

Gateway Assessments

Supporting Information for Education Professionals

*Ko te mokopuna te pūtake o te matāuranga
The child is at the centre of it all*



Resource Teachers:
Learning and Behaviour

November 2015

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SECTION 1: OVERVIEW

INTRODUCTION

Gateway Assessments, a joint inter-agency initiative between Child, Youth and Family (CYF), the Ministry of Education (MoE) and the Ministry of Health (MoH), provides health and education assessments for all children and young people entering CYF care.

Education professionals should refer to the full Interagency Guide to Gateway Assessments at:

<http://www.cyf.govt.nz/keeping-kids-safe/ways-we-work-with-families/gateway-health-and-education-assessments.html>

OBJECTIVES

The overall objective of the Gateway Assessment is to enhance the physical, mental, educational and social wellbeing of children and young people who come to the attention of CYF. The term 'Gateway' reflects:

- a comprehensive assessment at the 'gateway' to the involvement of CYF, so that clear comprehensive information is gathered and acted upon;
- the holistic approach taken to considering all the needs and strengths of a child or young person in the context of their family and wider environment.

PURPOSE

The purpose of Gateway Assessments is to:

- identify health, education and care and protection needs of the child or young person;
- provide an opportunity to clarify if there are any mental health and/or drug and alcohol issues of the child's mother or father as they might impact on the child;
- create an Interagency Service Agreement (ISA) to help the social worker and the family or caregivers to address the needs of the child or young person;
- facilitate access to appropriate services for health, education and wellbeing;
- help children and young people develop the knowledge, skills and confidence they need to adopt healthy behaviours;
- identify the support and skills that the parent or caregiver may require to address the needs of the child or young person;
- collate a health and education history for the child or young person to assist them in their future interactions with the health and education systems.

OVERALL PROCESS

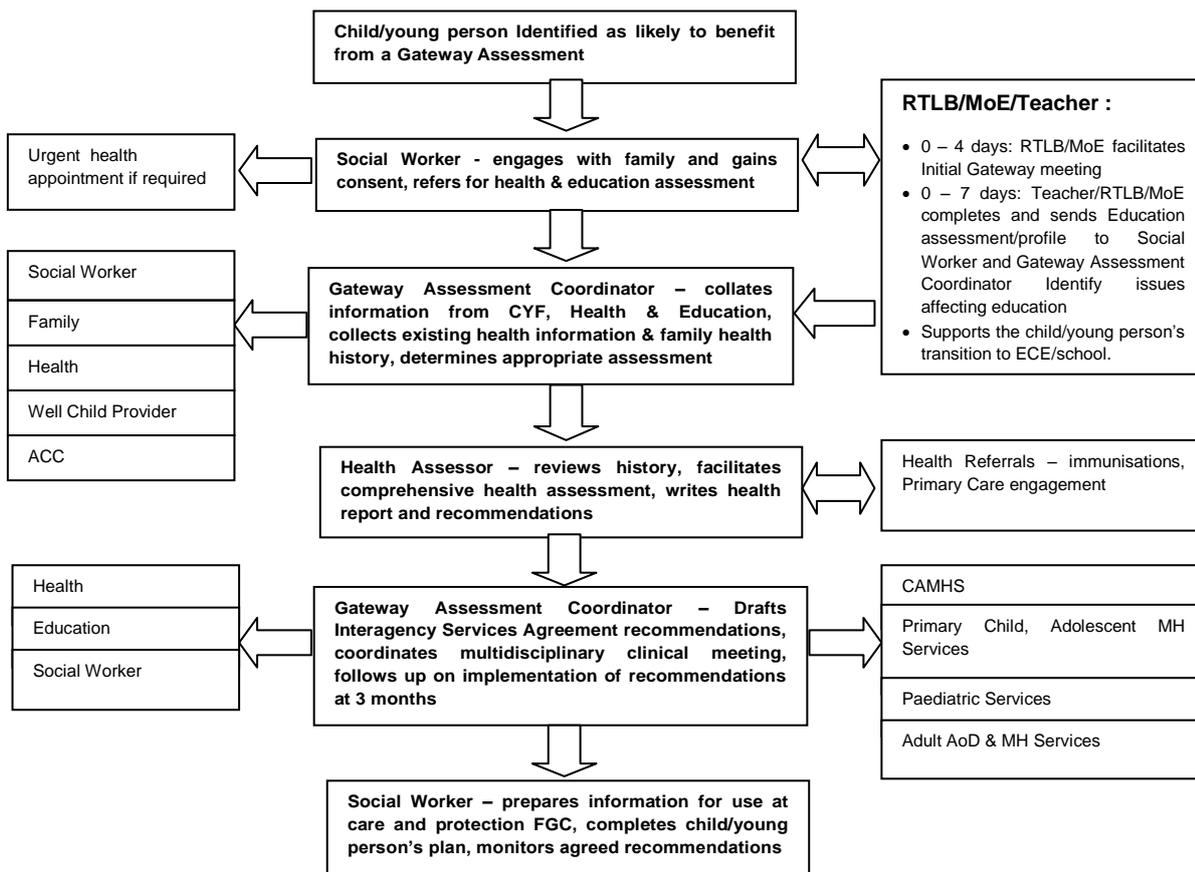
There are three referral pathways for children and young people to receive a Gateway Assessment. These are:

- children and young people entering care
- children and young people in care
- children and young people at risk of entering care who have high needs identified in a Family Group Conference (FGC).

Education professionals support the Gateway Assessment process as follows:

1. Resource Teachers: Learning and Behaviour (RTLb) have a contractual arrangement, under the terms of their RTLb Cluster Service Agreements with MoE to provide support for all children and young people entering care who are enrolled in a school. RTLb may also provide a service to children and young people in care or at risk of entering care, as part of their normal workload, and subject to normal referral criteria.
2. MoE will be involved in Gateway Assessments for:
 - all children five years and under who are not enrolled in Early Childhood Education (ECE),
 - a small number of children and young people who are not enrolled in school or homeschooled, and
 - children and young people already receiving MoE services.
3. The Gateway Assessment process has provision for teachers to complete an education profile if the child or young person would benefit from this assessment but may not meet the normal referral criteria for RTLb or MoE services.

FIGURE 1: OVERALL PROCESS



RATIONALE

Improving support for children in CYF care is a Government priority.

Children entering care are likely to have high education and health needs relative to the general population¹. A survey in 2008 found that 28 per cent of children in care were recorded in the MoE database.

An evaluation of the Gateway pilot regions found that 88 per cent of children in care had previously unidentified, or unmet, health needs.

As a result of their backgrounds, children and young people who come to the attention of CYF are also often disconnected from regular health and education services.

Often the complexity of problems means that no single agency is able to provide the full package of care and services required. Identifying and responding to children and young people's health and education needs is a critical step in getting them on the right path to a brighter future.

Gateway Assessments have been introduced to help build a complete picture of children and young people who come to the attention of CYF, particularly those coming into care. The overall objective is to enhance their physical, mental, educational and social wellbeing.

The point of entry into care is an opportunity to make sure information is shared and support is provided to ensure ongoing engagement in education and success at school during their transition into care, as well as potentially a new caregiver, school, peer group, and circle of friends.

If the child/young person continues at the same school or enrolls at a new school after coming into care, it is important they settle at school well and quickly and that their education is uninterrupted and any additional/specific learning needs are identified and met. If the child/young person is not enrolled in ECE or school when they come into care, the focus will be on supporting their enrolment into an education setting.

Gateway Assessments make a significant difference by linking these children and young people to the health and education services and support they need. As at 1 July 2014, approximately 3,600 assessments have been completed since this service began in 2011. This is a great result.

The education sector plays a key role in helping to improve life outcomes of vulnerable children and young people. CYF and MoE have been working together to ensure that as many children as possible receive an education profile as part of their Gateway Assessment.

Gateway Assessments form part of the Children's Action Plan (CAP). This is the Government's framework for protecting vulnerable children and includes Children's Teams and the Vulnerable Children's Act 2014.

¹ Tozer G, Findings of Gateway Assessment Pilot Evaluation

SECTION 2: HOW WE WORK TOGETHER

PRINCIPLES AND VALUES

Gateway Assessments require CYF, District Health Boards (DHBs), schools, ECE providers and other education services to work closely together. Every professional involved in the assessment process brings a different set of skills and model of practice. Having shared values and principles enables them to work together more effectively, and ensure the child or young person and their family/whānau are partners in the process.

The following principles apply to the Gateway Assessment service:

- Ensuring the welfare, interests and safety of children and young people are the first and paramount considerations;
- Acting honestly and in good faith;
- Communicating openly and in a timely manner;
- Sharing information safely within the law, in the best interests of the child or young person;
- Working in a collaborative and constructive manner;
- Recognising the different strengths and models of practice of health practitioners, the education sector and social workers, while respecting each agency's responsibilities;
- Encouraging quality, innovation and solutions to achieve positive outcomes.

The following values underpin the delivery of the Gateway Assessment service:

- Children and young people and their family/whānau are active participants and should be involved every step of the way;
- Agencies will work together to support the development of plans that best meet the child or young person's identified needs;
- The process is built on collaboration between agencies;
- Each agency will provide services within their area of responsibility;
- Each agency will seek to ensure that the culture of the children and young people and their family/whānau are considered during all stages of engagement and planning;
- All practitioners will communicate in a format and language that is easily understood by other practitioners and children, young people and their whānau;
- Recommendations will focus on solutions to the highlighted issues.

WORKING WITH MĀORI

Te Tiriti o Waitangi provides a context for the relationship between the Crown, iwi and Māori. Gateway Assessment practice needs to reflect the commitment and obligations agencies have under Te Tiriti o Waitangi. This includes ensuring the Gateway Assessment process is responsive to the needs of Māori children, young people and their whānau. Māori children and young people make up around half of the children and young people CYF work with.

An overarching aim of the Gateway Assessment service is to reduce inequalities for Māori. 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 to Kaupapa Māori, Tikanga Māori and/or Whānau Ora-based services;
- ensuring services are culturally capable.

It is expected, where appropriate, there will be a fair representation of Māori staff or Māori communities who will take part in the decision making and delivery of, the Gateway Assessment

service. This may include involvement in multidisciplinary clinical meetings and local governance groups.

Refer <http://www.cyf.govt.nz/keeping-kids-safe/ways-we-work-with-families/gateway-assessment-guidelines/interagency-guide-to-gateway-assessments-appendix-two-guiding-principles.html>

WIDER CULTURALLY RESPONSIVE PRACTICE

Understanding, respecting and using the child or young person and their family's individual values and beliefs to guide how Gateway Assessments are completed is at the heart of culturally responsive practice. Each agency will seek to ensure that the culture of the children and young people and their family/whānau are considered during all stages of their work.

This responsibility to provide a culturally responsive service extends further than providing opportunities to contribute in a person's first language. It means a commitment from the worker to truly engage with the child and their family/whānau to understand relevant cultural issues. This includes, for example, when children and young people do not have a strong sense of identity and culture.

Children and young people have their own views, values and beliefs. Some will reflect those of their family, community, culture and faith. For others, there will be some difference between their values and beliefs and those of their family/whānau. It is important all children, young people and their families/whānau feel respected and supported in their cultural beliefs and personal identity.

Refer <http://www.cyf.govt.nz/keeping-kids-safe/ways-we-work-with-families/gateway-assessment-guidelines/gateway-assessments-working-together.html>

TIMEFRAMES

For a child or young person and their family/whānau to benefit from timely access to appropriate supports, the Gateway Assessment process needs to happen within timeframes. The process is interdependent and this means the actions of each agency/sector will impact on how long it takes for a child or young person to move through the Gateway Assessment process and to have their needs met.

Delays in one part of the process should not delay a child's needs being met. For example, if immediate education needs are identified, appropriate support should be put in place as soon as possible. This is irrespective of whether other measures can be implemented.

Refer Figure 1: Overall process for a high level overview of the Gateway Assessment process, including the pathway and expected timeframes for completing each step.

Refer <http://www.cyf.govt.nz/keeping-kids-safe/ways-we-work-with-families/gateway-assessment-guidelines/gateway-assessments-working-together.html>

SERVICES FROM EDUCATION PROFESSIONALS

As at 30 June 2015, there were approximately 5,000 children and young people in the custody of CYF. Some of these children/young people will be outside the age range for RTLB or MoE services. A

Gateway Assessment referral from CYF for a child entering care² is a priority referral and is not subject to normal referral criteria. A priority referral for a child entering care means immediate access to a Gateway Assessment without going through the normal RTLB or MoE referral and intake process.

Children may come into care at any time. RTLB and MoE will prioritise referrals from CYF that are received during the school holidays at the resumption of the next school term.

For children and young people entering care who require additional support, RTLB, MoE, ECE services and schools are expected to utilise their existing resources that are available to support all children and young people on their roll/service. A child or young person entering care is subject to the same criteria for access to additional support as any other student. Children or young people entering care will frequently have high needs and will often meet the criteria for additional support, including support from MoE.

The social worker must get consent for the referral from the legal guardians and/or competent young person.

The RTLB and MoE response will depend on the needs that are identified. Some children entering care will do well at school and require a minimal level of ongoing support. Others will have high needs and require a significant level of ongoing support.

A significant proportion of children or young people entering care will be current, rather than new clients of RTLB or MoE. If a child/young person is currently being supported by RTLB or MoE then the decision to place the child/young person into care is an opportunity to review the support that is being provided. The Gateway Assessment process aims to ensure the transition into care, and possibly a new school or ECE setting, is marked by success in this setting. *Refer* Appendix 1: Supporting the transition to school.

It is important to remember information gathered for one purpose cannot automatically be used for another. Those involved in Gateway Assessments must consider the authority they have to share information before they do so. The consent forms are designed to be clear about authorisation. Decisions about sharing information should be checked with a supervisor, manager or the organisation's legal advisor.

Refer Appendix 2: Frequently Asked Questions on sharing information may also be useful for deciding whether there is authority to share information about a child, young person or their family/whānau.

Refer <http://www.cyf.govt.nz/keeping-kids-safe/ways-we-work-with-families/gateway-assessment-guidelines/gateway-assessments-informed-consent-and-information-sharing.html>

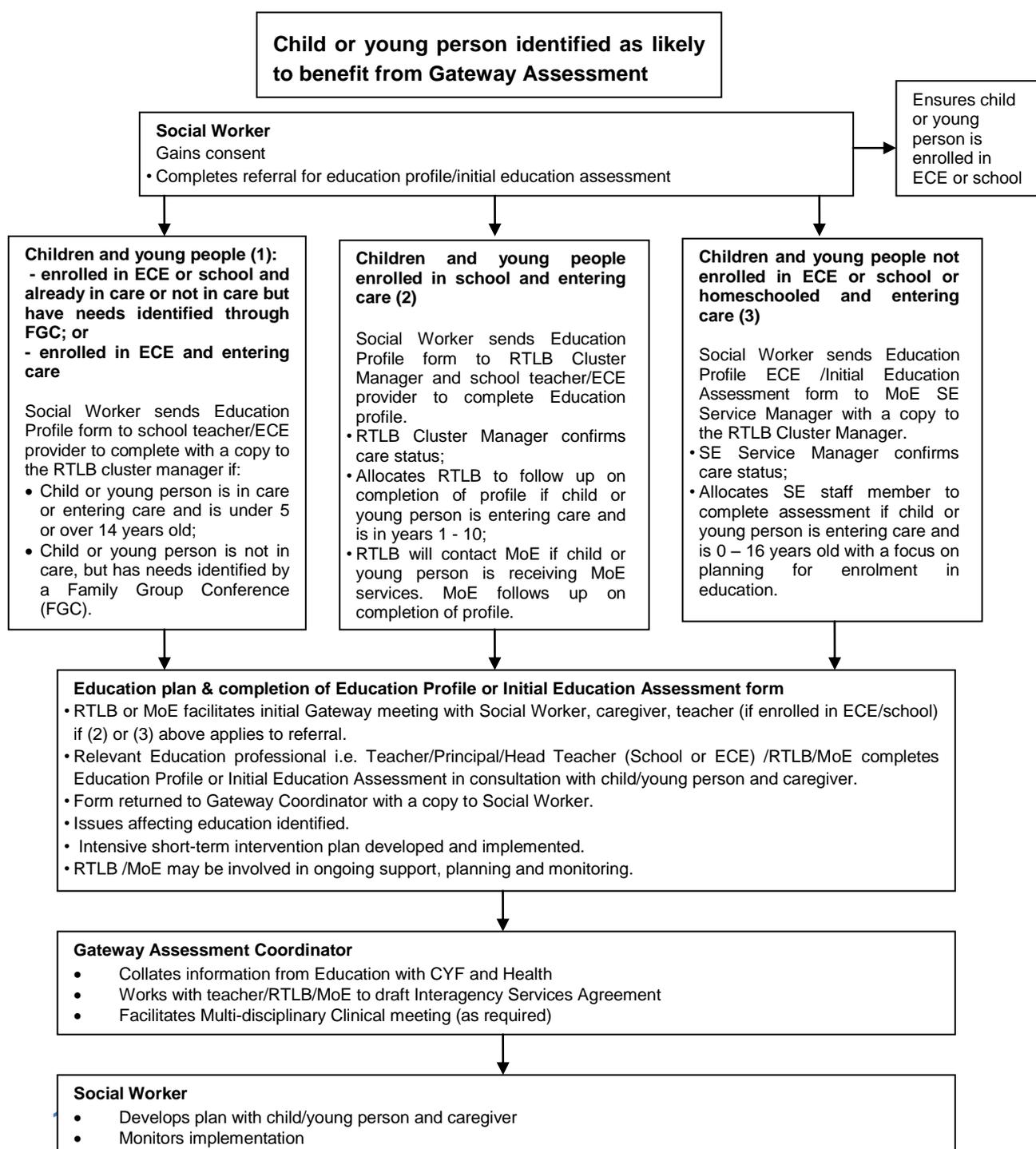
² **Entry to care includes the following legal statuses under the Children, Young Persons and Their Families Act 1989 :**

- Section 78 – Custody pending a determination of proceedings
- Section 101 – Custody orders
- Section 102 – Interim custody orders (of a period of up to 6 months)
- Section 110 – Guardianship orders
- Section 139 – Agreements for temporary care
- Section 140 – Agreements for extended care

SECTION 3: ROLES AND RESPONSIBILITIES

1. CYF social worker
2. Education professional
3. Gateway Assessment coordinator
4. Health assessor
5. Other Child, Youth and Family roles
6. National office roles
7. Governance groups

FIGURE 2: GATEWAY ASSESSMENT PROCESS FLOWCHART



The social worker identifies and refers children and young people who are likely to benefit from a Gateway Assessment. The social worker explains the service, outlining the reason for the referral, and what happens once the referral is received by the Gateway Assessment coordinator. They gain appropriate consent for the assessment, and support the child or young person and their family/whānau throughout the process. This may involve attending appointments and any follow-up that is required.

The child or young person's social worker has responsibility for the overall implementation of the agreed interventions while the child or young person is in care.

Refer <http://www.cyf.govt.nz/keeping-kids-safe/ways-we-work-with-families/gateway-assessment-guidelines/gateway-assessments-guide-for-social-workers-and-other-child-youth-and-family-workers.html>

2. EDUCATION PROFESSIONAL

The education professional may be:

- An early childhood education teacher or educator
- A teacher, SENCO or principal from a school or other education professional
- A RTLB
- MoE regional staff including a Special Education Advisor or Psychologist, or a provider of education services contracted by MoE.

The education professional contributes by:

- providing information about a child or young person's strengths, learning and development needs; recommending how these needs can be met; giving details of support already in place; and providing information on how the service is making/will make a difference;
- helping to develop an Interagency Service Agreement (ISA);
- attending a Multi-Disciplinary Clinical Meeting (MDCM) if a child or young person's needs are complex or if there are specific concerns about the child or young person;
- implementing education sector recommendations in the ISA;
- participating in a review of recommendations after three months.

Refer <http://www.cyf.govt.nz/keeping-kids-safe/ways-we-work-with-families/gateway-assessment-guidelines/gateway-assessments-guide-for-the-education-sector.html>

3. GATEWAY ASSESSMENT COORDINATOR

The Gateway Assessment coordinator is a key role throughout the Gateway Assessment process. The Gateway Assessment coordinator gets a referral from the social worker, the education profile from the education professional, and gathers all available social, health and education information about the child to inform the health assessment. The coordinator schedules a health assessment and then takes a lead role in preparing an ISA in consultation with the other agencies. The coordinator also makes and monitors referrals to DHBs and other health services, and does a three-month review of the ISA.

Refer <http://www.cyf.govt.nz/keeping-kids-safe/ways-we-work-with-families/gateway-assessment-guidelines/guide-for-coordinating-the-gateway-assessment-service.html>

4. HEALTH ASSESSOR

The health assessor is a paediatrician or other qualified child and youth health professional. They are responsible for ensuring the health and wellbeing needs of the child or young person are identified, and for giving advice on ways that these needs can be met. The health assessor also makes referrals to other health services.

The health assessment report will incorporate recommendations made in the education profile and provides key information for consideration and discussion at the multi-disciplinary meeting.

Following discussion of the recommendations and other considerations, final decisions about the services and actions need go into the ISA. This then informs the plan for the child or young person and their family/whānau.

The health assessor also acts as an advocate for the child or young person and their health needs. They support the Gateway Assessment coordinator and other agencies to track the effectiveness of the recommendations and their impact on the health and well-being of the child or young person.

Refer <http://www.cyf.govt.nz/keeping-kids-safe/ways-we-work-with-families/gateway-assessment-guidelines/gateway-assessments-guide-for-health-assessors.html>

5. OTHER CHILD, YOUTH AND FAMILY ROLES

There are other roles in CYF which support Gateway Assessments including CYF Site Managers who support social workers to refer children and young people for a Gateway Assessment and to build good working relationships with the key health and education professionals in their local area.

6. NATIONAL OFFICE ROLES

CHILD, YOUTH AND FAMILY NATIONAL OFFICE

The role of the CYF national office includes:

- supporting CYF regional staff and Gateway Assessment coordinators through the Gateway IT tool and CYRAS, and the interagency guide
- preparing reports with MoH and MoE
- monitoring performance across the service pathway.

MINISTRY OF HEALTH NATIONAL OFFICE

The role of the MoH is to:

- ensure their Minister is updated on implementation and outcomes from Gateway Assessments
- engage with DHBs to support the Gateway Assessment service
- give clinical advice and support to the service, including to CYF and DHBs where appropriate.

MINISTRY OF EDUCATION NATIONAL OFFICE

The role of the MoE is to:

- ensure their Minister is updated on implementation and outcomes from Gateway Assessments
- coordinate and support service development, practice, business as usual, governance and review/evaluation for Gateway Assessments, focusing on the education sector
- engage with the early childhood sector, schools, the RTLB service, MoE regional staff, boards of trustees and industry associations to encourage understanding, involvement in and support of Gateway Assessments
- contribute to updates of tools that support practice, for example the *Gateway Assessment Interagency Guide* and education assessment templates.

7. GATEWAY ASSESSMENT GOVERNANCE GROUPS

Governance and leadership for Gateway Assessments are essential to forming a child and young person-centred approach to care and effective referral pathways. At a local level, the group includes DHB, CYF and Education representatives and will meet at least quarterly. Responsibility for coordinating the governance group is shared between CYF and the DHB Gateway Assessment service.

The local governance group will discuss ways of improving access to services, resolve problems related to the local Gateway Assessment pathways, identify and discuss service gaps, explore solutions, monitor referrals, outputs and outcomes data and identify issues and improvement opportunities for escalation through to the MoH, MoE and CYF national offices.

In areas where a Children's Team is operating, the Gateway Assessment governance group and the Children's Team governance group should work together. The aim should be to form a local 'Children's Action Plan' approach to vulnerable children and service delivery. In other areas, leadership groups may be an extension of local forums, e.g. Strengthening Families' local management groups or child health executives.

SECTION 4: PROCESS FOR EDUCATION PROFESSIONALS

RTLB, MoE regional staff and teachers play vital roles in the Gateway Assessment process. This can include:

- completion and return of the relevant education profile/assessment form to the Gateway Assessment coordinator and social worker
- input into the Interagency Service Agreement (ISA)
- involvement in the Multi-Disciplinary Clinical Meeting (MDCM)
- contribution to the follow up and review.

Refer Appendix 3: RTLB Gateway Assessment checklist for a list of tasks to be completed.

1. RESOURCE TEACHERS: LEARNING AND BEHAVIOUR (RTLB)

For students currently enrolled in school, RTLB and schools work together to complete the education profile and provide an intensive short term intervention for children and young people who are entering care. This intervention has a focus on the first month after the child or young person has come into care. This is followed by a period of monitoring for up to a year to ensure the child/young person continues to make progress.

Refer Figure 3a: Gateway Assessment process for children and young people enrolled in ECE/school.

If students are already receiving MoE services, the RTLB Cluster Manager will forward the education profile to the MoE Service Manager to facilitate completion.

2. MINISTRY OF EDUCATION

For children and young people not enrolled in ECE or school, or who are homeschooled, MoE staff will complete the Gateway Assessment and provide an intensive short term intervention at the point of entry into care. During the first month the focus will be on supporting transition to education. After the first month the nature of the intervention will depend on the needs that are identified.

Refer Figure 3b: Gateway Assessment process for children and young people not enrolled in ECE/school.

MoE will also be involved in Gateway Assessments for children and young people who are already receiving MoE services. Refer Figure 3a: Gateway Assessment process for children and young people enrolled in ECE/school.

Information about all Gateway Education Assessments is recorded in the MoE case management system (CMS).

- For children and young people not enrolled in ECE/school or homeschooled, a referral is created in CMS with 'Non-enrolled Gateway Assessment' as the source and a box is ticked under the 'Services to Client' section which refers to the 'Non-enrolled Gateway Assessment' There is then an option for selecting either 'Early childhood', 'Homeschool' or 'School'.
- For children and young people enrolled in ECE/school and already receiving Special Education services, the information is recorded in CMS under the Client Job - Related items: Gateway Assessments.

3. SCHOOLS AND EARLY CHILDHOOD EDUCATION SERVICES

If the child/young person is enrolled in ECE or school, the key role of the teacher is to identify the child or young person's education needs and provide information for the social worker, the family and the health assessor. The teacher and ECE service or school will also assist in implementing the child or young person's education plan which may include supporting a child or young person's transition to their ECE service or school.

Refer <http://www.cyf.govt.nz/working-with-others/working-with-schools.html>

EDUCATION PROFILES (FORMS)

[Figure 3a](#) and [Figure 3b](#) outline the roles; responsibilities and time frames for the RTLB, teacher, social worker and MoE to complete Gateway Assessments and these charts assume a level of cross agency collaboration.

There are five Education assessment forms. The first four versions follow a similar format, but have questions, tools and language that are specifically tailored to each group. The fifth form has been simplified to use with children and young people not enrolled in ECE or school with the focus on information needed to transition them to education. A more comprehensive education profile can be completed by teachers, RTLB or MoE staff to support the child/young person's participation, learning and achievement if needed once the student is back in an education setting.

- Education Profile – ECE
- Education Profile – Primary School
- Education Profile – Intermediate School
- Education profile – Secondary School
- Initial Education Profile (school-age) – for children and young people not enrolled in school

If the education professional and social worker determine a full profile is not required, the education professional will partially complete the profile. A note is made of the reasons for the decision. This means a profile will be completed and returned for every child.

Information provided in the education profile contributes to the comprehensive health assessment. This information also assists the social worker and the family in developing a plan to meet the needs of the child or young person.

Refer <http://www.cyf.govt.nz/documents/keeping-kids-safe/ways-we-work-with-families/interagency-guide-documents/education-profile-request-flowchart.pdf>

EDUCATION PROFILES FOR CHILDREN AND YOUNG PEOPLE ENROLLED IN ECE/SCHOOL

- If a child is in care, entering care, or not in care but has needs identified through FGC and enrolled in ECE, the Education Profile ECE is sent direct to the ECE service with a copy to the RTLB cluster manager, if appropriate;
- If the child or young person is in care, or not in care but has needs identified through FGC and enrolled in school, the Education Profile Primary, Intermediate or Secondary School is sent to the relevant school with a copy to the RTLB cluster manager;
- If the child or young person is entering care and enrolled in school (years 1 – 10), the Education Profile Primary, Intermediate or Secondary School is sent to the RTLB cluster manager with a copy to the relevant school. If receiving MoE services, the RTLB cluster will send the Education Profile to the Service Manager Special Education at the MoE local office,

- If the young person is entering care and enrolled in school (year 11 onwards), the Education Profile Secondary School is sent to the relevant school with a copy to the RTLB cluster manager.

The ECE service or school where the child or young person is enrolled is responsible for completing the education profile including contacting previous ECE services, schools or other services e.g. MoE, to get the necessary information, unless the social worker has specified otherwise. Sometimes the person completing the form may be able to complete all sections using information already available. For example, if the person completing the form is the child or young person's main teacher.

There is a CYF initiative to ensure that all children aged 18 months and older are enrolled in ECE. Where this is possible in a timely manner the social worker should require the education profile from the ECE service.

If the child or young person has only just enrolled at their current ECE service or school, the previous ECE service or school should be contacted by the social worker.

The education profile provides a template for the teacher at the ECE service or school to share what they know about the child or young person. It includes information about the child or young person's attendance, development, learning and achievement, social interaction and whether they have had any specialist education assistance. It also prompts the teacher to identify the child or young person's strengths and challenges and whether the ECE service or school needs any assistance to support their ongoing education.

The education profile, which the teacher completes, includes a Strengths and Difficulties Questionnaire (SDQ-T). The SDQ is a standardised screening tool that identifies emotional and behaviour concerns in children and young people. Refer <http://www.sdqinfo.com/>.

EDUCATION PROFILES FOR CHILDREN AND YOUNG PEOPLE NOT ENROLLED IN ECE/SCHOOL OR HOMESCHOOLED

Where the child is not enrolled in ECE or at a school, the social worker will work with the guardian or caregiver and MoE to ensure the child or young person is enrolled in education.

When a child/young person is not enrolled and/or engaged in education, or little is known about their educational needs, the education assessment (i.e. Education Profile ECE for 5 years and under, or Initial Education Profile for school age) should include recommendations that:

- reflect the need for the child/young person to be enrolled and engaged in education
- provide information about the child/young person's current strengths and needs, and if this information is not available, include how this information will be obtained, by whom and when.

RECEIVING AND COMPLETING EDUCATION PROFILES (FORMS)

All education professionals and services involved in Gateway Assessments should be aware of the provisions of the Privacy Act 1993 in relation to how they store or share the education profile and supporting information. This also includes any other information related to a Gateway Assessment for a child or young person.

Everything possible must be done to protect information exchanged about children and young people. It is important to make sure information is secure, sent to the right person, and cannot be read by anyone other than the intended recipient.

To do this, all education professionals are required to share personal information about vulnerable children, young people and their families/whānau in person or via email. All personal information (e.g. the education profile form) must be password protected before being emailed.

The education professional should take the following steps:

- Check that they are the right person to complete the profile. If not, contact the social worker immediately, return the form, and delete all emails from their system including items from 'sent' and 'deleted' folders.
- If they are the correct person, complete the education profile form online and password protect it. Instructions on how to do this can be found on the Microsoft office website:
 - Password protect documents, workbooks, and presentations
 - Password protect a document
- Ensure all personal and sensitive information is only contained in the password protected document. Do not put any personal or identifiable information in the email itself or subject line.
- Include the sender's contact number in the email.
- The email should be sent to a named person whenever possible, not a generic email address, e.g. office@example.co.nz.
- Double check the email address is correct and the identity of the recipient is known before the email is sent.
- The password should be given to the intended recipient of the email (and attachment) in a safe way in person or over the telephone (phone call, voicemail message or text). Do not send the password in an email.

If an email is received from another organisation with a document that contains personal information and it is not password protected, it should be password protected before it is sent to any other party.

RETURNING EDUCATION PROFILES (FORMS)

The social worker will gain consent from the competent young person or their parents/guardians for the release of information requested in the education profile. This consent enables the teacher, RTLB or MoE to provide education related information to the Gateway Assessment coordinator and the health practitioner who will be undertaking the health assessment. If the education professionals have any concerns about sharing sensitive information they should talk directly to the social worker or Gateway Assessment coordinator. The completed education profile will form part of the confidential client record held by CYF.

Refer <http://www.cyf.govt.nz/keeping-kids-safe/ways-we-work-with-families/gateway-assessment-guidelines/gateway-assessments-informed-consent-and-information-sharing.html>

Once the education profile is completed, it should be returned within seven days for children entering care to the Gateway Assessment coordinator and the social worker named on the form. Even if the profile has minimal information it should still be returned to the Gateway Assessment coordinator. Include a comment stating why there is minimal information (as discussed with the social worker). It also allows the Gateway Assessment coordinator to arrange the health assessment to coincide with the return of the completed education profile.

Forms should be returned via email, following the above process to ensure the information is secure.

ECE services and schools may have their own internal processes for managing the return of completed education profiles. Irrespective of the method of return, the password protection process must be followed.

USING INFORMATION FROM EDUCATION PROFILES

Once the education profile is returned, the Gateway Assessment coordinator:

- checks if the RTLB service, MoE or other agency e.g. private organisation or NGO, has been involved in supporting the educational needs of the child or young person. If so, they should consult the social worker and consider requesting a copy of any reports or assessments from MoE (unless these are attached to the education profile).
- records any actions or interventions that are currently underway within the education sector. These should be incorporated into the ISA as it is drafted.
- ensures the completed education profile is available to the health assessor with the collated health information prior to the health assessment.
- organises a comprehensive health assessment.

The health practitioner undertakes the health assessment within 8 weeks of the referral from the social worker. The education profile provides key information for the health practitioner on the child or young person's learning, development and achievement as well as their wellbeing, behaviour and interaction with others.

There will be occasions where a referral should be fast-tracked, or prioritised, ahead of other referrals. The social worker and education professional should have highlighted any particular concerns about the child or young person on the Gateway referral form and education profile respectively.

The Gateway Assessment service may also need to have a discussion with the child or young person's social worker or education professional and/or DHB colleagues to determine how quickly a child or young person needs to be seen. If there is an acute and/or emergency health situation the child or young person should be referred to appropriate services rather than wait for a health assessment. Following the acute response, a full Gateway Assessment is still likely to be needed.

The health assessor prepares a report outlining their findings and recommendations. This is taken from the information and findings in the health assessment and the education profile (Gateway Report and Gateway recommendations).

The report and recommendations are the health practitioner's advice to the family, other health service providers, the education sector and the social worker about the child or young person's current health status and the interventions required to address these needs.

Health professionals must be careful not to make specific recommendations about a child or young person's educational/learning needs or the support they require (e.g. a teacher's aide in the classroom, education support worker at their ECE setting or speech language therapy). These must first be discussed with an appropriate education professional, unless provided and funded via health services (e.g. support from a speech language therapist through the Child Development Service).

Once the health assessment component has been completed the teacher/principal will receive a copy of the report, and will be invited to participate in the development of the ISA. It usually takes up to six weeks to complete the health assessment.

Refer <http://www.cyf.govt.nz/keeping-kids-safe/ways-we-work-with-families/gateway-assessment-guidelines/gateway-assessment-education-profile-next-steps-after-completion.html>

PREPARING THE INTERAGENCY SERVICE AGREEMENT (ISA)

The Gateway Assessment coordinator develops the draft ISA in consultation with the social worker and health and education professional for the child or young person. Other health and education professionals who are likely to work with the child or young person may also contribute, depending on

the circumstances and consent provided. The ISA sets out the services each agency is able to contribute to meeting the needs of the child.

Once the ISA has been prepared, the social worker is responsible for discussing the recommendations with the child or young person and their legal guardian/s and helping them to understand the child or young person's health, education and wellbeing needs; what services or supports are needed and why, and getting consent for any referrals that may be needed.

Where the ISA recommends referral for a specialised assessment or to another service, the social worker is also responsible for seeking consent from the guardian and/or competent young person. At this point they will also need to get the guardian's consent to pass on all or part of the Gateway Report to the referred service.

The RTLB/teacher/MoE will be forwarded a version of the ISA that includes all aspects of the agreement that are relevant to education.

Once agreement is reached, each agency develops their own internal detailed plan on how they will implement their parts of the agreement.

Refer <http://www.cyf.govt.nz/keeping-kids-safe/ways-we-work-with-families/gateway-assessment-guidelines/guide-for-coordinating-the-gateway-assessment-service.html#Step9DevelopingtheInteragencyServicesAgreement10>

CALLING A MULTI-DISCIPLINARY CLINICAL MEETING (MDCM)

If the needs of the child are complex, or if the teacher has specific concerns about the child or young person, a multi-disciplinary clinical meeting may be called by the Gateway Assessment coordinator with the teacher, health assessor and social worker and other practitioners relevant to the child or young person's needs. The purpose of this meeting is to clarify the child or young person's needs, access to appropriate services and who will provide and fund these services.

It is important education professionals are considered and consulted over the need for education involvement in the MDCM and/or the ISA. This is particularly so if any new information has come to light from the health assessment. For example, any diagnoses that may affect the child/young person's presence, participation or achievement in their education, identifying the need for further assessment, etc.

Irrespective of whether a full profile is completed or not, the education professional (or appointee) should always be invited to attend the multi-agency meetings for the child or young person.

FOLLOW-UP AND REVIEW

The Gateway Assessment coordinator will organise a review of the Gateway Assessment service recommendations and ISA after three months. This will involve talking to an appropriate education professional and social worker to ensure the agreed support and interventions have been provided and they're addressing the needs of the child or young person. In complex cases or where positive outcomes are not achieved and/or ongoing needs are identified requiring ongoing multiagency support, a review meeting will be organised by the Gateway Assessment coordinator.

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

FIGURE 3A: GATEWAY ASSESSMENT PROCESS FOR CHILDREN AND YOUNG PEOPLE ENROLLED IN ECE/SCHOOL

	Social Worker/Gateway Assessment Coordinator	RTL B	Teacher ECE/school
Referral for child or young person already in care, or not in care but FGC has identified needs	Social Worker <ul style="list-style-type: none"> • Gains consent • Sends referral to school with a copy to RTL B Cluster Manager 	RTL B cluster manager Receives copy of referral	Receives referral
OR			
Referral for child or young person entering care (Years 1 – 10)	Social Worker (Years 1 – 10): <ul style="list-style-type: none"> • Gains consent • Ensures child is enrolled at school 	RTL B Cluster Manager <ul style="list-style-type: none"> • Receives & prioritises referral • Confirms care status & consent • Is the child a current client of MoE? <ul style="list-style-type: none"> ○ Yes: sends referral to local SE service manager* ○ No: allocates referral to a RTL B 	Receives referral
0-4 working days immediate response Information gathering and sharing	Social Worker <ul style="list-style-type: none"> • Responsible for working with parents, family and caregivers • Attends initial Gateway meeting 	RTL B* <ul style="list-style-type: none"> • Acts as the education lead worker for the first month • Coordinates and facilitates Initial Gateway Meeting: <ul style="list-style-type: none"> ○ Invites teacher, principal, social worker, caregiver(s) and the child/young person (if appropriate) ○ Discusses immediate needs, develops safety plan, discusses education profile 	<ul style="list-style-type: none"> • Starts filling out the education profile • Attends initial Gateway meeting
0-7 working days immediate response Education profile		Supports teacher to complete education profile	Completes education profile and sends to GA coordinator and social worker (Referral for health assessment cannot be sent until education profile complete)
2-4 weeks Initial planning stage	Social Worker <ul style="list-style-type: none"> • Ongoing collaboration with child or young person, caregivers, teacher, RTL B and other team members as appropriate 	<ul style="list-style-type: none"> • Works with teacher on strategies to ensure the child settles and succeeds at school • Completes initial assessments • IEP – short term goals identified • Ongoing collaboration with team 	<ul style="list-style-type: none"> • Work with RTL B on strategies to ensure the child settles and succeeds at school • Organises IEP • Ongoing collaboration
6 weeks Interagency Service Agreement (ISA)	GA Coordinator: <ul style="list-style-type: none"> • Collates information from social worker’s referral, education profile, and health assessment • Drafts the ISA • Forwards to RTL B, MoE & teacher version of the ISA that includes all information that is relevant to education • If required, organises a multi-disciplinary meeting 	<ul style="list-style-type: none"> • Gives feedback on draft ISA • Works with teacher/principal to develop plan on how school will implement education part of agreement • Attends multi-disciplinary clinical meeting 	<ul style="list-style-type: none"> • Gives feedback on draft ISA • Works with RTL B to develop plan on how school will implement education part of agreement • Attends multi-disciplinary clinical meeting
1-12 months Ongoing monitoring and assessment	Ongoing collaboration with child or young person, caregivers, teacher, RTL B and other team members as appropriate	Ongoing monitoring and functional analysis according to needs: <ul style="list-style-type: none"> • IEP - long term goals identified • Refer to usual RTL B/MoE service as appropriate • Ongoing collaboration with team as appropriate 	<ul style="list-style-type: none"> • IEP - long term goals identified • Ongoing collaboration with team as appropriate

***Note: If the referral is sent by the RTL B cluster manager to the MoE service manager, MoE will follow the same process as the RTL B. See column 3 above.**

FIGURE 3B: GATEWAY ASSESSMENT PROCESS FOR CHILDREN AND YOUNG PEOPLE NOT ENROLLED IN ECE/SCHOOL

	Social Worker/Gateway Assessment Coordinator	MoE	Principal, Head Teacher, or Teacher
Referral Child or young person enters care	Social Worker: <ul style="list-style-type: none"> • Gains consent • Checks that child/young person is not enrolled in ECE/school or homeschooled • Sends referral to RTLB Cluster Manager with copy to SE Service Manager • Supports enrolment at ECE/ school 	SE Service Manager: <ul style="list-style-type: none"> • Receives & prioritises referral • Confirms care status & consent • Is the child a current client of SE? <ul style="list-style-type: none"> ○ Yes: allocates to SE lead worker ○ No: allocates priority referral to SE staff member & opens referral in CMS (ECE/School Gateway Assessment) 	
0-4 working days immediate response Information gathering and sharing	Social Worker: <ul style="list-style-type: none"> • Responsible for working with parents, family and caregivers • Attends initial Gateway meeting 	MoE: <ul style="list-style-type: none"> • Acts as the education lead worker for the first month <ul style="list-style-type: none"> ○ Liaises with social worker, caregiver(s) and the child or young person (if appropriate) ○ Discusses immediate needs ○ Develops plan for ECE/school enrolment ○ Discusses education profile 	
0-7 working days immediate response Education assessment		Completes education profile ECE or Initial Education Profile (school-age) and sends to Gateway Assessment coordinator and social worker. Referral for health assessment cannot be sent until education profile complete.	
2-4 weeks Initial planning stage	Social Worker: <ul style="list-style-type: none"> • Ongoing collaboration with child or young person, caregivers, ECE/school and other team members as appropriate 	Works with social worker and caregiver to support enrolment of child or young person at school <ul style="list-style-type: none"> • Links them with senior advisor PFW/Participation/Schooling • Develops strategies to ensure the child/young person settles and succeeds at school. Discusses referral to RTLB. 	<ul style="list-style-type: none"> • Enrols the child or young person in ECE/school • Referral to RTLB if required • Works with MoE/RTLB on strategies to ensure the child settles and succeeds at schooling
6 weeks Interagency Service Agreement (ISA)	Gateway Assessment Coordinator: <ul style="list-style-type: none"> • Collates information from social worker's referral, Education Profile/Initial Education Profile, and health assessment • Drafts the ISA • Forwards to RTLB/teacher/MoE a version of the ISA that includes all information that is relevant to education • If required, organises a multi-disciplinary clinical meeting 	<ul style="list-style-type: none"> • Gives feedback on draft ISA • Works with teacher/principal and MoE/RTLB to develop a plan on how school will implement education part of agreement • Attends multi-disciplinary meeting 	<ul style="list-style-type: none"> • Gives feedback on draft ISA • Works with RTLB/MoE to develop plan on how ECE/school will implement education part of agreement • Attends multi-disciplinary meeting
1-12 months Ongoing monitoring and assessment	Ongoing collaboration with child, caregivers, teacher, RTLB and other team members as appropriate	RTLB/MoE Ongoing monitoring and functional analysis according to needs: <ul style="list-style-type: none"> • IEP – short & long term goals • Refer to usual RTLB/MoE service as appropriate • Ongoing collaboration with team 	<ul style="list-style-type: none"> • IEP – short & long term goals • Ongoing collaboration with team as appropriate

APPENDIX 1: SUPPORTING THE TRANSITION TO SCHOOL

A child/young person's transition into care affects each child/young person differently. It may mean many changes for the child/young person and can be unsettling. For some children/young people there will be the opportunity for positive changes and the development of new relationships, but initially it can be scary and the child/young person may feel guilty and/or sad about changes to their family/whānau.

Education has a role to play in supporting a child/young person's entry to care. A child/young person coming into care may experience:

- a new home
- a new caregiver
- a new school
- a new peer group
- new friends.

Caregivers and teachers can provide support that will help a child/young person adjust to a new school and/or home environment. When a transition goes well the initial distress of being scared or unsure will be reduced.

This section will help with the sharing of information, communication and planning between agencies and others who are supporting the child/young person. It is not intended to be used as a checklist – it is not exhaustive or prescriptive – and some of the questions and information may not be relevant in all cases. The guide is designed to act as a prompt for practitioners, caregivers and others to have appropriate discussions that facilitate the sharing of information aimed at supporting the child/young person.

The information gathered in response to the questions below should be used in conjunction with the education profile.

IDENTIFYING INFORMATION

When you receive the referral ensure you have all the relevant identifying details and contact information. Children entering care are often enmeshed in a complex pattern of relationships; consider creating a genogram or similar relationship profile. It is important for teachers to have up to date information from the social worker about who the child is living with and who they can and cannot have contact with.

GETTING TO KNOW THE CHILD OR YOUNG PERSON

Children entering care may come from families with complex problems involving neglect, abuse, homelessness, and parental substance abuse. They may have been exposed to violence, both before and after being separated from their biological parents. Children entering care may be confused and fearful and they may not be able to understand or process their feelings effectively for a period of time after removal.

Helping children/young people feel safe after they have been removed from their family/whānau may take time, patience, and reassurance from the caregivers and other important adults in their lives. Educators will have a very important role in this respect.

When children/young people are scared, they want to be with people who will help them feel safe and they might also worry about other family/whānau members and pets they have been separated from.

Educators can help by understanding the child/young person's immediate needs such as food, clothing, and school equipment; and by establishing daily routines as soon as possible, as this enhances a child/young person's sense of safety.

Some children/young people may not have experienced regular routines so it may take time to establish some knowledge of their previous daily routines and any new expectations in the home and school.

Consider the following question when gathering important information about the child.

- What foods does the student like?
- Does the child have a pet or pets? If so, name.
- Who will help get breakfast, lunch made?
- What time does the child need to get up in the morning to get to school? How will the student travel between school and home?
- If there is a problem getting to school, who will help? Who will inform the school and how will they inform the school?
- Does the student need additional clothes for home, for school, what are these and who will get them? Where will they be stored, e.g. spare underclothing, sports clothing etc?
- When there is a school outing, additional school activity, and/or extra equipment or information needed, who and how will caregivers be informed?
- What equipment does the student use, if any? Who will get this?

Separation from biological parents represents a significant loss for a child/young person entering care. This loss may go beyond losing parents because the child/young person usually loses siblings, grandparents, pets, and belongings when placed in care. The shock that may occur as a result may be mitigated by re-establishing or re-connecting, where possible, with objects of comfort. Children/young people may have special objects they are attached to, e.g. photos or special toys.

- What comfort objects does the student have/need at home, when going to bed or at school?
- What contact can be re-established and with whom or what?
- What photos are available (especially photos that remind the child/student of better times)?

Children and young people entering care may have difficulty listening and following rules, may be fearful and anxious, think often of family/whānau problems, frustrated, lack tolerance, and fail to complete work. They may keep relationships superficial in order to protect themselves from loss. Adults will need to be patient and provide positive reinforcement and support as the child/young person learns about their new school environment and establishes friendships.

- Who will show the student around the school (lunch area, play area, toilets, desk, sports area etc)?
- How will you introduce the student to class? Who will you buddy the student with in class?
- Who will you buddy the student with during interval and lunch time?
- How will you support the student's integration into your class? What fun activities can you do so the student gets to know others names and interact with students in the class?
- What is the student good at?
- What does the student find challenging? What does the student need help with?
- What tasks do other students enjoy that you can involve the student with such as road patrol, taking around notices etc?
- What tasks/actions can the student complete independently? What can the student become upset about?

Consider the child's preferences; likes and dislikes. Talk with them about their favourite:

- TV programmes, song or band
- toys
- colours
- foods.

SUPPORTING CHILDREN AND YOUNG PEOPLE AFFECTED BY TRAUMA, ABUSE AND NEGLECT

1. Psychological first aid is an approach to help children who are experiencing distress as a result of a trauma. The approach was originally designed to assist in the response to disasters and other significant events, however, there are similarities in the experiences of children who come into care; shock, loss bereavement and grief. The core actions below will not all be the responsibility of the RTLB. The core actions of psychological first aid are:
 - Contact and engagement: responding in a compassionate and helpful manner
 - Safety and comfort: ensuring immediate safety and providing comfort
 - Stabilisation: help calm and emotionally orient the child/young person
 - Information gathering: identify immediate needs and concerns
 - Practical assistance: offer practical and immediate support where possible
 - Connection with supports: make links to appropriate primary supports for the child or young person. This might be siblings or other relatives
 - Information on coping: providing information and assisting with ways to manage stress and distress
 - Linking with services: matching need to services.
2. Education professionals are often the most consistent adults in the lives of children and young people entering care. The ways adults develop relationships and engage children and young people in their learning can provide contribute to positive outcomes.

Refer <http://www.childhood.org.au/our-work>

STUDENT VOICE

RTLB/MoE in collaboration with the social worker, need to think carefully about how to include the student voice in the planning meeting which takes place in the first four days following the young person's entry to care.

RTLB/MoE is required to take account of the views of the child/young person. Article 12 of the United Nations Convention on the Rights of the Child (UNCROC) says:

(Respect for the views of the child): When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account. This does not mean that children can now tell their parents what to do. This Convention encourages adults to listen to the opinions of children and involve them in decision-making -- not give children authority over adults. Article 12 does not interfere with parents' right and responsibility to express their views on matters affecting their children. Moreover, the Convention recognizes that the level of a child's participation in decisions must be appropriate to the child's level of maturity. Children's ability to form and express their opinions develops with age and most adults will naturally give the views of teenagers greater weight than those of a preschooler, whether in family, legal or administrative decisions.

(Respect for the views of the child): When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account.

Points to note:

- It is beneficial from an educational and outcome point of view to include the student voice. Children/young people who are well informed and participate in the decisions made about them are more likely to be engaged in their learning.
- Having a voice and participating in planning provides the opportunity for children/young people to learn valuable skills such as negotiating, problem solving, planning and goal setting.

- Children/young people who participate in planning and goal setting are more likely to experience self efficacy.
- Consideration of the student voice will be influenced by the ability and capacity of the student to be involved; and adults should be knowledgeable and skilled in facilitating developmentally appropriate conversations.
- Consideration of how to include the student voice may include, but is not limited to, the student's participation in the planning meeting.
- The student may be involved in all aspects of the plan, including its preparation, development, implementation and review.

Depending on the situation and the age/developmental stage of the child/young person there are a number of contexts and methods for a child/young person's involvement in the information sharing and planning process. These might include, but are not limited to:

- informal conversations
- determining the child/young person's views as a component of individual therapy,
- the child/young person's attendance at all or part of a meeting
- digital storying (video/audio)
- emails/social media/text conversations with an advocate planning and reviewing interventions.

HEALTH INFORMATION

All children entering care will receive a comprehensive health assessment within the first six weeks of coming into care. The information below is designed to address immediate needs and support the student's ongoing engagement in education. It will inform the education profile to be completed for CYF and the health assessment to be completed later on.

Children in care have significantly higher rates of health problems than the general population. The Gateway Assessment pilot regions found that in 88% of cases children in care had unidentified or untreated health problems prior to coming into care. Amongst children in care there is a high prevalence of untreated acute conditions, as well as chronic illnesses, poor nutrition, inadequate immunizations, and limited health records.

The school may have important health information or know of areas that require specific assessment. Consider the following:

- Eye sight? Hearing? Immunisations? Nutrition?
- Skin conditions if any? Toileting needs?
- What medication and allergies does the student have, if any? Is there a current health plan?
- Is there an Education Plan relevant to physical, emotional or behavioural needs?
- Is the child supported by or does he/she require assistive technology?

APPENDIX 2: FREQUENTLY ASKED QUESTIONS

1. ***Does the Gateway Assessment process provide mental health services to children who do not meet the CAMHS diagnosis criteria?***

Yes. Evidence based programmes will be made available through specialist services and regardless of diagnosis or criteria for service from the DHB. The CYF Gateway team has funding to provide new mental health services.

2. ***How does a child's school alert CYF that a child entering care has arrived prior to a Gateway Assessment referral being received?***

In normal circumstances this won't be necessary. However with working relationships already established between schools/RTLB/MoE and CYF this should only require a phone call from the school/RTLB/MoE to CYF.

3. ***Does the Gateway Assessment include children who are having an FGC?***

The CYF social worker can use their judgment and refer the child or young person for a Gateway Assessment if they believe this would help identify and address the child or young person's needs at the stage where there is a Care and Protection Family Group Conference.

4. ***Is it mandatory for RTLB/MoE to attend the Multi-disciplinary Clinical Meeting?***

There is no mandatory attendance. The most appropriate education representative should attend this meeting. This may be the class teacher, SENCO, Principal, RTLB or MoE staff.

5. ***What is the timeframe for the completion of the education profile and the initial meeting?***

For children entering care, 0-4 working days to respond to the referral and convene an initial meeting (for children/young people at school). 0-7 working days to get the Education Profile/Initial Education Profile completed and sent/faxed to the social worker and Gateway Assessment coordinator.

6. ***Does the RTLB Manager need to pass on the referral to the school to get the education profile underway?***

The referral for an education profile is a parallel process. The school and the RTLB Manager will both receive a referral. In some situations the RTLB will have the important role of broker between the school and other agencies; CYF, Health, MoE.

7. ***Who has guardianship?***

While the mother is automatically a natural guardian, the father is a guardian if:

- He was married to, in a civil union with or living with the mother at any time from conception to birth of the child, OR
- If he is named on the child's birth certificate.

If the child was born before 1 July 2005, then the father is a guardian if:

- He was married to the mother at any time between conception and birth, OR
- Was living with the mother at the time of birth.

The Chief Executive of the Ministry of Social Development may be appointed as:

- A sole guardian;
- An additional guardian; or
- A guardian for a specific purpose, for example, medical treatment.

Refer to the CYF practice centre for more information about other types of guardianship:
<http://www.practicecentre.cyf.govt.nz/policy/caring-for-children-and-young-people/key-information/custody-guardianship-and-wardship.html>

8. ***Can children and young people in Child Youth and Family residences access Gateway Assessments?***

Children and young people who are in a Child Youth and Family Care and Protection Residence are eligible for a Gateway Assessment and have been included in DHB contract volumes. CYF and the DHB will need to agree whether the health assessment will be done at the DHB or in the residence.

9. ***Can young people involved with Youth Justice have Gateway Assessments?***

Young people involved with Youth Justice and who also have care and protection custodial status, or are also being referred for a care and protection FGC, or are subject to section 14(1)(e) of the Children, Young Persons and Their Families Act, can be referred for a Youth Justice health and education assessment or a Gateway Assessment. A social worker will liaise with the Youth Justice coordinator to decide which is most appropriate.

Children and young people involved with Youth Justice who do not have care and protection concerns are excluded from the Gateway Assessment process. These children and young people do, however, have access to a Youth Justice health and education assessment.

10. ***Who is responsible to gaining consent?***

It is the CYF social worker's responsibility to gain consent from the guardian for Gateway Assessments. Any questions of consent should be directed to the social worker.

This consent covers the sharing of information within and between health, education and CYF for the Gateway Assessment. Additional separate consent is required for any additional assessments or interventions outside of the Gateway Assessment process.

Useful links on informed consent and information sharing

- Interagency Gateway Guide – informed consent and information sharing
<http://www.cyf.govt.nz/keeping-kids-safe/ways-we-work-with-families/gateway-assessment-guidelines/gateway-assessments-informed-consent-and-information-sharing.html#Informationsharing4>
- Interagency Gateway Guide – The information sharing checklist/questions and answers
<http://www.cyf.govt.nz/keeping-kids-safe/ways-we-work-with-families/gateway-assessment-guidelines/interagency-guide-to-gateway-assessments-appendix-one-the-information-sharing-checklist.html>

Privacy Act 1993
<http://www.legislation.govt.nz>

- Information privacy principles and other information-sharing guidance
<https://www.privacy.org.nz>
<https://www.privacy.org.nz/how-to-comply/guidance-resources/>
- Sharing personal information of families and vulnerable children
<https://www.privacy.org.nz/how-to-comply/sharing-information-about-vulnerable-children/>
- Ministry of Education's Informed Consent Guidelines
<http://www.education.govt.nz/ministry-of-education/publications/special-education-publications/informed-consent-guidelines/>
- Practice briefing: Protecting clients' personal information
<https://www.lawsociety.org.nz/practice-resources/practice-briefings>
- Privacy-related case notes and court decisions
<https://www.privacy.org.nz/news-and-publications/case-notes-and-court-decisions/>
- Health Information Privacy Fact Sheet 3: Disclosure of health information – the basics
<https://www.privacy.org.nz/news-and-publications/guidance-resources/health-information-privacy-fact-sheet-3-disclosure-of-health-information-the-basics/>
- Health Information Privacy Fact Sheet 4: Dealing with requests for health information
<https://www.privacy.org.nz/news-and-publications/guidance-resources/health-information-privacy-fact-sheet-4-dealing-with-requests-for-health-information/>

APPENDIX 3: RTL B GATEWAY ASSESSMENT CHECKLIST

Activity	Check	Date or Action if required
Referral		
Referral received		
Check consents		
Check all necessary indentifying and contact information included		
Social worker identified & contact info		
Gateway Assessment coordinator identified & contact info		
Contact school/teacher explain role		
Is child in receipt of Special Education services?		
Initial Gateway Meeting		
Meeting date and time set		
Invitations to teacher, principal, caregiver, others		
Initial information gathering to support the transition		
Convene/facilitate meeting		
Responsibilities for education profile components		
Record meeting outcomes		
Initial (safety) plan if required		
Education Profile		
Education profile completed		
Supplementary info: school report		
Supplementary info: IEP/IBP		
Supplementary info: Attendance, standown, suspension info		
Education profile signed		
Education profile sent to Gateway Assessment coordinator		
Supervision/Peer Review		
Initial safety plan discussed with supervisor/practice leader		
Education profile shared with supervisor/practice leader		
Nature of ongoing work discussed with supervisor/practice leader		
Interagency Service Agreement (ISA)		
Read and provide feedback on draft		
Attend multi-disciplinary interagency meeting		
Plan ongoing casework and monitoring with school/teacher		