated as required. The Ministry will work with the DHBs to develop further editions, updates or changes to these Service Specifications. Feedback on the Service Specification is welcome at any time and can be sent to the Ministry national office using the attached Feedback Form (see Appendix Two).

No Agreement constitutes a partnership in the legal sense nor does it mean that the Provider is an employee or agent of the Ministry.

The parties agree to encourage quality and innovation to achieve positive outcomes for Children and Young People to support the principles of the Code of Funding Practice (http://www.communitymatters.govt.nz/Promoting-good-practice).

For further information on these specifications please contact your Ministry Contract Manager as identified in your Agreement.
2. Service overview

Brief description of the Gateway Programme and the Service

The Gateway Programme is an important response to our most vulnerable Children and Young People. It is part of the Children’s Action Plan, which is the Government’s framework for protecting vulnerable Children, and also includes Children’s Teams.

The Gateway Programme delivers a comprehensive health assessment and education profile service for Children and Young People engaged with Child, Youth and Family for care and protection reasons. The overall objective of the programme is 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.

The Service will employ a Gateway Assessment Coordinator/s. The Coordinator is responsible for coordinating the Service and managing the caseload of Children and Young People receiving the Service. The Coordinator delivers the Service in collaboration with Child, Youth and Family, the Ministry of Education, Teachers (sometimes with support from a Resource Teacher Learning and Behaviour (RTLB)), Early Childhood Education providers¹, and other health services.

The Service forms part of the Gateway Programme and will involve providing health assessments, with the structure and composition of assessments depending on the age, developmental status and health needs (including mental health needs) of the Child or Young Person.

The Service is responsible for appropriate and timely referrals to improve health outcomes, and reduce inequalities for this vulnerable group of Children and Young People. This includes responsibility for referring parents, if appropriate, to identified services for further assessment and/or intervention.

Education services are responsible for education referrals and contributing to education outcomes for Children and Young People who have received a Gateway Assessment.

Accessibility

Increased participation is supported by enhanced accessibility and recognises the diverse needs of all people, through:

- ease of communication
- flow of information
- physical accessibility.

Cultural awareness

Each party recognises the needs of all people, including Pacific peoples, ethnic communities and all other communities to have Services provided in a way that is consistent with their social, economic, political, cultural and spiritual values.

¹ The multi-disciplinary meeting is the avenue to discuss appropriate referrals to services to address identified needs.
Māori health

Approximately half of the Children and Young People that are known to Child, Youth and Family identify as Māori.

An overarching aim of the programme is the reduction of inequalities for Māori. DHBs and other health providers are expected to provide services that will contribute to realising 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
- ensuring that services are culturally competent.

It is expected that, where appropriate, there will 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.

3. Cross agency collaboration

Principles

The Ministry of Health, Ministry of Education and Child, Youth and Family have collaborated on the programme, and they report at ministerial levels on joint outcomes.

Locally it is essential that the Providers’ approach to delivery needs to be seamless and collaborative. This means that the total service and outcomes need to be considered, from referral to resolution of a Child or Young Person’s needs.

The following principles apply to the Gateway programme:

- that the welfare, interests and safety of Children and Young People are the first and paramount considerations
- to act honestly and in good faith
- to communicate openly and in a timely manner
- to share information safely within the law, with the best interests of the Child or Young Person
- to work in a collaborative and constructive manner
- to recognise the different strengths and models of practice between health practitioners, teachers and social workers while respecting each agency’s responsibilities
- to encourage quality and innovation to achieve positive outcomes.
Gateway Programme Interagency Guideline

As part of the assessment process, Children and Young People progress through a cross agency pathway that spans Child, Youth and Family, education providers and DHBs. From there, Children and Young People are referred to a range of health, education and social services to further assess and respond to their needs.

The Gateway Programme Interagency Guideline (the Interagency Guideline) outlines operational policy and procedure that guides the three parties (Child, Youth and Family, Ministry of Education, and the DHB Gateway Service) and the cross agency pathway. The Interagency Guideline includes (but is not limited to) detailed information on:

- roles and responsibilities
- informed consent procedure
- tasks and timeframes
- forms, tools and templates.

The Service must be delivered in accordance with the Interagency Guideline.

The Interagency Guideline is a living document and will be updated as required.

Local leadership

Local leadership is essential to forming a Child and Young Person-centred approach to care and effective referral pathways. The local leadership group (often referred to as a governance group) will meet on a regular basis as agreed by the leadership group membership – at a minimum the governance group is expected to meet quarterly with additional discussions and meetings scheduled as required. Members will include representatives from the DHB (e.g. Gateway Assessment Service manager and planning and funding portfolio managers), local Child, Youth and Family sites (a designated liaison person and usually the Site Manager), and local education representatives for example a Ministry of Education Service Manager or the RTLB Lead School Principal.

The leadership group will:

- discuss and resolve problems related to the Gateway Assessment service (e.g. streamlining referral processes to minimise waiting lists, developing referral pathways, identifying and addressing training needs and other quality improvement areas etc.)
- consider ways of improving access to services to meet the Child or Young Person's individual needs and on a population basis
- identify and discuss service gaps i.e. areas where it is difficult to respond to the needs identified through Gateway Assessments and Interagency Service Agreements (ISA), and to explore solutions
- identify issues and improvement opportunities for escalation through to the Ministry of Health, Ministry of Education and Child, Youth and Family national office.

In areas where a Children's Team is operating, the Gateway leadership group and the Children's Team governance group will collaborate and work together, with the aim of forming a local 'Children's Action Plan' approach to vulnerable Children and service delivery.
In other areas, leadership groups may be an extension of other local forums, e.g. Child health executives.

The leadership group will operate to a terms of reference acceptable to all members.

Responsibility for coordinating the leadership group is shared between Child, Youth and Family and the DHB Gateway Service.

4. Linkages with Child, Youth and Family, Education and District Health Board Services

The following sections outline the roles and responsibilities of the key partner agencies. Detailed information is in the Interagency Guideline.

Child, Youth and Family

Child, Youth and Family social workers are responsible for meeting care and protection needs for Children and Young People.

“Tuituia” is an assessment framework. The Tuituia assessment tool records the areas of need, strength and risk for a Child or Young Person, their parents and/or caregivers across a range of domains, such as attachment, health, education, learning and achievement, and family/whānau/hapu/iwi. It is used throughout our involvement with a Child or Young Person from intake to discharge, informing plans, decisions and on-going work with the Child or Young Person, their family/whānau, caregivers and other agencies. The initial Tuituia assessment will help populate the referral to Gateway and once completed, the Gateway Assessment will inform the on-going Tuituia assessment and plan for the Child or Young Person. Gateway Assessments are often discussed at Family Group Conferences (FGCs).

Child, Youth and Family will identify a liaison person at each Child, Youth and Family site who will be responsible for supporting the Gateway programme. The aim is to ensure that, Child, Youth and Family and the Service can collaborate on service improvements.

Education services

Education profiles are completed by early childhood providers or schools. RTLB help schools in some cases. The education profile informs the health assessment, as well as providing a basis for developing a plan to meet the education needs that are identified. The profile provides information about the Child or Young Person’s learning and development needs, their interests, demeanour, sense of identity and overall wellbeing. For school Children the profile also captures information about educational achievement.

Most Children and Young People will have an educational profile completed. The Interagency Guideline contains information about where there may be an exemption from requiring an education profile.

Further information about the education profile is available in the Interagency Guideline and the RTLB Gateway Guide.
District Health Boards

The roles and responsibilities of the Service are outlined in this Service Specification and the Interagency Guideline.

However, a range of DHB services will need to contribute to Gateway Assessments, most commonly (and not exclusively) this will be through Child Health, Child and Adolescent Mental Health Services (CAMHS), Adult Mental Health and Alcohol and other Drug (AOD) Services and Child Development Teams.

Once the Gateway Assessment has been completed, the Service will make referrals to a range of DHB and other health services.

5. Service definition

Gateway is a comprehensive health assessment and education profile programme. The overall objective is to enhance the Child or Young Person’s physical, mental, educational and social wellbeing through the identification of unmet needs and referral to services to address these needs.

The Service components delivered by DHBs are:

- programme coordination
- health assessments and Gateway reports
- Interagency Service Agreements (ISA) and Multi-disciplinary Clinical Meetings
- referral to other health services
- review(s) of ISAs.

6. Service users

Entry criteria

The primary recipients of the Service are the Children and Young People\(^2\) who are:

- entering care
- at risk of coming into care\(^3\)
- already in care.

The families/whānau and caregivers of the Children and Young People being assessed are also recipients of the service. Service delivery for this group may include:

- identifying family/whānau and caregiver health and parenting needs through a Gateway Assessment
- responding to needs by providing information and making referrals to services as agreed with the recipient.

\(^2\) The Children, Young Person and Their Families Act 1989 (CYPF Act) define Children and Young People as those between the ages of 0 to 16 years (up to their 17th birthday).

\(^3\) Child, Youth and Family seeks to engage with families through Family Group Conferences (FGCs) and aim to avoid Children and Young People coming into care. Children and Young People being referred for a FGC are eligible for a Gateway assessment, along with those already in care.
**Referrals**

Child, Youth and Family social workers refer Children and Young People to the Service. Child, Youth and Family social workers are responsible for:

- gaining the written consent of the Child or Young Person’s legal guardian, and/or the consent of a competent Young Person, for the referral and Gateway Assessment to take place, and for information to be shared
- gaining written consent from the Child or Young Person’s birth parent(s) to request their health information
- where appropriate, requesting a court order (i.e. where consent has not been gained)
- requesting education profiles and following up as required
- making referrals to the Service
- updating the Service of significant changes including the Child’s social worker, placement and caregiver contact details and school moves.

Where a referral is not accompanied by written consent or a court order, the Service will return the referral to the Child, Youth and Family social worker.

**Referral management**

The Gateway Coordinator is responsible for managing all referrals and this includes prioritising all referrals into two groups.

The information provided by Child, Youth and Family and information gathered from health sources such as the New Zealand Health Information Service (NZHIS) and primary care provider, and other sources (such as the education profile) will inform priority setting. Discussions with Child, Youth and Family social workers or the Child, Youth and Family liaison person may be required e.g. the timing of an FGC will be relevant in some situations.

The two groups are:

1. Referrals where there is a high likelihood that unmet health and education needs are contributing to care and protection concerns are prioritised.\(^4\) Priority referrals are assessed within 20 working days following referral.

2. All other referrals – these are allocated for assessment in the order in which they were received, and should be assessed within 40 working days following referral.

Expectations around the timeframes and management of the referrals are outlined in section 8 “Timeframes”.

**Access**

Where the Child or Young Person is entering care or is in care, the Child or Young Person’s Child, Youth and Family social worker will ensure attendance of the Child or Young Person and/or their family/whānau/caregivers at the Gateway Assessment.

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\(^4\) This does not include acute and/or emergency health services, which should be referred to the appropriate health service outside of the Gateway process.
By the nature of the life experiences and situations that some Children and Young People are living in, they can be difficult to reach and assess. Child, Youth and Family has no statutory authority over Children and Young People who are not in the care of the Chief Executive of the Ministry of Social Development and rely on their families/whānau to bring them to appointments. Child, Youth and Family social workers will also take steps to ensure that appointments are attended and this may include providing families/whānau or caregivers with:

- short term transport
- short term childcare
- family/whānau support.

The DHB Gateway Service will take measures to ensure that families/whānau or caregivers and Child, Youth and Family social workers are aware of appointments. In addition to notifications of appointments this may include reminder phone calls or text messages.

Settings

The Service will deliver assessments in a clinically, culturally and socially appropriate manner and setting that respects the privacy and developmental needs of the Children and Young People and their families/whānau.

Most assessments will be provided within a DHB facility. However there will be times when it is more appropriate for assessments to be provided in other settings, including Child, Youth and Family residences. Because either a number of Children or Young People require an assessment or the safety and security of all parties can be better managed within the residence. This would need to be negotiated between the DHB and Child, Youth and Family.

Exclusions

Young People involved with youth justice and without care and protection needs are excluded from this Service. Child, Youth and Family social workers are responsible for managing this exclusion.

Children or Young People already receiving comprehensive medical care may be excluded from the Service or parts of the Service i.e. they may not need a full medical examination but they may benefit from the Multi-disciplinary Clinical Meeting and ISA. This would be subject to discussion and agreement between the Gateway Coordinator and the Child, Youth and Family social worker or liaison person.
Exit criteria

Children and Young People will be discharged from the Service once a review of their ISA has been completed. This will usually be three months after the ISA was developed and referrals to services have been made. However, in some cases further reviews will be warranted e.g. the service the Child or Young Person was referred to has not yet seen the Child or Young Person, or the ISA has been adjusted and further monitoring is required.

The referral will be closed in the Gateway IT tool once the review/s have been completed and all referrals (for which consent was provided) for further assessment and treatment have been made and accepted (noting that this is subject to the Child or Young Person meeting the eligibility criteria of the service the referral was made to).

Any areas of unmet need caused by service gaps should be highlighted to the local leadership group and in the quarterly narrative report.

7. Service Components

Programme coordination

The Service will employ a Gateway Assessment Coordinator/s responsible for the following functions:

- obtaining and collating all the available social, health, and education information relating to the Child or Young Person from the Child, Youth and Family social worker, schools and early childhood education providers, and other agencies such as Accident Compensation Corporation (ACC), primary care services, Plunket and NZHIS
- collecting and collating health information about the parents (where consent has been given) in so far as it relates to the health and care of the Child or Young Person
- allocating Gateway Assessment referrals to appropriate health assessors
- scheduling appointments
- collating and developing ISAs
- coordinating Multi-disciplinary Clinical Meetings
- distributing Gateway reports and ISAs in line with the consent provided and as agreed with the Child, Youth and Family social worker
- making and monitoring referrals to DHB and other health services
- coordinating reviews of ISAs
- transferring all information and completing a handover to other DHBs in situations where the Child or Young Person moves districts
- maintaining the Gateway IT tool.

Gateway Assessment Coordinators will be registered health professionals appropriately experienced in Child and/or youth physical and/or mental health. Gateway Assessment Coordinators will have skills in case coordination and administration.
The DHB will ensure that the Gateway Assessment Coordinators has access to:

- a Senior Child Health/Youth Health Clinical Advisor to provide supervision on clinical issues
- a Senior Child and Adolescent Mental Health advisor
- Child protection and other relevant training
- if not included in the Coordinator job position, administrative support, including data entry into the Gateway IT tool.

**Gateway assessments and reports**

The Service will provide a comprehensive assessment of the Child or Young Person’s health needs (including mental health needs), including recommendations aimed at addressing those needs.

The structure and composition of the assessment will depend on the age, developmental status and health needs of the Child or Young Person. Broadly, it should include health history; social history; life experiences; strengths and resiliency; systems review; development; behavioural and emotional issues; mental health and addictions; and physical examination. The Gateway report should summarise needs, including those of the caregiver, and outline recommendations for follow-up – this will form the basis of the ISA.

The Gateway report should be written in language that is easily understood by social workers and families/whānau.

The assessment will be undertaken by registered health professionals who are appropriately experienced in Child and/or youth physical and/or mental health.

The DHB will ensure the registered health professionals have access to:

- a Senior Child Health/Youth Health Clinical Advisor to provide supervision on clinical issues
- a Senior Child and Adolescent Mental Health advisor
- a range of other multidisciplinary specialists to support them in making recommendations and referral decisions.

**Sharing confidential information**

A Gateway Assessment is a consent based process. Information is gathered with consent and information is shared with consent. The parent/guardian or Young Person has given consent to gather information about the Child or Young Person and parent/s on the basis that it is used in a strictly controlled manner to inform the Child or Young Person’s Gateway Assessment and Gateway Report. Close attention must be paid to the terms of the consent given, which may vary from case to case. Any use or release of information must closely reflect the terms of the consent.

Information about other people, including family members, may also be disclosed and wider use of this information may not have been discussed nor have the appropriate consent. Care must be taken to safeguard the privacy of people whose information has been disclosed during the Gateway Assessment process. It is also important to record the source of information about other people in the file note.
Note that exceptional circumstances can and do arise where use or release of the information may need to be wider than originally anticipated. In those cases, Gateway health professionals must obtain additional consent or seek legal advice as they may be able to rely upon an exception provision contained in the Privacy Act. Robust file noting is necessary to capture exactly what information may be collected, how it can be used and with whom it may be shared.

Interagency Service Agreements (ISA) and Multi-disciplinary Clinical Meetings

ISAs consider the recommendations of the health assessment and Gateway Assessment report and outline the follow-up actions and referrals. The Child, Youth and Family social worker is responsible for discussing the ISA with the Child or Young Person and their family/whānau, and gaining agreement and consent to refer to the recommended services. The ISA will inform the plan that Child, Youth and Family has for the Child or Young Person.

The Gateway Assessment Coordinator is responsible for coordinating the ISA including actions and other information from health services, the Child, Youth and Family social worker, RTLB or education provider, and non-government organisations as appropriate.

The Service will then coordinate a Multi-disciplinary Clinical Meeting for the purpose of discussing the assessment recommendations and agreeing the follow-up actions including responsibilities and timeframes.

The meetings are attended by the Coordinator, Child, Youth and Family social worker and/or a senior staff member, relevant clinicians from other DHB services, RTLB or other education provider, and Non-Government Organisations (NGO) involved with the Child or Young Person as appropriate.

Reviews of Interagency Service Agreements

The Gateway Assessment Coordinator is responsible for coordinating a three month review of the ISA with the contributing agencies. The purpose of the review is to monitor progress and to update any outstanding actions or referrals as appropriate.

The Gateway Assessment Coordinator and the contributing agencies may agree that an updated ISA is required and/or a second review is warranted.

Referrals to other health and disability services

The Service is responsible for appropriate and timely referrals to other health, mental health, and disability and education services (when, for example, education services have not been engaged to date). This includes responsibility for referring parents, if appropriate, to identified services (e.g. alcohol and drug services) for further assessment and/or intervention.

Referrals are followed-up to confirm that a referral service provider has assessed and accepted the referral. The Service may need to provide information to support appropriate triage of a Child or Young Person.
Referrals to mental health services

Mental health services are one of the most common referral points. The 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 level mental health services funded by Child, Youth and Family 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.

A Child or Young Person may need more than one mental health service e.g. psychiatry through CAMHS and primary mental health interventions. The Service is responsible for making and coordinating referrals to these services, using pathways developed in discussion with the services and the local leadership group.

The Service will also refer parents and caregivers, as appropriate, to services for further assessment and/or intervention.

8. Timeframes

The DHB will manage the Gateway Assessment caseload within set timeframes. The timeframes for Child, Youth and Family and education providers are outlined in the Interagency Guideline.

<table>
<thead>
<tr>
<th>Priority referrals</th>
<th>Timeframe from acceptance(^5) of referral to the assessment appointment</th>
<th>Timeframe from completion of health assessment to completion of the health report</th>
<th>Timeframe from the completion of health assessment to the formulation of an ISA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20 working days</td>
<td>10 working days following assessment</td>
<td>15 working days (35 working days from acceptance of referral to completion of the ISA)</td>
</tr>
<tr>
<td>2</td>
<td>40 working days</td>
<td>10 working days following assessment</td>
<td>20 working days (60 working days from acceptance of referral to completion of the ISA)</td>
</tr>
</tbody>
</table>

\(^5\) The Service will only accept completed referrals accompanied by the consent of the Child or Young Person’s legal guardian, or a court order.
The expectation is that 90 percent of cases for both priority levels (outlined in the Referral Management section) will be achieved within the stipulated timeframe. There is a tolerance of 10 percent of all cases not meeting these timeframes and this recognises that there are legitimate reasons that may prevent the DHB from meeting the stated timeframes. These reasons include (but are not limited to):

- acceptance of a referral is delayed e.g. consent has been withdrawn and must be re-established by the Child, Youth and Family social worker
- a high number of referrals in a short period. The unpredictable nature of care and protection needs and the impact that has on the flow of referrals can cause resource pressures for DHBs (and the education sector)
- delays receiving education profiles
- arranging appointments for FGCs
- did not attend (DNA) health appointment
- the Child or Young Person transferred to another district.

Where the 10 percent tolerance level for all cases is exceeded the DHB will take the matter to the local leadership group for discussion and problem solving.

9. Quality Requirements

Gateway Programme Interagency Guideline

The Service must be delivered in accordance with the Interagency Guideline.

Supporting the workforce

The Service must:

- ensure the registered health professionals have access to any training required prior to the delivery of the Service e.g. training in appropriate screening tools (including mental health screening tools) or Child protection and vulnerability
- ensure the knowledge of the registered health professionals delivering the Service is regularly assessed to ensure appropriate understanding of the requirements of the Service
- demonstrate how the registered health professionals delivering the Service will maintain competence and quality
- support engagement of Gateway Assessment clinicians in clinical quality improvement activities such as Gateway Assessment peer review and practice visits.

In addition the Service must ensure Gateway Assessment Coordinators have all the training and support they need to develop and maintain IT skills, including the skills needed for working with the Gateway IT tool.
10. Purchase Units

The following purchase units (PU) apply to this Service.

<table>
<thead>
<tr>
<th>PU Description</th>
<th>PU Definition</th>
<th>PU Unit of Measure</th>
<th>PU Unit of Measure Definition</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health assessments</td>
<td>A comprehensive assessment of the Child or Young Person’s health needs and recommendations.</td>
<td>Completed assessments</td>
<td>Number of completed assessments.</td>
<td>Gateway IT tool</td>
</tr>
<tr>
<td>Interagency Service Agreements</td>
<td>A plan agreed by the relevant agencies that outlines how the needs identified through the Gateway Assessment will be met through referrals to other services.</td>
<td>Completed Interagency Service Agreements</td>
<td>Number of completed Interagency Service Agreements within the set timeframes.</td>
<td>Gateway IT tool</td>
</tr>
</tbody>
</table>

11. Measuring Results and Reporting Requirements

How do we know if the Gateway Programme is working?

We are all interested in being able to demonstrate that the Gateway programme achieves outcomes (or results) for Children, Young People and their family/whānau. The Ministry does this through various reporting requirements which are all based on a Results Based Accountability (RBA) framework.

What data needs to be collected for reporting?

To tell us if the initiative is making a difference, the Ministry requires the DHB to collect data that will tell us:

- how much we did
- how well did we do it
- if anyone was better off.

The data is backed up by a narrative report. A guide to writing the narrative report is found in the Narrative Report (attached as Appendix One).

Where can we find more information about RBA?

More information on RBA can be found at:

- www.resultsaccountability.com
- www.familyservices.govt.nz

Your Ministry Contract Manager, as identified in your Agreement, will also be able to assist and provide further information on RBA.
What reports are required by the Ministry?

Reporting is required to meet the contractual obligations set out in the Agreement. Reporting is necessary to ensure accountability to Government for the funding provided under that Agreement. The Ministry has agreed on the quantity and nature of the Services the funding supports, and we are required to report to Government that this has been achieved.

The following reports must be completed and sent to your Ministry Contract Manager:

- Monthly – Gateway Assessment Data Set (delivered through the Gateway IT tool)
- Quarterly – narrative report using the template provided by the Ministry electronically (attached as Appendix One).

The Ministry of Social Development will share these reports with the Ministry of Education and Ministry of Health.

Data entry into the Gateway IT tool

The Ministry will provide the DHB with the Gateway IT Tool. The DHB is required to maintain and keep the Gateway database up to date. The DHB will manage and upload data from a variety of sources including:

- Education Profiles
- health information
- Child, Youth and Family.

Information from the Gateway database is used to:

- track the caseload between Child, Youth and Family, education services and the DHB
- monitor the DHBs performance and outcomes
- report to Child, Youth and Family, Ministry of Health and Ministry of Education senior managers
- report to the Minister for Social Development, Minister of Health and Minister of Education.

The Service will ensure that all data for the current month is entered within five days of the following month.

Narrative report

To fulfil the requirements of the Agreement, the DHB will complete a narrative report on a quarterly basis attached as Appendix One.
12. Definitions

In these Service Specifications the following definitions apply:

“Agreement” means the contract entered into by a DHB and the Ministry of Social Development for these Services.

“Child” means a boy or girl under the age of 14 years and “children” has a corresponding meaning.

“Children’s Action Plan” means the Government’s plan for protecting vulnerable Children. The Children’s Action Plan has a range of initiatives including the Gateway Assessment Programme and Children’s Teams.

“Childrens Teams” means teams of experienced and senior professionals from across agencies and NGOs (for example, paediatricians, social workers, child health nurses) and together they are accountable for the outcomes for the child. Children’s Teams are responsible for assigning each child with a Lead Professional. The team’s role is to agree on the child plan developed by the Lead Professional, and then monitor and review the plan.

“Child, Youth and Family Social Worker” means a person employed by the Ministry of Social Development under Part 5 of the State Sector Act 1988 as a social worker.


“District Health Board” (DHB) means a crown entity established by the New Zealand Public Health and Disability Act 2000 with whom the Ministry has contracted with to provide the Services.

“Family/whānau Group Conference” or “FGC” means a meeting convened or reconvened under either Part 2 or Part 4 of the CYPF Act.

“Gateway Assessment Coordinator” means the role within the DHB that collates the historical health information, ensures appropriate appointments are made for the health assessment and any specialist assessments and liaises with staff from the health, education Child, Youth and Family offices. Details of this role are outlined in this service specification and the Interagency Guideline.

“Gateway Programme Interagency Guideline” or “the Guideline” means the operational policy and procedure that guides the three parties (Child, Youth and Family, Ministry of Education, and the DHB Gateway Service) and the cross agency pathway. The Service must be delivered in accordance with the Interagency Guideline.

“Multi-disciplinary Clinical Meeting” means the meeting that takes place after the assessment. The purpose is to discuss the assessment recommendations and agree the follow-up actions including responsibilities of the various agencies and timeframes.

“Privacy Act” means the Privacy Act 1993.

“Service” means the Gateway Assessment Service to be provided under the Agreement and “Services” has a corresponding meaning.

“Young Person” derives its meanings from the CYPF Act and “Young People” shall be construed accordingly.

“Youth Justice” means the provisions of Part Four of the Children, and Young Person’s and their Families Act 1989 Act.
APPENDIX ONE QUARTERLY NARRATIVE REPORT

Legal-Name Report Form for Period 1 July 20XX to 30 June 20XX

<table>
<thead>
<tr>
<th>Report Due Dates</th>
<th>Signed by:</th>
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<tbody>
<tr>
<td>5 October 20XX</td>
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<tr>
<td>5 December 20XX</td>
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<td>5 April 20XX</td>
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<td>5 July 20XX</td>
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N.B. Clients are to be recorded at point of entry into the service Post 1 July

<table>
<thead>
<tr>
<th>Date:</th>
<th>Name:</th>
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Narrative Report

1. Describe how the clients (or agencies) benefited from the Service and provide two examples of success stories (see guidance notes below).

2. What trends, issues and/or impacts have been identified for the client group (or agencies) that influence the outcomes.

3. Describe the strategies or practices in place to encourage “hard to reach” clients to engage.

4. Provide an explanation of the variances (if any) between volumes contracted and volumes delivered.

5. Provide an explanation of the reasons for referrals pending and wait times for assessments.

Guidance Notes:

This information could be sourced through client (or agencies) feedback forms, provider assessments and Service evaluations. Note that the information provided should be non-identifying.

In providing examples of success stories, consider the following:

- Background and presenting problems
- The types of support given to bring about change
- The changes or differences made by the client or community e.g. knowledge, skills, attitude, behaviour and life circumstances.
# Provider Feedback Form

Please send to:

<table>
<thead>
<tr>
<th>Manager Planning and Performance</th>
<th>Or</th>
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<tbody>
<tr>
<td>Community Investment</td>
<td></td>
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<tr>
<td>PO Box 1556</td>
<td>Fax 04 917 2080</td>
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<tr>
<td>WELLINGTON 6011</td>
<td></td>
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## Suggested change to the Specifications (including appendices)

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<tr>
<th>Topic</th>
<th>Reference section / page</th>
<th>Suggested change / description</th>
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Name ............................................................  Date .....................
Provider Name ........................................................................................................
Contact details ........................................................................................................