**Briefing Note:** Further advice on options to support tamariki at risk of disengaging

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<th>To:</th>
<th>Hon Tracey Martin, Associate Minister of Education</th>
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<td>11 December 2019</td>
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<td>Priority:</td>
<td>Medium</td>
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<td>Security Level:</td>
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**Purpose of paper**

This paper provides further information on Regional Health Schools and nurture groups, which are options to support tamariki in Years 1-8 who are at risk of disengaging from their learning.

**Summary**

- You have asked for further details on the mandate of Regional Health Schools and how nurture groups function to inform decisions on the direction for the work that will look to support tamariki at risk of disengaging.

- Regional Health Schools have a mandate to provide educational support to ākonga who are unable to attend their mainstream school due to physical or mental health, and support them in their transition back to their mainstream school. Ākonga need to meet set criteria to be eligible to attend a Regional Health School.

- Nurture groups is a model used within the UK schooling system to support tamariki at risk of disengaging. Participation in nurture groups has helped tamariki to develop social and emotional skills that they had not developed prior to starting school. Tamariki with social and emotional behavioural difficulties often experience barriers to learning.
Proactively released

Agree that this Briefing will not be proactively released at this time because final decisions have not been made and this paper is redacted. Agree / Disagree

Dr Andrea Schöllmann
Deputy Secretary
Education System Policy

11/12/2019

Hon Tracey Martin
Associate Minister of Education

16/12/19

Please do not pursue any policy on Native groups without agreement.
Background

1. Following on from the Education Report: Supporting tamariki to remain engaged in education [METIS 1203167 refers] you asked us to provide further information on Regional Health Schools and nurture groups.

2. The work to support tamariki at risk of disengaging sits under Priority Six of the Learning Support Action Plan, which aims to improve education for children and young people at risk of disengagement. It is also part of the ongoing work to redesign alternative education.

3. The Education Report [METIS 1203167 refers] identified four key features to support tamariki to remain engaged in their learning. These features are:
   a. maintaining strong connections between tamariki and peers in mainstream school;
   b. focusing on the development of social-emotional skills first;
   c. empowering family and whānau to exercise authority and agency during decision-making and implementation of support; and
   d. involving wider whānau and community to create positive change.

4. Support for tamariki at risk of disengaging will provide an early intervention option and form part of an end-to-end continuum of support for ākonga who are disengaged or at risk of disengaging.

5. The inclusion of an early intervention option for tamariki could stem the need for intensive provision in later years or through time in a managed move centre.

Regional Health Schools

6. Regional Health Schools (RHS) are an existing intervention that provide educational support to ākonga who are unable to attend their mainstream school due to physical or mental health. RHS ensure ākonga receive equitable education provision irrespective of where the health services are delivered or the geographical location of ākonga¹.

7. The role of RHS is to support the learning needs of ākonga while they are unable to attend their usual school and provide support to enable them to transition back to their usual school when they are able to. This may include a step where ākonga are supported to return to their mainstream classroom on a part time basis initially before returning full time.

Eligibility

8. To be eligible for enrolment in a RHS ākonga need to be a Year 0-13 student with high health needs, identified by a qualified medical practitioner specialising in the condition. They also need to be undergoing:
   a. an active treatment programme for their medical condition; or
   b. a health funded mental health programme².

¹ Students with high health needs Regional Health Schools guidelines and protocols, Ministry of Education, revised 2014
² A health funded mental health programme is a programme that caters for a group of children or young people and is based on an active treatment programme plan with multidisciplinary intervention and regular review. A health funded mental health programme is distinct from a mental health treatment regime provided by an individual practitioner or service which is focussed on one child or young person and does not have a plan, multidisciplinary intervention or regular review.
9. Ākonga must also be:
   a. in hospital and/or recuperating or rehabilitating for more than ten school days; or
   b. likely to have [or had] six hospital admissions in a 12 month period; or
   c. absent from school for more than 40 school days in any one school year.

10. RHS principals enrolled in a RHS remain on the roll of their usual school.

11. RHS principals have discretion to enrol ākonga in RHS who do not meet the eligibility criteria, for example, siblings of children already enrolled in RHS.

Learning environments

12. RHS support the educational needs of ākonga by developing an Individual Learning Plan (ILP) in consultation with their usual school and teachers, parents and other professionals involved in their care.

13. Lessons are delivered to ākonga in environments that suit their health and needs. This could include their home, hospital, community support centres (classrooms), and public places, such as a local library.

Teaching staff

14. Teaching staff in RHS are trauma informed teachers with training and the ability to deal with the needs of ākonga under their care. Teachers address potential medical issues that may arise from the student returning to their usual school as well as curriculum lessons.

15. RHS are currently experiencing recruitment issues for teaching staff due to the specialist nature of this role.

RHS locations

16. There are three RHS in New Zealand with satellite sites that support ākonga.
   a. The Northern Health School is based in Auckland and provides support to approximately 1,000 ākonga a year throughout the upper North Island.
   b. The Central Regional Health School is based in Wellington and covers the lower North Island, providing support for approximately 300 ākonga per year.
   c. The Southern Health School is based in Christchurch and covers the South Island, providing support for approximately 300 ākonga per year.

17. Ākonga attend the RHS for an average of one term, but attendance can range from a few days to two terms, depending on the student’s need.

RHS and ākonga at risk of disengagement

18. We could explore expanding the eligibility criteria to a RHS through the mental health pathway. This would look to provide opportunities for those who require social, emotional and educational support to enrol. This could mean:
   a. changing the eligibility so that RHS is accessible for ākonga who are not in a health funded mental health programme but have similar needs to those who are in these programmes; or
   b. developing a communications plan about what referrals can be made through the mental health pathway.

19. These options could ensure the mental health pathway is fully utilised, and is made more accessible to tamariki who do not meet the current medical referral threshold.
Nurture groups

The Nurture Group model – Evidence from the United Kingdom

20. Nurture groups have been operating in UK schools for over 40 years. More than 2,000 UK schools operate nurture groups.

21. In existing nurture groups in the UK, each group is run by two members of staff trained to meet the needs of tamariki. The staff are usually a teacher and teacher aide. Six to twelve ákonga attend the group.

22. The nurture group room is designed to have a nurturing, home-like atmosphere with a sofa and cooking area where food is prepared and shared.

23. Nurture groups in the UK use the following six key principles to guide their work:
   a. children's learning is understood developmentally;
   b. the classroom offers a safe base;
   c. the importance of nurture for the development of wellbeing;
   d. language is a vital means of communication;
   e. all behaviour is communication; and
   f. the importance of transitions in children's lives.

24. Nurture groups use a range of strategies to align with these principles including games and songs, staff engage the attention of ákonga and encourage them to listen and talk. A core principle of nurture groups is that all behaviour is communication and this is addressed by this approach (principles d and e).

25. Staff also listen carefully to students, and repeat and rephrase their articulations in order to broaden the vocabulary of tamariki as well as to enhance their understanding of their own emotions (principles a, c, d and e). If there are arguments within the group, staff encourage tamariki to use the opportunity for growth by discussing alternative coping strategies for similar situations in the future (principles a, c, d and e). Tamariki grow in self-control and self-respect as they improve their ability to talk clearly and confidently and are able to express their needs (principles a, c, d, e and f).

26. Nothing is taken for granted and everything is explained, supported by role modelling and demonstration and the use of gesture as appropriate. The relationship between the staff role models nurturing and supporting to allow tamariki to observe and begin to copy (principles a, b and c).

27. Nurture groups have been most successful where the whole school and teachers adopt nurturing principles, and strategies developed within the group are incorporated in the whole school policy.

28. These principles would need to be assessed and adapted to ensure the suitability of the model within the New Zealand context. However, we do not envision significant changes would be required because the principles are generic in nature.

Outcomes from nurture groups

29. Research into the outcomes for tamariki who have attended nurture groups in the UK show they have a positive impact for most of the children. Tamariki who had attended nurture groups made social and emotional gains, as well as educational progress3.

30. Tamariki who had attended nurture groups alluded to feelings of connectedness and mutual trust. They showed increased self-confidence and skills in responses to challenging social situations, and were able to build positive social connectedness with

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their peers in the group. However, they found it more difficult to build these relationships in settings outside of the group⁴.

31. The whole school can experience gains from nurture groups. Research shows staff speak more positively about tamariki with social, emotional and behavioural difficulties and are more likely to adopt nurturing principles school wide⁵.

32. Whānau experience improved parent-child relationships. Tamariki are often more affectionate and communicative at home⁶. Parents of tamariki in nurture groups become more engaged with the school as they receive positive information and interactions with the school about their tamariki⁷.

**Nurturing groups in the New Zealand context**

33. If implemented in New Zealand, this model could offer tamariki a short-term, inclusive intervention. It would focus on fostering social and emotional growth and cognitive development to remove barriers to learning.

34. Tamariki would continue to be taught the national curriculum during their time in the nurture group. Nurture groups would take place onsite at the mainstream school of tamariki to ensure they have the ability to participate, when appropriate, in activities in their main classroom. This would ensure tamariki are able to maintain strong connections with peers and teachers.

35. For example, tamariki would start the day in their mainstream classroom before being collected by the nurture group teacher to spend appropriate times in the nurture group dependent on their need, then return to their main classroom at the end of the day.

**Next Steps**

36. s 9(2)(f)(iv)

37. 

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⁴ Larissa Cunningham et al (2019).
⁶ Nurtureuk.org
⁷ Tracey Sanders (2007).