Te Kahu Tōī - Te Awa Unit (Te Awa)

326 Church Street, Penrose, AUCKLAND 1061

Phone: 09 5207706 [www.nhs.school.nz](http://www.nhs.school.nz)

Referral form

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| SERVICE INFORMATION | |
| Te Awa is a partnership between Oranga Tamariki and the Ministry of Education to provide assessment and Intensive Wraparound Services to young people in the care of Oranga Tamariki aged between 11 and 17 years old, in the Auckland area.  Te Awa is delivered by the Northern Health School and is located in Penrose, Auckland. | |
| Intensive Wraparound Support | Assessment |
| This aims to support young people to:   * Learn new skills and ways of behaving * Develop a healthy sense of personal identity * Engage successfully in education at a local school * Develop the skills necessary for building prosocial peer relationships * Enjoy a successful home life, including developing relationships with whanau and community     1. *The wraparound service uses the same model as the Ministry of Education: Te Kahu Tōī-Intensive Wraparound Service. Monthly planning meetings take place for approximately 2 years. The process keeps the young person, and as much as possible, their whanau, at the centre of all planning.* | Te Awa can complete a range of assessments that assist with identifying a young person’s needs, assist with planning and recommendations, or answering specific referral questions. Types of assessments that are available:   * General * Education * Ecological * Comprehensive * Assessment review/ summary * Other specific referral questions |
| Intensive Wraparound Service Criteria:  * The child/young person is aged 11 – 17 years old\* at the time of referral and in the care of The Ministry for Children, Oranga Tamariki. * The child/young person has behaviour, social and/or learning needs that are highly complex and challenging (and may have associated intellectual difficulty) and requires support at school, at home and in the community. * Local services/support have been fully utilised for the child/young person and are unable to meet need. * There is a plan to transition the young person back to their home community/independent living/place of permanency, preferably in Auckland | Assessment Service Criteria:  * The child/young person is aged 11 – 17 years old\* at the time of referral and in the care of The Ministry for Children, Oranga Tamariki. * The child/young person is going into placement in Auckland. * The child/young person‘s needs are unknown. |
| * 1. **\*Children younger than the age of 11 may be referred, however special permission from the National Manager – Te Kahu Tōī: Intensive Wraparound Services (Ministry of Education) must be sought**   *Please note that access and attendance to the Te Awa unit assessment hub (small onsite classroom) is for young people that are receiving either our wraparound or assessment service. They must first be referred for one of these services. If you think attendance at the assessment hub may benefit the young person you are referring, please comment in the referral.* | |

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| YOUNG PERSON INFORMATION | | | | | | |
| Full name |  | | | Alias (if any) |  | |
| Preferred Pronouns: | He / Him She / Her They / Them Other (state): | | | | | |
| DOB (DD/MM/YYYY) |  | Gender: | | Male Female TransgenderNon-Binary Other (state): | | |
| OTMC Legal Status |  | | | Ethnicity (if Maori, please state iwi) |  | |
| Young person’s direct contact information (if applicable) | Mobile number | |  | | Are they aware of this referral? | Yes NoComments: |
| Email address | |  | |

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| WHANAU INFORMATION | | | |
|  | Mother | Father | Other |
| Name: |  |  |  |
| Physical Address: |  |  |  |
| Contact no.(s): |  |  |  |
| Email: |  |  |  |
| Is there regular contact with the young Person? | Yes No Comments: | Yes No Comments: | Yes No Comments: |
| Is the whanau member aware of this referral? | Yes No Comments: | Yes No Comments: | Yes No Comments: |

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| CAREGIVER AND REFERRER INFORMATION | | |
|  | Current Caregiver | Referrer |
| Name(s): |  |  |
| Role and Organisation: |  |  |
| Physical Address: |  |  |
| Contact no.(s): |  |  |
| Email: |  |  |
| How long has the referrer been involved with the young person? | Not Applicable |  |
| How long has the young person been living here? |  | Not Applicable |
| Is the caregiver aware of this referral? | Yes No Comments: | Not Applicable |

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| LEGAL GUARDIAN INFORMATION (if already listed above in previous sections, please state ‘[Name] as above’ | | | |
|  | Legal Guardian | Legal Guardian (if applicable) | Legal Guardian (if applicable) |
| Name: |  |  |  |
| Relationship to Young Person: |  |  |  |
| Physical Address: |  |  |  |
| Contact no.(s): |  |  |  |
| Email: |  |  |  |
| Is the legal guardian actively involved with the young Person? | Yes No Comments: | Yes No Comments: | Yes No Comments: |
| Is the legal guardian aware of this referral? | Yes No Comments: | Yes No Comments: | Yes No Comments: |

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| **Other service involvement** | | | |
| Agency/ organisation |  | Key contact person and role |  |
| Service being provided |  | Status | Referral in progress active closing |
| Agency/ organisation |  | Key contact person and role |  |
| Service being provided |  | Status | Referral in progress active closing |
| Agency/ organisation |  | Key contact person and role |  |
| Service being provided |  | Status | Referral in progress active closing |

**(duplicate further rows if needed)**

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| **Which service are you referring for?** | |
| **Assessment** | **Wraparound** |
| General Education Ecological Comprehensive Assessment review/ summary Would like to discuss further | Please state the young person’s permanency plan/ long term caregiver |
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| If identified, please comment on their capacity and willingness to engage in wraparound |
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| **I would like the young person to also be considered for attendance at the hub (onsite classroom).**  **Please comment on why:** | |

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| **Please describe your current concerns for this young person and your reason for referral** | | |
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| **What are the needs or behaviours you are concerned about:** | | |
| Mental health needs Self – harm Suicide ideation or attempts School attendance/ non – attendance Mood Intellectual function/ capacity Learning difficulties | Verbal aggression Physical aggression Absconding Offending Theft Social difficulties with peers Alcohol/ other drug use | Cruelty to animals Firelighting Harmful sexualized behaviour Inappropriate sexualized behaviour Sleep Diet/ nutrition Physical health needs Other (Please enter comment below) |
| **Other comments** | | |
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| **What are the young person’s views? What would they like to have happen?** |
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| **What services or interventions have already been tried? Please give a summary of interventions to date.** |
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| **If you have any questions about this referral, please contact:** |
| The Oranga Tamariki high needs hub: [**Auckland\_High\_Needs\_Hub@ot.govt.nz**](mailto:Auckland_High_Needs_Hub@ot.govt.nz) |

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| **Sending the referral** |
| * Please attach any relevant supporting documentation or reports. You should include: All About Me Plans, Gateway assessments, Education reports, psychological assessments, Tuituia reports, etc. * Email the referral and supporting documentation to the Oranga Tamariki High Needs Hub: [Auckland\_High\_Needs\_Hub@ot.govt.nz](mailto:Auckland_High_Needs_Hub@ot.govt.nz) |

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| **Referral Outcome** |
| The Education Hub meet fortnightly on a Thursday to discuss young people and referrals for Te Awa. You will receive an outcome letter with the outcome of your referral after it has been discussed. |

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| **PRIVACY STATEMENT:** |
| The personal information about the young person on this form is required by Te Kahu Tōī Te Awa (Te Awa), a Ministry of Education service contracted via Northern Health School, for the purposes of providing a service to assist the young person.  The information collected by Te Awa may be disclosed to other professional agencies for these purposes. Your information will not be disclosed to other people unless it is authorised or required by law.  The information collected will be held by the Northern Health and Ministry of Education databases. The consenting person and/or, child/young person has a right under the Privacy Act to see this information and ask for any inaccurate information to be corrected.  The information will be used in the context of the request for service outlined on this form. It may also be used for statistical purposes in a way that will not identify the individual. |