

# *RTL B Gateway Guide*

*Ko te mokopuna te pūtake o te matāuranga*

The child is at the centre of it all



November 2013

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## Section 1: Overview

### Introduction

Gateway Assessments are a joint inter-agency programme with Child, Youth and Family, the Ministry of Education and the Ministry of Health.

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 Child, Youth and Family. The term 'Gateway' reflects:

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

Gateway Assessments will:

- 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 needs of the child's mother or father as they might impact on the child
- create an interagency service agreement 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.

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).

RTLb have a contractual arrangement, under the terms of Cluster Service Agreement, to provide support for all children and young people entering care.

RTLb may also support 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.

The Gateway process has provision for teachers to complete an Education Profile, if the child or young person would benefit from a Gateway Assessment, but does not meet the criteria for RTLB intervention.

## Rationale for RTLB Intervention

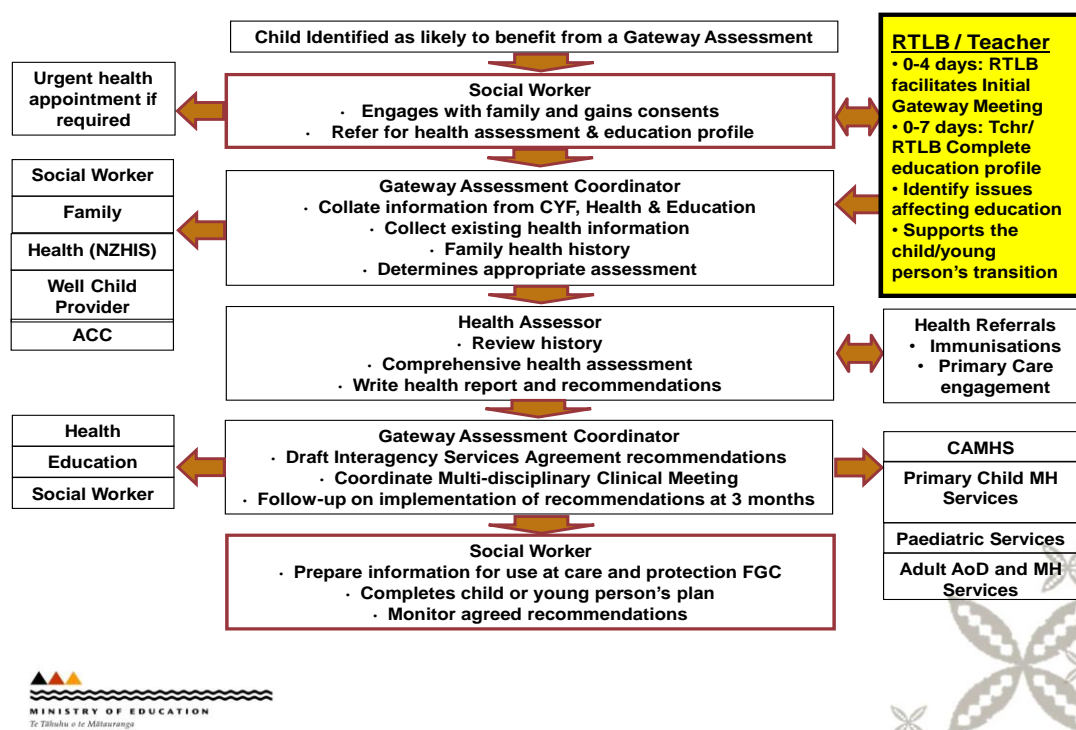
Improving support for children in care is a government priority.

Children entering care are likely to have high education and health needs relative to the general population<sup>1</sup>. A survey in 2008 found that twenty-eight percent of children in care were recorded in the Ministry of Education, Special Education database.

An evaluation of the Gateway pilot regions found that eighty-eight percent of children in care had previously unidentified, or unmet, health needs.

The point of entry to care is an opportunity to make sure information is shared and support is provided to ensure ongoing engagement with education. Maintaining engagement with education and success at school when a child enters care is a priority. Children who come into care will frequently be traumatised and will often have been a victim or a witness of violence. They are likely to be in an aroused state that manifests itself in challenging behaviours at school. Whether the child/young person continues at the same school, or enrolls at a new school, after coming into care it is important that they settle at school well and quickly; and that their education is uninterrupted and any additional/specific learning needs are identified and met (see Figure 1 for Overall Process).

**Figure 1: Overall Process**



<sup>1</sup> Tozer G, Findings of Gateway Assessment Pilot Evaluation

## RTL B Process (see Fig 2)

- An Education Profile form will be generated by Child, Youth and Family when a child enters care.
- The profile form will be sent by Child, Youth and Family to the RTL B Cluster Manager and the child/young person's Teacher.
- The Cluster Manager will assign an RTL B immediately, if a child or young person:
  - has entered the care of the Chief Executive of Child, Youth and Family
  - is in school years 1 to 10 (**Note:** other referrals e.g. for children and young people outside of this year range will be sent by Child, Youth and Family to the school, or early childhood setting to be completed. The Cluster Manager will receive copies of these referrals).
- The RTL B will facilitate a meeting within 0-4 days with the Principal, the Social Worker, the Caregiver, the Teacher, and MoE Special Education (if a SE client). The meeting may also include the young person.
- Transition planning support material is provided in Section 4 of this guide and this is designed to prompt discussion about the key issues to be discussed at the meeting. The planning document will also inform the content of the Education Profile.
- The Education Profile will be considered at that meeting. The Teacher will complete the Education Profile within seven working days of receipt of the request from the Social Worker. A copy of the completed profile is sent to the Child, Youth and Family Social Worker *and* the Gateway Assessment Coordinator.

## What will the RTL B Cluster Manager do?

When the Cluster Manager receives an Education Profile form from Child, Youth and Family it will include confirmation that the child/young person is entering the Chief Executive of Child, Youth and Family. Details of the child's care status are included on the form.

A referral from Child, Youth and Family for a child entering care<sup>2</sup> is a priority referral and is not subject to normal referral criteria. A priority referral for a child entering care means immediate access to an RTL B without going through the normal school referral process, or the normal cluster intake and selection process. Approximately 2,200 children and young people come into care each year. Many of these children will be outside the age range that RTL B provide a service to.

The Cluster Manager will allocate a priority referral to an RTL B in the cluster for immediate follow up. A meeting (Initial Gateway Meeting) will be facilitated by the RTL B with the key people supporting the child/young person within 0-4 days.

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<sup>2</sup> **Entry to care includes the following legal statuses:**

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

It is essential that the Social Worker and the caregiver attend this meeting. Every effort should be made to ensure their attendance.

## Resources

RTLb and schools are expected to utilise the existing resources that are available to support all students, including children entering care, who require additional learning support. A child entering care is subject to the same criteria for access to additional learning support as any other student. Children entering care will frequently have high needs and will often meet the criteria for additional learning support, including support from the Ministry of Education, Special Education.

The RTLb will employ a differential response to children entering care. The 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 entering care will be current, rather than new, clients of MoE-SE or RTLb. If a child is currently being supported by MoE-SE or RTLb then the decision to place the child entering care is an opportunity to review the support that is being provided. The Gateway process aims to ensure the transition into care, and possibly a new school, is marked by success at school.

Section 4 of this guide supports practitioner's thinking about the areas that may be discussed at the Initial Gateway Meeting.

## What will the RTLb do?

The intervention is part of the Gateway Assessment process to support children entering care. The purpose is to provide an intensive short term intervention, with a focus on the first month, at the point of entry to care, followed by a period of monitoring for up to a year to ensure the child entering care continues to make progress. After the first month the nature of the intervention will depend on the needs that are identified.

## The RTLb will:

- Facilitate the Initial Gateway Meeting within 0-4 days.
- Develop a plan that addresses the immediate education needs of the young person and covers the first month with provision for ongoing monitoring.
- Be the Lead Worker during the first month, if the young person is not a current client of MoE-SE (a significant number will be).
- Work with the classroom Teacher on strategies to ensure the child/young settles and succeeds in class.
- Work with the classroom Teacher to ensure that the education needs that are identified are met through education services.
- Provide any necessary ongoing specialist input, e.g. undertake any education assessments that are necessary.
- Be a key member of the inter-agency group, participate in future inter-agency case conferences to contribute education information and an education perspective, and work to strengthen the link between education and other agencies supporting the child.

- Work with the teacher to complete the Education Profile and return it to the Child, Youth and Family Social Worker and the Gateway Assessment Coordinator within seven working days.
- Provide on-going high quality education information and feedback to the Social Worker.
- Contribute to the development of the Inter-agency Child Development Agreement.

### **Purpose of the *Initial Gateway Meeting***

The focus of the meeting is on sharing information and short-term planning and intervention. A meeting with the Social Worker and the caregiver is an opportunity to gain important information about the child/young person that supports their education. In addition education will be able to provide important information to the Social Worker and the caregiver. The meeting is an opportunity to begin the process of supporting the young person's education during their transition into care, and a new caregiver, as well as potentially a new school/peer group/circle of friends.

The meeting and the sharing of information will inform the Education Profile. It will also inform the development of the Inter-agency Services Agreement that is part of the Gateway Assessment Process.

### **Consent**

Child, Youth and Family will have gained consent from the legal guardian for the sharing of information covered by the Gateway Assessment process.

The Education Profile states the child's parent or guardian has given their consent to the Gateway Assessment and the sharing of the information covered by the Education Profile.

Any questions about consent should be directed to the Social Worker.

When consent has been indicated on the Education Profile form – the Teacher sends the completed profile to the Social Worker and the Gateway Assessment Coordinator.

The sole focus of RTLB is the education component of the support for the child entering care. The RTLB will not undertake work that is the province of the Social Worker.

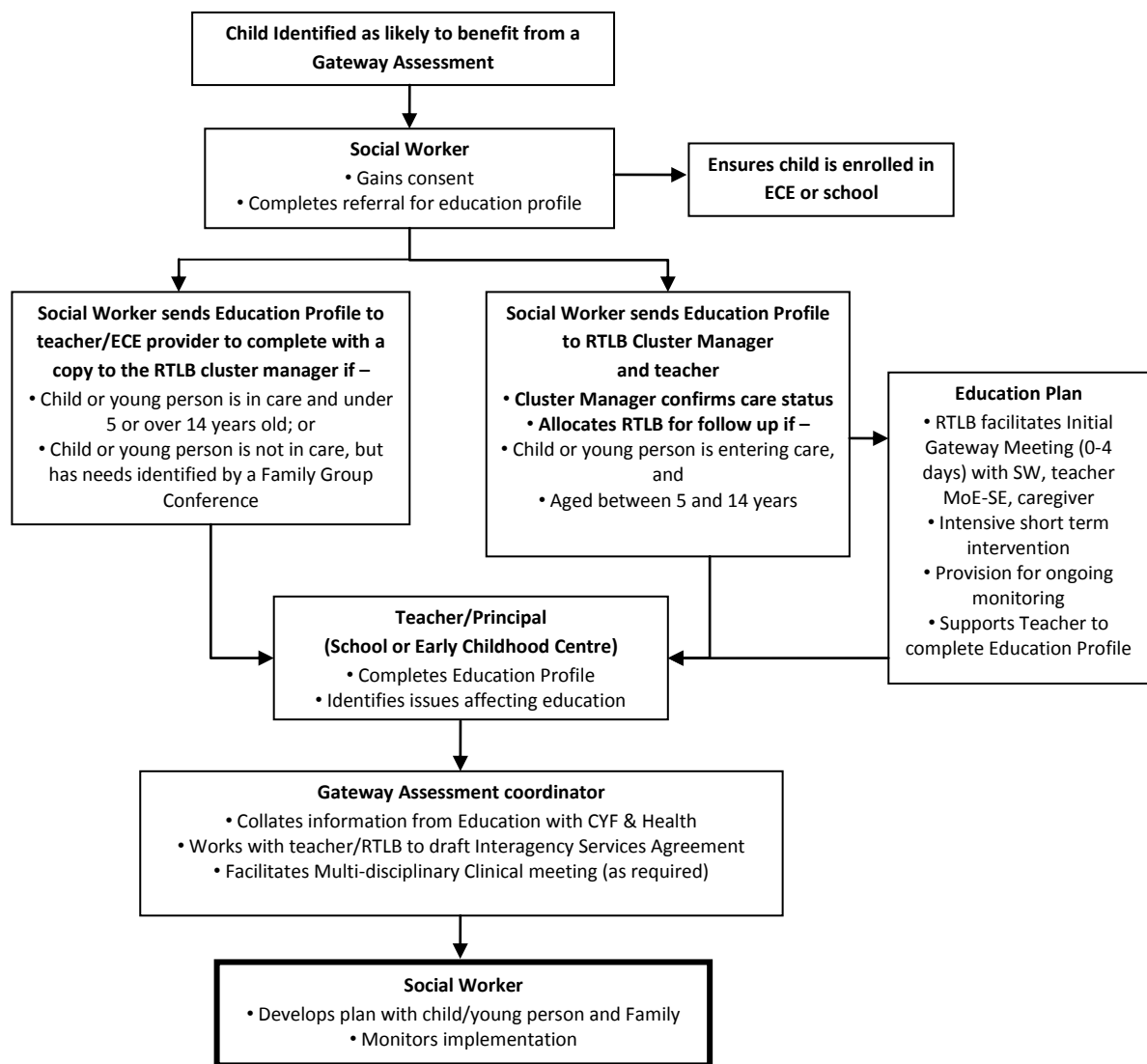
### **Link with MoE-SE**

A significant number of children entering care will be current clients of MoE-SE or RTLB. MoE-SE will attend the initial meeting and will take the Lead Worker role if a child entering care is currently being supported by MoE-SE. At the meeting RTLB and MoE-SE are expected to discuss the immediate support covering the first month and ongoing support requirements. This discussion will include details of how the two services will work together.

### **School Calendar Year**

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

**Figure 2: RTLB Process Flow**





## Section 2: How we work together. Values, principles, roles and responsibilities

### Introduction

Every professional involved in the Gateway Assessment process brings a different set of skills and model of practice. Having shared values and principles enables us to work together more effectively, and ensure that the child or young person and their family are included as partners in the process.

### Values and Principles

The following values and principles 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 which 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 which is easily understood by other practitioners and children, young people and their whānau.
- Recommendations will focus on solutions rather than highlighting problems.

### Working with the child or young person and their family

Children, young people and their families need good information in order to make informed choices about Gateway Assessments. When they have a clear understanding of the process and how it can help them they are much more likely to consent and be actively involved in the Gateway Assessment process.

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 to the assessment, and support the child or young person and their family throughout the process. This may involve attending appointments and any follow-up that is required.

The [‘Keeping Kids Healthy and Well’](#) brochures, one for caregivers and one for parents, help explain the process. The parent or guardian version includes the consent form and there is also a brochure available for young people, which includes an informed consent form.

You can read more about Child, Youth and Family processes, policies and resources at

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

## Culturally responsive practice

All children and young people have their own individual views, values and beliefs. Some will reflect those of their family, their wider whānau, community, culture and faith. For others, there will be some difference or distance between their values and beliefs and those around them.

Understanding, respecting and using the child or young person and their family's individual values and beliefs to guide how Gateway Assessments are delivered 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.

The [Child, Youth and Family practice centre](#) has further information around culturally responsive practice, including guidelines for working with Māori, Pacifica and migrant families:

## Roles and responsibilities

### Child, Youth and Family Social Worker

The Social Worker identifies and refers children and young people who are likely to benefit from a Gateway Assessment, and engages with them and their families to gain consent and support them through the process.

The referral needs to occur within five working days from when the child or young person enters care, or is identified as likely to benefit from a Gateway Assessment. Children, young people and their families require prompt access to good quality information and support to encourage decision making and planning.

The key responsibilities of the Child, Youth and Family Social Worker in the Gateway Assessment process are to:

- refer all children and young people for a health assessment who will benefit from a Gateway Assessment – include information that will help the health assessor understand the child or young person's life experiences, background and needs
- request an Education Profile from the child or young person's education provider
- inform the children or young people and their families about the purpose and process of Gateway Assessments
- gain consent from the parent/guardians or young person for the referral to the Gateway service and to share information about them between Child, Youth and Family, the Ministry of Health and the Ministry of Education
- gain consent from the birth parent to obtain their health information
- provide information on appointments to the child or young person and their families
- identify and address support needs to attend appointments
- attend the Gateway Assessment with the child or young person where appropriate
- support the child or young person and their parents and caregiver to engage with health and education services
- support the family and caregivers to understand the child or young person's health and education needs, what services are needed, and why

- share information and work with the family, caregivers, health and education agencies to address the child or young persons needs through:
  - care and protection family group conference or other family decision making meeting
  - court and case review meetings
  - organising or supporting access to health and education services
- keep family, caregivers and health and education agencies updated and informed about progress on the child or young persons health, education and well being
- review progress with the Gateway Assessment Coordinator three months after the Interagency Services Agreement (ISA) has been finalised and agreed with the family/whanau
- keep health, education and welfare agencies informed of the current caregivers and their contact details.

The Social Worker is an active participant in the Gateway Assessment process by ensuring the child or young person is informed about the process and can attend the appointments. 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.

Where the Gateway Assessment occurs after the FGC plan has been written, the Social Worker works with the child or young person and their family to discuss the Gateway Assessment recommendations. A formal review meeting can be arranged where the Gateway Assessment is fully discussed and included in subsequent reviews of any FGC or Court Plans.

### Gateway Assessment Coordinator

The Gateway Assessment Coordinator is a key role throughout the Gateway Assessment process. They need to have a sound understanding of the process in its entirety - what's involved, where responsibilities lie, timeframes etc - to ensure the smooth operation of the process. They are also a champion and advocate of the Gateway Assessments, so need to have a clear appreciation of the Assessment's purpose, and the benefits they bring to the children and young people are known to Child, Youth and Family.

The Gateway Assessment Coordinator:

- facilitates the interface between Child, Youth and Family, education and health services
- receives the referral from the Child, Youth and Family Social Worker
- checks appropriate consents have been granted and explores issues of consent with any guardian or young person who were unwilling to grant consent. Any special requests relating to consent should be noted
- collects existing health information from various sources (such as NZHIS)
- contacts the Social Worker, family and/or care giver to gain further information and send out questionnaires that may assist in the assessment – where this is in the locally agreed scope of the coordinator's role
- receives the Education Profile that was requested by the Social Worker and completed by the child or young person's Teacher or RTLB

- collects mental health and alcohol and other drug information about the mother
- determines the most appropriate assessment and health assessor, in consultation with the supervising paediatrician
- books appropriate health assessments in consultation with the Social Worker and coordinates the health assessment process
- facilitates investigations and specialist appointments that are identified as appropriate by the assessment
- collates the health assessment report and Education Profile and ensures the referring social worker receives the report and that they understand the recommendations
- ensures reports (summarised where appropriate) are distributed to other involved parties including the guardians, caregivers, teacher and the child or young person's lawyer
- enters data into the Core Data set to record and report monthly on activity
- ensures that a health record is created or maintained for the child or young person
- drafts the Interagency Services Agreement (ISA) in consultation with the social worker and teacher and ensures this is ready for discussion at the multi-disciplinary clinical meeting
- forwards to RTLB/teacher a version of the ISA that includes all information that is relevant to education
- facilitates the multi-disciplinary clinical meeting where the ISA needs further discussion or negotiation (particularly where there are mental health needs)
- gain endorsement for the ISA from involved agencies
- follows up recommendations and their implementation with the clinicians
- attends appropriate Child, Youth and Family site case consult meetings
- assists the Child, Youth and Family Gateway Assessment site champion with the training of social workers and teachers in the Gateway Assessment process.

The Gateway Assessment Coordinator works with a range of assessing health practitioners including paediatricians, youth health specialists, general practitioners, nurse practitioners and public health nurses based in District Health Boards (DHBs), the community or private settings.

The Gateway Assessment Coordinator also works closely with their local Child, Youth and Family site, to encourage the referral of all eligible children and young people. They will also:

- facilitate the interface between social workers and the health service
- attend appropriate Child, Youth and Family care clinics
- participate in training for social workers in the Gateway Assessment process
- assist social workers to understand and navigate their way around the health system.

Depending on the number of referrals received, this position may be full time or part time. The Gateway Assessment Coordinator may be supported by administrative assistance.

### **Assessing Health Practitioners**

The health assessor is responsible for ensuring the health and wellbeing needs of the child or young person are identified, and advising on ways that these needs can be met. The report and recommendations from the health assessment provide key information for the Interagency Services Agreement (ISA) which informs the care and protection family group conference, and other planning processes involving the child or young person and their family.

The health assessor also acts as an advocate for the child or young person, and collaborates with other agencies to track the effectiveness of the recommendations and their impact on the health and well-being of the child or young person.

The health assessor:

- develops, in consultation with the Gateway Assessment Coordinator, processes to enable all children and young people referred for an assessment to have their needs comprehensively assessed
- with the consent and understanding of the child or young person, undertake a comprehensive health assessments (in a timely fashion) for those referred for an assessment – further guidelines are provided below
- ensures the child or young person and the adult accompanying them fully understand the assessment findings
- ensures that appropriate referrals and health related investigations for the child or young person are arranged to confirm their health needs and address the issues identified
- prepares reports and recommendations in a timely manner – reports should be prepared with consideration to the recipients including the child’s Social Worker, parents/guardians, caregiver, teacher and other health practitioners involved in the care of the child or young person; reports may need to be audience specific for complex children or young people
- ensure children and young people are linked to appropriate follow-up and to a primary health care provider and Well Child provider as appropriate. This is done in conjunction with the Gateway Assessment Coordinator
- maintains appropriate clinical records and contributes to the development of clinical protocols and procedures and quality indicators relating to this service
- contributes to clinical reviews and multi-disciplinary clinical meetings as appropriate
- identifies any gaps in health care provision for children and young people entering care in the DHB area, and contributes to the development of strategies to address such gaps
- assists in the training and education of Child, Youth and Family staff, other health professionals and education staff as appropriate.

## Teacher

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. This will help inform planning to meet the needs of the child or young person. The Education Profile needs to be completed within seven working days of receipt of request.

The teacher in the Gateway Assessment process:

- accepts the request from the Social Worker or RTLB to complete an Education Profile summarising what is known about the child or young person
- completes the Education Profile on attendance, development, learning and achievement, social interaction and any specialist education assistance
- develops a plan to meet the needs identified in the Education Profile (with the input of RTLB of MOE SE if the child, young person is entering care and aged 5-14)

- where the child is new to the school, contacts the previous school or the Ministry of Education to request that they complete the Education Profile or provide sufficient information for the current teacher to complete the profile
- identifies any assistance that may be needed to support the child or young person in their learning
- attaches any reports available from RTLB or Special Education
- sends the completed profile to the social worker and the Gateway Assessment Coordinator.
- assists in identifying the needs of the child or young person with the social worker and Gateway Assessment Coordinator
- works with the Social Worker and Gateway Assessment Coordinator to develop the ISA
- works with the child or young person and their family to address the educational needs that are identified in the ISA
- attends a Multi-disciplinary Clinical meeting (where one is required) with the Social Worker and health assessor to agree the ISA for complex children
- follows up on the education recommendations from the ISA.

*For more information, see Section 3 – Guide for Educators.*

### **Resource Teachers Learning and Behaviour (RTLB)**

RTLB and schools work together to provide an intensive short term intervention for children who have recently come into care. This intervention has a focus on the first month after the child has come into care. This is followed by a period of monitoring for up to a year to ensure the child continues to make progress.

When the RTLB Cluster Manager receives the request from the Social Worker to complete an Education Profile, they:

- check to determine that the child or young person is entering care
- assign an RTLB to the child or young person.

The RTLB in the Gateway Assessment process:

- facilitates a meeting between the teacher and social worker within four days of the receiving the referral for an Education Profile
- develops a plan that addresses the immediate needs of the child or young person and covers the first month with provision for ongoing monitoring
- works with the teacher to complete the Education Profile and return it to the social worker and Gateway Assessment Coordinator within seven working days
- is the lead worker during the first month, if the child or young person is not a client of Special Education (MoE-SE)
- works with the classroom teacher on strategies to ensure the child or young person settles and succeeds in class and undertakes any assessments that are necessary
- is a key member of the interagency group, including contributing to the Interagency Services Agreement

- works to strengthen the link between education and other agencies that are supporting the child or young person
- provides on-going high quality education information and feedback to the Social Worker.

### **Other Child, Youth and Family roles**

#### ***Gateway Assessment site champion***

Each site has a Gateway Assessment site champion who promotes awareness of the service and supports staff in identifying children and young people who would benefit from a Gateway Assessment.

The site champion:

- is the local expert on the Gateway Assessment process so they can support and guide staff
- is the liaison between the Child, Youth and Family site and the Gateway Assessment Coordinator and Education (teachers/RTLB specialists /principals)
- supports site managers and staff to develop good working relationships with schools and health providers in their local area
- delivers Gateway Assessment updates and training to the site with assistance from the Gateway Assessment Coordinator (if practicable)
- supports site managers and staff with Gateway Assessment referrals and ongoing health appointments
- works with the site manager to enable appropriate Child, Youth and Family staff to accompany the Gateway Assessment Coordinator when they attend meetings in their community aimed at promoting Gateway Assessments
- manages reports and updates the site on performance and follow up with site managers when Gateway Assessment issues arise.

#### ***Care and protection coordinator***

The care and protection coordinator:

- identifies children and young people who may benefit from a Gateway Assessment and work with the Social Worker to make a referral
- incorporates recommendations from the Interagency Services Agreement (ISA) into the care and protection family group conference plan

The referral needs to occur within five working days from when the child or young person enters care or is identified as likely to benefit from a Gateway Assessment.

#### ***Site manager***

The role of the Child, Youth and Family site manager is to:

- support social workers to refer all children and young people who would benefit from a Gateway Assessment
- be familiar with the details of the process so they can support and guide staff in the Gateway Assessment service

- build good working relationships with the key health and education providers in their sites area: Schools, Early Childhood Education providers, District Health Boards, Child Health, primary care providers and district/regional education services
- receive the regular Gateway Assessment referral reports from National Office and follow-up with the Social Worker any children and young people who have not been referred.

### *Operations manager*

The role of the Child, Youth and Family Operations Manager is to:

- establish local governance arrangements to oversee the implementation and operation of the Gateway Assessment process. The local governance group should include representatives from each Child, Youth and Family site, the DHB and education. The group will meet regularly to review the service and resolve any issues that may arise
- track regional trends in referrals and encourage Child, Youth and Family site managers to enable referral for all children and young people who would benefit from a Gateway Assessment.

### *Child, Youth and Family national office*

The role of the Child, Youth and Family national office is to:

- coordinate with Ministries of Health and Education through the programme Steering Group and Working Group for the ongoing oversight and support of the Gateway Assessment service
- contract and fund for the provision of the Gateway Assessment service
- notify the Ministry of Health and/or ACC of the name, qualifications and email address of the health practitioner who is authorised to request health information held about a child or young person
- collect and collate monthly reports from Gateway Assessment Coordinators
- undertake an audit and quality assurance service to review accurate and appropriate application of the Gateway Assessment process and the quality of referrals, reports and recommendations
- prepare reports for other agencies including Ministry of Health and Ministry of Education and respective Ministers
- monitor and report on programme outcomes.

### *Other Ministry national office roles*

#### *Ministry of Health*

The role of the Ministry of Health in relation to the Gateway Assessments is to:

- participate in the Gateway Assessment interagency working group and Steering Group
- provide policy advice in the development and implementation of the Gateway Assessment programme
- ensure the Minister of Health is appropriately updated on implementation and outcomes from the Gateway Assessment
- engage with DHBs to encourage involvement and support of the Gateway Assessment programme.



### *Ministry of Education*

The role of the Ministry of Education in relation to the Gateway Assessments is to:

- participate in the Gateway Assessment interagency working group and Steering Group
- provide policy advice in the development and implementation of the Gateway Assessment programme
- ensure the Minister of Education is appropriately updated on implementation and outcomes from the Gateway Assessment
- engage with schools, Boards of Trustees and industry associations to encourage understanding, involvement and support of the Gateway Assessment programme.

## Section 3: Guide for Educators

Children who come to the attention of Child, Youth and Family are some of New Zealand's most vulnerable children. As a result of their backgrounds, they are often disconnected from regular health and education services, and are more likely to have physical, behavioural, and emotional barriers to overcome. Many have a combination of health and education needs that have gone unidentified or untreated prior to them coming into care.

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 Child, Youth and Family, particularly those coming into care. The overall objective is to enhance their physical, mental, educational and social wellbeing.

Once the child or young person's needs are identified, the Gateway Assessment process looks at ways that parents, caregivers, education providers, other health service providers, the Social Worker and other social agencies can collaborate to address the needs of the child or young person.

The process involves gathering together information from Child, Youth and Family, Health and Education, to identify the child's or young person's needs and how they can be met. By working closely together, we can combine our understanding of the child or young person's needs, and develop more effective plans to fully address those needs.

As a Teacher or RTLB, you play a vital role in this process. Information about how the child or young person is doing in school and how they interact with their peers and adults is critical to creating a comprehensive understanding of the child or young person and their needs.

Figure 3 outlines the roles, responsibilities and time frames for the RTLB Teacher and Social Worker and this chart assumes a level of cross agency collaboration.

**Figure 3: Roles and Relationships for RTLB in the Gateway Assessment Process**

<i>Ko te mokopuna te pūtake o te matāuranga</i>		The child is at the centre of it all	
	<b>Social Worker</b>	<b>RTLB</b>	<b>Teacher</b>
<b>Referral</b>	Child aged 5-14 enters care → Social Worker: - Gains consent - Ensures child is enrolled at school - Sends referral to school and RTLB Cluster Manager	<b>RTLB Cluster Manager</b> Receives referral – priority referral Confirms care status Is the child a current client of Special Education? - Yes: sends referral to local SE Service Manager - No: allocates priority referral to an RTLB	Receives referral
<b>0-4 working days</b> Immediate Response	Responsible for working with parents, family and caregivers	<b>RTLB</b> Acts as the education lead worker for the first month Coordinates and facilitates Initial Gateway Meeting: - Invites teacher, principal, social worker, caregiver(s) and the child (if appropriate) - Discuss immediate needs of the child - Develop Safety plan - Discuss Education Profile	Starts filling out the Education Profile
Information gathering and sharing	Attends Initial Gateway meeting		Attends Initial Gateway Meeting
<b>0-7 working days</b> Immediate Response		Support teacher to complete Education Profile	Complete Education Profile and send to Gateway Assessment Coordinator and Social Worker: - Referral for health assessment cannot be sent until Education Profile complete
<b>2-4 weeks</b> Initial Planning stage	Ongoing collaboration with child, caregivers, teacher, RTLB and other team members as appropriate	- Work with teacher on strategies to ensure the child settles and succeeds at school - Initial assessments and monitoring - IEP – with short term goals identified - Ongoing collaboration with team	- Work with RTLB on strategies to ensure the child settles and succeeds at school - IEP - Ongoing collaboration
<b>6 weeks</b> Interagency Services Agreement	Gateway Assessment Coordinator: - Collates information from social worker's referral, Education Profile, and health assessment - Drafts the ISA - Forwards to RTLB/teacher a version of the ISA that includes all information that is relevant to education - If required, organises a multi-disciplinary meeting	Interagency Services Agreement (ISA): - Give feedback on draft - Work with teacher/principal to develop plan on how school will implement education part of agreement - Attend multi-disciplinary meeting	ISA: - Give feedback on draft - Work with RTLB to develop plan on how school will implement education part of agreement - Attend multi-disciplinary meeting
<b>1-12 months</b> Ongoing monitoring and assessment	Ongoing collaboration with child, caregivers, teacher, RTLB and other team members as appropriate	Ongoing monitoring and functional analysis according to needs: - IEP - long term goals - Refer to usual RTLB service as appropriate - Ongoing collaboration with team as appropriate	IEP - long term goals  Ongoing collaboration with team as appropriate
<i>Ko te mokopuna te pūtake o te matāuranga</i>		The child is at the centre of it all	

## About the Education Profile

An Education Profile is requested for all children and young people who come to the attention of Child, Youth and Family, and who are enrolled in education, including early childhood education service. It is a vital part of the Gateway Assessment process, with the information provided in the Education Profile contributing to the comprehensive health assessment, particularly in the areas of cognitive function, mental health, behaviour and socialisation. This information also assists the social worker and the family in developing a plan to meet the needs of the child or young person.

The Education Profile provides a template for the teacher at the early childhood education 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 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.

There are multiple versions of the Education Profile – early childhood education, primary, intermediate and secondary school and te reo versions of each of these. Each version follows a similar format, but has questions, tools and language that are specifically tailored to the age group.

## Requesting an Education Profile

When a Social Worker becomes aware that a child or young person would benefit from a Gateway Assessment they will complete a referral for an Education Profile.

As part of the process of initiating the Gateway Assessment referral, the Social Worker checks that the child is enrolled in school.

- Where the child or young person is in school years 1 to 10, and is entering care, the Education Profile request form is sent to the RTLB Cluster Manager and the Teacher.
- Where the child or young person is outside of this range and is already in care, or is not in care but has needs identified at FGC, the Education Profile is sent to the teacher with a copy to the RTLB Cluster Manager.

The request form records that the Social Worker has obtained the consent of the competent young person or the guardian for the information to be released to the Gateway Assessment Coordinator.

### When the child or young person is not enrolled or have only just enrolled?

The school where the child is enrolled is responsible for completing the Education Profile including contacting previous schools to get the necessary information. If the child or young person has only just enrolled at their current school, the previous school should be contacted by the Social Worker. Where the child is not enrolled at a school, the Social Worker will work with the guardian or caregiver to ensure the child or young person is enrolled in school.

## **Consent and the Education Profile**

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 to provide education related information to the Gateway Assessment Coordinator and the health practitioner who will be undertaking the health assessment.

## **RTLB**

When the RTLB Cluster Manager receives a referral for the Education Profile for a child who is entering care, who is in school years 1 to 10, they will allocated an RTLB to that child. That RTLB will facilitate a meeting within four days to discuss the needs of the child or young person and, if necessary develop an education plan. This meeting will be attended by the Social Worker the teacher and the caregiver. The Ministry of Education, Special Education will also attend if the child or young person is a current or recent client.

The RTLB Cluster Manager and RTLB will check to see if the child or young person is a current client of MoE-SE.

RTLB will assume the role of key worker for the child or young person in the first month (if they are not already a client of MoE-SE) and work with the teacher on strategies to ensure the child or young person settles and succeeds in class.

## **Returning the completed Education Profile**

The RTLB will support the teacher to complete the Education Profile.

If the teacher has any concerns about sharing sensitive information they should talk directly to the social worker or Gateway Assessment Coordinator.

Once the teacher has completed the Education Profile it should be sent to the Gateway Assessment Coordinator named on the referral from the social worker. A copy should also be sent to the requesting Social Worker. The completed Education Profile will form part of the confidential client record held by Child, Youth and Family.

## **Timeframes**

To support the Gateway Assessment process the Education Profile needs to be completed within seven working days. It is important this timeframe is met so that the child or young person and their family benefit from timely access to appropriate supports.

## **How the Education Profile is used**

Once the Education Profile is returned, the Gateway Assessment Coordinator organises a comprehensive health assessment.

The health practitioner undertakes the health assessment within 6 weeks of the referral from the social worker. The Education Profile provides key information for the health practitioner how the child or young person is performing in areas such as emotion and behaviour, cognitive function, achievement and interaction with others.

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 Inter-Agency Services Agreement. It usually takes up to six weeks to complete the health assessment.

### **Privacy considerations**

Teachers should be aware of the provisions of the Privacy Act 2020 in relation to how they store or share the information contained in the report from the health assessor. It is necessary to take appropriate steps to ensure the privacy of the child and family is protected.

### **Preparing the Interagency Services Agreement**

The Gateway Assessment Coordinator works with the Social Worker and drafts an Interagency Services Agreement (ISA). This agreement combines information from the Social Worker referral, the Education Profile and the health assessment. The Teacher will be invited to participate in the development of this Interagency Services Agreement. The ISA sets out the services each agency is able to contribute to meeting the needs of the child. The RTLB/teacher 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.

### **Multi-disciplinary clinical meeting**

If the needs of the child are complex, or if the teacher has specific concerns about the child, a multi-disciplinary clinical meeting may be called 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 and the access to appropriate services.

### **Follow-up**

The Gateway Assessment Coordinator is tasked with following up the outcomes of the assessment at three months. This may involve talking to the teacher to ensure that interventions that were agreed have been provided and that these interventions have addressed the needs of the child.

The Gateway Assessment programme has committed to a range of outcome measures, including a number of education related indicators.

### **Involvement of parents and caregivers**

Information is available to parents and caregivers about the health assessments and Education Profiles. The Social Worker is responsible for working with parents, family members, and caregivers, and involving them in the process as appropriate to the case.

## Section 4: Supporting the Transition to School

Approximately 2,200 children and young people come into care each year<sup>3</sup>.

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 is likely to 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.

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<sup>3</sup> **Entry to care includes the following legal statuses:**

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

## Getting to Know the Child

Children entering care will 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 responding to 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 go 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)?

School-aged children 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 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 dislike. Talk with them about their favourite:

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

### Psychological First Aid

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 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.

The Psychological First Aid Manual is available at:

[http://www.nctsn.org/sites/default/files/pfa/english/1-psyfirstaid\\_final\\_complete\\_manual.pdf](http://www.nctsn.org/sites/default/files/pfa/english/1-psyfirstaid_final_complete_manual.pdf).

## Student Voice

RTLB 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.

The RTLB 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 storytelling (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 Child, Youth and Family 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 EP relevant to physical emotional or behavioural needs?
- Is the child supported by or does he/she require assistive technology?

## Section 5: Appendices

- i) RTLB Gateway Checklist
- ii) Frequently Asked Questions
- iii) Exemplar: *Finn*
- iv) Education Profile Templates
  - Primary
  - Primary - Te Reo
  - Intermediate
  - Intermediate - Te Reo
  - Secondary
  - Secondary - Te Reo

## RTL B Gateway Checklist



Activity	Check ✓	Date or Action if reqd
<b>Referral</b>		
Referral received		
Check consents		
Check all necessary identifying and contact information included		
SW identified & contact info		
Gateway Assessment Coordinator identified & contact info		
Contact school/teacher explain role		
Is child in receipt of SE services?		
<b>Initial Gateway Meeting</b>		
Meeting date and time set		
Invitations to teacher, principal, caregiver, others		
Initial information gathering to support the transition		
Convene/facilitate meeting		
Responsibilities for Educ Profile components clarified		
Record meeting outcomes		
Initial (safety) plan if reqd		
<b>Education Profile</b>		
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		
<b>Supervision/Peer Review</b>		
Initial safety plan discussed with supervisor/Practice Leader		
Education Profile share with supervisor/Practice Leader		
Nature of ongoing work discussed with supervisor/Practice Leader		
<b>Interagency Services Agreement (ISA)</b>		
Read and provide feedback on draft		
Attend Multi-discipline Interagency Meeting		
Plan ongoing casework and monitoring with school/teacher		

## Frequently Asked Questions

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**Q** *Does Gateway provide mental health services to children who do not meet the CAMHS diagnosis criteria?*

**A** 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.

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

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

**Q** *Does Gateway include children who are having an FGC?*

**A** The CYF Social Worker can use their judgement and refer for a Gateway Assessment process when they believe this will help identify and address the child or young person's needs at the stage where there is a Care and Protection Family Group Conference.

**Q** *What happens if consents cannot be gained?*

**A** 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.

**Q** *Will this result in capacity issues and how will RTLB prioritise this work?*

**A** This is priority work and has been included in the RTLB Toolkit. RTLB Cluster Managers are responsible for prioritising referrals to their cluster.

**Q** *Gateway is for children 0-16yrs. Is there an expectation that RTLB will support this whole age range?*

**A** No. RTLB responsibilities start when children enter the compulsory school sector. At the present time there is no policy that means RTLB services end at year 10, however for the initial Gateway roll-out it would be wise for RTLB to stick to supporting Gateway children in school years 1 to 10 inclusive.

**Q** *Are there any reliable volume estimates for the RTLB clusters?*

**A** There are volume estimates by DHB region for the 2010 year. However note the age ranges as some children will fall outside of the RTLB responsibility.

The following table provides indicative data on the number of children and young people, by age group, by District Health Board (DHB) region who will be eligible for the Gateway Assessment service each year.

This information is based on data from the 2009-10 year.

	Age Group				Total
	0-2	3-5	6-12	13-16	
Northland	32	17	58	57	164
Waitemata	149	49	100	96	394
Auckland	72	28	83	74	257
Counties Manukau	147	85	177	132	542
Waikato	111	58	153	111	434
Bay of Plenty	72	28	94	77	272
Taranaki	17	13	26	13	70
Lakes	70	21	55	45	191
Tairāwhiti	4	0	6	15	25
Whanganui	21	19	45	17	102
MidCentral	68	34	40	51	192
Hawkes Bay	34	17	40	68	158
Capital and Coast	43	19	34	42	138
Hutt Valley	45	17	32	38	132
Wairarapa	9	8	15	19	51
Nelson Marlborough	42	26	43	30	142
West Coast	9	6	8	13	36
Canterbury	149	68	109	130	457
South Canterbury	9	6	15	30	60
Southern	85	36	115	149	385
<b>Grand Total</b>	<b>1189</b>	<b>555</b>	<b>1248</b>	<b>1208</b>	<b>4200</b>

**Q** *Is it mandatory for RTLB to attend the Multi-disciplinary Clinical Meeting?*

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

**Q** *If there is extra travel related to the Gateway work; who is responsible for funding this?*

**A** If the RTLB annual budget for travel does not meet the cluster's needs then the Manager can make a case to the Ministry for a 'top-up'.

**Q** *What is the timeframe for the completion of Education Profile and the initial meeting?*

**A** 0-4 working days to respond to the referral and convene an initial meeting. 0-7 working days to get the Education Profile completed and sent/faxed to the Social Worker and Gateway Assessment Coordinator.

**Q** *Does the RTLB Manager need to pass on the referral to the school to get the Education Profile underway?*

**A** The referral for an Education Profile is a parallel process. The school and the RTLB Manager will both receive a referral. The trial process has highlighted some issues for CYF and SWs will need to establish working relationships with schools/principals. In some situations the RTLB will have the important role of broker between the school and other agencies; CYF, Health MoE-SE.

**Q** *Where can I go for further information?*

**A** Useful resources:

- CYF practice centre at <http://www.cyf.govt.nz/working-with-others/index.html>
- Online brochures and information at <http://www.cyf.govt.nz/keeping-kids-safe/ways-we-work-with-families/gateway-health-and-education-assessments.html>
- CYF brochures on
  - ‘Gateway: Information for parents’,
  - ‘Working together: an interagency guide’, and
  - ‘Keeping kids safe’.

Useful contacts:

- Your Cluster Manager
- Your local Gateway Assessment Coordinator
- Your local Special Education Gateway site champion (at your local Special Education Ministry of Education office).



## Gateway Exemplar: Finn

### Referral to Gateway Assessment Coordinator

Use F11 to move between fields

#### Social Worker

**Organisation:** CYF **Date of referral:** 20 August 2011

**Social Worker name:** Joan Swanson **Site:** Hauraki

**Address:** Cnr Te Aroha and Rotohohu Roads, Paeroa

**Phone number:** 07 524 5554 **Cell phone:** 029 400 3076

**Email:** joansmith002@cyf.govt.nz

**Supervisor:** Bruce Timberly

**Phone number:** 07 524 5545 **Email:** bruce.timberly003@cyf.govt.nz

#### Child or young person's details

**First name(s):** Finn Liam **Family name:** O'Leary

**Preferred name/also known as:** Finnie

**CYF person ID:** 456222122

**Date of birth:** 12 July 2004 **Age:** 7 **Gender:** Male

**Ethnicity:** NZ European (Irish) **Iwi/Tribal affiliation:** N/A

**Previous Gateway Assessment:** N

**Reason for referral:** Pre FGC    Post FGC    Entry to care    **Already in care X**

**FGC date:** N/A **Entry into care date:** 1 May 2011

**Legal status:** s101 Custody in favour of the Chief Executive

#### Significant people to the child *(include: parents, guardians, caregivers, siblings and others)*

Role	Name(s)	Relationship to the child	Contact details <i>(address, phone number and best time to contact)</i>
Birth mother	Annette O'Leary	Mother	4 Main Street, Waihi Home phone: 07 341 2345 Mobile: 027 876 6908 Best to contact before 10am and after 4pm
Birth father	Grant Schrieve	Father	Mother is unsure if Grant's surname is spelled correctly. Finn has had no contact with him and mother does not know his current whereabouts
Caregivers	Tim and Jane O'Leary	Caregivers and maternal aunt and uncle	14 Carlton Street, Paeroa Home Phone: 07 456 2132 Best to contact Jane at home during school hours
Youngest sibling	Sam Ryan	Youngest brother who also lives with Finn	14 Carlton Street, Paeroa Home Phone: 07 456 2132 Best to contact Jane at home during school hours

Role	Name(s)	Relationship to the child	Contact details (address, phone number and best time to contact)
Elder sibling	Bryan Watson	Elder brother (12 yrs)	Lives with his grandparents, Bessie and Brian Watson 27 Tahi Street, Te Aroha Home Phone: 07 456 1234
Eldest sibling	Alex Watson	Eldest brother (14 yrs)	Lives with his grandparents, Bessie and Brian Watson 27 Tahi Street, Te Aroha Home Phone: 07 456 1234
Maternal Uncle	Sian O'Leary	Maternal Uncle	Address not known Mobile: 027 657 1245
Mother's recent partner	Elroy Ryan	Sam's father	16 Rua Street, Waihi Mobile: 027 657 1234

### Birth mother

**Date of birth:** 12 November 1985    **Age:** 36 yrs    **Deceased:** N

**Major medical/health conditions:** *include any drug and alcohol, mental health, chronic diseases or impairments the mother may have*

Annette has a history of heavy alcohol use and intermittently attends Alcoholic Anonymous (AA). She smokes 30 cigarettes daily, acknowledges occasional use of marijuana and has a smokers cough. In 2011 Annette was diagnosed with bi-polar disorder and received treatment (medication) and support from mental health services. However now (2012) Annette denies she has bi-polar and has stopped taking her medication or making use of supports that are available.

### Birth father

**Date of birth:** Not known    **Age:** Not known    **Deceased:** Not known

**Major medical/health conditions:** *include any drug and alcohol, mental health, chronic diseases or impairments the father may have*

Not known. Grant Schrieve's name given by mother but she is unsure of spelling.

### Adults who will accompany the child to the Gateway Assessment

#### Name or role:

- Annette O'Leary (Mother)
- Jane O'Leary (caregiver and maternal aunt)
- Sam (Finn's youngest brother) who also lives with Jane and Tim O'Leary. A separate referral has been made for Sam. It would be good if they could have their Gateway Assessment on the same day.

**Need for interpreter:** N    **Language:** English

### Agencies/Professionals involved:

*(include paediatrician, ACC, other health services, school health nurse, RTLB, Special Ed. etc, where applicable)*

Role	Name and contact details
General practitioner	Dr Green, Broad Medical Centre, 5 Main Road, Waihi Ph: 07 456 3764 Fax: 07 456 3765

Role	Name and contact details
<b>Current school/Early childhood education service</b>	Waihi South Primary School Ph: 07 456 2756 Fax: 07 456 2757
<b>Previous school or ECE provider</b>	Thames North Primary School
<b>Lawyer for the child</b>	Bronwyn Jones, PO Box 165, Paeroa Ph: 07 456 3489 Fax: 07 456 3490
<b>Dental Nurse (at school)</b>	Jean White, Waihi South Primary School Ph: 07 456 2756 Fax: 07 456 2757
<b>Finn's Primary School teacher</b>	Jasmine Little, Waihi South Primary School Ph: 07 456 2756 Fax: 07 456 2757
<b>Paediatrician</b>	Alison Jackson, Waikato Hospital, Pembroke Street Private Bag 3200, Hamilton 3240 Ph: 07 839 8899 Fax: 07 839 8799

## Relevant information about the child or young person

### (This section is the core of the referral)

*Provide information that will help the health assessor understand the child or young person's life experiences, background and needs.*

*Include comments and analysis of:*

- *adverse life events – family violence, parental separation, loss of caregiver, abuse, neglect, injuries,*
- *strengths and resiliencies of the child or young person*
- *health concerns or issues including hospital admissions*
- *emotional and behavioural issues or concerns*
- *education achievements and difficulties*
- *care history and placements.*

### Family Circumstances

Seven year old Finn O'Leary is the son of Annette O'Leary who has named Finn's father as Grant Shrieve, though the latter is not on the birth certificate and has never had a relationship with Finn. Finn has been living with his mother, two older (half) siblings, and younger (half) brother, Sam, as well as Sam's father Elroy Ryan. The two older brothers are now placed with their paternal grandparents. Finn and younger sibling Sam (3 years old) are now in the care of Mr and Mrs O'Leary (maternal uncle and aunt) whom they have lived with for the last 2 months. Finn and Sam also lived with these caregivers last year from 2 June to 2 October 2011.

### Current Circumstances

Jane O'Leary (aunt and caregiver) describes Finn as often quiet and a bit wary of her but he enjoys kicking a ball around with her husband Tim. Jane is worried about Finn's frequent outbursts of anger, which is a problem at school and at home. She has intervened in arguments between Finn and her daughter age 8, and intervened in Finn's rough treatment of his younger brother Sam. Sam is also prone to regular tantrums. Jane and Finn's teacher are worried about Finn's soiling problems which seem to have arisen during the time he was back in his mothers care.

Jane says Finn has occasional nightmares and he has regular bouts of looking “blank” or doing some kind of strange day dreaming. She is worried that he is remembering scary things. Jane is kind and patient with both Finn and Sam. Sam has adapted more quickly to Jane’s offer of cuddles and she describes Finn as very self-contained. Jane regularly reminds Finn to use the toilet and acknowledges this is harder for the school to manage. She does not want to make too much fuss about his toileting difficulties as he has experienced a lot of change recently.

Finn’s uncle, Tim O’Leary, is the older brother of Finn’s mother Annette. Tim says their family have had concerns about Annette’s mental health since she was a teenager, but particularly over the last few years since she and the father of the older boys separated.

Tim and Jane are committed to caring for the boys “as long as it takes” and are currently being assessed by CYF to provide a “home for life”. To date Finn has had sporadic contact with his elder brother’s paternal family (the Watson’s) and his younger brother’s paternal family (the Ryan’s).

## **BACKGROUND**

### **Initial concerns and first time in care**

- In 2011 concerns were reported about Finn’s intermittent school attendance, lack of adequate food, and Annette’s tendency to leave the older siblings to supervise Finn and Sam.
- Finn’s school and some extended family members confirmed these concerns about both boys.
- An FGC was held 25 July 2011 and Finn and Sam were placed in the care of Mr and Mrs O’Leary.
- Annette received support and began to address her alcohol issues. Around that time she was diagnosed with bipolar disorder and referred to the DHB mental health services.
- Annette initially appeared to be making good progress and the children were returned to her care on 2 October 2011.
- Tim and Jane (who had previously provided temporary care for the younger boys) made frequent visits to the boys and their mother and offered ongoing practical support like caring for Sam when she attended counselling or AA meetings.

### **Concerns preceding return to care**

- In January 2012 I was advised that Annette had withdrawn from her mental health support, and her mental health was deteriorating.
- Finn’s older brothers were stealing, missing a lot of school and more recently Finns’ eldest brother (Alex) was charged by police with unlawfully taking a motor vehicle.
- Annette was frequently leaving the older boys in charge of the younger boys, which was not appropriate or safe.
- When asked, the school’s visiting dental nurse reported concerns about Finn’s dental care which had not been followed up by his mother.
- A social worker visiting the children and their mother on 15 January 2012 noted a lack of adequate food in the house, a lack of routines or boundaries and general chaos in the home.
- The older boy’s were seen rough handling the younger children, while their mother failed to take any action to intervene.
- It appeared that Finn was being trained to shoplift by his older brother, and his mother found this amusing.
- During that visit the mother denied any mental health issues and stated she was not going to take her medication. CYF contacted Annette’s mental health worker to request additional support.
- Finn’s perspective (in the form of Three Houses) is on pg 106 of this report.

### **Police involvement**

- 20 January 2012, Police were called to a serious domestic violence incident between Annette and her partner Elroy (Sam’s father).

- Annette said her elder son (Alex) had goaded Elroy, who then lashed out in return. When Annette yelled at them, Elroy got so angry he punched Alex and assaulted Annette who was hospitalized for facial injuries.
- Police are pressing charges against Elroy Ryan, and say the younger boys Finn and Sam had been present and witnessed the violence.
- Police contacted CYF and we placed the older boys with their paternal grandparents and the younger boys were placed back with their maternal uncle and aunt, Mr and Mrs O'Leary.

### **Legal action taken by CYF**

CYF made application to the Family Court and were granted Custody (s. 78) of Finn and Sam on 20 January 2012. Following a Care and Protection FGC, CYF was granted Custody pursuant to s.101 of the CYP&F Act, 1989. The court review is due 20 July 2012.

### **ADDITIONAL INFORMATION**

#### **About Finn's Father**

Annette says Finn's father's name is Grant Schrieve, (but she is not sure how this is spelt) and they met when they were both briefly in a psychiatric ward in Waikato Hospital. She believes he is in Australia. He is not named on Finn's birth certificate. We have told Annette we would like to try to contact Grant and she understands Finn wants to know who his father is, but she thinks Grant will not want contact with Finn.

#### **Annette's View**

I met with Annette on 1 February 2012 to discuss each of the children and the advantages of them having a Gateway Assessment. She gave her permission for both the Health Referral and Education Profiles to proceed.

Annette told me she would rather the boys stay with her brother and his family than with strangers.

However, she is angry with CYF as she does not believe the boys needed to be removed from her care. Annette says she resents her brother having a happy marriage, well behaved children, and an "easy" life when her life has been so difficult. Annette says she has always struggled with her boys and their fathers.

#### **Social Worker's view**

My view is that Annette has struggled for a long time with mental health issues and was then overwhelmed by a combination of factors including post natal depression, a violent partner, and her inability to control her older boys who were getting into trouble with the police. It is unlikely that the children could return to their mother's care and permanent arrangements are to be made for the boys.

### **Care and protection plan**

**Is there a current C&P plan in place:** Y **Type:** FGC (eg. FGC, s128)

**Next review date:** 20 July 2012

**What is the permanent care goal for the child or young person?:** A permanent Home for Life with maternal aunt and uncle

**Timeframe to achieve this goal:** 6 months

**What is the concurrent care goal for the child or young person?:** N/A

**Actions in the plan:** Finn and Sam to remain in the care of the aunt and uncle, who are being assessed as appropriate permanent carers for both children.

- CYF is providing social work support and care payments to Mr and Mrs O'Leary.
- Annette O'Leary is to attend counselling and re-engage with drug and alcohol services.
- Gateway Assessment will be completed so that Finn and Sam's health and education needs can be identified and addressed.
- Finn will continue to attend Waihi Primary School and his interest in rugby will be supported by his family.
- Finn's interest in rugby will continue to be supported by his caregivers and his mother and elder brothers will be invited to some of his games.

**What arrangements for access are in place? (with whom):** Contact between the younger boys, and their mother and older siblings occurs regularly. Initially this was supervised by the social worker and is now supervised by the aunt and uncle. Specific details include:

- On Wednesdays after school, Finn and Sam will have supervised contact with their mother. Jane O'Leary will supervise the access which will occur at the neighbourhood playground during fine weather, or at the O'Leary's home if it's wet.
- On Wednesday nights Annette is invited to join the O'Leary's, Finn and Sam for dinner. To date Annette has accepted this invitation twice.
- Jane will let Annette know of any sports or extra curricular activities that Finn will be playing in so Annette can organise to attend.
- The O'Leary's and Watson's have agreed to keep each other informed of any sporting or other events the boys may have scheduled, so each family can organise to attend and support them. This also allows the boys to have contact.

### Any other comments, concerns or considerations

**Safety issues/alerts that the Gateway Assessment should be aware of (violence, restraining orders, bail conditions, protection orders etc.)** Nil

### Education Profile

*Where consent of the parent/guardian has been gained the Education Profile should be returned to both the Gateway Assessment Coordinator and the Social Worker.*

*If the guardian does not provide consent, the Education Profile should only be returned to the Social Worker.*

### Date the Education Profile was requested from the school/ECE/RTL B provider?

I visited Finn's teacher on 2 February 2012 and gave her the request for Education Profile at the same time.

### Documents attached to support the referral

*Consider including: genogram, reports or assessments that would help in the assessment, including any psychological or cognitive assessments.*

### List any documents attached with this referral:

A record of the Child Youth and Family Case Consultation

A record of Finn's responses to the Three Houses interview tool

A Genogram

No other reports have been attached. However, if further information is required please let me know.

### Statement on consent

Yes	I have explained the nature and purpose of the Gateway Assessment to the child or young person as well as their parent and/or guardian
Yes	<p>The parent/guardian/young person has signed the consent form authorising:</p> <ul style="list-style-type: none"> <li>the collection of health information about the child/young person from any agency, and for those agencies to disclose that information to the doctor or nurse or clinic coordinator for the purposes of the health assessment</li> <li>the teacher or school principal to complete an Education Profile and for this information to be shared with the social worker, doctor and nurse</li> <li>release of the summary report to the social worker, GP, teacher, caregiver, lawyer for the child and participants at the Family Group Conferences</li> </ul>
Yes	<p>The mother of the child/young person has signed the consent form authorising:</p> <ul style="list-style-type: none"> <li>the doctor or nurse (or the clinic coordinator acting on their behalf) to collect health information about the mother (that is relevant to the health assessment of the child/young person) from any agency, and for those agencies to disclose that information to the doctor or nurse or clinic coordinator</li> </ul>
No	The guardians have declined to provide consent to the health assessment
No	I have been unable to contact the guardians to obtain their consent to a health assessment

Signature: \_\_\_\_\_ Date: 2 February 2012

Joan Sawnsen, Social Worker





### WORRIES

*I'm worried about moving  
from house to house*

*I'm not sure where I am  
going to be living which  
makes me worry a lot.*

*I'm worried about mum  
being sad and alone*

*I'm worried that mum  
might get hurt if Elroy  
and Alex have another  
fight*

*I'm worried that I might  
not see mum again for a  
long time*

*I don't like going to  
school, the work is too  
hard*

### STRENGTHS

*I don't see mum upset and  
stressed out anymore  
which is good*

*I like staying with Aunt  
Jane and Uncle Tim –  
Uncle Tim is pretty cool we  
play outside a lot tossing a  
ball around.*

*I like to hang out with my  
brothers even though they  
do bad things sometimes. I  
still think they are  
awesome, but sometimes  
they are mean to me.  
I like to play rugby.*

### HOPEs & DREAMs

*I hope one day mum will  
get better and we can be a  
happy family*

*I dream of being a  
policeman when I get  
bigger*

*I want to be an all black  
when I am big.*



## ED2 Primary School Education Profile for Finn O’Leary

Date: 20 August 2011

Dear Teacher, Jasmine Little,

<b>Student’s Name:</b> Finn O’Leary	
<b>Age:</b> 7	<b>DOB:</b> 12 <sup>th</sup> July 2004
<b>Student’s primary language:</b> English	

This student has recently come into care or been identified as being at “high risk” by Child, Youth and Family. These children usually have high health, education and protection needs.

By working together to address the needs of these children, Child, Youth and Family, the Ministry of Health and the Ministry of Education believe the life outcomes for these children can be significantly enhanced.

To help identify the needs of these children as early as possible, Child, Youth and Family organises a Gateway Assessment – a comprehensive assessment of the child’s protection, health and education needs. The intent is to develop an inter-agency plan that will guide in meeting the needs of the child or young person.

An integral part of the Gateway Assessment is the information you can provide through the attached Education Profile.

The student’s parent or guardian has given their consent to the Gateway Assessment and the sharing of the information contained in this Education Profile.

Once the health assessment component is completed, you will receive a copy of the report, and be invited to participate in the development of the Inter-Agency Development Plan. It usually takes around six weeks to complete the health assessment.

If the student’s needs are very complex, or if you have specific concerns about them, you are encouraged to meet with the social worker and the doctor to discuss how education can be further involved in meeting their needs.

**To support the process I would be grateful if you could complete this Education Profile within 7 working days and return it to both the Gateway Assessment Coordinator and myself (the Social Worker):**

<b>Gateway Assessment Coordinator:</b> Justine Allison		
<b>Address:</b> Waikato Paediatric Service, Waikato Hospital, 212 High Street, Hamilton		
<b>Phone:</b> 07 512 4565	<b>Fax:</b> 07 512 4567	<b>Email:</b> Justine.allison@wdhb.govt.nz

Please don’t hesitate to contact me if you have any concerns or questions.

**Social Worker name:** Joan Swanson  
**CYF Site:** Paeroa, Hauraki

**Contact phone number:** 07 524 5550

**Cell Phone:** 029 400 3076

**Email:** joan.swanson002@cyf.govt.nz

### *School details*

<b>Person completing this form:</b> Jasmine Little	
<b>Role in the school:</b> Teacher	
<b>Name of the school:</b> Waihi South Primary School	
<b>School address:</b> 24 Stokes St. Waihi	
	<b>Email:</b>
<b>Child's teacher (if not you):</b> Jasmine Little	
<b>Student's year level:</b> Level 2	No. of years at this school: 1 year but intermittent attendance. Finn's previous school Waihi Primary also reported intermittent attendance
<b>Attendance record:</b>	Good attendance during periods in the care of aunt and uncle
<b>Student's NSN number:</b>	102101309

### *Learning and Achievement*

How does their learning and achievement compare with their peers?

- below the level expected of their peers
- 0 at the level expected of their peers
- + above the level expected of their peers

Area	Level	Levels and Test used	Comments
<b>Reading/English</b>  Reading level / age	-	- below average  Running records  Observed behaviours and interactions with texts	Finn is 7 years old and his attendance at school has been very intermittent. Finn knows 9/26 letter names, and 4/26 sounds. He is not able to give a word association for these sounds (e.g. a for apple). Finn is able to recognise few high-frequency words. He currently draws and shares his ideas for the teacher to scribe. Assessment shows that Finn is currently working towards National Standard levels for reading and

			writing
<b>Spelling</b> Spelling age	-	- Emergent level Graded word spelling test	Finn struggles to concentrate or listen to instructions, and can “day dream”. He often gets letters back to front and needs help to write high frequency words
<b>Mathematics</b> Numeracy stage Curriculum level	0	- Emergent level 2 Informal assessment Writing samples in topic book Observation	Finn has progressed from Emergent Stage 0 to Stage 2 on Materials. However, he is operating at a stage below that for number knowledge. He is not working at National Standard levels for mathematics
<b>Understanding, Reasoning and Problem Solving</b>	-	- observation	At times Finn seems keen to learn, but at other times he really struggles to follow instructions

### ***Factors impacting on their learning***

How do they perform in the following areas?

- Area of concern
- 0 Typical for their age
- + A strength for this child

Factor		Level of concern	Comments
<b><i>Gross motor skills</i></b> Walking, running, climbing, coordination, clumsiness		0	Finn enjoys outdoor activities of running and kicking a ball around. He lacks coordination but would rather be engaged in physical activities than sitting still in a classroom
<b><i>Fine motor skills</i></b> Handwriting, drawing, manipulating small objects		-	Finn lacks concentration and struggles with his fine motor skills, which makes it difficult for him to write, draw or do puzzles
<b><i>Communication Skills</i></b> Talking or pronouncing words		0	Finn is generally a quiet boy. His talking and pronunciation is adequate, however at times he gets frustrated with his classmates and erupts into using swear words
<b><i>Understanding of language</i></b> How they understand what others say		-	Finn struggles to understand class instructions and often needs one to one help to carry out a task
<b><i>Sensory issues</i></b> Sensory issues that interfere with their learning	• <i>Hearing</i>	<i>unknown</i>	It is not known if Finn has ever had his hearing tested. It would be good to know if Finn's hearing is ok, as he seems to miss words however this may be due to his day dreaming
	• <i>Vision</i>	0	No problems have been noted with Finn's vision

**SDQ-T (4-10)**

The following section is a standardised questionnaire to assist with identifying behaviour and socialisation concerns of the child.

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings		Yes	
Restless, overactive, cannot stay still for long			Yes
Often complains of headaches, stomach-aches or sickness	Yes		
Shares readily with other children, for example pencils, books, food	Yes		
Often loses temper	Yes		
Rather solitary, prefers to play alone	Yes		
Generally well behaved, usually does what adults request		Yes	
Many worries or often seems worried	Yes		
Helpful if someone is hurt, upset, feeling ill		Yes	
Constantly fidgeting or squirming	Yes		
Has at least one good friend	Yes		
Often fights with other children or bullies them	Yes		
Often unhappy, depressed or tearful	Yes		
Generally liked by other children	Yes		
Easily distracted, concentration wanders			Yes
Nervous or clingy in new situations, easily loses confidence		Yes	
Kind to younger children		Yes	
Often lies or cheats		Yes	
Picked on or bullied by other children		Yes	
Often volunteers to help others (parents, teachers, other children)	Yes		
Thinks things out before acting	Yes		
Steals from home, school or elsewhere	-		
Gets along better with adults than with other children	Yes		

Many fears, easily scared	Yes		
Good attention span, sees tasks through to the end	Yes		

Overall, do you think this child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other **people**?

Yes – definite difficulties ☐ but could catch up/be addressed

Yes – severe difficulties ☐

If you answered “Yes” please answer the following questions about these difficulties:

• How long have these difficulties been present?	Less than a month	1 – 5 months	6 – 12 months	Over a year
	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do the difficulties upset or distress the child?	Not at all	Only a little	Quite a lot	A great deal
	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>
• Do the difficulties interfere with the child’s everyday life in the following areas?				
Peer relationships	Not at all	Only a little	Quite a lot	A great deal
	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>
Classroom learning	Not at all	Only a little	Quite a lot	A great deal
	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>
• Do the difficulties put a burden on you or the class as a whole?	Not at all	Only a little	Quite a lot	A great deal
	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>

Have they ever been stood down or excluded?

NO

If “Yes” please provide details?

Have they had an assessment of their intelligence, learning, development or behaviour?

NO

### ***Agencies/Services involved with the child***

Does this child receive any additional assistance or support with his education?

*(include: modified curriculum, teacher aide, IEP, SENCO, ORRs, SLS, RTLB, GSE psychologist, speech therapist, SWiS, occupational therapist, ESOL, etc)*

<b>Type of assistance</b>	<b>Name of person/contact</b>	<b>Organisation</b>
Nothing at present but this is recommended		
Previously had referred to Public Health Nurse for eczema, nits and scabies		

Please attach copies of:

- any assessments that are available, including the most recent IEP (if you do not have a copy please provide the details of the person/organisation who conducted the assessment)
- the most recent school report **has been attached, dated 27/8/2011.**

## **Summary**

### **How would you describe this student?**

Finn O’Leary had regular absences without explanation, so contact was made with his mother by the school, firstly by phone, then by letter. When Finn was at school, it seemed he viewed school as a “haven” from his complex home life. He enjoyed school but was quiet and often got into fights with other children. Finn found intermittent attendance difficult and he struggled with classroom expectations. The school was not able to engage Finn’s mother in conversations about Finn’s truancy and the Truancy Office was asked to call. This led to a short term improvement in attendance but the absences became regular again. CYF then became involved with the family and Finn was removed from his mother’s custody. While Finn was in the care of his aunt and uncle his attendance was excellent and he was always accompanied to and from school, always had a healthy lunch, and seemed to be enjoying school.

*Finn is behind in most areas of his learning. He can be a quiet pleasant natured boy, however his intermittent attendance means he is not familiar with the classroom routines and instructions. This makes Finn frustrated as he wants to fit in and do well. When he gets confused this leads him to feel embarrassed and he lashes out verbally and sometimes physically against his classmates. Finn often has angry outbursts which are distressing for other children. On several occasions we have had to intervene in Finn’s aggression towards other children, and two parents have made complaints about their children being bullied or*

*injured by Finn. We have a busy classroom, and are concerned about Finn's emotional wellbeing as well as the safety of other children in the class. We are working on helping Finn to understand the routines and learn to make friends and have set up an incentive system within the classroom to help both Finn and his classmates engage in appropriate behaviour. Finn has been more settled since living with his uncle and aunt, however we believe Finn may need RTLB assistance and will refer him to the RTLB committee for consideration.*

Over the past 2 years Finn's attendance at school has been very intermittent. Since Finn returned to live with his aunt and uncle he has attended school everyday, always has a healthy lunch and he generally seems less stressed. Finn is a little more settled now. Overall he still lacks concentration skills and is often agitated in class, disruptive and aggressive towards his classmates.

**Who do they primarily engage with?**

Finn struggles to make friends at school. Consistent attendance will increase his chances of developing friends. In the meantime Finn gravitates towards the male teachers for company during lunch breaks.

**What are their key interests (sports, hobbies, games)?**

Finn's favorite activities are running around outside and kicking around a ball, although he sometimes kicks the ball at other children in an attempt to get them to play with him. He needs help to talk to other children and ask them if he can join in their games. Most children ignore Finn or get angry when he kicks the ball at them. Finn loves watching TV, and says he used to watch TV a lot at his mothers house. From his descriptions a lot of the TV programmes he watched while in his mothers care, were violent and sexually explicit. I am aware his aunt Jane is limiting Finn's TV watching time and starting to teach Finn card games like snap which I believe is helping Finn learn to concentrate as well as become more confident with naming animals and numbers.

**What are their strengths/positive characteristics?**

Despite Finn's intermittent attendance and re-buffs from his peers, he is keen to try new things and learn, if the activity is not too difficult for him. When he achieves at simple games and activities, we are praising his efforts to boost his confidence. Initially Finn seemed perplexed by being given praise, but he is now being given more praise by his aunt and uncle as well.

**What interventions/approaches work well for this child?**

Finn responds well to one-on-one work. He also responds to praise and encouragement.

**What are the key issues with respect to their presence at school and their participation and learning?**

Finn's angry outbursts in the classroom are disruptive. Finn's "day dreaming" is a worry.



**Do you have any specific concerns about them?**

As above.

**What is the school doing or planning to do to address any of these issues.**

Support Finn's learning.

We will engage Learning Support within the school to undertake further assessment and build an individual development plan to help Finn. We will set up a meeting with Finn's aunt and uncle to communicate this plan with them so that they can support Finn in his learning at home. We will also discuss how he is at home to learn more about his strengths and interests and what routines work for him. He has been referred to the RTLB committee. If the committee agrees that RTLB support is required, an RTLB will be assigned to the school for Finn and an individual education plan will be drafted outlining learning and behaviour strategies to be used in the classroom and at home.

**What further help do you think would be useful for this child?**

Testing Finn's hearing would be helpful.

**Would you be interested in a case conference to discuss an interagency approach to meeting the needs of this child?**

Yes, we are keen to know how we can all work together to support Finn and his caregivers.

Jasmine Little

Signature:

Date:

# CHILDREN IN CARE - GATEWAY ASSESSMENT

CHILD HEALTH SERVICE

Department of Paediatrics

FAX 07 495 7823

NHI# ASQ1212

2 September, 2011

(Clinic Date: 2.09.11)

(Dictated on: 3.09.11)

## Report sent to:

- Dr Jenny Green, Broad Medical Centre, 5 Main Rd, Waihi (full report)
- Dr Alison Jackson, Paediatric Department (full report)
- Dr Finn Smale, ENT clinic (full report)
- Tim and Jane O'Leary, 14 Carlton Street, Paeroa (full report)
- Mrs Annette O'Leary, 4 Main Street, Waihi (full report)
- Jasmin Little, Waihi South Primary School, Waihi (summary)
- Joan Swanson, CYF, Cnr Te Aroha and Rotohohu Roads, Paeroa (full report)
- Legal council (summary)

Joan Swanson

Social Worker

Child, Youth & Family Service

Cnr Te Aroha and Rotohohu Roads

Paeroa

## **GATEWAY HEALTH ASSESSMENT**

**Master Finn O'Leary – DOB 12.07.2004**  
**14 Carlton Street, Paeroa**

**Ethnicity: New Zealand European**

Finn attended the paediatric outpatient clinic for a Gateway Health Assessment on 2.09.11. This followed a referral from Child, Youth and Family. He is aged 7 years old.

### **Present at Assessment:**

- Jane O'Leary, Aunty (and current caregiver)
- Annette O'Leary, mother
- Finn
- Joan Swanson (social worker)
- Dr Damian Patrick, Paediatrician
- Kerry Matthews, Gateway Assessment Coordinator.

### **Key Issues**

- Neglectful home environment with lack of cognitive stimulation
- Previous family violence
- Mother has mental illness and drug and alcohol abuse
- Older siblings in care with severe antisocial behaviour
- Hearing problems in left ear
- Constipation (cause not known at present)
- Learning delays and poor school attendance
- Health affects of poor dental hygiene, eczema, scabies and nits
- Irregular General Practice care.

### **Major Strengths/Resiliencies**

- Finn has a great many strengths and resilience, and in right environment is a pleasant helpful boy
- Enjoys outdoor physical activities, and music
- Attached to younger sibling
- Enjoys living with aunt and uncle
- Good ability to learn.

### **Potential for Development**

- Finn must be in a stimulating safe nurturing home environment with good role modelling
- His learning will rapidly pick up when he starts regularly attending the one school long term, receives regular consistent meals and feels safe at home.

## **SUMMARY**

### **Social Situation**

- Finn and his siblings have grown up in an adverse home environment with ongoing marked neglect despite resources and support being offered to their mother. There has been parental drug abuse, Family Violence and older siblings following along a path of criminal behaviour
- Finn has missed a lot of school, with little cognitive stimulation at home, leading to significant delays in learning. He is now starting to model the behaviour of his older brothers, who are already well known to police

- Finn gets angry and lashes out at his young brother, cousins or other children in his class. Sometimes this appears to be triggered by not understanding or hearing conversations properly, or when he is required to do things he does not enjoy. He has a very short attention span
- Finn appears to be building a positive relationship with his aunt Jane. His uncle Tim appears to be able to engage well with Finn, particularly with his encouraging his outdoor activities.

### Health Problems

- Finn has some dental decay due to lack of brushing of teeth at home. He has also had eczema, nits and scabies.

### Educational Issues

- Finn is a long way behind his peers in learning despite being capable. Lack of attention and schooling contributing to learning problems.

### Emotional Issues

- Finn has a number of worrying signs of distress, however he is establishing a positive relationship with his caregivers and in time these will diminish
- There appears to be a strong bond between Finn and Sam his younger sibling – even though they fight a lot. He has no doubt taken on some form of a parent role for Sam.

## RECOMMENDATIONS

- Finn needs a long term placement in a safe stimulating home with good role modelling
- His caregivers need to understand the impact of trauma on children and be able to work through his emotional and behavioural problems with him. If his SDQ score does not significantly improve over the next 6 months, he should be referred to CAMHS service assessment
- Finn needs to be in the one school long term so that they can support his learning. If this occurs now, and Finn gets extra help then he has the ability to catch up to the other children. His caregivers appear to understand the importance of consistent schooling and support with his learning at home. Finn needs extra support with learning at school over the next 6 months (RTLB referral actioned). If his learning does not significantly improve over this time or he still lack attention then recommend review
- Finn has been referred to the paediatric team for further assessment of his constipation. It is likely that this is related to his anxiety, but further investigation is warranted
- Finn has reduced hearing in his left ear. He has been referred to the ENT service for further investigation
- Finn's caregivers understand Finn's need to have his own toothbrush and requires regular supervision so that he establishes good routines brushing his teeth twice a day. His aunt is committed to this. He needs urgent review by the dental nurse at school
- There needs to be ongoing contact between the four siblings. It may not be possible for them to all be placed with the one caregiver but they still need to regularly see each other.

## FOLLOW-UP

I would like to review Finn in three months time.

**Signature:** Dr Brenda Heart

2 September, 2011

## PAST MEDICAL HISTORY

**Birth History:** Finn was born in Thames Hospital by normal vaginal delivery following an uncomplicated pregnancy. His birth weight was 3130gm and the Apgar scores 9<sup>1</sup>, 9<sup>5</sup>. He was discharged within 24 hours of delivery.

### Medical History

- There have been no previous hospital admissions.
- There have been a number of visits to several General Practitioners in the Paeroa and Whangamata areas, one included treatment for conjunctivitis
- In July, 2010 Finn had a Care and Protection assessment following concerns around neglect. As part of his assessment a skeletal assessment was performed on 29.07.10. There were no abnormalities detected.

### Immunisations:

- Finn's immunisations are up to date.

### Medications

- Nil

### Allergies to Medications:

- Nil

## FAMILY HISTORY

- Finn's mother has a history of bipolar disorder and alcohol abuse. There is some report of cannabis use, though she denies this at interview.

## SOCIAL HISTORY

- Finn's mother Annette has four children. His father is unknown. He has a 3 year old half brother (Sam) who lives with him in care, and a 12 year old (Bryan) and 14 year old (Bryan) who are also half brothers who live with their grandparents. Finn came into care following exposure to domestic violence and neglect
- Sam's father is currently in jail for assault on the children's mother
- Finn has been in the care of his aunt and uncle (Jane and Tim O'Leary) for the past six weeks. It is likely that Finn will be placed permanently with Jane and Tim.

## REVIEW OF SYSTEMS

### Development / Education:

- Finn had been enrolled with the local Plunket service and had irregular visits up to the age of 5 years. His early childhood development appears to have been unremarkable. The Plunket nurse noted concerns about his mother's drinking habits and mental health issues, however, no specific action seems to have been taken
- His B4Schools check reports that there were some concerns in his SDQ, though the results were not available. His PEDS result was reported as normal.

### Nutrition/Gastrointestinal:

- Jane said that Finn is a good eater, and he indicates when he is hungry. Typically he eats four weet-bix and pears for breakfast and white bread sandwiches with marmite and cheese for lunch and fish or sausages for dinner. He dislikes eating vegetables. For snacks Finn is now given fruit and rice crackers, although there was a history of eating sweets and fizzy drinks.

### Toileting:

- Finn reports passing a small hard stool about twice a week. This is often quite painful. I have discussed with aunt Jane the importance of increasing the fibre in Finn's diet His aunt reports that he soils himself at school once or twice a week. This has resulted in considerable teasing and embarrassment.

### Sleep/Energy:

- Finn sleeps through the night. Jane describes his energy level as normal for a 7 year old.

### Hearing:

- Jane thinks Finn may be slightly deaf. He gets angry when people whisper.

### Skin:

- He was treated for head lice in the past. He has a history of eczema.

### Vision:

- There have been no concerns.

### Dental:

- Very poor dental hygiene
- No encouragement to clean his teeth at his mother's home.

### Cardiovascular/Respiratory:

- No concerns.

### Central Nervous System:

- No concerns.

### Behaviour & Social:

- Jane and the teacher both completed an SDQ on Finn. These questionnaires show:

Total difficulties score	Borderline
Emotional problems score	Abnormal
Conduct problems score	Borderline
Hyperactivity score	Normal
Peer problems score	Normal
Pro-social behaviour score	Borderline

- These scores indicate that Finn has significant emotional and behavioural issues.

## EXAMINATION

Weight = 19.5 kg (10<sup>th</sup> percentile)

Height = 122 cm (50<sup>th</sup> percentile)

### General Observations:

- A well presented European boy. He lacks confidence and appears to need regular re-assurance.

**Emotional State:**

- Appeared to be building a good relationship with her caregiver.

**Skin:**

- Old minor scars from past infection. Eczema mild, treated with occasional cream.

**Vision Testing:**

- Tested by Public Health. Normal.

**Teeth:**

- Clearly identified caries. Very poor dental hygiene.

**General Examination:**

- Finn is thin, though otherwise well nourished
- No abnormal facial or body features.
- Normal cardiovascular, respiratory and abdominal examination
- Pubertal Status – prepubertal.

**Gastro-Intestinal**

- Abdomen is soft and non-tender. Increased bowel sounds. His colon is clearly palpable and he appears to have impacted faeces consistent with long term constipation.

**Neurological Examination:**

- Normal.

## ISA – Interagency Service Agreement

(Health, Education and Child, Youth and Family's commitment to provide services to meet the needs of the child, young person and their family)

### Child/Young Person's Details

**First name(s):** Finn Liam **Family name:** O'Leary **Preferred name/also known as:** Finnie

**CYF person ID:** 456222122 **NHI #:** 47991 **National school number:** 102101309

**Date of Birth:** 12 July 2004 **Age:** 7 **Gender:** Male

Needs and recommended options

Needs	Person (Child, parent, caregiver)	Service required	Provider	Who will make the referral	Funded by	Timeframe
Placement	Finn O'Leary	Placement and ongoing support for care and protection	CYF	Social Worker	CYF	Already in place. Court Review due January 2012
Hearing Difficulties	Finn O'Leary	ENT Service	DHB	GA Coordinator	DHB	by 20 September 2011
Dental decay	Finn O'Leary	School Dental service	School	GA Coordinator	DHB	by 20 September 2011
Constipation	Finn O'Leary	Paediatric Assessment	DHB	GA Coordinator	DHB	by 20 September 2011
Understanding and managing behaviour	Tim and Jane O'Leary	Incredible Years	Provided by Ministry of Health	GA Coordinator	Education	by 20 September 2011
Behind in learning	Finn O'Leary	Resource Teacher of Learning and Behaviour	Ministry of Education	Teacher	Education	by 20 September 2011
Emotional & Behavioural Issues	Finn O'Leary Time and Jane O'Leary	Primary mental health provider	CYF	GA Coordinator	CYF	by 20 September 2011

*Include services that will be provided by the family and other agencies. Consider the health, support and training needs of the family and caregiver*



**Factors that need to be considered when accessing these services:**

- Caregiver has attended CYF “Ways to Care” training and is keen to attend further training on managing traumatised children.

**Is this an ACC case?** No **ACC number:** N/A **Are ACC involved in rehabilitation planning?** N/A

**Next Steps**

**How will these options be used to develop a plan with the child, young person and their family?** The CYF social worker will invite Finn’s family members, caregivers and any professionals involved with Finn to a review meeting. The ISA will inform the discussions to formulate a robust and relevant plan for Finn’s ongoing wellbeing.

**What will happen if the options are not practicable for the family, or not available?**

Social Worker will negotiate with family about what supports are required and who can provide those supports.

**Review**

**How will the agreement be reviewed (e.g. meeting, email)?** The Social Worker, Teacher and Gateway Assessment Coordinator will be communicating regularly to monitor the progress of Finn’s plan.

Three months after the ISA was signed the Gateway Assessment Coordinator may contact each agency partner individually, or facilitate a teleconference to review the ISA. If appropriate a face to face meeting will be organised especially if the circumstances are complex or changes to the original ISA need further discussion.

**When will the review occur?** 12 December 2011

**People who contributed to this agreement:**

**CYF:** Joan Swanson **Health:** Dr Brenda Heart **Education:** Jasmin Little

**Date agreed:** 10 September, 2011

## Gateway Education Profile Templates

### Education Profile - Primary School

Date:

Consent given ☐ Y ☐ N

Dear Teacher/RTLB Cluster Manager,

*Re:*

**Student's Name:**

**Preferred name/also known as:**

**DOB:**

**Age:**

**CYF Person ID:**

**Legal Status:**

**Reason for referral:** Pre /Post FGC Entry to care Already in care

This student has recently come into care or been identified as likely to benefit from a Gateway Assessment – a comprehensive assessment of their health, education, care and protection needs.

The intent of the Gateway Assessment is to develop an interagency agreement that will meet the needs of the child and their parents/caregivers. An integral part of the Gateway Assessment is the information you can provide through completing the attached Education Profile. Once the health assessment component has been completed (this usually takes about six weeks), you will receive a copy of the health assessor's report and recommendations, and be invited to participate in the development of the Interagency Services Agreement.

As the Social Worker, I have explained the Gateway Assessment to the student and their parents/guardians and they **have given their consent / not given their consent** to the Gateway Assessment and the sharing of the information contained in this Education Profile.

By working together to address the needs of these children, Child, Youth and Family, the Ministry of Health and the Ministry of Education believe their life outcomes can be significantly enhanced.

**To support the process I would be grateful if you could complete this education profile within 7 working days and return it to both the Gateway Assessment Coordinator and myself (the Social Worker):**

**Gateway Assessment Coordinator:**

**Address:**

**Phone:**

**Fax:**

**Email:**

**Name of Social Worker:**

**CYF Site:**

**Phone number:**

**Email:**

Please don't hesitate to contact me if you have any concerns or questions.

### ***School***

<b>Name of the school:</b>	
<b>Address:</b>	
<b>Person completing this form:</b>	
<b>Role in relation to the student:</b>	
<b>Contact phone #:</b>	<b>Email:</b>
<b>Child's teacher (if not you):</b>	
<b>Student's year level:</b>	<b>No. of years at this school:</b>
<b>Attendance record:</b>	
<b>Student's NSN number:</b>	

### ***Learning and Achievement***

In the "Level" column below, please indicate how this student's learning and achievement compares with their peers.

- below the level expected of their peers
- 0 at the level expected of their peers
- + above the level expected of their peers

Area	Level	Test used	Comments
<b><i>Reading/English</i></b> Reading level / Age			
<b><i>Spelling</i></b> Spelling age			
<b><i>Mathematics</i></b> Numeracy stage Curriculum level			
<b><i>Understanding, Reasoning and Problem Solving</i></b>			

**Factors impacting on their learning**

In the “Level” column below, please indicate how this student performs in the following areas.

- Area of concern
- 1 Typical for their age
- + A strength for this child

Factor		Level	Comments
<b>Gross motor skills</b> Walking, running, climbing, coordination, clumsiness			
<b>Fine motor skills</b> Handwriting, drawing, manipulating small objects			
<b>Communication Skills</b> Talking or pronouncing words			
<b>Understanding of language</b> How they understand what others say			
<b>Sensory issues</b> Sensory issues that interfere with their learning	• <i>Hearing</i>		
	• <i>Vision</i>		

**SDQ-T (4-10)**

The following section is a standardised questionnaire to assist with identifying behaviour and socialisation concerns of the child.

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other children, for example pencils, books, food			
Often loses temper			
Rather solitary, prefers to play alone			
Generally well behaved, usually does what adults request			
Many worries or often seems worried			
Helpful if someone is hurt, upset, feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other children or bullies them			
Often unhappy, depressed or tearful			
Generally liked by other children			
Easily distracted, concentration wanders			
Nervous or clingy in new situations, easily loses confidence			
Kind to younger children			
Often lies or cheats			
Picked on or bullied by other children			
Often volunteers to help others (parents, teachers, other children)			
Thinks things out before acting			
Steals from home, school or elsewhere			
Gets along better with adults than with other children			
Many fears, easily scared			
Good attention span, sees tasks through to the end			

Overall, do you think this child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No      Yes – minor difficulties      Yes – definite difficulties      Yes – severe difficulties

If you answered “Yes” please answer the following questions about these difficulties:

• How long have these difficulties been present?	Less than a month <input type="checkbox"/>	1 – 5 months <input type="checkbox"/>	6 – 12 months <input type="checkbox"/>	Over a year <input type="checkbox"/>
• Do the difficulties upset or distress the child?	Not at all <input type="checkbox"/>	Only a little <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	A great deal <input type="checkbox"/>
• Do the difficulties interfere with the child’s everyday life in the following areas?				
Peer relationships	Not at all <input type="checkbox"/>	Only a little <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	A great deal <input type="checkbox"/>
Classroom learning	Not at all <input type="checkbox"/>	Only a little <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	A great deal <input type="checkbox"/>
• Do the difficulties put a burden on you or the class as a whole?	Not at all <input type="checkbox"/>	Only a little <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	A great deal <input type="checkbox"/>

Has this child ever been stood down or excluded?      YES/NO

If “Yes” please provide details:

Have they had an assessment of their intelligence, learning, development or behaviour:      YES/NO

### ***Agencies/Services involved with the child***

Does this child receive any additional assistance or support with their education?

(include: modified curriculum, teacher aide, IEP, SENCO, ORRs, SLS, RTLB, GSE psychologist, speech therapist, SWiS, occupational therapist, ESOL, etc)

<b><i>Type of assistance</i></b>	<b><i>Name of person/contact</i></b>	<b><i>Organisation</i></b>

## Summary

**How would you describe this student?**

**Who do they primarily engage with?**

**What are their key interests (sports, hobbies, games)?**

**What are their strengths/positive characteristics?**

**What interventions/approaches work well for this child?**

**Are there any attendance issues?**

**Do they actively participate in school?**

**What learning needs have you identified?**

- 1.
- 2.
- 3.
- 4.
- 5.

**What steps is the school taking to address these needs?**

- 1.
- 2.
- 3.
- 4.
- 5.

**Are there any other needs you have identified?**

**What further help do you think would be useful for this child?**

**Do you think the Social Worker should apply for Student Aide support for this child? How much support?**

**Would you be interested in a case conference to discuss an interagency approach to meeting the needs of this child?** YES/NO

**Please attach copies of:**

- any assessments that are available, including the most recent IEP (if you do not have a copy please provide the details of the person/organisation who conducted the assessment)
- the most recent school report.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Pūkete Mātauranga – Te Kura Tuatahi

(Education Profile - Primary School)

Te Rā

Kua whakaaetia mārika ☐ Y ☐ N

E te Kaiako

**Mō:**

**Te ingoa o Te Ākonga:**

**Ingoa pai ki a ia/tētahi atu o ana ingoa:**

**Rā Whānau:**

**Ōna tau:**

**CYF Person ID:**

**Tūnga ā Ture:**

**Te take i tukua mai ai:** Pre/ Post FGC Tomokanga ki ngā mahi tiaki Kei uru kē mai ki ngā mahi tiaki

Nō nā noa nei i riro mā te tari o Child, Youth and Family, tēnei tamaiti e tiaki, ā, kua tohua rānei, he mea pai kia haere he Aromatawaitanga Tomokanga – he aromatawainga whānui tēnei o ōna matea hauora, matea mātauranga, matea tiaki, matea whakamarumaru hoki.

Ko te whāinga o te Aromatawainga Tomokanga hei whakawhanakei tētahi mahere ā-umanga maha e tutuki ai ngā hiahia o te tamaiti, ā, i ngā wāhi e taea ai, o ō rātou mātua/kaitiaki. Ko tētahi wāhanga matua o te Aromatawaitanga Tomokanga ko ngā mōhiotanga māu e homai mā te pūkete mātauranga e tāpiri ana. Kia oti mai te aromatawaitanga hauora, ka whiwhi koe i tētahi kape o te pūrongo a te kaiaromatawai hauora me āna tohutohu, ā, ka tonoa koe kia whai wāhi mai ki ngā mahi hei whakawhanake i te Mahere ā-Umanga. Āhua ono wiki te roa o te wā hei whakaoti i te aromatawaitanga hauora.

Ko au te kaimahi toko-i-te-ora, ā, kua oti ngā mahi o te Aromatawainga Tomokanga te whakamārama atu e au ki te taiohi me ōna mātua/kaitiaki. Ka taea e au te whakaū he pono kua whakaae mai ngā mātua, ngā kaitiaki rānei o tēnei tamaiti kia whakahaeretia tēnei Aromatawaitanga Tomokanga, kia tuarhia anō hoki ngā mōhiotanga kei te pūkete mātauranga nei. Ka taea e au te whakaū he pono kua whakaae mai te taiohi kia whakahaeretia tēnei Aromatawaitanga Tomokanga, kia tuarhia anō hoki ngā mōhiotanga kei te pūkete mātauranga nei.

E whakapono ana ngā tari o Child, Youth and Family, te Manatū Hauora me te Tāhuhu o te Mātauranga, mā te mahi ngātahi ki te whakatutuki i ngā matea o ēnei taiohi e tino pai ake ai tā rātou haere i te ao nei.

Hei āwhina i te tukanga o te Aromatawaitanga Tomokanga, tēnei te inoi atu ki a koe kia whakaoti mai i te pūkete mātauranga nei i roto i ngā rā mahi e 7, me te whakahoki mai i te pukapuka ki te Kaiwhakarite Aromatawai Tomokanga, **ki a au anō hoki:**

**Kaimahi:**

**Wāhi CYF:**

**Nama waea:**

**Īmēra:**

**Te Kura:**

Te tangata nāna tēnei puka i whakakī	
Tūranga i te kura	
Ingoa o te kura	
Tōna wāhi	
Waea:	Īmēra:
Kaiako: (atu i a koe)	
Tau o te ākonga:	Ōna tau i te kura:
Te taenga mai ki te kura:	

<b>Tōna Tau (Nama) ā-Ākonga</b> (kia maumahara: he mea tino whaitake tēnei mō te taha ki te kohinga raraunga me te aro mātai )	
--	--

**Te Akoranga me Ngā Paetae**

He pēhea e taurite ai te akoranga me ngā paetae o tēnei taiohi ki ērā o ōna hoa ākonga?

- kei raro iho i te taumata e hiahia ana
- 0 kei te taumata e hiahia ana
- + kei runga atu i te taumata e hiahia ana

<b>Wāhanga Ako/ Tino Pūkenga</b>	<b>Taumata</b>	<b>Taumata Whaka-mātautau</b>	<b>Ngā Kōrero</b>
<b>Te Reo Matatini</b> Taumata Pānui/ Tau Pānui	- 0 +		
<b>Te Tatau Kupu</b> Te tau tatau kupu	- 0 +		
<b>Pāngarau</b> Taumata Poutama Tau/Marautanga	- 0 +		
<b>Te Mārama, whakaaro arorau, Hīraurau hopanga</b>	- 0 +		

**Ngā tino take e pā mai ana ki tōna akoranga**

He pēhea tana mahi ki ēnei wāhi?

- E raru ana
- E pai ana
- E kaha ana tēnei tamaiti

Tino Take	Taumata	Ngā Kōrero
<b>Ngā Pūkenga Nekenekene</b> Hīkoi, oma, piki haere, whakahaere tinana, pakihawa	- 0 +	
<b>Ngā Pūkenga Āta Nekenekene</b> <i>Te tuhi pū, tā pikitia, rāwekeweke taonga itiiti</i>	- 0 +	
<b>Te kōrero ā-waha</b> Kōrero, whakahuahua kupu rānei	- 0 +	
<b>Te mārāma ki te reo</b> Tōna mārāma ki ngā kōrero a ētahi atu	- 0 +	
<b>Ngā take rongo</b>	• <i>Rongo ā-taringa</i> - 0 +	
Ngā āhuatanga e whakararu nei i tōna akoranga	• <i>Te kite</i> - 0 +	

#### SDQ-T (4- 11)

Ko te tumanako me haere kit e wahanga 58.

Kua aukatia tōna taenga ki te kura ? ĀE/KĀO

Mēna “Āe” tēnā whakamārama mai?

Kua whakahaeretia he aromatawai hei whakamātau i tōna mōhiotanga, te pakari o tōna ako, tōna whanaketanga, tōna whanonga rānei? ĀE/KĀO

#### Ngā Umanga/Ratonga e whai wāhi ana ki tēnei taiohi

Ka whiwhi tēnei taiohi i ētahi atu momo āwhina, tautoko rānei mō te taha ki tōna kuranga?

(arā: he marau whaiaro, kaiāwhina, IEP, SENCO, ORRs, SLS, RTLb, GSE kaiwhakamātau hinengaro, mātanga haumanu reo, SWiS, mātanga hauora, ESOL, arā atu, arā atu)

Te momo āwhina	Ingoa o te tangata	Te Rōpū

Me tāpiri atu he tāruatanga o:

- ngā aromatawaitanga e wātea ana, me te IEP o nā noa nei (mēnā kāore i a koe ēnei tuhinga, me homai koa te ingoa o te tangata/rōpū nāna te aromatawaitanga i whakahaere)
- e pūrongo kura o nā noa nei.

## Hei Whakarāpopototanga

He pēhea te āhua o tēnei taiohi?

Ko wai mā ngā tāngata/rōpū e whai wāhi ana ki a ia?

E ngākaunui ana ia ki te aha (ngā hākinakina, ngā runaruna, ngā kēmu)?

He aha ōna painga/whanonga pai?

He aha ngā tino take e pā ana ki a ia me tōna noho i te kura me tōna whai wāhi ki ngā akoranga?

He māharahara motuhake ōu mō tēnei taiohi?

He aha tā te kura hei tiro tiro māna ēnei mea whakararu.

Ki ōu whakaaro, he aha ētahi atu āhuatanga hei āwhina i tēnei taiohi?

Kei te wātea koe kia hui tahi me ētahi atu ki te whakawhiti kōrero mō tētahi mahere ā-umanga e tutuki ai ngā matea o tēnei taiohi?

**ĀE/KĀO**

Waitohu:

Te Rā:

## Education Profile – Intermediate School

**Date:**

Dear Teacher/RTLB Cluster Manager,

*Re:*

**Student's Name:**

**Preferred name/also known as:**

**DOB:**

**Age:**

**CYF Person ID:**

**Legal Status:**

**Reason for referral:** Pre FGC      Post FGC      Entry to care      Already in care

This young person has recently come into care or been identified as likely to benefit from a Gateway Assessment - comprehensive assessment of their health, education and protection needs.

The intent of the Gateway Assessment is to develop an inter-agency agreement that will guide in meeting the needs of the young person and their parents/caregivers.

An integral part of the Gateway Assessment is the information you can provide through completing the attached Education Profile.

Once the health assessment component has been completed (this usually takes about six weeks), you will receive a copy of the health assessor's report and recommendations, and be invited to participate in the development of the Inter-agency Child Development Agreement.

As the Social Worker, I have explained the Gateway Assessment to the young person and their parents/guardians and they have given their consent to the Gateway Assessment and the sharing of the information contained in this Education Profile.

By working together to address the needs of these young people, Child, Youth and Family, the Ministry of Health and the Ministry of Education believe their life outcomes can be significantly enhanced.

**To support the process I would be grateful if you could complete this Education Profile within 7 working days and return it to both the Gateway Assessment Coordinator and myself (the Social Worker):**

**Gateway Assessment Coordinator:**

**Address:**

**Phone:**

**Fax:**

**Email:**

**Name of Social Worker:**

**CYF Site:**

**Phone number:**

**Email:**

Please don't hesitate to contact me if you have any concerns or questions.

### ***School***

<b>Name of the school:</b>	
<b>Address:</b>	
<b>Person completing this form:</b>	
<b>Role in relation to the student:</b>	
<b>Contact phone #:</b>	<b>Email:</b>
<b>Child's teacher (if not you):</b>	
<b>Student's year level:</b>	<b>No. of years at this school:</b>
<b>Attendance record:</b>	
<b>Student's NSN number:</b>	

### ***Learning and Achievement***

In the "Level" column below, please indicate how this young person's learning and achievement compares with their peers.

- below the level expected of their peers
- 0 at the level expected of their peers
- + above the level expected of their peers

<b>Area</b>	<b>Level</b>	<b>Levels and Test used</b>	<b>Comments</b>
<b>Reading/English</b> Reading level / age			
<b>Spelling</b> Spelling age			
<b>Mathematics</b> Numeracy stage Curriculum level			
<b>Understanding, Reasoning and Problem Solving</b>			

**Factors impacting on their learning**

In the “Level” column below, please indicate how the young person performs in the following areas.

- A deficit or area of concern
- 2 Normal for their age
- + A strength for this young person

Factor		Level of concern	Comments
<b>Gross motor skills</b> Walking, running, climbing, coordination, clumsiness			
<b>Fine motor skills</b> Handwriting, drawing, manipulating small objects			
<b>Speech</b> Talking or pronouncing words			
<b>Understanding of language</b> How they understand what others say			
<b>Sensory issues</b> Sensory issues that interfere with their learning	• <i>Hearing</i>		
	• <i>Vision</i>		

**SDQ-T (11-17)**

The following section is a standardised questionnaire to assist with identifying behaviour and socialisation concerns of the young person.

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other children, for example pencils, books, food			
Often loses temper			
Would rather be alone than with other young people			
Generally well behaved, usually does what adults request			
Many worries or often seems worried			
Helpful if someone is hurt, upset, feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other young people or bullies them			
Often unhappy, depressed or tearful			
Generally liked by other young people			
Easily distracted, concentration wanders			
Nervous in new situations, easily loses confidence			
Kind to younger children			
Often lies or cheats			
Picked on or bullied by other young people			
Often volunteers to help others (parents, teachers, children)			
Thinks things out before acting			
Steals from home, school or elsewhere			
Gets along better with adults than with other young people			
Many fears, easily scared			
Good attention span, sees tasks through to the end			



Overall, do you think this student has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No      Yes – minor difficulties      Yes – definite difficulties      Yes – severe difficulties

If you answered “Yes” please answer the following questions about these difficulties:

• How long have these difficulties been present?	Less than a month	1 – 5 months	6 – 12 months	Over a year
• Do the difficulties upset or distress the student?	Not at all	Only a little	Quite a lot	A great deal
• Do the difficulties interfere with the student’s everyday life in the following areas?				
Peer relationships	Not at all	Only a little	Quite a lot	A great deal
Classroom learning	Not at all	Only a little	Quite a lot	A great deal
• Do the difficulties put a burden on you or the class as a whole?	Not at all	Only a little	Quite a lot	A great deal

Have they ever been stood down or excluded?      YES/NO

If “Yes” please provide details:

Have they had an assessment of their intelligence, learning, development or behaviour?      YES/NO

### ***Agencies/Services involved with the young person***

Does this young person receive any additional assistance or support with their education?

*(include: modified curriculum, teacher aide, IEP, SENCO, ORRs, SLS, RTLB, GSE psychologist, speech therapist, SWiS, occupational therapist, ESOL, etc)*

<b><i>Type of assistance</i></b>	<b><i>Name of person/contact</i></b>	<b><i>Organisation</i></b>

## Summary

**How would you describe this student?**

**Who do they primarily engage with?**

**What are their key interests (sports, hobbies, games)?**

**What are their strengths/positive characteristics?**

**What interventions/approaches work well for this child?**

**Are there any attendance issues?**

**Do they actively participate in school?**

**What learning needs have you identified?**

- 1.
- 2.
- 3.
- 4.
- 5.

**What steps is the school taking to address these needs?**

- 1.
- 2.
- 3.
- 4.
- 5.

**Are there any other needs you have identified?**

**What further help do you think would be useful for this child?**

**Do you think the Social Worker should apply for Student Aide support for this child? How much support?**

**Would you be interested in a case conference to discuss an interagency approach to meeting the needs of this child?** YES/NO

**Please attach copies of:**

- any assessments that are available, including the most recent IEP (if you do not have a copy please provide the details of the person/organisation who conducted the assessment)
- the most recent school report.

Signature: \_\_\_\_\_ Date:

## Pūkete Mātauranga – Kura Waenga

(Education Profile – Intermediate School)

Te Rā

Kua whakaaetia mārika ☐ Y ☐ N

E te Kaiako

**Mō:**

**Te ingoa o Te Ākonga:**

**Ingoa pai ki a ia/tētahi atu o ana ingoa:**

**Rā Whānau:**

**Ōna tau:**

**CYF Person ID:**

**Tūnga ā Ture:**

**Te take i tukua mai ai:** Pre/ Post FGC      Tomokanga ki ngā mahi tiaki      Kei uru kē mai ki ngā mahi tiaki

Nō nā noa nei i riro mā te tari o Child, Youth and Family, tēnei tamaiti e tiaki, ā, kua tohua rānei, he mea pai kia haere he Aromatawaitanga Tomokanga – he aromatawainga whānui tēnei o ōna matea hauora, matea mātauranga, matea tiaki, matea whakamarumaruru hoki.

Ko te whāinga o te Aromatawainga Tomokanga hei whakawhanakei tētahi mahere ā-umanga maha e tutuki ai ngā hiahia o te tamaiti, ā, i ngā wāhi e taea ai, o ō rātou mātua/kaitiaki. Ko tētahi wāhanga matua o te Aromatawaitanga Tomokanga ko ngā mōhiotanga māu e homai mā te pūkete mātauranga e tāpiri ana. Kia oti mai te aromatawaitanga hauora, ka whiwhi koe i tētahi kape o te pūrongo a te kaiaromatawai hauora me āna tohutohu, ā, ka tonoa koe kia whai wāhi mai ki ngā mahi hei whakawhanake i te Mahere ā-Umanga. Āhua ono wiki te roa o te wā hei whakaoti i te aromatawaitanga hauora.

Ko au te kaimahi toko-i-te-ora, ā, kua oti ngā mahi o te Aromatawainga Tomokanga te whakamārama atu e au ki te taiohi me ōna mātua/kaitiaki. Ka taea e au te whakaū he pono kua whakaae mai ngā mātua, ngā kaitiaki rānei o tēnei tamaiti kia whakahaeretia tēnei Aromatawaitanga Tomokanga, kia tuarhia anō hoki ngā mōhiotanga kei te pūkete mātauranga nei. Ka taea e au te whakaū he pono kua whakaae mai te taiohi kia whakahaeretia tēnei Aromatawaitanga Tomokanga, kia tuarhia anō hoki ngā mōhiotanga kei te pūkete mātauranga nei.

E whakapono ana ngā tari o Child, Youth and Family, te Manatū Hauora me te Tāhuhu o te Mātauranga, mā te mahi ngātahi ki te whakatutuki i ngā matea o ēnei taiohi e tino pai ake ai tā rātou haere i te ao nei.

Hei āwhina i te tukanga o te Aromatawaitanga Tomokanga, tēnei te inoi atu ki a koe kia whakaoti mai i te pūkete mātauranga nei i roto i ngā rā mahi e 7, me te whakahoki mai i te pukapuka ki te Kaiwhakarite Aromatawai Tomokanga, **ki a au anō hoki:**

**Kaimahi:**

**Wāhi CYF:**

**Nama waea:**

**Īmēra:**

## Te Kura

Te tangata nāna tēnei puka i whakakī	
Tūranga i te kura	
Ingoa o te kura	
Tōna wāhi	
Waea:	Īmēra:
Kaiako: (atu i a koe)	
Tau o te ākonga:	Ōna tau i te kura:
Te taenga mai ki te kura:	

Tōna Tau (Nama) ā-Ākonga (kia maumahara: he mea tino whaitake tēnei mō te taha ki te kohinga raraunga me te aro mātai )	
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### Te Akoranga me Ngā Paetae

He pēhea e taurite ai te akoranga me ngā paetae o tēnei taiohi ki ērā o ōna hoa ākonga?

- kei raro iho i te taumata e hiahiaitia ana
- 1 kei te taumata e hiahiaitia ana
- + kei runga atu i te taumata e hiahiaitia ana

<b>Wāhanga Ako/ Tino Pūkenga</b>	<b>Taumata</b>	<b>Taumata Whakamātautau</b>	<b>Ngā Kōrero</b>
<b>Taha Pānui /Reo</b> Taumata Pānui/ Tau Pānui	- 0 +		
<b>Tatau kupu</b> Tau Tatau Kupu	- 0 +		
<b>Pāngarau</b> Taumata Poutama TauTuamata marau	- 0 +		
<b>Te Mārama, Whakaaro</b> <b>Arorau, Hiraaurau Hopanga</b>	- 0 +		

### Ngā tino take e pā mai ana ki tōna akoranga

He pēhea tana mahi ki ēnei wāhi?

- E raru ana
- E pai ana
- E kaha ana

Tino Take		Taumata	Ngā Kōrero
<b>Ngā Pūkenga Nekeneke</b> Hīkoi, oma, piki haere, whakahaere tinana, pakihawa		- 0 +	
<b>Ngā Pūkenga Āta Nekeneke</b> Te tuhi pū, tā pikitia, rāwekeweke taonga itiiti		- 0 +	
<b>Te kōrero ā-waha</b> Kōrero, whakahuahua kupu rānei		- 0 +	
<b>Te mārama ki te reo</b> Tōna mārama ki ngā kōrero a ētahi atu		- 0 +	
<b>Ngā take rongo</b>  Ngā āhuatanga e whakararu nei i tōna akoranga	• <i>Rongo ā-taringa</i>	- 0 +	
	• <i>Te kite</i>	- 0 +	

### SDQ-T (11-17)

Ko te tumanako me haere kit e wāhanga 69.

Kua aukatia tōna taenga ki te kura ? ĀE/KĀO  
Mēna “Āe” tēnā whakamārama mai?

Kua whakahaeretia he aromatawai hei whakamātau i tōna mōhiotanga, te pakari o tōna ako, tōna whanaketanga, tōna whanonga rānei?? ĀE/KĀO

### Ngā Umanga/Ratonga e whai wāhi ana ki tēnei taiohi

Ka whiwhi tēnei taiohi i ētahi atu momo āwhina, tautoko rānei mō te taha ki tōna kuranga?

(arā: he marau whaiaro, kaiāwhina, IEP, SENCO, ORRs, SLS, RTLb, GSE kaiwhakamātau hinengaro, mātanga haumanu reo, SWiS, mātanga hauora, ESOL, arā atu, arā atu)

Te momo āwhina	Ingoa o te tangata	Te Rōpū

Me tāpiri atu he tāruatanga o:

- ngā aromatawaitanga e wātea ana, me te IEP o nā noa nei (mēnā kāore i a koe ēnei tuhinga, me homai koa te ingoa o te tangata/rōpū nāna te aromatawaitanga i whakahaere)
- e pūrongo kura o nā noa nei.

## Hei Whakarāpopototanga

He pēhea te āhua o tēnei taiohi?

Ko wai mā ngā tāngata/rōpū e whai wāhi ana ki a ia?

E ngākaunui ana ia ki te aha (ngā hākinakina, ngā runaruna, ngā kēmu)?

He aha ōna painga/whanonga pai?

He aha ngā tino take e pā ana ki a ia me tōna noho i te kura me tōna whai wāhi ki ngā akoranga?

He māharahara motuhake ōu mō tēnei taiohi?

He aha tā te kura hei tiro tiro māna ēnei mea whakararu.

Ki ōu whakaaro, he aha ētahi atu āhuatanga hei āwhina i tēnei taiohi?

Kei te wātea koe kia hui tahi me ētahi atu ki te whakawhiti kōrero mō tētahi mahere ā-umanga e tutuki ai ngā matea o tēnei taiohi?

**ĀE/KĀO**

Waitohu:

Te Rā:

## Education Profile - Secondary

**Date:**

Dear Teacher/RTLB Cluster Manager,

**Re:**

**Student's Name:**

**Preferred name/also known as:**

**DOB:**

**Age:**

**CYF Person ID:**

**Legal Status:**

**Reason for referral:** Pre FGC      Post FGC      Entry to care      Already in care

This young person has recently come into care or been identified as likely to benefit from a Gateway Assessment - comprehensive assessment of their health, education and protection needs.

The intent of the Gateway Assessment is to develop an inter-agency agreement that will guide in meeting the needs of the young person and their parents/caregivers.

An integral part of the Gateway Assessment is the information you can provide through completing the attached Education Profile.

Once the health assessment component has been completed, (this usually takes about six weeks), you will receive a copy of the health assessor's report and recommendations, and be invited to participate in the development of the Inter-agency Child Development Agreement.

As the Social Worker, I have explained the Gateway Assessment to the young person and their parents/guardians and they have given their consent to the Gateway Assessment and the sharing of the information contained in this Education Profile.

By working together to address the needs of these young people, Child, Youth and Family, the Ministry of Health and the Ministry of Education believe their life outcomes can be significantly enhanced.

**To support the process I would be grateful if you could complete this Education Profile within 7 working days and return it to both the Gateway Assessment Coordinator and myself (the Social Worker):**

**Gateway Assessment Coordinator:**

**Address:**

**Phone:**

**Fax:**

**Email:**

**Name of Social Worker:**

**CYF Site:**

**Phone number:**

**Email:**

Please don't hesitate to contact me if you have any concerns or questions.



### ***School***

<b>Name of the school:</b>	
<b>Address:</b>	
<b>Person completing this form:</b>	
<b>Role in relation to the student:</b>	
<b>Contact phone #:</b>	<b>Email:</b>
<b>Child's teacher (if not you):</b>	
<b>Student's year level:</b>	<b>No. of years at this school:</b>
<b>Attendance record:</b>	
<b>Student's NSN number:</b>	

### ***Learning and Achievement***

In the "Level" column below, please indicate how the child's learning and achievements compare with their peers.

- below the level expected of their peers
- 0 at the level expected of their peers
- + above the level expected of their peers

<i>Area</i>	<i>Level</i>	<i>Levels and Test used</i>	<i>Comments</i>
<b>Literacy</b> Reading level/age			
<b>Mathematics</b>			
<b>Other Curriculum areas</b> e.g. PE, Science, Art			

**Factors impacting on their learning**

In the “Level” column below, please indicate how the young person performs in the following areas:

- A deficit or area of concern
- 3 Normal for their age
- + A strength for this young person

Factor		Level of concern	Comments
<b>Gross motor skills</b> Walking, running, climbing, coordination, clumsiness			
<b>Fine motor skills</b> Handwriting, drawing, manipulating small objects			
<b>Speech</b> Talking or pronouncing words			
<b>Understanding of language</b> How they understand what others say			
<b>Sensory issues</b> Sensory issues that interfere with their learning	• <i>Hearing</i>		
	• <i>Vision</i>		

**SDQ-T (11-17)**

The following section is a standardised questionnaire to assist with identifying behaviour and socialisation concerns of the young person.

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other children, for example pencils, books, food			
Often loses temper			
Would rather be alone than with other young people			
Generally well behaved, usually does what adults request			
Many worries or often seems worried			
Helpful if someone is hurt, upset, feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other young people or bullies them			
Often unhappy, depressed or tearful			
Generally liked by other young people			
Easily distracted, concentration wanders			
Nervous in new situations, easily loses confidence			
Kind to younger children			
Often lies or cheats			
Picked on or bullied by other young people			
Often volunteers to help others (parents, teachers, children)			
Thinks things out before acting			
Steals from home, school or elsewhere			
Gets along better with adults than with other young people			
Many fears, easily scared			
Good attention span, sees tasks through to the end			

Overall, do you think this student has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No      Yes – minor difficulties      Yes – definite difficulties      Yes – severe difficulties

If you answered “Yes” please answer the following questions about these difficulties:

• How long have these difficulties been present?	Less than a month	1 – 5 months	6 – 12 months	Over a year
• Do the difficulties upset or distress the student?	Not at all	Only a little	Quite a lot	A great deal
• Do the difficulties interfere with the student’s everyday life in the following areas?				
Peer relationships	Not at all	Only a little	Quite a lot	A great deal
Classroom learning	Not at all	Only a little	Quite a lot	A great deal
• Do the difficulties put a burden on you or the class as a whole?	Not at all	Only a little	Quite a lot	A great deal

Has student ever been stood down or excluded?      YES/NO

If “Yes” please provide details?

Have they had an assessment of their intelligence, learning, development or behaviour?      YES/NO

### ***Agencies/Services involved with the young person***

Does this young person receive any additional assistance or support with their education?

*(include: modified curriculum, teacher aide, IEP, SENCO, ORRs, SLS, RTLB, GSE psychologist, speech therapist, SWiS, occupational therapist, ESOL, etc)*

<b><i>Type of assistance</i></b>	<b><i>Name of person/contact</i></b>	<b><i>Organisation</i></b>

## Summary

**How would you describe this student?**

**Who do they primarily engage with?**

**What are their key interests (sports, hobbies, games)?**

**What are their strengths/positive characteristics?**

**What interventions/approaches work well for this child?**

**Are there any attendance issues?**

**Do they actively participate in school?**

**What learning needs have you identified?**

- 1.
- 2.
- 3.
- 4.
- 5.

**What steps is the school taking to address these needs?**

- 1.
- 2.
- 3.
- 4.
- 5.

**Are there any other needs you have identified?**

**What further help do you think would be useful for this child?**

**Do you think the Social Worker should apply for Student Aide support for this child? How much support?**

**Would you be interested in a case conference to discuss an interagency approach to meeting the needs of this child?** YES/NO

**Please attach copies of:**

- any assessments that are available, including the most recent IEP (if you do not have a copy please provide the details of the person/organisation who conducted the assessment)
- the most recent school report.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Pūkete Mātauranga – Te Kura Tuarua

(Education Profile – Secondary)

Te Rā

E te Kaiako

Kua whakaaetia mārika ☐ Y ☐ N

**Mō:**

**Te ingoa o Te Ākonga:**

**Ingoa pai ki a ia/tētahi atu o ana ingoa:**

**Rā Whānau:**

**Ōna tau:**

**CYF Person ID:**

**Tūnga ā Ture:**

**Te take i tukua mai ai:** Pre/ Post FGC Tomokanga ki ngā mahi tiaki Kei uru kē mai ki ngā mahi tiaki

Nō nā noa nei i riro mā te tari o Child, Youth and Family, tēnei tamaiti e tiaki, ā, kua tohua rānei, he mea pai kia haere he Aromatawaitanga Tomokanga – he aromatawainga whānui tēnei o ōna matea hauora, matea mātauranga, matea tiaki, matea whakamarumaruru hoki.

Ko te whāinga o te Aromatawainga Tomokanga hei whakawhanakei tētahi mahere ā-umanga maha e tutuki ai ngā hiahia o te tamaiti, ā, i ngā wāhi e taea ai, o ō rātou mātua/kaitiaki. Ko tētahi wāhanga matua o te Aromatawaitanga Tomokanga ko ngā mōhiotanga māu e homai mā te pūkete mātauranga e tāpiri ana. Kia oti mai te aromatawaitanga hauora, ka whiwhi koe i tētahi kape o te pūrongo a te kaiaromatawai hauora me āna tohutohu, ā, ka tonoa koe kia whai wāhi mai ki ngā mahi hei whakawhanake i te Mahere ā-Umanga. Āhua ono wiki te roa o te wā hei whakaoti i te aromatawaitanga hauora.

Ko au te kaimahi toko-i-te-ora, ā, kua oti ngā mahi o te Aromatawainga Tomokanga te whakamārama atu e au ki te taiohi me ōna mātua/kaitiaki. Ka taea e au te whakaū he pono kua whakaae mai ngā mātua, ngā kaitiaki rānei o tēnei tamaiti kia whakahaeretia tēnei Aromatawaitanga Tomokanga, kia tuarhia anō hoki ngā mōhiotanga kei te pūkete mātauranga nei. Ka taea e au te whakaū he pono kua whakaae mai te taiohi kia whakahaeretia tēnei Aromatawaitanga Tomokanga, kia tuarhia anō hoki ngā mōhiotanga kei te pūkete mātauranga nei.

E whakapono ana ngā tari o Child, Youth and Family, te Manatū Hauora me te Tāhuhu o te Mātauranga, mā te mahi ngātahi ki te whakatutuki i ngā matea o ēnei taiohi e tino pai ake ai tā rātou haere i te ao nei.

Hei āwhina i te tukanga o te Aromatawaitanga Tomokanga, tēnei te inoi atu ki a koe kia whakaoti mai i te pūkete mātauranga nei i roto i ngā rā mahi e 7, me te whakahoki mai i te pukapuka ki te Kaiwhakarite Aromatawai Tomokanga, **ki a au anō hoki:**

**Kaimahi:**

**Wāhi CYF:**

**Nama waea:**

**Īmēra:**

## Te Kura

Te tangata nāna tēnei puka i whakakī	
Tūranga i te kura	
Ingoa o te kura	
Tōna wāhi	
Waea:	Īmēra:
Kaiako: (atu i a koe)	
Tau o te ākonga:	Ōna tau i te kura:
Te taenga mai ki te kura:	

<b>Tōna Tau</b> (Nama) <b>ā-Ākonga</b> (kia maumahara: he mea tino whaitake tēnei mō te taha ki te kohinga raraunga me te aro mātai)	
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### Te Akoranga me Ngā Paetae

He pēhea e taurite ai te akoranga me ngā paetae o tēnei taiohi ki ērā o ōna hoa ākonga?

- kei raro iho i te taumata e hiahiatia ana
- 2 kei te taumata e hiahiatia ana
- + kei runga atu i te taumata e hiahiatia ana

<i><b>Wāhanga Ako/ Tino Pūkenga</b></i>	<i><b>Taumata</b></i>	<i><b>Taumata Whaka-mātautau</b></i>	<i><b>Ngā Kōrero</b></i>
<b>Te Reo Matatini</b> Taumata Pānui/ Tau Pānui	- 0 +		
<b>Te Tatau Kupu</b> Te tau tatau kupu	- 0 +		
<b>Pāngarau</b> Taumata Poutama Tau/Marautanga	- 0 +		
<b>Te Mārama, whakaaro arorau, Hīraurau hopanga</b>	- 0 +		

### Ngā tino take e pā mai ana ki tōna akoranga

He pēhea tana mahi ki ēnei wāhi?

- E raru ana
- E pai ana
- E kaha ana tēnei tamaiti



Tino Take		Taumata	Ngā Kōrero
<b>Ngā Pūkenga Nekenekene</b> Hīkoi, oma, piki haere, whakahaere tinana, pakihawa		- 0 +	
<b>Ngā Pūkenga Āta Nekenekene</b> Te tuhi pū, tā pikitia, rāwekeweke taonga itiiti		- 0 +	
<b>Te kōrero ā-waha</b> Kōrero, whakahuahua kupu rānei		- 0 +	
<b>Te mārama ki te reo</b> Tōna mārama ki ngā kōrero a ētahi atu		- 0 +	
<b>Ngā take rongō</b>	• Rongo ā-taringa	- 0 +	
Ngā āhuatanga e whakararu nei i tōna akoranga	• Te kite	- 0 +	

### SDQ-T (11-17)

Ko te tumanako me haere kit e wāhanga 80.

Kua aukatia tōna taenga ki te kura ? ĀE/KĀO

Mēna “Āe” tēnā whakamārama mai?

Kua whakahaeretia he aromatawai hei whakamātau i tōna mōhiotanga, te pakari o tōna ako, tōna whanaketanga, tōna whanonga rānei? ĀE/KĀO

### Ngā Umanga/Ratonga e whai wāhi ana ki tēnei taiohi

Ka whiwhi tēnei taiohi i ētahi atu momo āwhina, tautoko rānei mō te taha ki tōna kuranga?

(arā: he marau whaiaro, kaiāwhina, IEP, SENCO, ORRs, SLS, RTLb, GSE kaiwhakamātau hinengaro, mātanga haumanu reo, SWIS, mātanga hauora, ESOL, arā atu, arā atu)

Te momo āwhina	Ingoa o te tangata	Te Rōpū

Me tāpiri atu he tāruatanga o:

- ngā aromatawaitanga e wātea ana, me te IEP o nā noa nei (mēnā kāore i a koe ēnei tuhinga, me homai koa te ingoa o te tangata/rōpū nāna te aromatawaitanga i whakahaere)
- e pūrongo kura o nā noa nei.

## Hei Whakarāpopototanga

He pēhea te āhua o tēnei taiohi?

Ko wai mā ngā tāngata/rōpū e whai wāhi ana ki a ia?

E ngākaunui ana ia ki te aha (ngā hākinakina, ngā runaruna, ngā kēmu)?

He aha ōna painga/whanonga pai?

He aha ngā tino take e pā ana ki a ia me tōna noho i te kura me tōna whai wāhi ki ngā akoranga?

He māharahara motuhake ōu mō tēnei taiohi?

He aha tā te kura hei tiro tiro māna ēnei mea whakararu.

Ki ōu whakaaro, he aha ētahi atu āhuatanga hei āwhina i tēnei taiohi?

Kei te wātea koe kia hui tahi me ētahi atu ki te whakawhiti kōrero mō tētahi mahere ā-umanga e tutuki ai ngā matea o tēnei taiohi?

ĀE/KĀO

Waitohu:

Te Rā: