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**A national review of current centrally funded
treatment options for antisocial behaviours in
New Zealand youth.**

'Where Do They Go?'

**A thesis presented in partial fulfilment of the requirements of
the Masters in Public Policy at Massey University, Albany,
New Zealand.**

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Abstract

Treatment of antisocial behaviour in adolescents is a matter for debate in this country. Many of the methods used historically, such as residential care, in general appear to be unsuccessful and have not helped the steady increase in numbers needing treatment. A paradigm shift away from the benefits of residential care and institutionalising is evident with the emergence of more family/community-based models of treatment.

Maori and Pacific youth statistically are over-represented in this group of young people. Is this reflected in the type of treatment programmes available and is this client group being catered for culturally? This thesis looks at the options currently available nationally for the treatment of antisocial behaviours in youth. Where do they go, and what happens when they get there?

New Zealand studies of treatment options currently available and their effectiveness are rare. This thesis interviews treatment providers nationally then discusses the themes and policy implications in focus groups in Auckland, Wellington and Christchurch. It is clearly shown that this group of young people are dealt with by a large number of sectors and organisations, often with a lack of a co-ordinated approach.

Taking a phenomenological approach to the inquiry, the investigation utilised participant observation, semi-structured interviews and focus groups. The research is significant as it adds to research on 'intervention' in this field in Aotearoa New Zealand.

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Glossary

A&D	Alcohol and Drug
ADHD	Attention Deficit Hyperactivity Disorder
CAMS	Child and Adolescent Mental Health Services
CDHB	Canterbury District Health Board
CD	Conduct Disorder
CYFS	Department of Child Youth and Family Services
DOC	Department of Corrections
DBD	Disruptive Behaviour Disorders
DHB	District Health Board
FFT	Functional Family Therapy
FGC	Family Group Conference
MOE	Ministry of Education
MOH	Ministry of Health
MOJ	Ministry of Justice
MST	Multi Systemic Therapy
MTFC	Multidimensional Treatment Foster Care
NA	Narcotics Anonymous
NGO	Non-Governmental Organisation
NZQA	New Zealand Qualification Authority
ODD	Oppositional Defiant Disorder
RYOP	Reducing Youth Offending Programme
SCD	Severe Conduct Disorder
TAM	Therapist Adherence Measure
TPK	Te Puni Kokiri
YHT	Youth Horizons Trust
YDC	Youth Drug Court
YJC	Youth Justice Co-ordinator

Chapter One

Introduction

Thesis Overview

The research involved the collection of data related to treatment options for antisocial behaviour in New Zealand youth. This qualitative research was drawn from both theory and interviews with service providers, but did not include interviews with the youth or their families. Methods used were a literature review of programmes available and types of treatment, participant observation, interviews with programme operators and focus group interviews with the gatekeepers of, and experts in, the treatment processes.

Although this project has looked mainly at youth in the youth justice system, there was also spill-over into youth that were being treated for antisocial behaviour via mental health, alternative education, drug and alcohol, and youth development services. It aimed to ascertain what was currently available as treatment options in terms of services to Maori from iwi(tribe)-based social services. The intention was further to uncover treatment options provided by non-governmental organizations.

The study has not assessed the effectiveness of each treatment option, however it has highlighted what was available and what the theories and principles were underpinning the different options. Youth crime is an increasing problem statistically (Becroft, 2003; Maxwell & Poppelwell, 2003; Spier, 2002), and its reduction continues to be a priority for governments with a range of programmes and services. Some traditional research indicated that nothing worked with treating youth offenders (Lipsey, 1992).

Little was known about the effectiveness of available treatments, and what research there was tended to focus on short-term results rather than the

maintenance of long-term outcomes. This study has provided a view of what programmes were available, features of the programmes, staffing, education, family involvement, funding, interventions and also any evaluation information. Usually referrals were made either through the Family Group Conference (FGC) process or through the courts. Some referrals were also made through mental health and education services.

Focus of the Inquiry

My research question 'where do they go?' is what has driven this research and developed out of my interest into where young people go for treatment for antisocial behaviour and what happens when they get there. The focus of this study was a review of treatments available in Aotearoa New Zealand. The objectives were firstly to demonstrate the interdepartmental spread of treating young people with antisocial behaviours. The second objective was to provide a 'nuts and bolts' look at the make-up of different treatments available. Thirdly, by entering this world my objective was to uncover issues and themes common among treatment providers. My final objective was to take the themes gathered from providers to focus groups to help uncover their deeper policy meanings and implications.

My purpose underpinning this inquiry, driven by an apparent lack of research, was to provide information to professionals working in the field relating to what is available, exploring perspectives on best alternatives. Added to this was my passion for working with youth offenders and their families and a desire that this study may benefit them in some way.

Structure of the Thesis

The thesis proceeds with an introduction to the key theoretical constructs and self-positioning in this phenomenological investigation. Chapter Two lays down the conceptual cornerstones of the inquiry. The methodological aspects of the research are discussed in Chapter Three. This describes the phenomenological

approach, analysis and a range of data collection methods. An overview of the research process, data sources and methodological issues encountered within the research are given. Chapter Four contains the empirical part of the study, highlighting programmes interviewed, emerging themes and the results from focus groups. Chapter Five draws together the findings of the review, giving policy implications and recommendations.

Positioning Myself in the Study

My first introduction to the field of antisocial behaviour with adolescents came in 1999 when I completed a student placement in youth justice at Child Youth and Family Services (CYFS), Grey Lynn, Auckland. At this early contact my passion for working in this arena was kindled and my reformed former life of crime and drug addiction gave me a much-valued insight into the plight of young offenders. My placement the following year was at Youth Horizons Trust (YHT), a residential programme in Auckland designed to treat severe conduct disorder (SCD) in adolescents. During and following this placement I worked part-time for YHT as a caregiver in several of their residential homes in Auckland.

After graduating at the end of 2000 with a Diploma in Social Work from the Auckland College of Education, I took a position with CYFS in Waitakere, west Auckland, as a youth services social worker. I remained in that position for two and a half years, towards the end of which I was promoted to the status of senior practitioner. During that time I had a caseload of adolescents who had been referred as youth justice or care and protection clients with behavioural issues. My work included monitoring FGC plans, youth and family court work including making recommendations regarding where youth should go for treatment or punishment, as well as making decisions and suggestions whether young people should remain living with their families or not.

During my placement at CYFS in 1999 I was exposed to a treatment model known as Multisystemic Therapy (MST), (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998). I attended workshops that included CYFS,

YHT, Waitamata Health and other service providers discussing the use of the model in New Zealand. In 2000 while on placement at YHT, I attended a seminar presented by Dr. Charles Borduin from the USA, one of the founders of MST. The model always made a lot of sense to me, and being new to New Zealand made it exciting. One of my early questions was 'who would the MST therapists be if the model were introduced to New Zealand?' In 2002 a joint venture between CYFS and the Department of Corrections (DOC) established a project team to introduce MST to New Zealand in the form of a three-year pilot programme known as the Reducing Youth Offending Programme (RYOP). This project was particularly interesting to me, as it was the first time the two departments had combined to address youth offending (Becroft, 2004). When positions were advertised for therapists I applied and was appointed in April 2003.

In coming up with a topic for this thesis I consulted with Dr Nicola Curtis who has recently completed a PhD thesis on MST in New Zealand at Massey University (Curtis, 2004). Between us we came up with the topic for this thesis, the main question being 'where do they go?' I decided that the project should be nationwide to increase my own knowledge about what was available around the country and outside the Auckland area that I knew so well.

While reviewing literature for my thesis proposal, it became obvious that a lot had been written about risk factors and indicators of antisocial behaviour in youth. There appeared to have been little written about treatment options that were available and how they operated. Kaye McLaren (McLaren, 2000) in her review of the literature, did a great job of highlighting what worked and what didn't work, from a theoretical perspective, without relating this to specific programmes operating within New Zealand.

Personal experience and literature reviewed (Oliver & Spee, 2000; Singh & White, 2000; Te Puni Kokiri, 2000) clearly indicated that Maori youth were over-represented in the areas of youth justice and antisocial behaviour. My preparation to write this thesis included a visit to the regional director of Te Puni

Kokori (Ministry of Maori Development). This visit was not only in the quest for cultural advice and support, but also part of my journey to uncover youth programmes that were targeted directly at working with Maori youth.

Attending the Youth Justice Conference in Wellington, May 2004, I observed that there was far more talk about assessment than intervention. We knew who these kids were, what we needed to know was where they went for treatment and what happened when they got there? Something else I thought was missing was discussion regarding the shortage of specialist front-line workers in this field. I thought it would be good for partnerships to be formed between government agencies and tertiary institutions, focussing on teaching the specialised skills required when working with youth (and their families) displaying antisocial behaviours.

Definitions

Youth

The Children Young Persons and Their Families Act 1989 (CYPF Act 1989), deals with offending by children (10 - 13) and young people (14 - 16). People over 17, and people prosecuted for alleged incidents of murder or manslaughter, are dealt with under separate legislation, including the Summary Proceedings Act 1957, the Crimes Act 1961 and the Criminal Justice Act 1985 (Ministries of Justice and Social Development, 2002; Te Puni Kokiri, 2000). The definition of youth in this research was determined by the acceptance age into the programmes I reviewed. Generally speaking the ages were in the range of 12 - 18.

Let us reflect on what it has meant to be a young person. In a healthy environment it might mean growth, development and knowledge. Life could be made up, as a teenager, of education, sport and stimulation through peer contact. It could be a time to shape our futures and discover and develop our strengths, through guidance and support from our families, teachers and mentors. Youth is also a time for taking risks, pushing boundaries and learning

through mistakes. It is hard to imagine as a young person that you would get older and need to be responsible. Your mates were everything when you were young, you wanted to be doing everything that they were doing; listening to the same music, dating and experimenting with sexual behaviours, wearing the same clothes, going to the same places, playing in the same teams, liking the same teachers and being rebellious together (Ministry of Youth Affairs, 2002a, 2002b).

Unfortunately many young people who require treatment for antisocial behaviours have a different experience as adolescents. This may include being abused physically and sexually, having a major shortage of money for food, education, and clothing, being constantly in trouble with the law and in the court system, abusing drugs and alcohol, lacking family stability and support, being exposed to crime and gang culture, or lacking pro-social activities (Ministry of Youth Affairs, 2002a, 2002b).

Antisocial Behaviour

Antisocial behaviours in youth follow an almost endless continuum, from raiding orchards to murder and rape. Within the youth justice system 'antisocial' is defined through the arrests of young people. It is important to remember that not all crime that the youth aid section of the police deal with is processed in the form of an arrest. The police have the option of warning or diversion as a means of dealing with youth crime. In fact the police deal with nearly 80% of youth offences by alternative action (Maxwell, Robertson, & Anderson, 2002).

When the police arrest a young person, a referral is made to CYFS, this may be done directly, or via the youth court. Following this, a FGC is held which the young person, their family, the victim(s), the police, a youth justice co-ordinator (YJC), and a youth advocate may attend. At the conference a plan may be made if the parties reach agreement, otherwise matters may be referred to the youth court with a social work report for a judge to decide. The judge has the mandate to impose youth court orders that can include incarceration through a supervision with residence order.

The youth justice process is laid out in legislation pursuant to the CYPF Act 1989. In relation to this research, treatment options are often a result of the youth justice process. Generally these options are sourced either through the police, the youth justice co-ordinator, the social worker, the court, or occasionally the family. Recommendations can be made through youth forensic screening reports and psychological reports requested by the court (NZ Children and Young Persons Service, 1996).

Not all referrals for antisocial behaviours in youth come to CYFS through the youth justice system; some are referred through care and protection. This occurs when, although the young person has not been arrested or referred through the police, they are referred when their caregivers cannot cope with their behaviours, or somebody reports them. Sometimes these young people are removed from their homes. The legislation for care and protection issues are also pursuant to the CYPF Act 1989 (NZ Children and Young Persons Service, 1996).

Mental health diagnoses also include young people with disruptive behaviour disorders (DBD). These include conduct disorder (CD), oppositional defiant disorder (ODD), chemical dependency, antisocial personality disorder and attention deficit hyperactivity disorder (ADHD) (American Psychiatric Association, 1994; Barkley, Edwards, & Robin, 1999). It was my experience that many young people diagnosed with DBD often ended up in the youth justice system, alternative education system, or both. However, there were programmes designed specifically to treat young people with DBD, for example Youth Horizons Trust.

Severe conduct disorder (juvenile psychopathy) was the topic for conferences hosted by Youth Horizons Trust in association with the University of Auckland and the Werry Centre for child and adolescent mental health, in Auckland July 2003 and Wellington June 2005. J S Werry defined it best:

Severe conduct disorder (SCD) is marked by a life-long attitude of taking what one wants when one wants it without regard for the feelings and rights of others which affects at least 1% or more of males. Most with this disorder commit many and severe crimes but in childhood they are aggressive, disruptive, unloving, cruel, and defiant to all caregivers, educators and whanau. They struggle academically at school especially with reading and usually end up getting expelled. The adult equivalent is severe antisocial personality disorder. The accumulated scholarly knowledge about this disorder informs on cause, other behaviours and problems, coexistent psychiatric, educational and social disorders, outcome, prevention and management. It is therefore essential that there be acceptance of the concept as valid, useful and leverage to action (Werry, 2003).

Many young people with antisocial behaviours end up in alternative education programmes, as mainstream schools are often unable to cope. Although the Ministry of Education funds alternative education, the providers operate as contractors to the Ministry. Alternative education programmes take many forms and approaches including those that operate with a Maori kaupapa (Maori-based methodology). Unfortunately New Zealand has experienced an increase in the need for alternative education programmes.

Young people are placed in alternative education programmes because: they have been out of mainstream school for more than two terms; have experienced multiple exclusions from schools; have a history of dropping out of mainstream schooling after being reintegrated; or have dropped out of correspondence school after being enrolled as an 'A Risk Student'. The challenge in alternative education is to take young people who often come from dysfunctional families and are from financially poor backgrounds, and install in them a sense that failure is not always the outcome, and to try and give them a sense of control over their own lives (O'Brien, Thesing, & Herbert, 2001).

Teachers in alternative education require specialist skills and need to be recognisable members of the community, as well as components of a team of support people including health, welfare and police. Support from families and communities are essential components of alternative education programmes, as is the need for flexible curricula (O'Brien et al., 2001).

Some drug and alcohol services also accept referrals for young people displaying antisocial behaviours due to dependency on substances. Programmes for young people include residential, day or evening outpatient, community based counselling and kaupapa Maori programmes. Different treatment philosophies underpin these programmes, including harm reduction and abstinence models. In 2005 it is recognised that there is a shortage of treatment programmes for adolescents in New Zealand and that their need is growing.

The New Zealand police in 1997 initiated a series of programmes for youth at risk, and at the time of this research numbered 14 throughout the country. The emphasis was on preventing young people from entering into a criminal lifestyle. This was achieved through a focus on prevention, early intervention and rehabilitation, and included hard line responses to serious young offenders, a concern for community and a commitment to 'investment in people' (Evaluation Unit: Office of the Commissioner, 2002).

In the context of this thesis, the concept 'antisocial behaviour' includes behaviours that are not acceptable or manageable within normal family and social environments. These include theft and robbery, property damage, trespassing, violence, sexual offending, drugs, truancy, traffic offences, fire lighting and fraud (Ministry of Justice, 2003). Breaking the law is more black and white and can be easily categorised. Other antisocial behaviours that do not always fall under the umbrella of the law include self-harm, verbal abuse, substance abuse, inappropriate sexual behaviour and harm to animals.

Summary

This chapter has laid the foundation for my study by giving an overview of the topic as well as introducing the methods used. It has defined the group of young people I refer to in this study and their behaviours that qualify them for treatment. I have highlighted some of the agencies that work with this group of young people and their spread across different sectors.

Chapter Two

Theoretical Perspectives

Introduction

To set the stage for the inquiry this chapter will briefly outline systemic risk factors that contribute towards antisocial behaviour in adolescents. Following this I will give a brief political, economic and social history of Maori, Pacific Islanders and Pakeha. I have followed this with a brief history of the youth justice system in Aotearoa New Zealand.

This chapter also includes a brief overview of some of the theory that underpins treatment, concentrating on theory that was in use in Aotearoa New Zealand at the time of the study and what was successful overseas. The chapter includes examples of actual treatment provided in New Zealand and programmes that I did not interview but felt should be included. It includes supports to programmes and aspects of the referral systems. I have also included new programmes and proposed programmes that looked promising but were not ready to be the subject of this research.

Risk Factors

As previously stated, a lot of research has been done on risk factors contributing to antisocial behaviours in Aotearoa New Zealand youth (Church, 2004; Hema, 2000; McLaren, 2000). These factors manifested from multiple social ecological systems and included the following, which may occur as a single or multiple factor experience in a young person's life.

Individual

Premature birth; low birth weight; disability; pre-natal birth damage; birth injury; low intelligence; difficult temperament; chronic illness; poor attachment; poor problem solving abilities; values and beliefs supporting aggression; undeveloped

social skills; low self esteem; lack of empathy; alienation; hyperactivity and disruptive behaviour; impulsivity; emotionally negative.

Family

Parental Characteristics

Teenage mothers; single parents; psychiatric conditions, for example depression; substance abuse; criminality; antisocial behaviour.

Environmental

Family violence and disharmony; marital problems; disorganised family life; negative and unhealthy interaction; social isolation; large family; no father present; long-term unemployment; siblings with behaviour problems.

Parenting Style

Poor supervision and monitoring; harsh and inconsistent discipline; rejection of child; abuse and neglect; lack of warmth and affection; lack of involvement in pro-social activities; lack of support.

School

Poor achievement; violence at school; antisocial peers; bullying; peer rejection; poor attachment to school; poor home-school link; poor behavioural management; poor learning skills; poor attendance.

Life Events

Divorce and family break ups; war or natural disasters; death of family member; unemployment; treatment by multiple agencies and individuals; substance abuse.

Community

Socio-economical disadvantage; population density; poor housing conditions; urbanisation; neighbourhood crime; media portrayal of violence; lack of support; social and cultural discrimination; racism; alienation from culture; urban drift; colonisation; transience (Carruthers, 2000; Grace & McLean, 2005; Hema, 2000;

Kazdin, 1985; McLaren, 2000; Ministries of Justice and Social Development, 2002; Singh & White, 2000).

It is true to say that young people are a product of their families, friends, schools and communities and an interesting debate has evolved as to whether antisocial behaviour should be treated through punishment, therapy, separation from family or a combination of all three.

Ethnicity

This section presents a brief history and political economy of Maori, Pacific Islanders and Pakeha, to assist the perspective on the current situation in respect of youth and antisocial behaviour. It highlights difficulties resulting from colonisation.

Maori

It has been well established that Maori are statistically over-represented in youth justice and other catchments of young people displaying antisocial behaviours, for example alternative education (Department of Corrections, 2001; Fergusson, Donnell, & Slater, 1975; Maxwell, Robertson, Kingi, Morris, & Cunningham, 2004; Ministries of Justice and Social Development, 2002; Ministry of Justice, 2003; O'Connell, 1975; Singh & White, 2000; Te Puni Kokiri, 2000).

Maori existed in a feudal society common to indigenous people in pre-colonial countries where the subsistence economy was based on gathering and trading basic commodities within a tribal framework. The governing body was the hierarchal structure that existed within the tribe or iwi, which also had ownership of land as well as land boundary structures in place.

Evan Te Ahu Poata-Smith (Poata-Smith, 1997) draws our attention to the importance of 'white settler colonialism and labour migration', and its effect on the indigenous economy. The first described the stripping of land from its previous owners, and the second how Maori were exploited and moved from

their traditional setting to provide cheap labour to fuel the capitalist machine. Marx says it best: *"in actual history, it is a notorious fact that conquest, enslavement, robbery, murder, in short, force, plays the greatest part"* (Marx, 1976, p. 874, as cited in Poata-Smith, 1997).

The colonisation of Aotearoa by Britain was related to the period of European history between 1789 and 1848, which was a time of major social, economical and political change following the industrial and French revolutions. The ruling class were faced with a working class movement that was severely economically disadvantaged. Following costly colonisation of other areas, British policy in Aotearoa until 1830 was one of under-intervention (Poata-Smith, 1997).

Exporting the working class population was not economically viable to Britain, however, acquiring cheap land and establishing subsidies for settlers was. This hunger for land pressed the need for the Treaty of Waitangi and its subsequent abuse and misappropriation. The basis for capitalist production was available in Aotearoa in the form of commodities including labour power. As Poata-Smith says, *"In Aotearoa, the systematic commodification of labour power required separating a growing proportion of the Maori population from the land, which had for centuries provided them with an adequate subsistence, therefore giving them no alternative but to sell their labour for a wage"* (Poata-Smith, 1997:172).

Following years of war and discontentment over land issues, the loss of land for Maori continued rapidly into the twentieth century. By the late 1930s, Maori owned less than one-sixth of the land and were unable to be self-supporting from this. Maori became dependent on the availability of labour to support them, primarily in the agricultural sector. The worldwide depression in the early 1930s had a devastating effect on New Zealand's economy, which consisted mainly of agricultural capital. This effect was particularly destructive to Maori resulting in Maori becoming 40% of the unemployed, with three quarters of Maori men unemployed in 1933 (Poata-Smith, 1997).

During the boom period between 1945 and 1973, Maori moved to the cities to find work following the demise of opportunity in rural areas. Although this migration created available labour to fuel the economic upturn, it also created devastating social problems for Maori. The number of Maori living in the towns and cities grew from 8% in 1926 to 41.1% in 1966 (Poata-Smith, 1997).

The boom that created the migration of Maori labour came to an end in the mid 1970s, resulting in poor economic, social and fiscal conditions for Maori. This marked the beginning of a class and political struggle against inequality for Maori. Activists protested against political economic orthodoxy, to try and reform blatant evidence of racism and Maori inequality.

The failure of the third Labour Government (1972-75) to stop the loss of land for Maori or increase Maori rights resulted in increased direct tactics that challenged the state, and the third National Government (1975-84) not only had to deal with the economic decline, but also a political crisis following the Maori land movement.

The fourth Labour Government (1984-90) tried to improve the political situation with Maori through the Waitangi Tribunal and a policy of biculturalism. However, with the change of policies associated with the New Right, it was interesting to note that between March 1987 and March 1989 20% of the Maori working class were made redundant (Poata-Smith, 1997).

From Poata-Smith's account it would be fair to say that most Maori had not fared well with Neo-classical, Keynesian and New Right policies. Liberals would argue that this was due to the actions of the state and individual Pakeha, without looking at the underlying issues associated with capitalism and colonialism (Poata-Smith, 1997).

Wolfgang Rosenberg reflected on how liberalisation policies had negatively impacted on Maori people. He referred to the report of the Royal Commission on Social Policy (April 1988) that stated that Maori had been significantly

disadvantaged in education, leading to adverse economic conditions for them in a market dominated society. He stated that four times as many Maori children left school from form three and four, and that four and a half times more Pakeha school leavers had University Entrance or better, and that only 2% of Maori school leavers intended to go on to university (Rosenberg, 1993).

Maori nationalists continued the battle against globalisation as part of the ongoing battle for tino rangatiratanga (self-determination). Maori, together with some MPs, were continually challenging their being left out of negotiation processes and the effects of globalisation on their economic well-being and on the Treaty of Waitangi (Kelsey, 2002).

Maori's relationship with the new government of 1999 became less of a priority for that government. To Maori they were equal partners under the Treaty, however, to government the Crown sovereignty was indivisible and supreme. Labour needed to consolidate the Maori vote that had abandoned them for the first time in the 1996 election (Kelsey, 2002). This again seemed possible in 2005 with the formation of a new Maori political party.

Traditionally Maori society had clear boundaries defining acceptable and not acceptable behaviour, distinguishing between sharing property with whanaunga (relatives) and taking from someone unknown. History recalled examples of payments of toanga (gift of something precious) by offender's whanau to the whanau of the victim, and of large muru (extracting parties) that sought reimbursement from whole villages. In each situation utu (price of compensation) was worked out through ritualised korero (discussion) (Morris, 2004).

Jackson claims (cited in Morris, 2004 p. 245) that Maori had a different view of justice, noting the connection between the deep spirituality present in Maori society, making the law a part of everyday life as opposed to merely a set of rules to abide by. Jackson claimed that the Pakeha objectives to establish guilt and then punish through revenge, deterrence and isolation are different from

Maori, who would seek restitution and compensation ensuring that everyone's satisfaction was honoured rather than just punishing the individual (Morris, 2004).

Responsibility was placed on the family and outcomes were based on restoring balance. The whanau were made aware of shared responsibilities, the victim was given reparation to restore their mana (proper place) and the ancestors were appeased by this following of tradition, creating a sense of effective legal control, recognising the need for social order and the importance of balance of community affairs. This philosophy differed from English law brought to New Zealand by the colonisers. However, by the 1870s the laws of England applied to New Zealand (Morris, 2004).

Pacific Island

Pacific Island youth are over-represented in youth justice statistics, especially in the area of violent offending (Hema, 2000; McLaren, 2000; Ministries of Justice and Social Development, 2002; Ministry of Justice, 2003; O'Connell, 1975; Singh & White, 2000). Pacific peoples in New Zealand are made up predominantly of the following ethnicities; Samoan (50%), Cook Island Maori (22.5%), Tongan (16%), Niuean (8.5%), Fijian (2%) and Tokelauan (1%), (Ministry of Pacific Island Affairs, 1999a).

Pacific peoples have inhabited New Zealand for more than one hundred years. In 1945 Pacific peoples made up 0.1 % of the population, compared to over 6% today. Although Pacific peoples were diverse in culture and language, there were similarities in migration and assimilation. The Pacific Island population was younger than the general population of New Zealand and was growing more quickly (Krishnan, Schoefield, & Warren, 1994; Ministry of Pacific Island Affairs, 1999a).

New Zealand's relationship with the Pacific Islands had colonial roots, with New Zealand assuming responsibility for the Cook Islands and Niue in 1901, and Tokelau in 1925, after they had been originally annexed by Britain. Western

Samoa came under New Zealand administration in 1914, at the start of World War One when it was taken from the Germans. New Zealand's role was largely that of perceived help to these Pacific nations. However, it was not always seen as helpful and several uprisings did occur (Krishnan et al., 1994).

Similar to Maori, Pacific peoples became part of the labour migration away from unfavourable economic and social conditions to perceived favourable conditions; a culture of dependence had developed with immigration and remittances becoming the norm. However, since the 1990s, after long periods of recession and restructuring, emigration had become less attractive and remittance has been in long-term decline.

By the late 1950s, Pacific Islanders were being brought to New Zealand to fill the demand for labour in the industrial sector, often through recruitment by individual employers. By 1973-74, immigration from the Cook Islands, Niue, Fiji, Tonga and Samoa made up 6% of total immigration to New Zealand. Many Pacific peoples were brought to New Zealand as temporary work permit holders; in 1966-7, there were 6968 permit holders from Fiji and 2012 from Samoa.

During the mid 1970s racism towards Pacific Islanders intensified after the Labour Party began to draw attention to the fact that many Pacific Islanders were 'overstayers'. The term 'overstay' became associated with all Pacific Islanders. The National Party were also guilty of racism towards Pacific people, using television advertisements to portray Pacific people as violent and undesirable people taking jobs away from New Zealanders. This was followed by persecution by police and immigration officials, including dawn raids and accosting people on the street if they looked like they belonged to a Pacific Island ethnic group (Krishnan et al., 1994).

Due to the concentration of Pacific people in low wage and unskilled manufacturing positions, the reduction in labour demand had disproportionately affected employment opportunities. By the late 1980s, large numbers of workers, concentrated in vulnerable sectors of the economy, had lost their jobs

(Krishnan et al., 1994). In examining statistical information, it would be easy to assume that the social and economic situation of Pacific people is poor; income levels were among the lowest in New Zealand; average incomes were low; unemployment was high; people were less likely to own their own business; health was poor in comparison with other groups (except Maori who also had poor health); education participation and achievement was comparatively low; welfare status was low, especially in areas of housing, benefits and youth justice; over-represented in all areas of the criminal justice system; significant language loss for some Pacific ethnic groups; increasing number of single-parent families; and households were less likely to own a car or phone (Ministry of Pacific Island Affairs, 1999b).

However, there was a positive outlook to many features of Pacific Island culture and advancement, as well as their acceptance into our society. Recently Pacific young people had grabbed certain aspects of their culture and redefined them for modern living. Pacific youth culture was advancing quickly and was very evident in arts and fashion. Pacific people were becoming more strength focused, for example the churches (89% of Pacific people belong to a religious group) were playing a greater role in meeting spiritual, social, community and material needs (Ministry of Pacific Island Affairs, 1999b).

Pakeha

The Keynesian model of economics predominated in New Zealand during the prolonged boom period between 1945 and 1973. Characteristics of this period were sustained economic growth (averaged 4% per annum), development of a residual 'welfare state', an agricultural based economy with secure markets (through colonial attachments to Britain), full employment (until the oil crises of 1973, unemployment never exceeded 1%), low inflation, rising real wages and few balance of payment problems. Labour and National governments maintained a full employment policy during this period and full employment was the trademark of the 'welfare state' (Roper, 1997).

Brian Roper (Roper, 1997) says 1974 marked the beginning of dramatic change in the New Zealand economy, marked by economic stagnation, high inflation, declining profitability, low levels of productive investment, low terms of trade, balance of payment deficits, increased indebtedness, no real wage growth, high levels of unemployment, and intensive and widespread industrial action. Roper also pointed out that New Zealand was not alone with this economic downturn and that these conditions were being experienced by all advanced capitalist societies.

Jane Kelsey (Kelsey, 1993) pointed out that the commitment of Britain to the European Economic Community, increased indebtedness, and extensive government intervention by the ill-fated third national government led by Muldoon, added to the economic crisis. An extreme example of this increased state intervention was the wage, price and interest rate freeze of 1982. Kelsey pointed out that by 1984 the number of people unemployed had reached over 50,000.

Keynesian explanations for this economic slump included the argument that Aotearoa New Zealand had been adversely affected by a large number of external shocks that had a major negative impact, and Muldoon's poor economic management and abandonment of commitment to full employment (Roper, 1997).

The election of the fourth Labour government in 1984, which had traditionally embraced a social democratic viewpoint, marked a new era of political economy for New Zealand, turning to a neo-liberal economic theory, which had its feet clearly planted within neoclassical theory, Adam Smith's liberal theory and the free market. Although labelled 'Rogernomics' after the then Minister of Finance Roger Douglas, policy was based on a package labelled the Washington Consensus by John Williamson of the Institute for International Economics in Washington DC. It consisted of policy initiatives imposed on Latin American countries by the International Monetary Fund, US Treasury and the World Bank. Similar policy used in Britain and America was labelled 'Thatcherism' and

'Reaganism'. Treasury and Reserve Bank officials, strategically placed cabinet ministers, high profile advocates and the Business Round Table supported these policies in New Zealand (Chatterjee et al., 1999; Gorringer, 2001; Kelsey, 1993, 1995).

The 1999 election saw a change of government with the success of the Labour/Alliance coalition. Helen Clark described it as "*a third way government striving to achieve a better balance between a dynamic market economy and a fair society which offers opportunity and security to all*" (New Zealand Herald, September 2000, as cited in Kelsey, 2002). Labour's election campaign offered seven promises based on their 'third way' politics: to create employment through more export opportunities; reduce waiting times for surgery; cut tertiary education costs; superannuation reforms; a return to income related rents for state housing; challenging burglary and youth crime; maintain income tax rates for those earning \$60,000 and less; and not increase GST or company tax. Other policy initiatives were raising the minimum wage, finishing bulk funding for schools, creating partly elected district health boards, stopping beech logging on the west coast, injecting funding to the arts, and ending asset sales (Kelsey, 2002).

History of Youth Justice in New Zealand

When English law was introduced to Aotearoa New Zealand in the 1870s, the age of criminal responsibility was set at seven and young offenders were treated the same as adults. It was not uncommon for children and young people to be in prison or whipped for minor offences. Things started to change with the appearance of large numbers of neglected children who were often of mixed ethnicity. An industrial school which doubled as an orphanage was established mainly by churches (Morris, 2004).

The first statute, the Neglected and Criminal Children Act (1867), distinguished between neglected and criminal children. Nevertheless, in practice both groups were held together as only industrial schools were built. In 1882, the Industrial

Schools Act made no reference to reformatories and made it no longer mandatory to imprison children before admitting them to the industrial school. The numbers going to these institutes grew rapidly; they were bleak and abusive, designed to contain more than teach (Morris, 2004).

At the start of the twentieth century, health, welfare and education became a matter of society's concern and political action. Attitudes towards the response to child offending changed internationally around that time too. These changes were related to the development of the sciences of psychiatry, psychology and positive criminology. Response to youth offending began to be seen as treatment, as opposed to punishment. Probation homes and borstals appeared and the courts started taking a different view from 1865 onwards, resulting in the Juvenile Offenders Act 1906, which enabled judges to view cases involving under 16 year olds as different from adults (Morris, 2004).

The Child Welfare Act 1925 created a child welfare facility responsible for the supervision and care of youth offenders as well as neglected children, focusing on the needs and best interests of children. In reality, however, this act resulted in the processing of large numbers (especially Maori) through the courts and into state care (often for long periods of time up to the age of 20), often for minor offending. Young people's cases were still held in the adult court and only a few judges were experienced in dealing with children (Morris, 2004).

Post World War Two, Aotearoa New Zealand experienced an increase in social problems, partially due to the mass migration of Maori from rural to urban settings. Police increasingly consulted with child welfare officers during this period, as opposed to sending all cases to court. In the 1950s, in some areas tribal committees heard cases against Maori, although they did so unsupported by government. Consultation between police and social welfare became formalised by the development of a juvenile crime prevention section of the police in 1957 (Morris, 2004).

During the 1950s and 60s new punitive powers enabled 16-year-old boys to be sentenced to detention centres and boys aged 15 and 16 could be sentenced to periodic detention. Boys and girls aged 15 and 16 could be sent to borstal training. In 1961 the Crimes Act raised the age of criminal responsibility from seven to ten (Morris, 2004).

Although there was dissatisfaction with the 1925 Act, and the promise of changes in 1966, new legislation did not take effect until the Children and Young Persons Act 1974, which distinguished between children under the age of 14 and young people between the ages of 14 and 17. Children's Boards, meeting to keep matters out of court, dealt with offending by children less than 14 years old. It became impossible for criminal proceedings to be taken against a child, making offending a care and protection issue. The act made provision for meetings (conferences) related to the offending of 14 – 17 year olds, to see if matters should go to court and to make recommendations to the police. The Children's Court was renamed the Children's and Young Persons Court, with the intent being that specialist judges would be appointed and there would be more family and community involvement (Morris, 2004).

Some research from the 1980s (Morris & Young, 1987) showed that there were few changes as a result of the 1974 Act. Large numbers of young people were still arrested and ended up in court without any consultation process between police and social workers. The police, who pretty much got their way when it came to outcomes, with little input by anybody else, dominated the system. Children's Boards were under-utilised, poorly managed and largely ineffective (Morris, 2004).

Treatment Theory

12-Step Recovery

Narcotics Anonymous (NA) was a non-profit fellowship of men and women who met regularly to help each other stay abstinent from all drugs (including alcohol). It was a non-profit organisation that supported itself on donations from members,

declining outside contributions and not entering into public controversy or opinions. The 12 steps and traditions that were used were adopted from Alcoholics Anonymous.

The programme was considered to have a spiritual base as opposed to believing in a religious god, accumulating clean-time one day at a time with support from other recovering addicts who had walked a similar journey, using a philosophy that it was better to show someone what to do as opposed to instructing him or her (Literature Subcommittee, 1988; Narcotics Anonymous World Service, 1993).

The 12-step recovery model was incorporated into treatment centres for antisocial behaviour with adolescents, especially in the USA. A benefit was that once the young person left treatment they could still access 'meetings' in the community for support. Some criticism of NA suggests that young people may meet antisocial peers at meetings or become targets for sexual predators. It was difficult for people at such a young age to accept that abstinence was a viable model for them to follow when many young people were still enjoying drinking and taking drugs.

Te Whare Tapa Wha

The Te Whare Tapa Wha framework for defining the health and well-being of Maori compared Maori health to the four walls of the house. All four were necessary to ensure strength and symmetry, through each representing a different dimension. The Te Whare Tapa Wha could be applied to any health issue affecting Maori, from physical to psychological well-being.

Taha Wairua (spiritual)

Taha Wairua was the most essential requirement for health. Without a spiritual awareness an individual could be considered lacking in well-being and more prone to ill health. Wairua also explained relationships with the environment, between people, or with heritage. When confronted with a problem, Maori did not seek to analyse its separate components but asked in what larger context it

resided, incorporating ancestors or future generations to discussions. This may have meant the discussion went off on a tangent but the flow would return to the question.

Taha Tinana (physical)

For Maori the body and things associated to it were tapu (sacred/special). For example, the head was regarded as tapu; Maori did not pat each other on the head, and food should not be anywhere near a person's head. Hairbrushes or hats should not be placed on tables and food was kept away from the body, as were utensils. A common thing observed in Maori households was that tea towels were not placed in a washing machine but always washed by hand. Kitchen sinks/tubs should not be used to wash personal items and when a laundry was in close proximity to the kitchen this could pose problems. Maori considered stepping over someone as rude and demeaning to that person's mana (personal authority/power). Maori tended to have minimal eye contact and respected each other's space in formal situations. Body language was also an important feature.

Taha Hinengaro (thoughts and feelings)

Thoughts, feelings and behaviour were vital to health in Te Ao Maori (the Maori world). Maori may have been more impressed with unspoken signals, eye movement, bland expression, and in some cases regarded words as superfluous, even demeaning. Misunderstanding occurred less by dividing things into smaller and smaller parts. Healthy thinking for a Maori person was about relationships; the individual whose first thought was about putting themselves, their personal ambitions and their needs first, without recognising the impact that it may have had on others, was considered unhealthy. Communications through emotions were considered important and more meaningful than the exchange of words. If Maori showed what they felt, instead of talking about their feelings, this was regarded as healthy.

Taha Whanau (family)

Taha Whanau was the prime support system providing care, not only physically but also culturally and emotionally. For Maori whanau was about extended relationships rather than the western nuclear family concept. Maintaining family relationships was an important part of life and caring for young and old alike was paramount, with everyone having a place and role to fulfil within their own whanau. The Maori viewpoint of identity derived from family characteristics; a person carrying an ancestral name would often be seen as having the qualities of their namesake. For Maori, a person's identity was gleaned by asking 'where are you from' rather than 'what is your name'? Maori identity was based upon an ancestral waka (canoe), a physical landmark, usually a maunga (mountain), a body of water awa (river), moana (sea) and a significant tupuna (ancestor). Once this was known, people could share a common bond (Katene, 2001).

Multisystemic Therapy

Multisystemic Therapy (MST) was an intensive family and community based treatment for young people displaying serious antisocial behaviours, putting them at risk of out of home placements and continuing in a direction of serious adult offending. MST has been applied to youth showing a variety of offending behaviours, including chronic and violent offending, substance abuse related offending, adolescent sexual offending, youth in psychiatric crises, and youth with care and protection issues. This group of young people were very expensive to their societies due to extensive out-of-home placements and their disproportional consumption of mental health services. The goal of MST programmes was to reduce antisocial behaviour, improve family functioning, increase educational opportunities and reduce out-of-home placements (Curtis, 2004; Henggeler & Lee, 2003; Henggeler et al., 1998; Webb, 1999).

Rooted in social ecological (Bronfenbrenner, 1979) and family systems (Haley, 1976; Minuchin, 1974) theories, MST looked at young people within different systems, including family, extended family, school or work, community and peer group. Other stakeholders may have included youth justice, care and protection, police or mental health services. When assessing the reasons why a young

person was offending, the clinician considered influences from within the social ecology of the young person. For the treatment to be successful, the risk factors across the systems must be identified and addressed. Therefore, by assessing a family within their natural environment, the better the chance of success through identifying support within the neighbourhood and community.

As determined from the social ecological theoretical model and supported by research, antisocial behaviour in adolescents was a result of interaction with and influence from the different systems, and therefore MST assessed and addressed the risks presented in a comprehensive and individualised fashion. A dedicated caregiver was paramount to the success of MST. Preferably this was a parent, but another relation or adult with a long-term commitment to the young person was workable. Other adults in the young person's social ecology could also be called upon for support. Professional support was used only as a last resort because while they may care about the young person, professionals often move on to pursue other careers. By strengthening the family unit and finding organic supports, treatment gains were more likely to be sustained.

MST used treatment methods that had been proven through research, including cognitive behavioural therapy, behaviour therapies, behavioural parent training, pragmatic family therapies and certain pharmacological interventions that had a reasonable evidence base. These therapies were delivered in a different context from the normal environment. For example, the caregiver would ideally deliver cognitive behaviour therapy with instruction from the therapist. This was to enable the caregiver to maintain this treatment after the clinician had finished.

Considering the high drop out rate of young people in traditional mental health and youth justice services, and because MST treated young people and families presenting with severe offending, MST was delivered at an intensive level, breaking down service delivery barriers by allocating clinicians with low caseloads. This allowed them to meet with the families and associated people in settings and at times that suited them. This may have meant meeting in the family home in the evenings, or early mornings.

What was different about MST from many other practices was the high level of quality assurance and clinician accountability. Therapist education started with intensive five-day training. Weekly group supervision was held for two hours with an on-site supervisor. Weekly consultation was held for one hour with an off-site expert MST consultant. The teams participated in quarterly booster training. In addition to this, the client's caregivers were phoned regularly to rate the therapist's performance, and to check adherence to the MST model. These quality assurance components were designed to improve clinical outcomes through promoting treatment fidelity.

MST was provided through a home-based service delivery model, which was seen as crucial to maintaining high engagement and low drop out. Clinicians worked with four to six families at a time to allow for intensive work. The clinician was the main point of contact for the young person, the family and all associated agencies and systems. Services were delivered in community settings to overcome barriers to service access, help with engagement in the clinical process, and to provide better assessment and outcome data. Treatment duration was three to five months to make it more efficient, self-sufficient and cost effective, and because research indicated this was the ideal length of treatment. Therapists were available to the family 24 hours a day, seven days a week, to be there when needed and to respond to crises (Curtis, Ronan, & Borduin, 2004; Curtis, Ronan, Heiblum, Reid, & Harris, 2002; Henggeler & Borduin, 1990; Henggeler & Lee, 2003; Henggeler, Schoenwald, Rowland, & Cunningham, 2002; Henggleler et al., 1998; Swenson, Henggeler, Taylor, & Addison, 2005; Webb, 1999; Weisz, 2004).

My experience using the MST model in New Zealand was that the model had always made a lot of sense to me. The client group I have worked with were at the top end of repeat young offenders. They usually came from families that were poor and had experienced generational dependence on government services. They were often Maori or Pacific Islanders.

Engagement was extremely important. As a clinician I was often met with suspicion, indifference, doubt and fear. It was extremely important to break down these barriers as soon as possible by trying to be immediately helpful to the family. Cultural advice proved to be helpful in this process. The dedication and support of the caregiver was crucial to the ease of treatment and the quality of the outcomes. One of the problems was that many of these young people had led a transient existence, often spending time in the care of the state.

Strong community links were essential. Young people needed to be doing something positive as quickly as possible. Good educational or training courses, sporting activities including gyms, driving licence programmes, and work were all good pro-social activities. Having caregivers monitor where the young person was, and whom they were with, had proved very difficult at times. Processes of putting meaningful rewards and consequences in place for young people were also challenging. These problems were often closely related to the lack of support the caregivers had, and their social isolation.

I had found that being strength focused was a plus, as was being prepared and able to go the extra mile to help the family. Once engagement was cemented and a degree of trust was established, goals could be met and treatment gains made. It was important to keep things as simple as possible for these families and be thankful for small gains.

Multidimensional Treatment Foster Care

Multidimensional Treatment Foster Care (MTFC) was developed in the early 1980s at the Oregon Social Learning Centre. In 1983 five youths were referred as an alternative to incarceration. In 1986 Oregon State Hospital made referrals for young people leaving incarceration. The recruiting, training, and supervision of suitable foster parents were the important elements of the programme. Those foster parents were responsible for only one foster child. Daily contact was made between staff and the foster parents in the form of phone calls or visits. Staff members simultaneously worked with the school. Each young person had an individual therapist. The natural family also had a family therapist as they

were prepared for the young person's return. Another important feature of the programme was the presence of a psychiatrist at the centre available to treat young people for a range of mental health disorders as well as understanding the principles of the treatment centre (Bluestone, 2004; Fisher, 2005).

Between 1991 and 1995, in medium sized urban areas in the Pacific Northwest of the USA, a randomised clinical trial of 79 young males involved in youth justice examined the ability of MTFC to curtail ongoing violent offending, compared to the usual group home care. Information on offending was collected every two months for a two-year period starting from entry into the programme. Results indicated that youth who had been treated with MTFC were significantly less likely to continue committing violent offences than youth treated through usual services. Twenty four percent of youth treated through group home care violently offended twice or more as opposed to 5% of MTFC young people. The results were encouraging all round, even when considering different variables (Eddy, Whaley, & Chamberlain, 2004).

In 2005 Youth Horizons Trust was adapting MTFC for use in New Zealand.

Functional Family Therapy

Functional Family Therapy (FFT) was a family-based prevention and intervention programme to treat high-risk youth and their families, one of the current generation of family based treatments that included MST and MTFC. It claimed to be culturally sensitive, clinically sound and to hold young people, their families and their communities accountable for their actions.

FFT was used as a preventive and intervention programme for diversion, probation and an alternative to being locked up, as well as a re-entry programme. After 30 years of clinical and research experience at a range of sites in the USA it was claimed to be a robust therapeutic model.

FFT targeted young people from a variety of ethnic and cultural backgrounds between the ages of 11 and 18, as well as providing treatment to the younger

siblings of referred adolescents. A short-term intervention consisted of eight to 12 sessions for moderate cases and up to 30 hours of service for more difficult cases. This might involve therapy sessions, phone calls and meetings with community agencies. Treatment was generally spread over a three-month period and highlighted the importance of respecting family members' experience of the intervention.

Developed in 1969 at the University of Utah's Psychology Department's Family Clinic, FFT was designed to treat the most difficult cases in mental health and youth justice systems. Providers with special skills were needed to work with that population and to motivate the families to change by acknowledging and building on their strengths. Families were offered specific plans to change and improve their self-respect. FFT had managed over time to retain its core principles while adding clinical features that had improved results, focussing on clinician characteristics and in-session procedures combining study and practice. This resulted in the training of therapists being driven by step-by-step interventions and their impact on the clients.

In the late 1990s FFT refined the phases of intervention, creating a systematic approach to programme implementation and training. The system used a computer based client tracking and monitoring system. This enabled FFT to offer a model that included training, supervision, process and outcome assessment, as well as focusing on improving the quality and delivery of service to local communities.

FFT's primary focus was working with the family. It took a multisystemic approach involving the social ecological systems that interacted with the family. FFT recognised that there were positive and negative influences on families. The context of the treatment system involved the family and the individual as well as the therapist, improving a family's inner resolve to improve their situation. Small improvements were considered successful. The FFT philosophy was the desire for families to become more self-sufficient, be less dependent on treatment providers, and impose less cost on communities. The practice was

both systemic and individualised. Treatment was multi-phased, goal directed and systemic in approach. The treatment included three stages of intervention. These were; engagement and motivation, behaviour change and generalisation. Each phase required goal setting and setting assessment objectives. Each phase also required specific skills from the therapist, often involving major disruption to the family and the individual.

Assessment was continuous throughout the phases, focussing on understanding how the behaviour problems functioned within the family system. FFT had developed different tools to aid assessment and incorporated them in the Functional Family Assessment Protocol, which was a systemic approach to understanding the families they were working with. Another tool developed by FFT, the Clinical Services System (CSS), allowed therapists to track the activities that had proven essential to successful outcomes. CSS was a computer based system which gave clinicians easy access to process and assessment information which helped them to make good decisions when working with families. It also supplied them with the complete outcome information needed to determine the success of the case.

Intensive data collection and research since 1973 had shown FFT to be successful and ensure that the results had been recorded and analysed. At the time of this research, FFT had 50 active certified service sites in 15 states in the USA. FFT had been set up in a way that it could be replicated at different sites offering fidelity, training and a sophisticated client assessment, tracking and monitoring system, providing clinical assessment, outcome accountability and supervision. FFT therapists generally had Masters degrees, or sometimes Bachelor degrees, and came from a variety of backgrounds, including nursing, social work, family therapy, clinical psychology, mental health counselling and many others (Alexander & Sexton, In press; Sexton & Alexander, 2000).

Treatment Options

Family Group Conferences

FGC's were introduced to New Zealand in 1989 through the CYPF Act 1989 as a revolutionary way of dealing with young people who committed offences and a new alternative to prosecution. The principles and objects of this Act (1989), which was consistent with modern trends in youth justice, were: diverting young people away from courts and custodial sentences; dealing with young people within their families and communities where possible; holding young people accountable for their offending; involving victims, family and young people in making plans and decisions; steps to assist with reducing re-offending; ensuring timely interventions; ensuring the completion of plans put in place at the FGC; and making processes and interventions culturally appropriate (Maxwell & Morris, 1999; Maxwell et al., 2004).

Youth aid officers resolved an estimated 80% of offending by alternative action plans or warnings. Alternative action plans could include community work or apologies and speaking to parents. Police youth aid officers could refer a case to a youth justice coordinator (YJC) to hold a FGC. The YJC had the discretion to refuse the referral. If the police took the case directly to the youth court, the judge had to order a FGC before proceeding (Murray Levine, 2000).

The key stakeholders in the FGC process were the police, the YJC, the youth advocate (lawyer), the victim, the young person and their family (including extended family and support people), the CYFS social worker, and possibly a representative from school, course or work. However, in my observation since 1999 it was often only the young person and his mother, the YJC, the police and the youth advocate that attended. The FGC was described at the Youth Justice Conference (2004), by principal youth court judge Andrew Becroft, as the "jewel in the crown". However, he also commented that it required polishing.

The process of establishing a FGC plan involved input by all parties before an agreement might be made. If the plan was not agreed then a social work report

referred the matter to the youth court where the judge made a decision. Tasks often included in a FGC plan were community work; apology letters, counselling (e.g. drug and alcohol, anger management, family counselling), or attendance at an education course. The FGC might also agree that an order be made in the youth court to hold the young person accountable for their actions. In these cases a social work report was written to assist the judge with making that order.

The role of the YJC was pivotal to the process. The idea was that co-ordinators were to be sourced from the community, from a wide variety of backgrounds and professional disciplines, including upstanding members of the community, including kaumatua, who were well connected and respected. My experience of attending FGCs in Auckland was that the majority of YJCs were either ex-social workers who were tired of practicing social work or ex-police youth aid officers. Criticisms of the use of FGCs included the lack of effort put in to get the maximum number of family members to attend, a lack of attendance of victims, and also the lack of creativity when making plans.

The implementation of FGC plans was monitored by a social worker, although the social worker was not present at the FGC. When the outcome of a FGC directed the young person back to court for an order to be made, a social work report not only directed the judge as to what type of order should be made but also put forward a plan for the implementation of the order, including goals and objectives. This was often where treatment options were suggested and considered.

The orders available in the youth court were a supervision order, a supervision with activities order, a supervision with residence order, a community work order and a reparation order. Supervision and supervision with activities orders could be home-based or residential. Supervision with residence orders could only be residential in a secure youth justice residential facility. Funding of FGC plans and youth court orders were often at the discretion of the manager of the CYFS site. Good outcomes could often depend on funds availability and whether the manager was supportive of spending money on youth offending.

It was the intent of CYFS and the Act (1989) to involve and recruit Maori YJCs. The purpose of this was to create a better process for working with iwi, hapu and whanau, empowering the whanau to use their own cultural values to solve the problems of their young people. The ability to korero (speak) Maori was seen as an advantage to break barriers and enable better understanding. The ability to identify whakapapa (genealogy) links was also seen as an advantage of using Maori YJCs, as did the holding of FGCs for Maori on the marae (meeting area of whanau or iwi). Another foreseen advantage was the ability of Maori YJCs to recognise and acknowledge whakama (shame) of whanau, which could be more transparent on marae in front of kuia (elderly woman), koroua (elderly man) and tupuna (ancestors), as they also could be viewed as victims of the crime (Murray Levine, 2000; Marlene Levine, Eagle, Tuiavi'i, & Roseveare, 1998; Maxwell & Morris, 1993, 1997; Maxwell et al., 2004). Whatever had been done to support Maori in the FGC process, appeared to have failed, as the disproportionate representation of Maori in the youth justice system continued.

Fig 1: Family Group Conference Process



Residential Services

Residences were places where young people were placed to remove them from the community and their families. They were secure facilities that were controlled by CYFS and regulated pursuant to the CYPF Act (1989). These facilities were located in Dunedin, Christchurch, Palmerston North and Auckland, providing secure placement of young people who had either been sentenced through the youth court or were held in custody pending court or FGC proceedings. The maximum sentence available to the youth court to detain

young people was a supervision with residence order of three months. Generally young people were released after two months. Longer periods of time in residence did occur through remand or through sentencing in the district or high court.

Traditionally residences had not had a good name in New Zealand, often introducing young people to the system we were trying to keep them out of, i.e. prison. Abuse in these institutions was widespread and came in many different forms. Young people were grouped together with other antisocial peers and removed from their families, communities and pro-social influences. Gang influence and violence was part of every day living within these institutions. Little rehabilitation or therapy was achieved before sending the young people back into the environments they came from.

A report to CYFS in 2002 highlighted the following trends in residential treatment. They were in decline in the western world, which now favours other treatments such as MST and foster care. This shift related to the experienced problems with institutionalism, changes in treatment ideology and cost. The report noted a range of negative consequences for treatment outcomes (Croydon Consultants Ltd, 2002).

Family Homes

The Act (1989) had the facility to hold young people in custody while awaiting outcomes. This custody could vary from being home-based to being held in a family home, to being held secure in a youth justice residence, to being held in the police cells. Family homes were places where groups of offenders, and sometimes children subject to care and protection orders, stayed. These homes were generally single sex but not always. Some of these homes were owned by CYFS and had caregivers; others were privately operated and financed through contracts with CYFS. The homes were usually full and it was often not possible to place young people within their own community. What young people did at these homes varied. Some had well-established programmes with effective links to the community, and others did not. Some homes had education facilities

attached, others sent young people out for education or work experience. In my experience, it was common for allegations of abuse to be made against caregivers and young people were often shifted suddenly.

The homes varied immensely in what was available regarding physical education and also cultural appropriateness. Iwi social services and charitable trusts ran some homes. Often young people in custody were mixed with young people serving youth court orders and/or were subject to custody or guardianship orders through the family court. Supervision of young people could vary a lot in family home situations. The appropriateness of mixing these kids together was arguable, especially considering the range of age, backgrounds, mental health diagnosis, gender, severity and frequency of offending, abuse histories, qualifications of caregivers, and other factors.

Youth Forensic Services

Regional Youth Forensic Services (RYFS) claimed that research demonstrated that the majority of young people presenting in the youth court had mental health needs (Immelman, Au, & Scriven, 2004). RYFS was established in Auckland in 2001 to give the youth justice system a free specialist mental health service, providing a link to perform mental health and safety assessments as well as to provide advice and consultation to lawyers, police, youth justice workers and family/whanau on mental health issues. The service available in the first instance was a 'screening assessment' and could be followed by a more in-depth psychological or psychiatric report if required. A newer service providing court liaison was the mobile assessment team, giving on-call availability, which had been piloted in the Auckland youth court.

The objectives of the youth court liaison service were to offer early assistance to the youth court; providing on-site screening reports, opening up communication, and strengthening relationships with the stakeholders of the youth court providing recommendations. To achieve these objectives they would give on-site mental health screens, be a point of contact to provide assistance, alert the need for primary health or educational assessments, collect information for

further assessment, and follow up on court-ordered reports. The service was hoping to provide a cultural advisor due to the high representation of Maori and Pacific Island youth (Immelman et al., 2004).

Youth Horizons Trust

YHT was a non-profit organisation established to treat young people with a diagnosis of severe conduct disorder. Developed by child mental health professionals, Dr Peter McGeorge, Professor John Werry and educational psychologist Tom Guild in 1996 for CYFS, YHT drew on decades of research on conduct disorder. YHT provided residential and community support for young people and their families in the North Island of Aotearoa New Zealand. The young people were in the care of CYFS, usually by means of a custody order (Harris & Simmonds, 2002).

Treatment Options at Youth Horizons Trust

Residential Service - the providing of intensive placements in either residential homes or a high intensity unit, aiming to manage extreme behaviours that had led to the young person being excluded from home and other less restrictive placements. This occurred when families were no longer able to cope, and the young person had failed other placement options, and was designed to reduce the frequency, severity and intensity of the referral behaviours. Originally designed to treat young people long-term (up to three years), treatment periods were decreasing with numbers in 2005 at 12 - 15 young people with short to medium term stays (three to four months) and four young people in long-term placements (one year).

The environment was highly structured and supervised, focusing on behavioural management. The goal was to reduce behaviour issues to a point where the young person could return home with the support of a MST clinician or move into foster care. In teachable moments, young people were instructed in acceptable social behaviour by staff, informally. Staff gave feedback and modelled appropriate behaviour. Young people went to mainstream schools where possible or attended a special school

that the trust helped to establish. This special school was designed for young people with poor behaviour and who had been excluded from other schools (Harris, 2005).

Foster Care – based on the MTFC model, which provided 7 months of structured care, young people were placed with specialised foster families in the family's own homes. Foster care aimed to reduce the inappropriate behaviour, offer a healthy environment for the young person to live in and to help the young person become an acceptable member of the community. YHT aimed to cater for 10 young people using foster care, and possibly more on recruitment of further foster parents. Initially highly structured with clear behavioural management techniques, the programme used an abridged version of a points system designed by Patti Chamberlain for the MTFC programme. When possible, young people were placed with families of the same ethnicity, and the foster parents were supported to engage the young people in culturally matched activities in the community. Maori youth were supported by Maori staff (Harris, 2005).

Multisystemic Treatment - see MST in this Chapter (p 25) under Treatment Theory.

Respite Care – provided foster parents and families with both crisis and planned support by giving them time-out from the young person.

The Wraparound Service

The Wraparound service in south Auckland provided individualised services for young people and their families who were at risk, through case management. A pilot programme, part of a youth-at-risk crime prevention package, was made up of seven programmes, four in south Auckland. To reduce the level of risk among young people, the service was linked to the strengthening families project.

Te Whanau O Waipareira was contracted, by the New Zealand community funding agency, to provide the two and a quarter year programme starting in May 1998. The Centre for Research, Evaluation and Social Assessment carried out an independent evaluation. Evaluation objectives established in March 1998 were to address the operation of the programme and its context, its reaching the target group, its value for money, its capacity to deliver services acceptable to the culture of the clients, meeting client needs, client involvement in developing plans, support to clients, outcomes, differences between completed and non-completed clients, relationships with other agencies, and case management practice.

The service delivered therapeutic, brokerage, advocacy and 24-hour crises services from May 1998 to June 2000. The budget of \$2.52 million was for 200 clients (reduced from 225 in April 1999), requiring three to ten hour's contact per week per client for one year. It was unclear whether this contact included contact with caregivers and other agencies. Staffing was one programme manager, eight caseworkers and one administrator. The guidelines for service delivery were those of empowerment, unconditional care, collaboration and a strength focus.

A Wraparound Advisory Group made from statutory-based and other social service agencies guided the prescribed entry process for referrals. Although, according to the evaluation, the effectiveness of this group was undermined, in principle, the programme providers supported its intended role. Caseworkers were recruited for their skills, experience, personal skills and attributes, and had three major roles; therapist, broker and advocate. The process included, assessment, developing plans and brokering services. Support plans were developed through a joint goal-setting process. Young people and their families guided goal-setting based on what their strengths were and what they felt they needed.

The evaluation stated that Wraparound clients met criteria targets in terms of age, sex and ethnic make up, matching youth offending statistics. Common 'at

risk' indicators included learning difficulties, truancy, control problems, whanau issues and substance abuse. Continual referral of clients through the youth justice system highlighted that criminal behaviour was a prevalent 'at risk' factor. CYFS referrals fell for a time when the programme was appealing directly to the community for referrals. When the programme became full, the community canvassing ceased and gradually CYFS referrals increased again.

Data analysis indicated that there were no noticeable differences in satisfaction with the programme between Maori and Pacific clients and their caregivers. Interviewees expressed overall satisfaction with the service. Also, information based on interviews and case file survey showed there were no major differences in the achievement of outcomes between Maori and Pacific clients. Increased referrals from the community, whanau and young people were interpreted by the evaluation as Wraparound being accepted in the community generally.

The evaluation claimed that stakeholders generally agreed the service was providing services that were culturally appropriate or could see that there was no evidence that they were not. However, they acknowledged concerns from other service providers and the community that the contract was let to a west Auckland provider. There were also concerns by Pacific Islanders that the service was Maori. Some of these concerns appeared to diminish throughout the course of the pilot. Research showed that mostly clients' goals were met, especially when the young person was part of the goal-setting process. Often 'at risk' behaviours did not disappear, however, there appeared to be a reduction in frequency and severity. The most noticeable improvements appeared to be in areas of whanau relationships and the incidence of violence. The evaluation pointed out that alongside working towards the goals outlined in their plans, the clients acknowledged the acquisition of new skills and qualifications. These included attitudinal and behaviour change, general life skills, and specific courses and certificates.

Support and criticism came from across the board rather than from one particular area or culture. The main criticism was that the programme would not communicate with other services and agencies. Another criticism was of the high turnover of case managers. There were also concerns about the client selection process. The evaluators saw that the criticism of non-successful bidders was seen to be damaging to the programme in its establishment phase and could have been managed better.

A strength-based approach was seen as pivotal to the programmes achievements, building on the strengths of individuals, families and community groups. The service thrived on a lot of contact hours with clients and families, confirming overseas research that the more contact the better the engagement and the outcomes. The programme found that caseloads should never exceed 12 and were ideally placed between eight and ten. The programme felt that in many cases the 12-month duration was too short and should be made indefinite.

Lack of experienced practitioners, especially Maori and Pacific people, was a major problem. Case managers were having to be trained on the job, which was expensive and time consuming. Internal and external supervision was seen as essential. Success of the programme relied on strong relationships being forged between case managers, clients and families, the community and other service providers. The key to this was maintaining a high level of professionalism, especially in regards to reliability and building strong networks (Warren, 2000).

The Youth Drug Court

The Youth Drug Court (YDC) had been operating in Christchurch since 14th March 2002, including a 12-month pilot phase, which has been evaluated. The YDC, a youth court, operating pursuant to the CYPF Act 1989, had special attributes and features to treat young people who were repeat offenders with moderate to serious drug dependency contributing to their offending.

Drawing on overseas experience, the underlying philosophy was that of 'therapeutic jurisprudence', which involved the use of sanctions available through

the court to enhance treatment with the goal of reducing re-offending. It encompassed an interdisciplinary approach and was a new role for a judge attempting to modify behaviour by acting in a preventative way through intervention. Sanctions from the judge took place when the young person failed to engage, whereas praise and reinforcement were used when positive changes were achieved. This process had a good track record in other jurisdictions.

Critical features of the process were:

Consistency of Judge. Every time the young person appeared in court they saw the same judge. The young person was the closest person to the judge in the court setting.

Immediacy of Treatment. Willingness to change, from the young person, was captured as early as possible. Agency funding debates were avoided in the court sitting. Agencies involved adopted a team approach.

The drug court team was made up of the judge, social worker, YJC, police prosecutor, drug treatment clinician, representative from the MOE and the court clerk. The team had been appointed with consistency in mind by their respective departments, enabling the young person to build a relationship with the team and the build-up of team knowledge about each case. A young person was identified in the youth court as possibly fitting the criteria for the YDC, and then screened by a drug clinician who was based in the youth court. The judge then decided if the case was to be transferred. If transferred, the case was remanded for three weeks (no more than four) until the next sitting of the YDC.

During the adjournment the case was fully assessed, including the family and education situation. A treatment plan was developed, funding was arranged and placement on a programme was set up if required. Close to the end of the remand period, a FGC was convened to consider the plan proposed to the court. At the first YDC appearance, the judge explained to the young person what was expected and what the consequences of failure were, which could involve transference back to the youth court. If accepted into the YDC, the young

person was released for treatment on bail. The drug court team monitored progress and if noncompliant the young person could be arrested for breach of bail and returned to court.

Generally there was a review of progress by the YDC after two weeks; the same team that was at the first appearance did this monitoring. On the day of each repeat appearance in the YDC the team met before the case was heard and the young person's youth advocate was invited to this meeting. The experience of the YDC is that young people could be involved in the court for over six months, and in some cases involved for nine to twelve months or longer (Drug Project, 2004). A process evaluation was carried out and published in late 2004 by the Ministry of Justice (Carswell, 2004).

Epuni Severe Conduct Disorder Programme.

I was unable to include this programme in my interviews to gather data as they had not yet accepted any clients at the time, however, because it was new and offering something different for the treatment of young people with severe conduct disorder I wanted to include it in the theory section of my thesis.

The programme developed from collaboration between CYFS, Coast District Health Board Mental Health Services (CDHB - MHS), and the Ministry of Education. They stated that the treatment of SCD in young people had often focused on clinical treatment while in residential care, re-entry into the community after residential care, or the participation of the family in the care and treatment of young people, as opposed to the unique needs of individuals, especially in regards to their culture. The SCD programme proposed to take a more holistic approach from pre-entry to the return to the community, and the provision of continuing care in the community. The programme also planned to individualise and strengthen the needs assessment and care planning procedures.

Quality staff would be essential, ensuring credibility to the programme and making sure the programme stuck to its blueprint. Whanau would play a major

role especially when location created geographical challenges in the provision of support. Also the programme was realistic about the level of family and individual dysfunction it would encounter, and what level of support and intervention was required. The programme was informed through research evidence on what works and was based on four key values: providing unconditional care; biculturalism; multisystemic approach; evidenced-based best practice.

The programme was divided into three key components:

The Specialist Therapeutic Unit – three - four months addressing pre-assessment, referral, engagement, admission and induction, treatment planning, including educational and recreation strengths and struggles, family work and transition into the community;

Transition to the community – two - three months comprising, family engagement, familiarisation with transition environment, treatment plan and family work.

Reintegration into the community – 12 - 18 months including four - six months of intensive work at the beginning, addressing discharge from care, plan and treatment monitoring, as well as letting the young person return to the care of their family and community (The Project Team, 2004).

Te Hurihanga – Youth Residential Programme

This programme, proposed to commence late in 2005, was aimed at young people 14 – 17 who would otherwise be facing imprisonment or significant community-based sentences. The programme, which aimed to help each young person to be a productive member of society after 18 months on the programme, was being developed, introduced, run and evaluated by the Department of Justice.

Judge Carolyn Henwood conceived the idea of targeting serious recidivist youth offenders in 1998. She envisaged that the programme would target young men

and women eligible for long periods of imprisonment, having a previous offending history and be at high risk of re-offending. The concept for the programme was based on a best practise therapeutic model, in line with international best practice. The individualised programme and residential facility would be housed in the offender's local community to allow for whanau involvement and a planned supported return to the community.

The Youth Offending Strategy (Ministries of Justice and Social Development, 2002) identified a gap in programmes for serious youth offenders and recommended a unit and programme be created based on the concept of Judge Carolyn Henwood. The residence was planned to be built in Hamilton at a location chosen because of its close proximity to local schools, the polytechnic and local businesses, providing education, work experience and employment opportunities to the clients.

The programme was targeted at young males that were not suited for any current treatment options. They had to be between 14 and 17 years at the time of sentencing, be at high-risk of re-offending, sentenced through the district court and not be sexual offenders. The young people would be required to be from the local community to assist with reintegration. It was argued that in the past residences for youth have concentrated more on containment than therapy, rehabilitation and re-integration. There was no evidence that containment alone was beneficial to the young person or caused a reduction of future offending. According to this report it was important what happened in the residential setting to the young people and in particular what they learned.

While in residence the programme would be tailored to address the issues faced by the young people, e.g. drug and alcohol and illiteracy. The programme would use a mix of education, life skills training, and medical and psychological care. This would include solving problems that contributed to offending, involving the family in treatment, addressing illiteracy and innumeracy, concentrating on work skills and training, and strengthening pro-social relationships. Te Hurihanga would adopt a three-phase approach, which involved young people spending

three to six months in residence, three to six months transitioning from the residence back to their family home and then three to six months in the community being closely monitored and supervised with the end result being that they were back with whanau (Ministry of Justice, 2004).

Summary

This chapter was designed to give the reader a better insight into the phenomena being explored, an understanding of who the young people are and how their problems have developed within our society. This has included what the risks are, associated with developing antisocial behaviour in young people. I have also explained carefully the development of Maori and Pacific Islanders' relationship with the Crown and how that has manifested.

There were treatments available in Aotearoa New Zealand that I would have liked to include in this chapter but it was impossible to do so because there were too many. In some cases I had to choose one example of a type of treatment. This chapter shows trends in treatment theory and delivery and sets the stage for the data collected from programmes interviewed.

Chapter Three

Methodology

Phenomenology, which dates back to the 1950s, is the methodology used in this research. Part of the reason that this study fell within this classification is because it entered and explored the 'lived experience' of the participants.

The world of 'treatment of antisocial behaviour with adolescents' was entered in this project and experienced in a conscious way through the use of various research methods. Known as 'intentionality' (Manen, 1990; Pollio, Henley, & Thompson, 1997), conscious contact was made and its realities were known. Intentionality refers to the belief that people are closely influenced by their environment and social ecology. Husserl (1950, as cited in Sarantakos, 2005) called this putting aside previously set rules and judgements 'epoche'. Phenomenology is seated in constructionist theory of qualitative methodology, showing how freedom from domineering structures can be achieved.

Bogdan and Taylor (1975) referred to phenomenology as the second theoretical perspective alongside 'positivism'. Claiming that it stemmed mainly from Max Weber, they described it as "...*understanding human behaviour from the actor's own frame of reference*" (Bogdan & Taylor, 1975). Bogdan and Taylor saw the phenomenologist as someone who would have empathetic understanding towards the participants, capturing their thoughts, feelings, and motives, and therefore seeing things from their view. Fischer and Wertz (2002) referred to the way, in phenomenological studies, constructs and theories were put aside to discover how events occurred. They make the point that is relevant to this study that the analysis is around 'similar findings' rather than the 'same' (Fischer & Wertz, 2002).

Manen (1990) points out phenomenology explained the meaning of events by how they were lived, as opposed to being specific to cultures (ethnography),

social groups (sociology), historic periods (history), mental types (psychology), or personal life history (biography). 'Natural attitude' is a phenomenon where people accept social norms and follow them without question, directing them with their view of the world and the directions they take. People experience this without being aware that it happens. Compensation for this 'natural attitude' is achieved through 'bracketing', which is achieved through the putting aside of preconceived ideas and norms, and taking things at face value, separating them from cultural values, symbolic patterns and meanings (Sarantakos, 2005). Patton (2002) drew the conclusion that a phenomenological study differed from taking a phenomenological perspective as it focused on the essence of a shared experience, rather than justifying the use of qualitative research methods (Patton, 2002).

Data Triangulation

Triangulation has been used in this study to explore the social phenomenon, through the use of different data collection methods, giving the study depth, texture and robustness. Qualitative research is validated not by the numbers involved but by the quality and validity of the data collected. Triangulation has helped to do this (Davidson & Tolich, 2003; Rountree & Laing, 1996).

Method triangulation was used in this study to increase the amount of research data and therefore increase the amount of knowledge. It helped address the topic thoroughly as well as add to the texture and richness of the data. In the case of doing interviews with individuals, this acted as a stepping-stone to the focus group interviews. Because method triangulation increased the amount of data, as well as increasing its texture and richness, it added to the validity and credibility of the research (Sarantakos, 2005).

I can relate to Patton's (2002) comments about triangulation being ideal, however expensive. The research process, involving interviews nationally, followed by holding focus groups in Auckland, Wellington and Christchurch, was a good example of this.

Methods and Analysis

Participant Observation

As discussed in my introduction, I had spent the last five years working in this field and among the social group of this research. I knew this world and had experienced from different angles where these young people went for treatment.

Davidson and Tolich (2003) claimed that participant observation was the most widespread kind of qualitative research, combining observation and unstructured interviewing 'in the field'. This was known generically as 'fieldwork', however, technically it is called 'ethnography'. As clarified by Sarantakos (2005:220), this research method was relevant to this study because of my ongoing observations in the field in an unstructured and natural manner, not only studying everyday events, but also experiencing them in a way that I understood them. The data was close to my reality, understanding the people involved and what they experienced on a daily basis.

Participant observation is on a continuum varying from complete involvement to complete separation as a spectator (Patton, 2002). The quality of data collected may be affected by how the participants saw how the researcher 'fits' within their world and how much trust and rapport was built. As a participant observer I fitted closely in the world of the participants because I was providing treatment to antisocial youth and their families. Some of the participants had interacted with me on a professional basis and others could relate to my experiences as I could to theirs.

Key Informant Interviews

Interviews were semi-structured. Informants were managers or owners of treatment providers, making them 'opinion leaders' and 'stakeholders' in the field. They were interviewed to gain insights of the cultures and norms of the communities they represented, which was a time-effective way of gaining the views of the groups they represented (Davidson & Tolich, 2003).

Face to face interviews were used as an alternative to telephone or a paper-and-pencil questionnaire. As suggested by Hoyle et al. (2002), although it was the most expensive method (especially for a national review), the advantages included rapport building with the participant during the interview. Another advantage was the ability to read body language during the interview that often indicated a lack of understanding, or the need to further explain the question or tease out extra information. Because face-to-face interviews were held in the participant's work setting, it was easier for them to feel at ease and relate more easily to the information they were sharing. As an interviewer it was helpful to observe the treatment setting and observation was often keyed by visual surroundings and activities.

Open-ended question principles were used as a basis of the interview, the purpose being to *"not put things in someone's mind but to access the perspectives of the persons being interviewed"* (Patton, 1990: 278). Sarantakos (2005:245) clarified the strengths of open-ended questioning. When complicated issues are being explored they permit the expression of feelings and thoughts. They allow more information to be forwarded, including justifications and qualifications. Information could be given that was not anticipated by the researcher.

Choosing Key Informants

Sampling is the way in which researchers select small groups of people to represent larger groups. My sampling in this study has been purposeful, as I have used my judgement to select participants that I felt would be a good cross section, relying on my knowledge and expertise. There is also an element of snowball sampling in this research as I have asked participants if there were any programmes that they thought I should include (Davidson & Tolich, 2003; Sarantakos, 2005).

Through my research, the main sectors that dealt with youth requiring treatment for antisocial behaviours were; alternative education funded through the Ministry of Education; mental health services funded by the Ministry of Health; youth

justice funded by CYFS and the police; drug and alcohol rehabilitation funded largely through District Health Boards; kaupapa Maori programmes provided through iwi social services and charitable trusts; sexual offending programmes funded through CYFS and the DOC; and youth prisons and services provided by the Department of Corrections. Other programmes appeared to be funded through different combinations of the previous sources, as well as philanthropic funding.

Because of the different types of programmes, I wanted to spread the interviews as evenly as I could, especially between alternative education, youth justice, mental health, police, and drug and alcohol services. I considered including a sexual offending programme, however decided against it, as I felt these programmes sat outside the group of treatments I was including. I had been challenged to include a programme called EQUIP (Gibbs, 2003; Gibbs, Potter, & Goldstein, 1995; Zampese, 1990) which is used by the DOC within a youth prison. I struggled with the concept, as personally I saw youth in prison as a result of failed treatment options not as a treatment option itself. However, I could be wrong.

I have spoken already about my decision to make my review national and not just focus it on where I lived. This brought several challenges. There were a lot of programmes across the different sectors nationally. Travel was expensive and time consuming. Finding out what different programmes existed was difficult. It was tempting to interview programmes that I knew and that were close to home. But it was important culturally and ethnically to have a good mix of programmes, for example kaupapa Maori and Pacific people programmes. I had to overcome my personal preference and biases, based on my experience in the field.

Originally I thought I would interview a dozen programmes, but this proved to be too many and I have completed seven plus my two pilot sites. On top of this I intended to carry three focus group interviews plus one pilot focus group interview. This was not a lot, considering the number and variety of programmes

nationally. In choosing the programmes I felt that more of them should be related to youth justice, as this was the largest catchment of youth displaying antisocial behaviours. However, it was important to represent other sectors as well.

A lot of the choice of individual programmes was done by word of mouth. Having worked in youth justice since 1999, I had a good knowledge of what was available, especially in the Auckland area. I have chosen one programme in Auckland – a police community project, part of the Police Community Approaches group of programmes. In Hamilton I have chosen a kaupapa Maori drug and alcohol rehabilitation programme, which was marae-based and funded through the local DHB. In Wellington I have chosen a DHB delivering MST to youth. I wanted also to interview in Wellington a new three-phase residential programme dealing with youth diagnosed with severe conduct disorder, however, because they were so new the timing didn't work out.

An associate of mine has run a programme in Dunedin for several years that had held interest with me, so I included this in my interviews. It was a day programme for youth with alcohol and drug problems, as well as behavioural issues. In Christchurch I asked trusted colleagues to identify a couple of programmes that would be worth interviewing and from these I chose a day programme for youth offenders that was set up in conjunction with the Ministry of Youth Development. I also interviewed an alternative education programme in Christchurch. In the Hawke's Bay I chose a residential kaupapa Maori, drug and alcohol service run by the local DHB.

After completing my interviews I thought that perhaps I should have interviewed a programme that was designed for and run by Pacific Islanders. However, time did not allow this and also, the alternative education programme I interviewed in Christchurch was run by a Pacific Islander, as was the Community Approaches programme in Auckland. Another possible gap was the exclusion of a wilderness adventure therapy type programme (Zampese, 1990). These types of programmes seem to come and go and while I think there were some

currently running, there are none included in this research. Their effectiveness is debatable (McLaren, 2000).

Overall I was happy with the geographical spread of programmes I interviewed, and how they were placed in different sectors. My decision to make the review national has made things a little more difficult. It was expensive to travel and at times I just had to wait so I could make use of opportunities that presented themselves through work-related travel. Making appointments and hoping that people would remain available on that day caused a bit of stress, as I did not have time to re-schedule appointments or find new ones. However, it all worked out well and at the end of the day I was grateful to have had input from different parts of the country.

Focus Groups

Focus groups originated in the 1920s as a market research tool, recognising that many decisions were made in a social group context. They are also widely known as 'focus group interviews' because they are a group interview on a specific topic. They are seen as open-ended group discussion on a particular topic. A common size is 8 - 10 participants, however, smaller groups are also used.

Advantages of focus groups are that they increase the amount of data being collected as the discussions involve groups of people. Having multiple participants who can keep each other honest and moderate extreme views naturally provides checks and balances. It was favourable for assessing consistency and easy to see when views were shared. They helped people to stay focused as they were listening and responding to others. It was often a pleasant and stimulating experience for the participants. Focus groups were relatively inexpensive and easy to organise. Participants have the right to put things in their own words after reflecting on what others had to say. Good facilitation could encourage the discussion of things that were often difficult to get people to talk about. Also the environment was often easier for some people who don't like individual interviews.

Disadvantages of focus groups included the limit on questions being discussed due to time restraints and the need for an expert facilitator. Process needed to be well managed to avoid dominance by participants, extreme views overpowering and bias formed by domination. Findings may not be representative. Researchers may place greater faith in the findings because of the personal interaction. Confidentiality could be a problem for participants in the presence of others (Hoyle, Harris, & Judd, 2002; Patton, 2002; Robson, 2002; Rountree & Laing, 1996; Sarantakos, 2005).

In this study information on the selection of focus groups follows on p 62 and 98.

Data Analysis.

In this study the formation of the categories and themes began in the proposal and pilot stages. This helped place the phenomenon into a contextual framework. This was not done to direct or predetermine the participants 'lived experience', however, along with the literature, helped provide a description of the phenomena.

Data was analysed using content analysis (Hoyle et al., 2002; Sarantakos, 2005). This involved totally immersing myself in the data by listening to the tapes and reading the transcripts before categorising the material into seven categories: staffing; culture and ethnicity; education; whanau/family; funding; theory; and research. The first thing I did was briefly summarise the data from each transcript, writing a brief description of each programme. After this, I went through the transcripts, highlighting sections to code them into the seven categories. I cut out the data associated with each category and pasted it onto a large piece of paper under each category. From these large pieces of paper I was able to analyse the data more precisely, relating to each category and identifying themes.

Although types of behaviours presented as a category in the data, I chose not to include this, as it seemed pointless to merely list antisocial behaviours when I

had already conceptualised what I meant by the term 'antisocial behaviour'. Patton (2002) stated that 'content analysis' could be used to describe any reduction of qualitative data into themes or patterns, helping to make sense of what had been collected. He made the point, however, that 'content analysis' generally was used as a way of analysing texts, for example transcripts or documents.

Ethical Procedures

Ethical issues were addressed through the Human Ethics Committee at Massey University, Albany. The chairperson of the Human Ethics Committee, Kerry Chamberlain, wrote a letter of approval on the 29th March 2004 (See Appendix I, MUAHEC 04/005).

I read the Code of Ethical Conduct for Research, Teaching and Evaluations involving human participants and discussed the ethical analysis with my supervisors. I understood my obligations and the rights of the participants, particularly insofar as obtaining informed consent. I agreed to undertake the research as set out in the Code of Ethical Conduct for Research, Teaching and Evaluations involving human participants.

All participants have been given an information sheet to read before being interviewed. Signed consent to be interviewed was established with all participants, including pilot interviews and including consent to be audio taped. Participants have been advised that all consent forms, confidentiality agreements, tapes and transcripts would be kept in a secure fashion and destroyed after five years.

Risks were identified to participants, namely people being identified even without names being published and possible negative feedback regarding the treatment programme they were running. This was addressed through having a transparent research process and pointing out risks in the participant information sheet and confidentiality agreements.

All participants signed confidentiality agreements. This protected their anonymity and asked them to keep information about the project confidential. The participants involved in individual interviews signed different agreements from the focus group participants. This was to remind them that they might be recognisable through association with the programme.

As I was working for an organization that provided one of the treatment options, it was important for me to stress to participants the objective nature of the research. My involvement was made clear in the information sheet to participants. Some quotations from interviews used in this report have been edited. This was to correct the grammar and make them easier to read. Their content and intent has not been altered in any way.

After transcribing the two pilot interviews myself, I decided to pay someone to transcribe the remainder of the interviews. Although it was expensive, it saved me a lot of time. The transcripts were presented to me in a professional format and were of a high standard. After receiving the transcripts I went through each one listening and correcting errors, which involved mainly filling in small gaps, changing some words, editing Maori words and phrases and altering the names of some organisations.

This process was an excellent exercise in getting to know my data. It enabled me to listen carefully to what was being said and how it was being said. It also helped as a forerunner to analysing the data, as some of the themes started formulating in my mind as I was doing it. Technology assisted me with the transcribing process; at the interviews I used a small recorder (aided by a conference microscope at the focus groups). I then converted the recordings into computer files with the assistance of a software package. I was then able to give the files to the person transcribing on a disc, she transcribed them on her computer using the same software package, and then emailed me the transcripts. This use of technology made the process much easier and enabled me to keep back-ups of the recordings on my computer. The person doing the

transcribing signed a transcribers agreement, agreeing to keep confidential all the information provided to them, and also agreeing not to keep or make any copies of the transcripts for this project.

Data collected from participants was stored on a personal computer with an access code. Tapes, consent forms and confidentiality agreements were kept in a locked filing cabinet. My supervisors will be responsible to ensure that this data has been destroyed after five years.

I have gathered Mana Whenua and Tangata Whenua perspectives, addressing issue of tikanga through these principal iwi interests, and in terms of Maori agencies have sought advice and support from the regional director of the Ministry of Maori Development, Te Puni Kokiri, Pauline Kingi, Auckland Office. All Maori participants have been respectfully treated in a culturally sensitive manner. This study acknowledges the principles of the Treaty of Waitangi.

Piloting

Pilot Interview One

My first pilot interview was with the owners of 'Kids Farm' in Waimauku. I already knew them as I had previously run a drug and alcohol therapy group there. After the interview I regretted, in a way, that I had used their programme as a pilot, as it was such a great programme and unique in the way they use horses. On the other hand, it was good to get started and identify gaps in my questions and technique. I used the questions that I had originally included in my thesis proposal, the only addition being the heading 'introduction' at the beginning.

I liked the fact that the interview was semi-structured as it gave me the opportunity to add and alter questions when I thought it was necessary. I was able to elaborate on, or explain, questions more fully. It also gave me the opportunity to frame questions in different ways to help the participant understand what information I was looking for. However, it identified the need to

'tease out' answers to some questions, that was ask further questions to get more information relating to the original question. For example, when I got yes or no answers to questions like "is your programme residential"? The need was to ask more open-ended questions to get more information. For example: why was that? Or can you tell me a little more about that?

This first pilot helped me to identify some gaps and some changes that needed to be made to some of my questions. The most glaring of these was the need to ask a question regarding the importance of family/whanau involvement in the programme and whether there was any. My question 'What other programmes do you know about?' was too broad; I needed to be more specific about what data I was looking to gather related to this question. I also needed to include something regarding the number of young people attending each programme.

The order of my questions needed consideration, for example the question on research and evaluation would be better towards the end of the interview. I also felt I needed to add a question relating to violent behaviour and drug and alcohol use by young people on the programme, and also a question relating to inappropriate sexual behaviour.

Generally I thought the interview went really well. However, I needed to concentrate on speaking clearly and keeping quiet while the participant was speaking. I also needed to listen closely, so I could keep the participant speaking in relevance to the question if necessary. The interview only took half an hour, however, I felt I had gathered a lot of data in this time and I could see that with other participants it may take longer.

Pilot Interview Two

My second pilot interview was with the manager at 'Kotuku' in Te Atatu, west Auckland. My appointment with her was at 5 o'clock. I had phoned earlier to try and bring the appointment forward as a work appointment was cancelled. I was told that she was in town picking up the embroidered jerseys for the kapahaka group. I arrived at the marae at 5pm and she was nowhere to be seen. As I sat,

there were young people at first doing their homework, and then getting ready for kapahaka practise. The ones I spoke to in my insecurity assured me that she would be there, no sign of any doubt in their voices. I enjoyed sitting and soaking up the atmosphere at the marae. It was a happening place, full of positive energy. Sure enough at nearly six o'clock she arrived, laden with newly embroidered jerseys, victim to the Auckland traffic, full of apology and assurance.

This 73-year-old woman immediately humbled me by her dedication, selflessness and 'matter of fact' way of going about things. Gratefully I remembered my manners and opened our interview with a karakia. I felt more comfortable with my new question schedule, the way I had ordered the questions with headings and the additions I had made. I listened carefully to what she had to say, prompting her and clarifying things when required.

Fine Tuning Interviews

I noted there had been an improvement in my interviewing technique in the second interview. This was partly due to the addition of some vital questions and also the re-grouping and ordering of my questions. I felt I had been better organised and more focused on collecting useful data. One question I had noticed that I missed in the second interview but asked in the first was the question on ethnic mix.

A strong theme that appeared from the two interviews was the importance of employment and preparing young people for employment. I decided at this stage not to include any questions related directly to employment. The reason for this was to try to avoid pre-empting a focus on employment with future interviews. The opportunity for participants to comment on employment would be available through my questions on research and outcomes.

Something else that came out of the two interviews was a lot of comment on the education system and its perceived weaknesses dealing with youth displaying antisocial behaviours. This could possibly be due to the fact that both interviews

were with alternative education providers. This may change when the database was extended to include youth justice, mental health, and alcohol and drug treatment providers. This strengthened the need to vary the type of providers I interview as much as possible.

In both interviews there was irrelevant information that would not contribute towards data to analyse. I felt more effort needed to be made towards listening and keeping participants on track towards answering the question. This was a fine line as sometimes it felt better to let the participant say what they felt they needed to say and choose the relevant data at a later date. Sometimes it was better not to interrupt too often and for the participant to feel safe to say whatever they liked.

Both interviews went for less than an hour. Should there be more questions? Is this enough data? My gut feeling said that there were enough questions. I thought I would find that as I got more experience with asking the questions the interviews might get longer. It also depended a lot on the participant and how much they had to say. The passion and connection the participant had to the programme would effect how much they had and wanted to say; for example, if the participant founded and owned the programme, as opposed to someone who was employed as a manager.

Analysis of Questions and Data Collected from Pilots

After careful and lengthy analysis of the data from the pilots, the changes can be seen in the interview schedules (see appendices II and III). This process not only helped with refining the questions, but also helped me look carefully at my interviewing style and technique. The most significant changes were the addition of a question under demographics about whether people thought the numbers attending at one time suited the programme, and the addition of a question asking about ethnic mix. Two questions about community links and a question directly related to young people's education while on programmes were also added.

Focus Group Pilot

I organised the pilot focus group in Auckland, made up of work colleagues and former work colleagues inviting six people. From literature I had read (Hoyle et al., 2002; Patton, 2002; Rountree & Laing, 1996; Sarantakos, 2005), I decided that I should keep the size of the groups to six - eight people to try and keep the time as close to one hour as possible and to ensure that I covered the questions adequately and enabled everyone to get a reasonable say. The questions come directly from the summaries of the themes from my data analysis. I stuck as close as possible to the discussion that related directly to the data I had collected, which helped with the final analysis of the data without introducing new themes. It also assisted me to honour the data collected from participants.

The proposed format for my pilot focus group was:

- Sign confidentiality and consent forms as people arrived.
- Welcome and thank everyone and remind people that the group was being taped.
- Do a round of introductions.
- Explain process. One person talking at a time. Responses to other people through me. Let everyone have a say. Open and frank discussion. I did not allow people to talk for too long. Opportunity to sum up at end of group if time allowed.
- Things to consider while facilitating. Time. Relevance to question. Tease out discussion. Tape. Body language. Give everybody a fair go. Cover all of the questions. Don't let one or two people dominate the discussion.
- Thank everyone for participating.

Analysis of Pilot Focus Group

The pilot focus group consisted of five participants and was held in Auckland. Participants were made up of four people from RYOP, who were colleagues and my clinical supervisor, as well as a youth services supervisor from CYFS Takapuna. My prepared preamble worked well and was useful to remind myself to cover procedural issues and create a framework. My questions were based on the seven themes that emerged from analysing the data from my key

informant interviews. I ordered them in relationship with the amount of data that had been collected, starting with the one that I had the most data on.

Generally the process went well and I was happy with the results. The interview lasted for just over an hour, which I felt was a good amount of time. We seemed to cover the questions well. At the end of the interview I asked the participants for feedback about the questions and the process (on tape). They all thought it went well and was a very worthwhile thing to do. They commented that they all personally got a lot out of the process.

It was important to remember that the questions are only as good as the prompting and clarification that accompanies them. It was important to make sure that the participants stayed relevant to the questions and were kept on task when required. It was also important to make sure that everyone got an opportunity to speak. One way of achieving this was by asking different people to start the discussion about new questions and headings. I had to accept that by nature some people had more to say than others, nevertheless, it was important not to let one or two people dominate the discussion. Analysis of the pilot resulted in some changes to the interview schedule. The changes from the questions in my ethics proposal were due to taking the new questions straight from the analysed data from the programmes I had interviewed (see appendices IV and V).

Chapter Four

Findings

Introduction

These are the seven programmes I interviewed following my two pilots. This Chapter gives a brief description of each programme putting the data that follows into context.

Programmes Interviewed

Te Waireka

Te Waireka was a kaupapa Maori youth residential drug and alcohol programme in the Hawke's Bay that had a country setting in a small town called Otene. Te Waireka catered for young people between the ages of 14 and 19 who were both female and male, however, they were predominantly male. The programme was contracted for 10 clients but the beds were not always full, they usually had between two and nine at a time. The Hawke's Bay DHB ran the programme, accommodating young people from Wellington, Wanganui, Wairoa and Hastings who had been referred with drug and alcohol issues. Some clients were being accepted with a dual-diagnosis of mental health issues after careful assessment.

The programme had been operating for two and a half years and was still in its development phase. Staff that included clinicians, a kaumatua, social workers and house supervisors looked after young people, who attended for a nine-week period. At the time of the interview they were two staff short. As the programme was kaupapa Maori, some clash was experienced between tikanga and cultural values versus clinical values. The majority of the young people that had been on the programme were non-Maori. They had experienced, a mix of approximately 60 non-Maori to 40 Maori, however, this did fluctuate.

Young people's families were included in parts of the programme but did not always turn up and often the young people saw their counsellors as part of their family. The town of Otene was very supportive of the programme, which offered employment to some of the locals. Therapy models were mainly based around the 'Te Whare Tapa Wha' model, which had a holistic view, however, there was also a 12-step input, which was currently being reviewed.

Ronga Atea

Ronga Atea was a residential youth drug and alcohol programme in Hamilton, built on the marae. The programme, which accepted young males and females from the ages of 13 to 17, had been operating for four years. They would also take 18 year olds under special circumstances. The programme had 16 beds but the usual number of young people that attended at one time was between 10 and 12. The programme manager felt that 12 was a good number on the programme.

The Midlands DHB funded the programme and Midlands was where the young people generally came from. Criteria for entry into the programme was having a chronic substance abuse problem or meeting the DSM-IV requirements for substance dependency. The programme was residential because of the need to separate the young people from their chaotic families in order to effect change, therefore creating a change in their environment and peer group. They acknowledged that residential treatment was not ideal for everyone, however, it was the best thing for the group of young people that they were working with.

Being marae-based was considered special and it offered guidelines and protocol, which worked and created a healthy structure. The old people from the marae came over and were often involved with the young people. There were lots of benefits that come from being on the marae and it offered a safe place for the young people.

The programme was a kaupapa Maori programme, which took a holistic view, and lasted for 16 weeks. At the beginning of the 16 weeks they took a bulk

intake of between five and 10 young people, and then added young people weekly. At the end of the 16 weeks, the programme had a staff-only week for cleaning and training. Young people who had not finished the programme went into respite care during that week.

Staff included case managers, a nurse, a teacher, a social worker, and on-call specialists. Good staff were hard to find. The ethnic mix of the programme was approximately 90% Maori, 6% Pakeha and 4% Pacific Islanders. Although the programme was kaupapa Maori and marae-based, Pakeha children were reported to do very well in that environment. Families of young people were encouraged to be part of the programme, however, in reality they often did not attend due to funding, as the families often could not afford to pay for transport. Community links were strong and wide-ranging, including a strong link with Narcotics Anonymous, a 12-step programme.

Treatment principles were based foremost on the 'Te Whare Tapa Wha' model and also the 12-step recovery model, which was abstinence based. They did a lot of cognitive behavioural therapy and behavioural management work, with each young person having a behavioural management plan, which worked on a points system with rewards given for a good score. The programme was very structured and young people were involved with cleaning, preparing meals, prayer and meditation, education, Maori cultural learning, craftwork, group therapy, sport, relaxation and meetings. They thrived on structure, routine, and consistency.

In the past the young people did correspondence school but this became too difficult because of their transient nature. Following that, they had a teacher on the staff and were looking at getting some of the classes up to NZQA standard so they could offer some sort of certificate. The programme was funded by the DHB on a contract basis, which was problematic, as it required filling the full 16 beds to receive full funding when 10 to 12 clients seemed to be the magic number to work with at one time. Funding was based on numbers, not quality of service. Although there was informal follow up with the young person after they

left the programme, there was no external research and evaluation done on the programme.

Community Approaches

Community Approaches was a non-residential programme for young people and their families based in Mt. Roskill, Auckland. The programme, a police initiative, worked generally with young people 16 and under and, because of its holistic approach, picked up siblings. The catchment area covered Mt. Roskill, Balmoral, Ponsonby and Avondale, the area known as the centre-west of Auckland. Although the programme worked with girls and boys, the referrals were predominantly male.

The programme worked with 15 families at one time and simply the level of contact the young person had with the police determined their selection. Police youth aid officers were the only people who could refer to the programme, which was non-residential, as there was a belief that it was better to work with the whole family to address issues and create meaningful changes.

The programme had been operating for 11 years and in 1996 was picked up by the Crime Prevention Unit and made into a pilot programme. After the pilot it was picked up by the police and became a core-business. Since then several other Community Approaches programmes had been established in other areas with varying levels of success. The programme would work with a family for an indefinite period of time, "until we think they are fixed". In some instances this could be as long as three years and often much shorter.

On the staff there was a manager, one social worker, two youth workers, a part-time nurse, a counsellor to deal with family issues, and a literacy team of four. The manager saw passion and experience as important qualifications for staff, who he stated were not hard to find and were often shoulder tapped. Team spirit was seen as a strength of the programme, as was matching the number of cases to the number of staff, which was a careful consideration to ensure effective work.

The ethnic mix was predominantly Pacific Island and Maori, alternating between sometimes more of one than the other, however, the programme also worked with young people who were European and Somali.

The programme put a huge emphasis on community links, calling them their “bread and butter”. These included government and community agencies such as Housing New Zealand, Youth Alive, CYFS, alternative education, Parent Aid, and Maori agencies. The business community also helped out at times, as well as service groups like Rotary.

The programme used the ‘four legged table’ theory based on education, employment, community and culture; fixing the leg that had fallen off, as this could affect the other areas of a family’s life. The programme coached families, improved literacy, encouraged and supported education, trained parents, monitored, supported cultural learning, and encouraged community support.

Funding for the programme came mainly from the police, however, some education and community funding was also received. The programme had been extensively researched and three evaluations had been done, two from Massey University and one from Victoria University.

Intensive Clinical Services, Hutt Valley Health

Intensive Clinical Services was based in Lower Hutt in Wellington and used the Multisystemic Therapy (MST) model of treatment. The programme was part of the DHB and set up as a joint venture between the MOH and CYFS. The programme was non-residential and worked with young people between the ages of 10 and 19, as there was no evidence at that time that MST worked for children under the age of 10. The programme included both male and female clients and the mix at the time of this study was 50/50. A possible reason for this was because of a joint referral process from CYFS and CAMS, which picked up more girls than other systems. The referral process included a mental health diagnosis and the programme worked with the whole family. The number of

cases could range from 15 to four depending on numbers of referrals and the time of year. Ideally the clinicians worked with three to five cases at a time.

Young people were referred with either youth justice or care and protection issues coupled with a mental health diagnosis which could include PTSD, depression, OCD, alcohol and drug, ADHD, and conduct disorders. The programme was non-residential because MST involved working with young people in their natural social ecology, which included working with their family, peer group, community and school. A lot of the work was done with parents to create a better opportunity for achieving sustainable changes.

The programme had been operating for three years, however, after the initial set-up they had two and a half years of good practice. The length of the programme for the young person was three to five months of intensive work, which could be extended to six months if necessary. Initially the contract allowed for three full-time clinicians and a half time psychiatrist, but after the first year it was decided that the psychiatrist was no longer needed and then the team consisted of three full-time clinicians, as well as a supervisor. The team had access to psychiatry four hours a week if needed. Staff were difficult to find due to the 24/7 on-call nature of the work. Current staff had a background in psychology, social work, counselling, youth work, and Maori mental health.

Because MST was an American model, cultural issues were relevant. The manager saw MST (New Zealand) as only part way down the track in creating an effective partnership with Maori in New Zealand. Although a kaumatua (elder) and a cultural advisor were available they saw this as being a little tokenistic. Cultural issues on this particular MST programme were addressed through the DHB kaumatua and also networking between iwi, Maori mental health services and Maori community organisations. A Maori clinician was also employed.

At the time of the research the ethnic mix on the programme was 70% Pakeha and 30% Maori, however, sometimes they also received Pacific Island referrals.

This percentage fluctuated and over the previous three years the majority of families had been Pakeha.

The programme put a strong emphasis on having strong community links, which include CYFS and CAMS, as well as NGOs covering three different areas, Kapiti Coast, Wellington and Wairapa. Links with community organisations included Lower Hutt Youth Health, Lesley Services, Super Grans, the Death Association, as well as some local businesses. The manager commented that initially the local community was suspicious, especially Maori, but that had changed dramatically.

MST New Zealand did their own follow up of the young people, which covered a two-year period from when they started. This was to record the results and to ascertain whether the work had been sustainable by the family. Measurement included the numbers of days in out-of-home placements, offending, and progress in school or work. There were no other evaluations done on the program at that stage.

Mirror Youth Day Programme

The Mirror Youth Day programme was located in Waitati, Otago, catering for 13 to 17 year old boys and girls affected by both drug and alcohol, and behavioural issues. Over the three years leading up to this study the ratio had generally been two thirds to one-third male, however just prior to this study, with a trend of substance-related violence by females, the ratio had been almost the opposite. The programme could accommodate eight people and generally stood between six or seven.

The programme ran from 9:00 am and 3:30 pm, four days per week. Initially the plan was for the programme to run for 10 weeks, however, due to the lack of residential alcohol and drug services, it was not uncommon for young people to stay for six months or longer. The day the young people did not attend they either spent at school, working, or doing community service. Young people on the programme had to complete a comprehensive alcohol and drug assessment.

They were offenders who usually had to attend as part of a statutory requirement. The young people were generally in the care of the state away from their families.

The reason it was a day programme was because the need was identified by a working party set up to see what services were required, and funded accordingly. Otago got blended with Southland so the programme was actually an Otago/Southland programme. The Southland clients were residential and these residential services, also used by rural clients, were contracted out in the Dunedin community. The programme had just completed its fourth year, after starting from scratch, as there wasn't any evidence based practice for providing these services for young people.

There were three full-time staff, a coordinator, adventure therapist, drug and alcohol counsellor, part-time teacher and a manager. Other staff were contracted in as required. It was difficult to find the right staff and often staff trained by the programme would move on. Three of the staff at the time of the interview were Maori.

While the programme was not kaupapa Maori it used a kaupapa Maori framework, teaching young people from different cultural backgrounds to accept differences. It had been difficult to resource cultural supervision and kaumatua support for staff. In 2005 the ethnic mix of the programme had been 80% Maori, 16% Pakeha and 4% Pacific Island.

Families were encouraged to attend the first meeting, whanau meals, hangi and whanau evenings. Some families attended more than others for various reasons. Statutory agencies were involved with the programme, including police, youth aid and CYFS. Community involvement came through drug and alcohol services, mental health specialty services and social support services. Some contact was also happening with schools, some schools more than others. Important links had also been made with the Maori community.

The manager described the programme as being overall a behavioural management based programme using a contractual based model. There were four phases in the programme and young people moved to the next phase as a reward for doing well, increasing responsibility accordingly. Drug and alcohol issues were addressed through harm reduction, relapse prevention and motivational interviewing.

On the programme activities for young people included karakia (prayer), exercise, meditation, adventure outings, education, gardening, addressing interpersonal skills, cleaning, group therapy, and creative expression work. Young people received education 12 hours per week in two blocks on Tuesday and Thursday, sometimes bringing work from school.

Funding primarily came from the Otago DHB, however, additional funding had been sourced through community trusts for vehicles and equipment. The programme was bulk-funded, and funding was not dependent on numbers. The programme, when possible, informally followed up with the young people after they left. The manager would have liked to have six month and 18 month follow-ups. There was no formal research and evaluation of the programme and the manager felt that research should have been built into the funding of the programme so a PhD could have been done.

Youth Culture and Development

Youth Culture and Development was a day programme for 14 to 16 year olds in Christchurch; a 20-week life skills programme which came out of the 'Youth Offending Strategy' (Ministries of Justice and Social Development, 2002). The programme was attended by both genders, with a mix of 70% male and 30% female, and a roll of ten young people attending at a time. The staffing for the ten young people was two supervisors trained as youth workers and one with a teaching qualification, as well as a full time case manager.

Referrals came from CYFS, from FGC or directly from the police. The programme was non-residential and some of the young people lived at home

while others were in care; they were all offenders. That particular course had been operating for two years, however the organisation itself had been operating for 12 years. Staff were required to have a qualification in youth work and must have passed a police check, and they were generally members of the Canterbury Youth Workers Collective. Although they only had three full-time staff members, some services were contracted out. At the time of the research a strong relationship existed with the Christchurch Polytechnic that delivered the National Youth Work Certificate. Most staff had been through the polytechnic and the programme also often had students on placement from the polytechnic.

Cultural issues were addressed by having a diverse cultural make-up of staff, as well as a close relationship with the Maori and Pacific communities. A strong relationship with the local iwi, Ngai Tahu, existed with permission given by Ngai Tahu to the organisation to work with their young people. The clients were predominantly Maori and Pakeha with a lower percentage of Pacific Islanders. The mix had generally been 60% Maori, 35% Pakeha and 5% Pacific Islanders and others. Family participation was encouraged, and it was the experience of the programme that the same families came in. Good community links were reported with Canterbury Youth Workers Collective, CYFS, and police, as well as community agencies.

A youth development model was practised which created individual plans for young people. Some young people were doing 100% of the course while others only 75-80%. The course incorporated addressing illiteracy and innumeracy, developed goal setting plans, looked at health and hygiene, as well as addressing behaviour. It was about looking at the individual issues of the young person and addressing them accordingly.

The programme was not kaupapa Maori, however, tended to follow a kaupapa Maori protocol, especially spiritually. The young people were involved in activities, including karakia, housekeeping, education, getting driver's licences, adventures, sport, community programmes, journal writing, as well as therapy.

There was a behaviour management nature to the programme, which operated by using rewards and consequences. There was no formal education offered.

The programme was bulk funded through the Ministry of Youth Development, however, there appeared to be a move towards funding reflected by numbers. The manager considered that the project was well funded, mainly through the government, with a small amount through charities. There was a two-year follow up with young people that had left the programme, at six monthly intervals, and at the time of the research outcomes were looking extremely positive. The Ministry of Youth Development also had an independent evaluation done after the programme had been running for one year and they were due to have another done.

Te Kaupapa te Whakaora

Te Kaupapa te Whakaora was an alternative education programme in Christchurch for young people from 12 to 16 as legislated in the Education Act. The programme was not gender specific, with an average mix of 60% male and 40% female, however, at the time of the research there had been a little wave of female students. The majority of students began the programme in the third or fourth terms because that was when they were expelled from school.

The programme catered for a maximum of 16 students, which the manager felt was a good number due to their volatile nature. The students came from the northwest schools of Christchurch because they had been out of school for two terms or had multiple exclusions or truancy. Some were also referred through FGCs.

The programme, originally a community initiative started back in 1992, was designed to pick up Maori and Pacific Island kids that had fallen off the books. In 1995 the school was started and funded by the local community. The alternative education funding came in 2000 and previous to this a high school supported it by paying the wage of one teacher.

Research suggested that the best amount of time on the programme was six months, however, the reality was they stayed there until they were 16, and some were there for their whole high school experience. Staff consisted of two full-time teachers, a teacher's aid and a wraparound worker who dealt with families, creating a one to four ratio. A local high school also provided a youth worker sometimes to help out and usually the young people were also attached to social workers. Good staff were difficult to find.

The ethnic mix of the young people was 50% Maori, 30% Pakeha and 20% Pacific Island, with a lot of the Pacific Island kids being Cook Island. The programme was not kaupapa Maori, however, the staff were Maori and Pacific Islanders and had a tikanga focus. There was an open door policy, which encouraged families to be involved. Some families came in and recently a parent had come and studied for a week. Having a wraparound worker helped to get families involved. The programme had a policy that once you left the programme you could not come back.

Community links were established through the board, which included two school principals. There were also links with different reverends who were involved with the board and a strong connection to Te Oraho, which was run by the Baptist church. The mission statement of the programme was centred on helping the young people and their families to make changes to their destructive behaviours. The school used 'Aikido', a martial art, to assist with making changes. Young people spent from 9:00 o'clock till 12:00 midday in the class doing syllabus subjects, then did different activities in the afternoon. Many of the young people arrived on the programme with big gaps in their education.

Bulk funding for the programme was through alternative education and this money came through the schools. As the programme was also a trust, funding came from the community for their youth worker. The funding was tight and when wages went up it meant less money for other things. The manager, who was Samoan, indicated that there had been cultural tension as the programme had been used to Maori protocol. There was no formal follow up after young

people left the programme, as it was not a requirement, however, informal follow up often occurred through younger siblings. Two students doing their Masters had done some research (Whelan & Larsen, 1995). The manager also emphasised the fact that all staff received good supervision, both internally and externally, and that they also received cultural supervision.

Themes from Interviews

These are the seven categories with themes from the analysed data. I have quoted participants to help represent this information in the spirit it was given and collected.

Staffing

Out of the seven categories, staffing was discussed the most. All participants stressed the importance of having good, well-trained staff to work with the young people and their families.

Finding Good Staff and Keeping Them

A common issue within the programmes was the difficulty of finding good staff and keeping them. Five out of the seven programmes interviewed had problems finding good staff. *Te Waireka* were short two staff members at the time of the interview as they had trouble finding staff with the right mix of passion and qualifications. Their comment was.

It was important to hold on to those positions until we got the right person, which put us at a bit of a risk. I would rather take that risk than a long-term risk (Te Waireka).

Support staff were also difficult to find due to the rural setting.

Intensive Clinical Services found that staff were difficult to find, partly because of the 24/7 on-call nature of the work and the flexible hours, as well as the accountability and rigour attached to the work, adding to the difficulty.

We didn't get people who were going to fit the bill, it's a lifestyle commitment too because it was not appropriate for people with young children. You can't

have that commitment to work flexible hours, so actually it was tricky for a lot of people and you needed a lot of support, you needed to be really grounded in yourself, it is very demanding (Intensive Clinical Services).

Te Kaupapa te Whakaora found that staff turnover was high with two years continuous employment considered long term. Internal and external supervision of staff was seen to be highly important to enable them to deal with issues and emphasise self-care. The manager pointed out that the staff were with the young people all day so it was important that they had respect, otherwise the kids would “rip them apart” (*Te Kaupapa te Whakaora*). They found it difficult to find good staff and passion was seen as one of the most important qualifications.

At *Ronga Atea* funding was an issue with finding staff, as the job didn't pay well. A high staff to client ratio was required, which at first they thought would be one to four, however with experience, one to two would have been better, and on a bad day some clients required one on one care. Although they advertised at local tertiary education providers there was a very limited response, sometimes people would come but were deterred by the difficult nature of the work. *Mirror Youth Day Programme* reported that paying staff required most of their budget. When inducted, staff needed to be trained in care and restraint training, as well as in conflict resolution and mediation.

Others did not find it as difficult to find staff. *Community Approaches* had not experienced difficulty, often using shoulder tapping as a recruitment method. The biggest difficulty in finding good staff, they had experienced, was because of funding and the difficulty of offering continuation of employment. They felt that their biggest benefit was the fact that the programme was successful and therefore attracted good people. Team building and keeping the staff happy were high on the agenda of management, as was keeping them well-equipped to help them to do their jobs properly. Careful management was required to draw a balance between going the extra mile in the job and doing too much.

Youth Culture and Development required their staff to have a qualification in youth work as well as to be members of the Canterbury Youth Workers

Collective, so all staff were up-skilled in youth development. A strong relationship existed with the Christchurch polytechnic, who delivered the National Youth Work Certificate, and who also supplied students on placement, which the programme found important. This relationship with the Christchurch Polytechnic was why the programme did not experience difficulty in finding staff.

On The Job Training

In-house training of staff was common and often deemed essential. *Ronga Atea* had found it necessary to train staff, as there was not a great pool of staff experienced in working with adolescents in residential settings, including behaviour modification. On the subject of finding staff:

It is extremely difficult, I am still finding myself hiring motivated staff with minimal qualifications and training them on the job (Ronga Atea).

Mirror Youth Day Programme had similar issues. Staff turnover was an issue as often staff had been trained by the programme and then left. This training had included putting them through tertiary qualifications at both graduate and postgraduate level.

Staff turnover isn't so good in terms of us training them and then they move on (Mirror Youth Day Programme).

Qualifications and Experience

All the programmes interviewed spoke in some way about finding the right balance between qualifications, experience and passion. *Community Approaches* believed that passion was one of the greatest assets of staff, believing that if they had that they could train them the rest of the way. They believed that a qualification was not all that was needed and that they also preferred mature staff who had plenty of life experience and had teenage children, so they could speak from experience.

I'd be happy to go in there and do their reports for them so the families can benefit from their experience (Community Approaches).

Te Kaupapa te Whakaora had a staff to student ratio of one to four. The manager spoke of the special skills required for that type of work.

Basically trust, this is informal, but for me relationships and trust are everything. If you don't have relationships and trust with the kids it's a problem. So when people come in for an interview, I pretty much use my networks to check them out (Te Kaupapa te Whakaora).

Ethnic Make-Up of Staff

A high ratio of Maori and Pacific Island staff was also generally considered useful. Recently *Intensive Therapy Services* had created a designated position for a Maori clinician, which they have found helpful. At *Te Kaupapa te Whakaora* all the staff were either Maori or Pacific Islanders who had a tikanga focus. At the *Mirror Youth Day Programme* the fact that three of the staff were Maori was seen to have huge implications in meeting clients needs. Likewise at *Youth Culture and Development*.

We have a very diverse cultural make-up of staff that covers the Maori and Pacific Island cultures (Youth Culture and Development).

Six out of the seven programmes employed a kaumatua either on the staff or part-time.

Culture and Ethnicity

Kaupapa Maori Framework

Although only two of the programmes called themselves kaupapa Maori services, all of them used Maori kaupapa and tikanga to some degree. This framework was very common, including the use of Maori protocol, due to the large proportion of Maori using the services.

Te Waireka found there was a clash between clinician versus tikanga values.

It comes down to an individual's values and beliefs, if you have got someone who is very strong clinically then those are their values. When it comes to working in a kaupapa Maori service, the values from a tikanga point of view are at times different from the clinical values, and it's how do we marry the two together? (Te Waireka).

The programme was concerned that they were not treating as many young Maori as they would have liked. The majority were Pakeha although this situation appeared to be improving. The participant also pointed out that Maori had suffered a huge loss of lives during the Second World War and that loss of

support and knowledge was still impacting on the young people of today. They were stressing the importance of whanau and support.

Ronga Atea is marae based, which they have found has worked really well for them. The old people from the marae come over and help out. They describe the marae as a 'sanctuary' and 'safe place'.

We are a kaupapa Maori service so we are looking at the overall picture of the young person. The emotional, physical, spiritual and whanau needs. We try and look at it in a more holistic way (Ronga Atea).

The programme noted that Pakeha children had responded well to treatment there despite it being a kaupapa Maori programme.

At *Mirror Youth Day Programme* young Pakeha were often challenged by having to work within a kaupapa Maori framework, especially when they had come from particular gang settings. At *Youth Culture and Development*, although the programme was not strictly a kaupapa Maori programme, they tended to follow a Maori kaupapa, not only in protocol but also in spirituality.

Partnership

The theme of partnership was very predominant, including the importance of building a healthy relationship with Maori so they could trust the services. This could often take a long period of time.

Intensive Clinical Services stressed the importance of forging a partnership between MST and Maori because MST was an American model. Although MST had a kaumatua and a cultural advisor, they felt there was still a long way to go. The service had done a lot of work of their own creating a partnership in their own area by consulting with local Iwi, Maori mental health services and Maori NGO services. Having a designated Maori position on the staff had been an important factor in that process. Initially Maori referrals were low, possibly due to the historic relationship between Maori and the hospital or DHB, however, putting the effort in to forge this partnership had resulted in more Maori referrals. Maori

working with Maori had helped and they would like to see this expanded. The same could be said when working with Pacific Islanders.

We are trying to honour the Treaty by having dialogue around cultural safety, taking kaumatua with us, and we always take our Maori mental health colleagues. Maori mental health clinicians will make a referral to us and we'll work alongside them as we would our Pakeha clinicians in CAMS. We work alongside CYFS workers and the CAMS workers in an ongoing way. We still have a long way to go with that. We've had some structural difficulty in getting more support from MST New Zealand, they need to come along side and mandate that partnership with the community. So when we go in, the path has already been set (Intensive Clinical Services).

The programme put a high emphasis on cultural safety and being respectful to Maori, as well as creating a partnership framework to operate within.

Youth Culture and Development felt they were very aware of the diversity and the differences in people of different cultures, with their biggest shortcoming being the understanding of refugee and migrant sectors. They worked very closely with the Maori and Pacific Island communities in Christchurch, and this included a very strong connection with the local iwi, who had given them permission to work with their young people.

The significance of the pounamu (greenstone). Ngai Tahu gave us this when they allowed us to work with Maori, so we follow protocol to the letter. We went through the process about seven years ago and have good connections with Ngai Tahu and Matakawa (Youth Culture and Development).

Over-Representation of Maori

All programmes except two reported a high proportion of Maori. The two programmes where numbers reflected more Pakeha than Maori attending, both acknowledged that despite that, Maori were over-represented in their client base and they were trying to do more to attract them.

Intensive Clinical Services reflected:

Initially people were quite suspicious of us, especially Maori. It was like, an American thing coming in and ripping off what they were doing. It has taken time to get buy-in from some of the Iwi that we work with. (Intensive Clinical Services).

Te Waireka also had an opinion on that.

There is a gap somewhere, because there are more young Maori that have A&D issues. We are not seeing them coming through as we anticipated. This is now starting to pick up (*Te Waireka*).

Mirror Youth Day Programme had such a high proportion of Maori referred to their programme that they tailored the programme to meet their needs.

It's a kaupapa Maori framework, not a kaupapa Maori service. We demonstrate that to the young people by creating a cultural environment. We really attempt to reflect that in the best way possible. From support people, to staff, to young people (*Mirror Youth Day Programme*).

The programme respected the helpfulness of cultural supervision as well as kaumatua support and endorsement, building relationships with iwi as well as the local community.

Pacific Island

Two of the programmes interviewed were managed by a Pacific Islander and referred directly to issues relating to this. *Community Approaches* made the point that Pacific Islanders love being in groups and doing things together. Pointing out that this love of groups could turn negative, because sometimes they did negative things together, or appearing menacing.

Culture gives people two things. It gives a transition point from boy to man, a lot of the cultures have gone away from that and that's why you've got so many idiots out there trying to prove they're men by sculling a long glass, or robbing a shop. The second thing is the code of ethics by which they live, because every culture has a code of ethics to live by. It would be really good if people could just understand where they come from and live by that code (*Community Approaches*).

They also spoke of Pacific Islanders working within the system to progress in this country and Pacific Islanders who were born here helping them to do that.

Te Kaupapa te Whakaora had traditionally dealt with mainly Maori, but recently they have found more Pakeha kids wanting to attend. They also have a lot of Pacific Island young people attending, especially Cook Islanders.

A lot of Maori protocols were used like karakia and waiata, however, because the programme manager was Samoan there was also a strong Samoan influence. This initially caused cultural tension.

Just to let you know things about me, I'm coming from a Pacific Island perspective. Very much the majority of the time it has been Maori here and being a Pacific Islander there were certain cultural tensions, initially (Te Kaupapa te Whakaora).

A strong emphasis was placed on the use of cultural supervision for staff on the programme.

Education

Early Exclusion from School

It was clear to see that a lot of young people were coming into programmes with major gaps in their education, for a variety of reasons. Many participants saw that often the schools would exclude young people too easily.

Ronga Atea used to have their students connected to the Ministry of Education doing correspondence, however, that became too difficult due to their transient nature. They also had dialogue with Wananga O Aotearoa because they were taking younger students at a tertiary level. They were also looking at setting up internal courses to NZQA standards, so the young people could leave with a certificate.

It is difficult because a lot of the young people haven't been to school for some time, usually two or three years (*Ronga Atea*).

Intensive Clinical Services found it challenging that some schools and principals had a zero tolerance and would exclude young people immediately from school. To counter that, they had been putting a lot of effort into building better relationships with schools and Group Special Education.

Some of the challenges have been with schools, as principals will have an attitude of zero tolerance and want to exclude young people immediately. Schools have been one of the hardest groups to form a working relationship with and some schools have been fantastic while others have just had enough of these kids (*Intensive Clinical Services*).

They pointed out the importance on leveraging education off the young people's strengths, for example art, sport or music. The programme saw the coaching of young people as being important.

Mirror Youth Day Programme pointed out that a number of young people who were outside the school system had come to their programme. The young people, who were still connected to a school, attended that school one day a week to keep that connection going.

Reading and Writing Difficulties

The inability of many young people to be able to read and write was another theme from the interviews. The programmes often employed agencies to teach young people how to read and write.

Community Approaches stressed the universal importance of education and spoke strongly about their concerns for Pacific Islanders.

I'm pretty scared for Pacific peoples as far as education is concerned and the reason I say that is because of our different learning styles. I recognise the fact that there are three learning styles and Polynesians are strong in two. We are good at listening but not at writing. Our visual side is not our strength, and unfortunately that's how our school system is set up. Writing is the only way you can record how much you know.

We excel in the things where we show and tell people what to do, but if you have a situation where you have a class of kids with Polynesians in it and the teacher comes in and puts a book in front of them and says ok read page 40, then answer the questions on page 50. Our Polynesian people would be waiting for someone to come and read it to them or explain it to them, or show them how to do it. If you're going to teach a kid how to climb a coconut tree you don't give him a book of diagrams. Orators have handed down our heritage for hundreds and hundreds of years therefore reading is a bit different. In that situation two thirds of our young Polynesians are always going to fail in the school system (*Community Approaches*).

Youth Culture and Development saw innumeracy and illiteracy as being a major contributing factor to young people feeling inadequate and acting out, and were attempting to address it early in the programme using a specific service that could deliver that. The programme did not offer any formal education in the way of NCEA or NZQA, steering away from this as it could set the young person up to fail or add to their low self esteem. They concentrated on more practical

qualifications like driver's licences, first aide certificates, and adventure based learning certificates.

The young people on the programme kept a journal to encourage them to write and record things, also encouraging them to write the lyrics to a song and record it. If they felt the young person was in a position to go back and do more maths and english in school, at the end of the programme, they would encourage it rather than trying to direct it.

Schools have to come up with the play really, in terms of young people who don't fit into the system. We are still operating a generalised education system from England that doesn't fit our environment and we are at a stage in our development as human beings where we are bringing our children up to be mindful of others. To be strong willed and stick up for what they believe in. They go to school and they are still under the old English way, which is detrimental, and therefore young people are getting extremely confused about what is ok.

I have a lot to do with schools being on a board and I have been doing a lot of extra work at a school that's not doing very well. What I'm finding is that young teachers coming out of college are working in the school and have an amazing ability to engage with young people, treating them as young people and not children. That is the cause and effect of young people dropping out of school. They are treated like kids instead of actually developing young adolescents into adults. Young teachers are coming in and starting really well, but give them a year, 18 months; they are starting to be turned over by the older teachers. That has to change, the older teachers, the old school teachers, need to up-skill in youth development models and work productively with young people as equals (Youth Culture and Development).

The programme also pointed out that they saw a lack of buy-in from education in the Youth Offending Teams nationally.

The School System

Community Approaches saw that difficulties often occurred in education when the parents were born in the islands and didn't understand the school system in New Zealand. This often meant housework and family time took priority over homework, also experiencing the home-school link was often poor. The programme pointed out that if a kid was way behind with school work, it was better to bring them up to speed in their own home as opposed to embarrassing them at homework centres in front of all their peers. The literacy teams they had working for them had a close link with the schools to identify the gaps in the

student's learning. They saw that educating the parents, to place an importance on getting homework done, was as important as educating the young people.

Unfortunately the Pacific Island kids are stuck between two cultures, they've got teachers at school saying speak your mind, but if they go home and speak their minds, they'll see their mind lying on the ground (Community Approaches).

Relationships with Schools

There appeared to be a gap regarding the programmes healthy and supportive relationships with the schools and the education system generally. Some programmes found it more important to teach life skills rather than trying to catch the young person up on formal education.

Mirror Youth Day Programme acknowledged that they had better relationships with some schools than others and that some schools didn't acknowledge that it was drug and alcohol issues that were the problem. The young people were at a lot of different levels regarding their education when they arrived and it was necessary to do an educational assessment to determine where they were at and identify gaps. Sometimes the schools were supportive by sending work with the young people and sometimes they were not.

We have resistance to learning, whether that's because of a sense of inadequacy around being able to read and write? We can find out all sorts of different things around their education, what they have learned, whether they have learning disorders, whether they have serious gaps? (*Mirror Youth Day Programme*).

Te Kaupapa te Whakaora found that the majority of their students arrived in the third or fourth terms, as that was when they were usually excluded from school. Historically they came because they had missed two terms or had multiple exclusions or truancy, however, recently they had come for a variety of other reasons including FGC outcomes. Because they were an alternative education programme, funded through the schools, several local schools had designated places within the programme. Some young people were in the programme for their whole high school experience.

One of the boys hasn't been to school for two years, that's a long time. There are a lot of kids that haven't been to school, so in my english class we

have one on one. My teacher aide comes in and they go through spelling and reading because you'd be surprised how much they miss (Te Kaupapa te Whakaora).

Whanau/Family

Lack of Family Involvement

A common theme with residential and day programmes was the difficulty in getting family involvement, for a variety of reasons. Often parents' own issues would keep them away and in these programmes there was a higher emphasis on working with the young person, not the family.

Te Waireka were trying to encourage families to be part of the programme with limited success. Often the young person would see their therapist as part of their family. *Rongo Atea* found it sad that families often were not involved with the programme. Sometimes this was because they lived outside Hamilton and had difficulty getting there due to funding issues. However, information was sent to families, as well as referring them to other agencies such as Alanon and Tough Love for support.

We try to get families involved, desperately try to get them involved, especially on the first day. We ask that all whanau be here so we can give them information and external social workers can talk to them about what is needed to be done. Once a young person is in a residence the social worker was in contact almost weekly with the parents and this is the kind of support the young person needed. There are boundaries that need to be put in place and we ask them to come to a whanau hui, unfortunately the response has been shockingly low (*Rongo Atea*).

Often the family saw the young person only as needing support not the family, especially when they didn't want to confront their own issues with drugs and alcohol. They found that maybe in each intake they had one family that really wanted to be supportive and involved and came weekly.

Mirror Youth Day Programme invited families in from the beginning, to attend the first meeting and whanau meals on a Thursday afternoon. This created a non-threatening opportunity for families to come in and be part of that with the young person. They also gave the young person an opportunity to present to the family

where they were at on the programme. Families were also invited in when the programme held a hangi. They held regular family meetings, attended FGCs and had regular phone contact with families, which could often be daily if they were experiencing difficulties.

The longer the young person was with us the more we would encourage the family to come along. We wondered whether geographically that was going to be an issue. We could get really good support from some families. Those families who are having their own challenges and struggles were less likely to attend (Mirror Youth Day Programme).

The programme identified that often parents of children were struggling with their own addictions to drugs and alcohol and young people were often in care because of violence in the home and the unavailability of their parents.

Youth Culture and Development held activities within the 20-week programme in which whanau were invited too. When they were experiencing difficulties in getting a young person to attend they put a lot of effort into contacting the family to try and encourage the young person to attend. Their work was with the young people and they didn't enter into work with the family in a developmental or therapeutic context. Whanau were referred to other agencies for support after having meetings to determine what could help them.

We have luncheons and barbeques and the best attendance we have is at the graduation at the end of the course, understanding that most people work. There used to be a high number of beneficiaries as parents of young offenders but that has actually started to change in Christchurch (Youth Culture and Development).

The programme acknowledged that it was often the same families that came in, getting really good attendance from these families.

Good Family Involvement

Home-based programmes stressed the importance of working with the whole family in the home setting, trying to fix things within the home rather than taking the young person away and then sending them back to the same problems.

Community Approaches took on the whole family, not just the individual, even though the family had come to their attention through the young person's

offending. They saw the difficulty in trying to fix a young person by removing them from their family; sending them away somewhere for a while, and then sending them back into the same environment, expecting different results.

Until they can stand up and walk on their own. Initially it's like you've got to get them back to land because they're out there on the sea of life, it capsizes, and everyone falls into the water. We recognise three types of swimmers. Those who can swim who are tired, usually the Mum. Those who can swim who are lazy, usually the Dad. Those who never learnt to swim at all and those are your children. So we have to pick them all up, and get them back to land. We've got to put them down and say well you know, that's where the tide has taken you, but hey everyone else is going this direction. Do you want to come along? We say, look we've got some friends who can help you and the friends of course are all the agencies, and so we tap into them and bring all the resources to the family (Community Approaches).

The programme would stick with a family for as long as it took to make the required changes, sometimes up to three years.

Intensive Clinical Services recognised that families often came to them with long histories of mental health issues and dysfunction, including cycles of violence that have been repeated through the generations. Like *Community Approaches* they questioned the value of removing a young person from the home and then sending them back with no work being done within that home.

It takes them away from family and whanau. Maybe there is an opportunity for family and whanau to be involved but practically if they are sent to the other end of the island it just doesn't work. There is not the funding to have regular contact. It's kind of like a holiday, for want of a better word a mental health holiday, for the family and the young person. Let's just put this person away and the family also feels like that. What is unfortunate about residential stuff is that the young person gets a lot (clothes), which is good. Some parents think their young person will actually be better served if they are in a government agency situation. They couldn't afford to do that if they were at home and they get all their dental and health needs met. I know it seems a bit of a harsh thing to say but that often inadvertently makes the parents feel less able. Because the young person gets all of these goodies, for want of a better word, that they don't perceive that they are going to get at home (Intensive Clinical Services).

The programme was about supporting families to keep young people at home and manage their behaviour while not making them dependent on government agencies. This was achieved by setting goals for the family as well as the young person, placing emphasis on a short-term involvement of three to five months.

The MST philosophy saw family as an important part of the social ecology of the young person alongside peers, school, and the community. Caseworkers were available to the family 24/7 and families were a big part in setting the overall goals for the treatment of the young person.

Te Kaupapa te Whakaora was pleased that recently they had a parent come in and study with them for a week, while he was off work, which was something they had been wanting to happen for a long time. They now had parents wanting to come in to their health and well-being class at the start of each day where they did physical stretches and breathing exercises:

It's open door, we are open door to everyone who are family members, and closed for everybody else (*Te Kaupapa te Whakaora*).

The programme had a wraparound worker that worked with families, or let the programme know what was going on at home. The wraparound person also ensured that the programme attended FGCs and took the young person to court when required.

Overall, the consensus was that it was better to have family involved than not involved, keeping in mind safety as well as care and protection issues.

Theory

'Te Whare Tapa Wha' appeared popular with kaupapa Maori programmes. Most programmes interviewed incorporated some type of behaviour management theory.

Theoretical Models

Te Waireka used 'Te Whare Tapa Wha' as the main theory underpinning their treatment because they saw it as a good theory with a holistic view. They also used the 12-Step principles derived from Alcoholics Anonymous, however, the use of this was currently under review and its future was uncertain as they saw it as more suitable for adults; "...the 12 Steps seem to be too overwhelming for the rangatahi".

Rongo Atea saw a residential setting as suiting their clients best, removing them from households that were full of substance abusers and distancing them from their antisocial peers. Their treatment model was 'Te Whare Tapa Wha' first and foremost, but also included 12-Step and behavioural management theory.

'Te Whare Tapa Wha' first and foremost as well as the 12-step recovery, abstinence based model. Because we are working with young people we have to use a variety, we do a lot of cognitive behavioural stuff. It depends on the situation with the young person. We do group therapy sessions - are eclectic really.

Every three-hour blocks of the day, they get graded on certain aspects of their behaviour. Verbal interaction, physical interaction, participation, attitude, chores done, they get a tick from one to ten. Ten being the best, excellent. Then it gets averaged out every two days. Then they get to redeem for a bag of chips and a drink. That system has worked really well for us (*Rongo Atea*).

Community Approaches used the four-legged table concept that they said was developed by Lloyd Martin through the Ministry of Youth Affairs. They said the theory especially suited them because this was how they were working anyway.

The four-legged table demonstrates the four major influences on our young people today. One being family and then there's the two E's, education and employment and there's the two C's, community rules and culture and finally there are the peers. What has happened is the legs fall off. A family doesn't necessarily need to fall off, but in the mind of a teenager if they've fallen off, they've fallen off. They might say, my family sucks, and you say why, and they go because I didn't get a scooter. Everyone's got scooters and you try in your wisdom and say hey bro it's not that bad. But in their mind it is bad, so to them, that leg is broken. Or their kid sister keeps touching all their stuff, it doesn't really matter what it is, but they think their family sucks. You can't really change that in their mind. With education if they are going to go through the system and come out the other end with nothing, then that leg is broken. If they are breaking the community rules, and normally they come to us as a result of them breaking the community rules, then that leg has fallen off.

Finally there are their peers. Now what happens is if the first three break off then friends are normally the last things that the kids hold onto. You can understand why, when in their mind the other three things have gone. But once the mates say to them, "get lost you smell". That is when you get suicide, because now they feel they have nothing.

Incidentally the gangs understand that very well. The gangs are saying, oh you want a friend, you want to be close, you want a family, and you want an education? We'll make you streetwise. You want a culture? We'll give you a culture and we'll give you a transition point. Rape an 80 year old lady then go inside and do some time. Then when you come to us, we'll put this thing on your back that says you were a boy but now you're the man. So that's

basically what we do. Our philosophy is to rebuild the four legs of the table (Community Approaches).

Intensive Clinical Services strictly used MST as their treatment framework. MST New Zealand monitored adherence to the model. This meant they were not putting antisocial kids together in the same place, but rather promoting pro-social friendships.

Basically it's an intensive, home based, strength based, 24/7 service, that's time limited up to six months. It follows nine basic principles, which are around supporting parents to be able to function and manage as parents. It's about working daily with that family to develop skills. It's a socio ecological model, which is different from other services in that you work on specific over arching goals. That's what we've got to work towards and you get buy-in from the parents and you don't need the buy-in from the young person.

There is not a big focus on doing individual work with the young person unless it is really indicated as a driver to the behaviour. It uses a blend of family therapy; systems therapy and cognitive behavioural therapy. It is evidence-based and strongly based on using techniques that are proven by research to be effective.

It's got a huge amount of accountability with the TAMS (therapist adherence measures). Families are rung initially in the first two weeks and then monthly to give feedback, about the therapist's performance. That is fed back to the supervisors who support the team members to follow the model, creating a lot of focus on adhering to the model.

There is a lot of flexibility, as you'd like as a therapist, as long as you stick to the basic principles (*Intensive Clinical Services*).

Mirror Youth Day Programme pointed out that they had to start from scratch when developing the programme because there was not a lot of evidence-based practise for providing programmes for youth in Aotearoa New Zealand. The structure was based on an adult programme with the content more specifically designed to cater for youth. They felt that one therapy model did not sufficiently describe their practice and that overall they used a behavioural management type approach. They also valued the importance of being a therapeutic environment and in regards to drug and alcohol abuse they used a harm reduction approach which incorporated relapse prevention and motivational interviewing, ideally focusing on the individual to take responsibility for themselves.

The easiest way to describe it is the structure, what is accepted and what's not. If boundaries are broken, that is addressed through a contractual model. Contract, contract, contract. What did they agree to achieve while they were here? When someone achieves their goals they move on to the next phase. There are four phases within the program and within that there are rewards. They are able to take more responsibility; they have more opportunity, for example music. Then there is the next contract. What needs to be different, how they are going to achieve that (Mirror Youth Day Programme)?

Youth Culture and Development offered a 20-week life skills programme, which was developed after the 'Youth Offending Strategy' (Ministries of Justice and Social Development, 2002) identified a gap. The programme is non-residential as they saw it as an intervention to stopping young people going into residences.

We practice a youth development model, which looks at the individual, and creates plans. Some young people may well be doing a 100% of the course content and others may be doing 75-80%. We don't work from a clinical model and it's about looking at the individual issues of the young person and addressing those (Youth Culture and Development).

Te Kaupapa te Whakaora had a mission statement relating to helping the young people and their families. As it was an alternative education programme, education was a large part of their model, as was behaviour management. They also incorporated Aikido, which is a Japanese martial art, which placed great emphasis on motion and the dynamics of movement.

We use a lot of physical movement, that's aikido based, to teach them concepts of compassion, love and respect (Te Kaupapa te Whakaora).

Funding

Funding was often an issue with programmes, especially when trying to reach preferred staffing levels. Funding appeared to be greater to programmes that could show their effectiveness through research. Programmes, which were funded by large government departments, were generally better funded than smaller organisations, although their funding also came through government. Some programmes were able to secure extra funding through community organisations, businesses and charities. This often depended on how long they had been around, relationships built, and perceived success. Also the entrepreneurial style of management appeared to have an influence on this.

Funding Shortage

Te Waireka were funded by the DHB:

No, I don't know whether I should take on that part. Again that's Governance level. I'll just say we could do with more (*Te Waireka*).

The programme was funded for ten full-time equivalent (FTE) staff.

Ronga Atea was also funded by a DHB in Midlands.

On a contract basis, so therein lays the difficulty, as they require us to fill 16 beds. We're working with people with addictions, they are very transient, so it's very hard, unless we lock them up. Ten or 12 seems to be the magic number, but funding doesn't allow us for higher level of staff, quality or quantity.

Funding is my biggest barrier to supporting the young people as it takes a lot more than we are getting to support a high-risk young person. I think government knows that at some level because in CYFS lock-up residential they have a higher number of staff and we are not a lock up. The profiles of our young people are exactly the same (*Ronga Atea*).

The programme clearly indicated that the funding did not meet their needs, pointing out a gap in understanding from the DHB about what was required to treat that client group and suggesting maybe the need for someone from the DHB to come and have a look. *Community Approaches* said that the programme would like to find more money through education to fund their literacy programme, as police money cannot be used for that.

Good Funding

Community Approaches were funded by the police, as well as by community, business and service groups.

The business community help us out when we need it, as do service groups like Rotary and others. We needed a place to house our staff and that building there is still on loan from a business group. They said, we're going to give you this building and as soon as it gets used for anything else we'll take it back. That was good for us because police might want to put the CIB there.

Others will ring us up and say, we've got spare funding here, could you do with any of it? Our track record is really what it's all about. Having the credibility and then people, community boards, will just ring and say, hey look, it's coming to the end of our funding round and there's still a couple of grand in there and you need it don't you? Can you put something on paper

and fire it through, it's guaranteed. Now there are not many agencies that get that sort of call aye (Community Approaches)?

The programme considered they were reasonably well funded, however, it was not always that way, and they didn't waste money. The reason the programme was well funded was because they had built it up over a long period of time and proved through research that it had worked. This included building trust and showing the community that the programme had worked.

The Hutt Valley DHB funded *Intensive Clinical Services*, however, because it was a joint venture between MOH and CYFS, funding came from both departments. The programme was topped up by the hospital when required.

We get a set amount for operational costs then we get a huge sum, a quarter of a million, for package of care funding, which is to be specifically used on a case-by-case basis for individuals. We never ever spend all that money, however, we are short-changed on the operational funding, but are over-catered for on the other bit and we can't really dip into that. Even though we have tried to get creative by contracting people to provide respite, for example mentoring (*Intensive Clinical Services*).

Mirror Youth Day Programme were health funded through the Otago DHB. This was overseen by the Shared Care Service Agency for six DHBs in the South Island. Some additional funding came through community and other trusts, like the supply of a van for example.

It comes back to the funding contract since 1997 within the south Island. A working party was set up to see what services were required for working with young people and out of that came a number of full-time positions. Outpatient, day programs and residential programs. Otago was identified as one of the regions that required a day program and it got blended with Southland so it's an Otago Southland program (*Mirror Youth Day Programme*).

The programme considered they did well with the funding they got, but felt that they could do with one extra staff position. Frustration came when they wanted extra money to expand their service but had spent everything they had been given.

Youth Culture and Development was funded through the Ministry of Youth Development who had to bid for the funding from CYFS. A pool of money was

put forward out of the 'Youth Offending Strategy' and the Ministry of Social Development also had some input financially. Originally the programme was bulk funded but changes have moved it more towards a 'bums on seats' approach, which is now resourced in three stages as opposed to up front, as it was originally.

This project is well funded, but it's quite specific about what we can spend the money on. Which is a little unfortunate, because the needs are different in every course we have. We write a program and meet the requirements of the contract and there's different things identified on the course so it can be difficult. We do look for some funding elsewhere for specific things (Youth Culture and Development).

Although the major funding came from government, small amounts also came from charities and the local council. There had also been a couple of examples when young people from a different youth offending programme came bringing some extra funding.

Te Kaupapa te Whakaora was bulk funded through alternative education for 16 students and the money was paid to the different schools before it went to them. Because they were a trust, the youth worker was funded through the community.

Research

Generally it would be true to say there was a shortage of research and evaluation done on these programmes and often it was informal. Sometimes research had been done only because students had chosen to do it. Smaller organisations often wished that research had been done but they did not have the funding to initiate it.

Lack of Research

Te Waireka had no research on their programme, but they stated that this was under review at the time of the interview. *Rongo Atea* have a follow up period of one year for young people after they leave the programme, however, there has been no formal research or evaluation done on the programme.

The runanga has a research team that is going to start to do some soon, within the next two or three months, our internal evaluation will start. We have asked the Community Psychology Department at the university if they

would do an external evaluation, so we can ensure the validity of the evaluation (Ronga Atea).

Mirror Youth Day Programme's follow up was informal, aided by discharge planning, and there was no regular follow up.

No, if we could get that, it would be ideal and we would really like to show what we do has helped. We don't have six month, 18 month, follow-ups in place at this point that would ideally be the way to go. It really should have been built into the program when we took it on, in terms of having funding to have a PhD done (Mirror Youth Day Programme).

Te Kaupapa te Whakaora had some research done on their programme in the late 1990s by two people writing a research report (Whelan & Larsen, 1995).

Unlike other organizations, which are required to do some kind of follow-up, we don't and we're not required to. We're as required to as any other school and I think that is good. We have our own informal stuff and sure we keep an eye on them, you can't help but keep an eye on them (Te Kaupapa te Whakaora).

Good Research

Lately it appeared that programmes initiated through central government came with a requirement for research and evaluation to be done. *Community Approaches* had no formal follow up of the families, although they were looking at putting something in place where they could see where they were at after six months and a year, however, because they were so busy follow-up often dropped off the priority list. Three formal evaluations had been done on the programme, two from Massey University and one from Victoria University in 1996, 1998 and 2000. They had been extremely useful to secure funding.

It's great because they say we're fantastic here and the families love you. This is really good but have you considered this and it's the "have you considered this" that I appreciate. Some people would go real sour, well how are we meant to do that while we're trying to do this? I'll let them carry on doing that while I have a look at how we can tidy it up, because it's important to run a tight ship aye (Community Approaches)?

Intensive Clinical Services pointed out that MST services provided researchers that did a six monthly follow up of the families for up to two years. The researchers also rang the families to see how the therapist was meeting their needs and adhering to the MST model. There was a huge amount of research available on MST over a thirty-year period and they only used practice that was

evidence-based through research. The programme itself did not do its own follow-up and felt that they would need an extra person to do this.

Youth Culture and Development was intensively researched with the young people being followed up for two years. The results of the first follow up from the course were coming up and early indications were extremely positive. The caseworker did the follow up contacting the whanau, the referrer, the social worker and the police.

The Ministry of Youth Development does an independent evaluation, they did one after one year and they are just in the process of doing another (Youth Culture and Development).

Summary

This concludes the analysis of the data collected from individual participants. I now move on to the focus group data, which was a result of discussing these emerging themes from my individual interviews of treatment providers.

Focus Groups

My goal was to get approximately six people to attend interviews in Auckland, Wellington and Christchurch. Based on my pilot with five people that felt like a good number related to the time I had allowed and the number of questions I was asking. I wanted participants to be at a policy level working with issues related to youth and antisocial behaviour, as well as the treatment of young people. My aim was to include people from education, health, police, CYFS and the judiciary.

People not being able to attend, especially when I was advised at the last moment before the interviews, often disappointed me. My biggest disappointment was to have no one attend from the Ministry of Education, although they were invited and said they would attend. I acknowledge that there were sometimes unforeseen circumstances, which prevented people from attending. The final makeup of my discussion groups is outlined below.

Auckland

Child Youth and Family (Pakeha)

Auckland City Police (Pakeha)

Psychologist (Pakeha)

Youth Court Judge (Pakeha)

Psychiatrist (Pakeha)

Wellington

Child Youth and Family (Pacific Island)

Consultant in Working with Antisocial Behaviours (Maori)

Ministry of Health (Pakeha)

Christchurch

Child Youth and Family (Maori)

Child Youth and Family (Pakeha)

Canterbury District Health Board (CDHB) (Pakeha)

Police Officer (Pacific Island)

Staffing

Difficulties to Find and Keep Good Staff

The four participants from CYFS identified gaps in training, especially training in statutory social work and youth work, as an important reason why good staff were hard to find and keep. The difficult nature of working with this group of clients was highlighted, as was finding staff with the right level of experience and maturity to work with these young people.

It is partly due to us working for a government organisation and the view people have of working for CYFS.

From a police perspective, the view was that there was a problem with officers in youth aid being asked to fill in for other sections, as well as a problem with them moving on to other employment. The psychologist participant related the issue to the difficult and stressful nature of the work, including the risk of physical harm and verbal abuse. He mentioned the low levels of pay, stating that workers could get similar pay with less stress within their career disciplines. He saw the

situation being made worse by the bad press that was received, especially in election years. As the work was often home-based, workers often didn't have a sense of protection through boundaries or containment.

It sees a lot of bad press in the media, the high rate of re-offending. It's election year, there are a lot of politicians saying the age should be lowered, criminal intent, and murder. These sorts of things are bandied around and then it is felt, what is the point when these kids are so bad and evil? Who would want to work with them?

Although the judge was not directly involved with staff their observations were:

I see a growing tone of resignation and almost helplessness amongst the people who appear regularly in the court. I am talking about social workers, CYFS, court officers, police officers, youth aid, youth advocates. Everybody develops after a while, that tone of resignation. I would suggest that what is happening here is an imbalance that has developed between the stresses and burdens of the work and the rewards that are coming to people.

A burnout situation is happening and to avoid that type of thing you need to recruit people who have kicked around a bit. They have to have life experience. There is absolutely no point in taking fresh graduates straight from whatever training programme, as they simply cannot cope with the nastiness. The sense of standing there with your finger in the dykes while the floodwaters are coming in through the doors and windows, faster than you can deal with it, that is extremely frustrating.

The psychiatrist participant in Auckland, as well as agreeing with the points of other participants on training, maturity and pay, added the point that he felt that staff were often unsupported by management. He also made the point that because New Zealand was a small country of four million people, the pool of workers was not great.

In Wellington the MOH professional really underscored the fact that gaps in training were not preparing graduates for that type of work, even at the level of clinical psychology, commenting that the nature of the client group cannot be forgotten or underestimated. The consultant in Wellington had recently been involved in a recruitment drive for a severe conduct unit and found a shortage of trained staff and commented that applicants from the United Kingdom appeared to have more knowledge, which he felt was reflective of the training we offer in this country.

What I have seen is that people go into antisocial behaviours or youth justice, however, there might be other options. We really have to promote it as a place where these kids need really clever, talented, skilled professionals to work with them and I don't think we have done that well as organisations. We need to recruit professionals from health, education, welfare and the community, so we have a range of specialisations that deal with the sociological impacts, the mental health impacts and the welfare impacts.

In Christchurch the participant from CDHB spoke about the shortage of rewards related to influencing change, like many others referring to the low pay and limited career options.

Attracting Maori Staff

It was interesting in Auckland that the police identified in youth aid approximately 50% of their staff were Maori and that in terms of police work it was seen as a positive place for Maori to work. CYFS in Auckland found a useful tool was to use Maori role models to attract staff, utilising real experience as opposed to lectures or models.

It makes it more real when somebody comes and talks to you and tells you what they are doing. They get you passionate about it; somehow they connect with your interest or your passion. It's to help your own ethnic group, whatever your passion is to connect with that. Socially going out to people rather than expecting them to come in.

In Christchurch the participants from CYFS saw the model of practice as a stumbling block for Maori, stating that Maori generally liked to work differently from what was prescribed by a statutory agency. They observed that many Maori did not see it as 'their place' to work for the government. They saw difficulty in attracting Maori into universities or making them aware of the training incentives that were available.

The consultant in Wellington, like other participants, made the point that Maori role models working in this area should be used to attract other Maori staff. He felt that if decent kaupapa Maori services were established that would also be more attractive for Maori workers. He emphasised having kaumatua amongst the staff as a way of making other Maori staff feel comfortable and safe. He cited mental health as a sector that have done a really good job of attracting

Maori staff with the Maori Workforce Development Agency, showing Maori that it was 'cool' to work in mental health. He highlighted events like the Youth Justice Conference (2004) as important places where Maori staff could come together to share their knowledge and experience.

The psychologist from Auckland said there were few Maori majoring in psychology or psychiatry in the universities. He felt there were more coming through at a social work level, for example in CYFS. The judge pointed out that Maori and Pacific advocates (lawyers), men in particular, were very thin on the ground. They related this back to the lack of numbers going through law school and the 'bad press' the work received. The psychiatrist in Auckland made similar comments about the lack of Maori students qualifying in these fields, giving finances and coming from rural settings as possible reasons.

This general theme of Maori not being attracted to these courses in universities was accentuated by Christchurch participants from health and welfare.

The MOH representative in Wellington made a very relevant point:

For mainstream services, one of the important things to do is to recruit and attract Maori. They need to do that as well as provide kaupapa services. The situation has to be avoided where Maori workers have to constantly advocate for issues to do with culture. Maori workers need to have support in terms of having more than one employee, having a kaumatua, and having access to their colleagues in kaupapa services. There is a range of differences that need to be accommodated within mainstream services, so people don't have to ask for them.

Attracting Pacific Island Staff

The Pacific Island participant from Wellington who works for CYFS saw Pacific Island staff as lagging behind their Maori counterparts. The difficulty he saw was staff managing the tension between the employer and the community. Added to this was the ability of staff to cope with the old belief that often Pacific Island youth needed a 'good hiding' and the fact that Pacific Island culture did not acknowledge that there was such a thing as mental health. An added dimension

that he saw unique to Pacific Island staff was the influence of the church and the whole religious environment that surrounded them.

The MOH participant highlighted a uniqueness that Pacific Island people have, in that they came from seven different Islands with different languages and cultures. There was also a distinction between Aotearoa New Zealand born Pacific Islanders and island born. He saw the church as a big influence and felt there was less community support for professionals who worked with antisocial youth. Gender roles were cited as another difficulty with Pacific Island workers, however, as a strength he highlighted the large numbers of Pacific Island professionals in nursing, and thought this would be a good potential area to recruit Pacific Island staff from.

In Christchurch, participants from CYFS tabled the point that English was not always Pacific Islanders' first language as a possible barrier to coping in the education system and in the workplace. One participant from CYFS also highlighted the difference in the model of practice of one particular Pacific Island worker.

The struggle between the department and some people is the way their philosophy is more community based. Wanting to be in with the people and working out their day and night in the community. They were always pulled back in and told no, we don't know what you are doing, and we don't know where you work. Those people have always said to us, I just want to be out there, I just want to be based in a front shop so I can say come to me people.

The participant from CDHB in Christchurch pointed out that there were often Maori 'units' in organisations, however, Pacific Island employees were often employed as generic workers coming through the mainstream and lacking this specialised support. He also highlighted the lack of Pacific Island workers coming through university in appropriate fields.

In Auckland the psychologist participant looked at the bigger picture, saying that there was a shortage of Pacific Island workers in all health areas, not just in mental health, and that there was a lot of education needed to train this group in

concepts around working with youth offenders. He thought the church might be a good place to start.

The judge made an interesting point, that often when Pacific Islanders worked in this area they saw that their own ethnic group was over-represented which drove them to establish or work for a community agency. Better partnerships with these agencies would tap into this knowledge and experience and find people with the passion to make change.

Partnerships with Tertiary Providers

The Auckland CYFS participant had an interesting philosophy.

One of my ideas is at Massey or Unitec or wherever, they are given sort of credit for doing mentoring or youth work. Like taking on a client as an agency. That's an idea I have followed. Give a realistic job preview of what they are setting themselves up for. Give them some credit for doing it and it would have so many spin-offs. That person comes into your agency, or group, or whatever you're running and talk about their experience with their peers so I think it is a practical way of doing it.

A CYFS participant in Christchurch felt that they were working closer with polytechnics and universities than they had before, helping to bridge the gap. Their commitment to student placements was helpful. In Wellington the CYFS participant was still very concerned about tertiary teachers' knowledge about the organisation and about statutory social work in general, stating that new graduates were often overwhelmed by the nature of the work because it was not what they expected. He also questioned why people would want to study for four years to get a degree and then burn out after doing the work for 18 months. Often CYFS spend a couple of years training and inducting staff only to lose them to the health sector.

The MOH participant from Wellington makes the following points:

It needs to be done at a number of levels and one level is the workforce planning at the different agencies. We need to work together. They are developing, within the different sectors, workforce strategies, which recognise that there has been quite an expansion in employment opportunities and service provision in this area.

The workforce is not keeping pace with the demand for those services and there is a high level of vacancies in lots of different services. I think one way in which we need to form partnerships is for the workforce development agencies to start linking and working together. Forming linkages with the tertiary education providers and of course with their sector's service providers, so there is a partnership that develops.

In addition to this he talked about the need to support student placements properly because of the difficult and complex nature of the work. It is difficult to find students that are experienced and competent enough to cope with these young people. He highlighted the importance of meaningful placements when training new workers and supported the idea of specialised training after people had reached graduate level, but this needed to be really well supported to avoid graduates having to borrow more money.

On a positive note in Christchurch the DHB participant commented that they had always had a really strong relationship with universities and there was a lot of overlap between people working both at the university and the DHB. Once again he suggested more specialised training in youth work would be beneficial.

Culture and Ethnicity

Cultural Supervision and Advice

In Wellington the Maori consultant saw the need for cultural supervision for mainstream workers, especially around interviewing and note taking. He felt that cultural supervision was best done as a group, with a kaumatua there to govern and should include things like peer review and waiata (singing). The participant from the MOH in Wellington took this one step further by saying there should be a compulsory requirement for agencies to provide cultural supervision and that funding and time should be made available. Organisations needed to value cultural diversity among staff.

A CYFS participant in Christchurch said that their organisation had become a lot more open to people receiving cultural supervision and paying for it, questioning the appropriateness of working with young Maori without it. The other participant from CYFS in Christchurch agreed that a lot of workers could benefit from cultural supervision and there was a lack of expertise available to give it.

The participant from the DHB in Christchurch had this to say.

In my work setting there is a shortage of cultural supervision, although in theory there is a commitment of co-working with Maori clients, in reality numbers and resources mean it doesn't really happen like that. Within the DHB there is the ability to have cultural supervision, well to seek out cultural advice anyhow. Resources play into that and it is often people's own internal networks.

The CYFS participant in Auckland felt that it was a hit and miss affair depending on who was available on site to give cultural supervision and whether individuals sought it. The police in Auckland felt that cultural supervision was becoming increasingly difficult, both because of the increasing number of ethnic groups and finding the people with the expertise to deliver it, making the point that a lot of urban Maori and Pacific Islanders were not in touch with their culture. The psychologist participant from Auckland agreed with others, that there was not enough cultural supervision and accounted this to the fact that Maori staff capable of giving supervision were very busy working with Maori clients. Staff in general were busy, all their time was taken up by too many forms of supervision and consultation because of the amount of work that needed to be done.

Using Kaupapa Maori Framework.

In Auckland the psychologist felt that kaupapa Maori programmes were great and there was a need for evidence-based work to run in parallel with that. The rest of the group said that if 'using a kaupapa Maori framework worked' we need it, however, was there actual evidence that it did work?

In Wellington the independent Maori consultant was very positive about kaupapa Maori programmes.

What is important is that the kaupapa Maori framework is considered within the funding formula and the staffing framework. The way in which kaupapa Maori frameworks operate in my experience, is that often they have different costs and also require different staffing ratios to maintain the milieu that would be anticipated. The kaupapa Maori framework should be used but they should be used under Maori governance to ensure that the essence is maintained and that the cultural components are not compromised. I would align it to program fidelity in regards to applying frameworks in a consistent

manner. It needs senior Maori leadership to ensure it maintains integrity and it needs the resources to ensure integrity is long term.

In addition to this he stressed that this type of framework would be useful to all young people cross-culturally as New Zealand was developing into a Pacific nation identity. His views were backed up by the MOH participant in Wellington, adding that using kaupapa Maori frameworks needed to be backed up by a commitment to funding and staffing. The establishment of services often took a lot of time from specific individuals and people needed to be realistic about what they were capable of doing; not to overburden them and enable them to set things up properly.

A Maori CYFS participant in Christchurch had been involved in setting up a kaupapa Maori service and her views were that the success of the service was related to the young people and their family's commitment and buy-in. She supported the use of these programmes but commented that sometimes it is challenging to Maori who have not been brought up in 'that world'. Her counterpart from CYFS supported the use of kaupapa Maori programmes and felt there was a shortage of them. The police participant in Christchurch put their success down to the amount of passion delivered from the people running them.

Why Were Maori Youth Over-Represented?

I acknowledged when asking this question of the groups, that it was a complex one and that we could probably talk all day on the subject, asking participants to give me a brief overview as they saw it.

In Wellington the CYFS representative spoke about victimisation of young Maori by police, which he considered did not happen as much to Pakeha youth. The consultant in Wellington clearly put the reason down to colonisation and disenfranchisement of Maori, stating that some people who had been royalty and leaders in Maori terms had become dependent on the state. There had been conflict against the system that had taken so much from Maori and inter-generational patterns of antisocial behaviour and internalised anger have emerged as a result of this relationship. As a way of changing things he

suggested letting Maori youth know that it was really 'cool' to be Maori and to explain why, explaining to them the importance they have played in the development of our nation. He would also encourage whanau to link into community resources and discover where they have come from.

In Auckland CYFS put the over representation of Maori down to being disconnected and highlighted the need for Maori to reconnect, to gain pride through having mentors and role-models. The police labelled fragmentation, the break down of the family unit, and the social organisation of Maori society, as the reason for this phenomenon. Like others, the psychologist put it down to colonisation, poverty, fragmentation and the disconnection of Maori youth from who they were and where they fitted in, becoming second or third-rate citizens in their own country. The psychiatrist used the word 'excluded' and related this as typical of any group that was peripheral to society. The judge drew a descriptive analogy.

This issue represents a breakdown of society and institutions and has been going on for some time. It's not just Maori whom this affects. We really have twin processes going, the process of disintegration and the process of reintegration. Maori use the wonderful image of a giant Totara tree that has fallen. What happens then to the forest canopy, light comes in and more growth comes in, that's really a natural process that has been going on for thousands of years.

A Christchurch participant from CYFS agreed with her Wellington colleague that there was a certain amount of victimisation of Maori youth and a significant failure in the school system. The other participant from CYFS blamed colonisation and was very wary of the authenticity of the statistics related to Maori youth offending. She blamed the lack of affordability for decent legal representation to Maori. A lack of family support and self-respect, added to a lack of identity and knowledge of their language and culture, added to the problem of taking on the negativity that the media expresses. The DHB representative in Christchurch remarked that Maori also had a high rate of drug and alcohol dependency, which added to the problem. He pointed out that it was difficult for youth as many of their parents had come through the court system. Like others he questioned whether Maori youth were offending more or getting

caught more. The police officer from Christchurch had this to say about the colonisation of New Zealand.

Huge loss of identity and a loss of support, not only of their immediate families, but they have lost the support of the system. Identification has been lost in the family break down and young people feel alienated, they aren't able to connect with their own families or the colour of their skin. They cannot associate with the history behind the colour of their skin, i.e. the language and all the other bits and pieces that go with identifying yourself. I think the over-representation starts back at that loss of identity.

He added to this that when some Maori youth were locked up they formed identity through gangs, which could lead to a life of further offending.

Partnerships with Local Iwi

It was interesting that the police and psychologist from Auckland both felt that local iwi, Ngati Whatua and Tainui, did not have the manpower to form effective partnerships with local service providers. In saying that, they felt that partnerships were important and acknowledged that it was working well in other parts of the country. One possible solution tabled was centralisation, a one-stop shop for youth offending with iwi representation. The mental health participant finished up by saying it was crucial to form partnerships but it shouldn't be the only thing done.

The CYFS participant in Wellington referred back to his experiences while working in Rotorua.

We had a cultural adviser and the first thing I requested was that she set up meetings with every iwi in the district; there were eight. I went to eight marae and sat down with each individual iwi to talk about the importance of developing relationships with CYFS. I can't see how we can't operate like that, I really can't. In some ways it is quite sad, some people may not view it that way. Ngati Whatua, I was in Waitakere at the beginning of the legislation (CYPF Act 1989) and I met with all of them, it was purely about the relationship.

The consultant in Wellington was the only participant to bring up the point that iwi were now developing their own economies and therefore in a much better position to help young people, referring to opening doorways for young people through iwi frameworks, whakapapa and marae. He emphasised the importance of introducing young Maori to positive Maori institutions. This participant's

suggestion was to have Kaumatua from Mana Whenua as part of programmes forming bridges and links.

The MOH participant put the onus back on mainstream providers stating they needed to be clear about what they wanted and what they were prepared to do to become culturally appropriate partners. He stated that iwi do not always agree or work well together, but they will work together if it is shown to be in the interests of their young. It was not about 'cultural niceties' but having clear goals and trying to understand tikanga and working with them around recruitment and retention of Maori staff. Partnerships need to be useful, not just politically correct.

One participant from CYFS in Christchurch related working with iwi as an example of working with the community, which she saw as important, as locking kids up didn't work. The other participant from CYFS spoke strongly about the fact that they didn't explore whanau, hapu and iwi enough. She went further to say the reason for this was the lack of resources, including time, and there had been cases where they had reconnected young people with their iwi out of town and it had worked really well. The DHB professional from Christchurch stressed that partnerships were two-way things and needed to be resourced because they were a helpful way to practice.

Education

Schools Excluding Young People Too Easily

The participant from CYFS in Auckland, who was based on the north shore, agreed that there was an issue with early exclusions but felt there had been some improvement. He mentioned one school in west Auckland where there was a marae-based alternative education programme on the school grounds. The police participant in Auckland made it very clear that the schools needed support to keep some young people there and no agencies were offering that support. He pointed out that schools had other things to consider, like other children and their reputation. The psychologist from Auckland, who was also on the Youth Offending Advisory Committee, said that when representatives from

education came to their meetings the message was often loud and clear that their primary purpose was to teach children. He pointed out that some schools were better than others at supporting this group of young people.

People's levels of tolerance are variable, which may be a resource issue. Having teachers there in the front line or social workers, youth workers, that actually work with the kids and show them alternative ways. I have to balance my books and the easiest thing to do would be to get rid of the child, as opposed to providing more resources or actually spending more of my budget on them.

The youth court judge was saddened by the thought of so many young people being excluded from school as they saw it as disconnecting them from society and removing hope. They stressed the need for special programmes for people that didn't fit into the school system. Frankly they felt that schools needed to try harder to keep young people at school, as they were tired of seeing young people in the youth court at 14 who hadn't attended school for two years.

The CYFS participants in Christchurch both agreed that young people were stood down from schools for behavioural problems too quickly and too often. Pointing out that some families appeared to get victimised based on past issues. Exclusive schools appeared to be the worst in their view. One participant highlighted that it was difficult for the schools and often it came down to lack of resources, where the schools wanted someone else to pay, to look after young people with behavioural issues. Regarding the closure process one participant from CYFS had this to say:

They've come from schools that have said, get out, to try and get them into something different. I don't think there is enough done with the schools in terms of terminating that relationship. Just finished, out, no closure for the young person or the parent.

The DHB participant in Christchurch acknowledged that schools were in a difficult situation and that sometimes excluding them was the easy option. He remarked that principals had a large influence on who was to be excluded, commenting that because alternative education had grown, exclusion did not always mean nowhere to go. The police participant in Christchurch acknowledged that sometimes people were excluded too easily for matters that

could be dealt with through mediation and as a parent with teenage children he didn't want his kids in a disrupted classroom.

In Wellington the participant from the MOH stated there was a big variance in the way schools dealt with things.

Some schools definitely do. I think the process, when young people are struggling at school, they don't necessarily identify what the needs of that young person are, or look at ways of addressing that. Nor do they necessarily work in a holistic way so that the family or caregivers of the young person are actively involved in that process. There are provisions for that to happen and they definitely do in some areas and that is why I think there is a big variation. Some schools are good and do work much more collaboratively.

He went on to say that the schools were part of a whole society that didn't deal with this group of young people well, especially with the young people at the harder end of the continuum. The structure of schools with school boards also had a big influence. He felt the emphasis needed to be on supporting young people to stay at school rather than kicking them out and then acting. Support would involve multiple systems working in synchronisation, including the family. The CYFS participant introduced the notion that often problem children were recognisable at primary school or kindergarten and that was the time to intervene. He cited the Privacy Act as a deterrent to agencies sharing information about young people. His views included that with school boards, schools had become more like a business where antisocial youth could be seen as faulty products that needed to be got rid of. Agreeing with others that schools often exclude young people too easily, he added that they also often had not made an effort to find somewhere else for them to go.

Reading and Writing Difficulties

One participant in Christchurch from CYFS admitted that she came across 'quite a few' young people who could not read or write. She said it impacted when they signed summaries of facts from the police saying they had read them when in fact they could not and that often young people tried to hide the fact they were illiterate. The other participant from CYFS related the problem to family histories, often parents are unsupportive or unable to help with homework. Neglect and

abuse could be a reason why young people did not function well in the classroom. Parents sometimes didn't follow up on physical deficiencies with seeing and hearing, and home environments were often not 'learner friendly' as there might be a lack of books and other resources.

The DHB participants, while in agreement with the others, added the hereditary nature of learning disabilities such as dyslexia. He felt that sometimes young people pass through school not learning to read or write and that the school wouldn't pick it up possibly through high classroom numbers:

If they are antisocial young people they are going to be spending a bit of time out of the room and they are going to create a situation with the teacher. The teacher isn't going to want to assist them, when they have just called the teacher whatever.

The policeman from Christchurch commented that a lot of criminals couldn't read or write and he felt that poor parenting was one of the major contributing factors to young people's illiteracy.

In Wellington the MOH participant thought the fact that some young people couldn't read and write added to other factors that led them down a path of antisocial behaviour. He was encouraged to see the MOE were working on barriers to learning and had this to say about the education system.

They are focusing on helping kids with problem behaviours. The kid's capacity to learn and the system's capacity to respond to their particular needs, which may be different from the other 28 kids in the class. That was an issue that needed to be addressed with the family because a lot of kids don't have an environment at home that supports learning and they don't have parents who have succeeded in learning. It is a trans-generational problem where the parents feel unable to support their children's homework for example.

What we need to do for this group is look at how parenting programs and programs designed within schools work? The home-school interface needs to support parents to support their children's education, which may mean we need to do more to support the parent's own learning difficulties.

This is not just an education problem, it goes across all the sectors. We need to work on the same page to support all components and it may not be education's job per se, to work with the parents. If it is not, then we have to make the interface with whoever's job it is, work really well.

The CYFS participant in Auckland felt that if young people were not learning to read and write in school then maybe there were other options, for example learning to read repair manuals on courses because they wanted to. The police participants agreed with others.

Look at the background and the family circumstances for these young people, they come from the have-nots and the uneducated, who knows if the parents can read and write? The young people get off to a poor start because they don't come from a sound foundation where they get a bedtime story when they are three years old. There is no real reason or encouragement for them to read and write. You can lead a horse to water and you can try and keep the kids in school, but they are not going to learn to read unless there is some sort of motivation.

The judge said that routinely they ask young people in court to read apology letters out loud. They said the number of young people who were unable to do this was alarming and there was a correlation between young people not doing well at school and antisocial behaviour.

Relationships Between Schools and Service Providers

The MOH participant in Wellington said that he hadn't seen strong relationships between schools and service providers except on a case-by-case basis, but some recent contacts had made allowance for this, for example with YHT where the educational provider was part of the contractual framework and they worked on-site. He stated that other programmes like MST in Auckland and Hamilton had a lot of difficulties with their educational arrangements.

The DHB participant in Christchurch made this comment:

Some schools have better relationships with alternative education providers. Lower socio-economic schools tend to have stronger relationships because they need to, as do smaller schools. I think Group Special Education and schools is an interesting one. You would have thought that they would be close to schools, but it seems it is hard to get them back to school.

The police in Christchurch felt that when service providers picked up young people after being excluded, there was not a lot of attention paid to their education, because it was easier to get them to respond positively to adventure based activities. He thought the schools were responsible for excluding young

people and not co-ordinating with service providers to get them back into education.

In Auckland the CYFS participant noted the schools that were willing to go the extra mile with antisocial children were the ones they had the best relationship with, for example Long Bay College. The police youth aid in Auckland said they generally had a good relationship with schools and that schools were very realistic. Based on his experience with working at a sex offender's programme, the psychologist participant from Auckland said this:

The schools have been very good about having sex offenders and working with them. They are actually quite liberal and forward thinking which is a good thing. I have seen kids who fail, and it may not be sex offenders, when the school wasn't really prepared to actually take the kid and give them the extra mile. The kid needed a lot more resource and support and they just weren't prepared to do it. It's not rocket science, six months you can predict they are being expelled, they're on the streets and it all goes amuck from there. It just depends on the school.

Whanau/Family

Involvement in Residential Treatment

The CYFS participant in Auckland indicated that it was difficult to get family involvement with residential treatments because often they had given up. He had experienced a lack of commitment from parents who had given up. The police gave an interesting example from Auckland

There was a young boy from Onehunga who was in custody. He was at a Family Home in Pakuranga and mum wanted to visit him on Christmas Day, but the answer was no. The Family Home wouldn't accept any visitors at all as they had problems with gang members etc turning up unannounced. So the kid was told he could not see his family on Christmas Day.

It comes back to the facilities. These kids, if they are such a danger to the community, or there are other good reasons why they need to be in custody, then facilities should be built in such a way that they could have visitors on a regulated basis. You secure it, which means the gang members don't get through the front door and mum and family can come and sit down in a room where they have some privacy and talk about family business.

The police also made the points that often the location of residential facilities made them difficult for families to get too, and that families often could not afford to take time off work to visit their young people. The psychologist questioned

why some facilities were located in Christchurch when the majority of clients came from Hamilton north. He also made the point that families were often dysfunctional and had sometimes given up. Like other participants he mentioned the resources that would need to be available to fly people all over the country to visit young people. The Auckland judge told a different story.

One very quick story involving a family of Samoan origin whose young person was to appear in Pukekohe court. They had no transport so they walked from Manurewa to Pukekohe. On the way home, the mother was overcome with exhaustion so they got a taxi for part of the way home. That took the entire family budget for that week.

They named the inflexible visiting times of residences as another reason families had difficulty in visiting, claiming that families were often not well received by authority figures at the units. The psychiatrist said that residential units gave a message that young people were removed from family and society. He said there was nothing to encourage families to be there and there was a lack of facilities, especially if they wanted to stay for the weekend.

The Christchurch participants put it down to the families. One CYFS participant listed the following reasons: families are not interested; families are often immature and inadequate as parents; some parents are in prison; it is geographically difficult for families to visit; there was a lack of commitment from families; families often didn't even go to court or the FGC; families handed the problem over to the authorities; parents were wary because often they were involved in criminal activity; families didn't want to contribute financially. Another CYFS participant in Christchurch backed up these views, but did have one positive example to add.

On the positive side in residence, Ricky Tan had his program going there, the one with the dragon. I went there to a presentation and there were three lots of parents there. That was really positive and it was really neat to see parents sitting there. I heard voices talking, saying 'oh your mum is here', 'your dad's here', because it was indicative that they had been visiting the residence.

The participant from DHB said there was often a degree of burnout with families and that often, residential settings were challenging for families to visit and were not inviting. Families felt shame and were often expected to reveal their past in

front of professionals. He felt it was a matter of educating the parents because if they were involved they would turn up.

In Wellington the CYFS participant echoed what others had said, that sometimes families felt they had failed and were inadequate, it was a matter of handing them over to the state. He added, in some cases by the time the young person returned home they had trouble fitting in. The MOH participant in Wellington brought up an unspoken point that the families felt blamed.

In the most severe group, the parents themselves had similar experiences as children. Getting engaged with agencies feels punitive and uncomfortable. As agencies, what we need to do is be much more strength based and work intensively with families. So that we understand what strengths they bring to the process and we are clear about what their needs are. We can work in a way that engages with the family and after having spent some energy engaging the family and working with their strengths, hopefully we can then do something useful to bring about change.

In addition to this he made the point that often intervention comes so late the damage is almost irreversible between the young people and their families. He reinforced the need to resource families to overcome the barriers to visit, stating that videoconferencing could be an example of this.

Home-based Intervention

The response in Christchurch to home-based interventions was positive. One participant from CYFS highlighted the problems they had with sending young people back home after being residents and because nothing had changed at home the young person went backwards quickly. She would like to see the family involved and worked with in all cases. The other participant from CYFS felt that family work should start when the children were four to six years old, not when they were 14 - 16. The DHB participant accentuated this theme of early intervention:

If you are talking about teenagers I'm not sure how sustainable benefits will be from programs. I think a lot of these issues are ingrained and I think it's pretty clear a lot of home-based agencies can identify at-risk young people in families. I'm all for much earlier intervention.

The police agreed on home-based interventions and reminded us how difficult these families were to work with.

In Wellington CYFS pointed out the shortcomings of removing a young person from their home, for three months, and then sending them back to that same environment. The MOH participant had found the problem with working with families this way was that often there was not enough support given to families. Families needed support to be available 24/7 when they were attempting to manage difficult teenagers. He felt a pressing need for home-based interventions, and said that a shift in thinking was needed away from "*residence clinic based*".

The police participant in Auckland put out a word of warning saying that high level, high-risk offenders often came from families with gang connections making them very difficult to work with. The psychologist participant partially supported this view.

Very positively depending on whether the family have got the hardware or not. Hopefully some of the extended family are able and competent enough to model a pro-social behaviour. To keep their kids away from drugs and gang activity, that is the ideal thing that would happen.

Theory

Comments on Models Used

The CYFS participant in Auckland named MST as a favourite of his.

MST seems to have a lot of research backing and one that I particularly like. There are some programmes running it. It seems to be one that makes a lot of sense, it's home-based, it's strength focused, it's realistic, it has time frames, you stick to the program and those principles are well researched. I have a lot of support for that.

In Wellington the CYFS participant noted that they were involved in piloting MST and that it appeared to be very good. His only fears were they might be getting too many of the most difficult cases to work with. Personally he was a fan of MST. The MOH participant in Wellington pointed out that kaupapa Maori models like 'Te Ware Tapa Wha' could and should be used cross-culturally as they had a lot to offer. He was also a big fan of MST and had hands-on experience with

managing a MST programme. He particularly liked the way that MST offered booster training to staff. He commented on a youth development programme being used in Christchurch, saying it was good because the principles were evidence-based; adding that he thought it was “comparatively bureaucratic”, spending a lot of time with agency meetings. He saw merits in using the 12-step approach with some young people.

Other Models in Use in Aotearoa New Zealand

The DHB participant in Christchurch brought to our attention the Odyssey House programme for youth, which used a ‘therapeutic community’ approach. In Auckland the CYFS participant mentioned the following models: ‘Wraparound’, which was being used by Waipereira Trust in south Auckland and Intensive Support Services (Waitemata Health); and ‘Wilderness Adventure Therapy’, for example Whakapakiri on Great Barrier island. In Wellington the participant from MOH stressed the importance of using models to address ‘parent training’ and ‘early intervention’. For example, ‘Parent Managing Training’ and ‘Triple P’ (Sanders, Markie-Dadds, & Turner, 2003).

Funding

Programme Funding

In Auckland the police made the point that often things that were not working, in relationship to treatment, were thrown away rather than improved, stating that continuity was important. He thought that often no-one knew where the money came from and where it went. CYFS in Auckland said that funding was often piecemeal and uncoordinated and there was a need to identify what worked and if it did work make it bigger or replicate it.

CYFS in Wellington took this lack of coordination further:

There is a lack of a national coordinated approach to funding. I am overwhelmed with how much money Internal Affairs was giving to NGO's. I was really shocked when I went back to south Auckland and they were funding millions and then our organisation can stand up and make a stance and say we can't really fund over \$110 million. Then health will come in and say we are doing the same. Is anyone actually taking stock of where this money is going?

The MOH participant agreed that often funding went out in an uncoordinated way, which made it hard to keep tabs on. The major elements that were sometimes left out of the funding equation, as he saw it, were evaluation, fidelity monitoring, cultural supervision and packages of care to support family engagement. He saw the need to limit upfront funding to programmes, in favour of increasing funding to programmes as they came up to speed or started moving forward.

A CYFS participant in Christchurch felt strongly that they did not get enough funding as an agency, especially for community funding. She mentioned that there was money available through 'Youth Services Strategy', 'High Costs Needs Funding' and the 'Maori Youth Contestable Fund', but the issue was how these funds were being spent. The other participant from CYFS in Christchurch agreed that tracking the outcomes of funding did not often happen. In relationship to alcohol and drug spending, the DHB participant in Christchurch had this to say:

Programme funding for residential alcohol and drug has certainly increased in Christchurch and, in my opinion, they are minimally funded. Government agencies subcontract things out and one of the bases for this is to get it cheaper and this affects what sort of staff they end up with. Their ability to retain staff. Their ability to have suitable facilities. Funding is too low, and the funders are looking at the short-term picture rather than the longer term.

Funding to NGOs

In Wellington the CYFS participant felt that some NGOs were too grandiose, he felt they often wanted more cars and computers than they actually needed. The MOH participant's perception in Wellington was that NGOs were often struggling for money.

We manage contracts with NGOs as short contracts. I think it would be better to make them longer to allow more investment with more monitoring of the process. We are mixing contract duration with an exit process, rather than assuming we are going to be working with them and having more adequate monitoring. That takes a lot more resource on the part of the contract funder. That is one of the things we are recognising in health. We are using a lot of NGO providers, and they are not very well geared up to provide the level of auditing and monitoring we need.

In Christchurch the feeling from CYFS was that there were too many NGOs relying on funding and they felt that a lot of the work given to NGOs should be done by CYFS. Acknowledging that there were some very good NGOs that should get more funding, the DHB participant stated there was a lot of crossover in what NGOs did and if some of them combined they could reduce their overheads. He had noticed a push from Government to use NGOs more and that some were more professional than others and they were the ones that got the funding.

The CYFS participant in Auckland commented that often funding for NGOs came down to their skill in submitting proposals, some agencies were much better at it than others. He noted that often submissions required for funding were lengthy and difficult to fill out. He saw funding as short with lots of players contesting for it. The police participant in Auckland pointed out that because the area was so large there were no accurate records kept about how many NGOs there were, what they did, and how much funding they received. He noted that because the funding application process was so difficult often people with good ideas were discouraged and their ideas and energy were lost. The judge had this to say:

It comes back to submissions again. What is needed? Objective research saying this is what works. Our program does this, therefore our program should get funding. It comes back to having an unimpeachable body of research that can be used as the basis for future applications. The struggle to get funding would lessen if we could show that this is one of those programs that has been proven to work everywhere else.

Research

The psychologist in Auckland stressed the importance of having partnerships with universities and polytechnics, saying that having a skill base was important but a lot of it came down to money. He referred to his relationship with a sex offenders' programme that got free research through their relationship and there were a lot of students who went there. An environment of acceptance, tolerance, and receptiveness had been established that encouraged him to send his students back. Regarding funding he highlighted that agencies were often faced with the decision of what to spend their money on and often research missed

out. He referred to Project K who had a healthy attitude towards research and understood its importance. He mentioned that CYFS were funding some research on community sex offending programmes. One difficulty he saw was with students getting participants when doing research in agencies. He stressed the importance of research being credible. The judge agreed that partnerships would be a good idea and questioned the possibility of service providers allowing funding and then getting students in to do the research. The psychiatrist in Auckland backed up these comments.

Barriers to research generally, include institutional philosophy and funding, in the specific area of youth and ethical issues. Practical issues of engaging whānau as well as engaging practitioners, depend on the institution. I'd just add how important good research is, because there is a lot of awful research around and it's not worth the paper it's written on.

A CYFS participant in Christchurch thought that research was very important to show what works and what doesn't. Her view was that there needed to be accountability in regards to the funding of research and that NGOs were at a disadvantage due to lack of funding. The DHB participant from Christchurch agreed that NGOs could be in a difficult situation regarding how to spend their money on research and saw the danger of duplicating existing research instead of recognising that programmes may not fit the criteria as a way of providing sustained improvements. He had this to say about the quality of some research.

The quality of research can be an issue. You can do research, taking the drug court as an example. I think the research hasn't been done that well and hasn't been set up as a good solid research program. That whole debate about quantitative and qualitative.

The police in Christchurch stressed the importance of getting professional agencies to do the research and keeping the processes and documentation transparent.

The MOH participant in Wellington backed up the partnership argument and also stressed the importance of having good operational data.

The responsibility of the main agency and the contract funders is to make sure we get good operational data, which includes some planned outcome evaluation processes. That doesn't replace research in any way, but it does supplement it and it makes research easier if there is a good database. I am

involved with a joint CYFS/Mental Health project and we are trying to do some data matching between the two agencies, and that is proving very difficult. In terms of all the ethics approval, and just gathering good data, it's expensive and difficult. The responsibility government agencies and funders have in these contracts is to develop a strategy for gathering good operations data and make it available to management information systems and to researchers in a streamlined way. You have to be able to protect people's rights to privacy, but at an aggregate level it's still there.

Summary

This concludes the data collected from participants in focus groups. Its presentation has been in a way that honours the spirit it was given in and the content. The analysis of this data has enabled me to continue with the following discussion and recommendations.

Chapter Five

Conclusion

Discussion

Staff

This research has highlighted that there was a shortage of good staff available (including Maori and Pacific Island staff) and that often they were hard to keep, partly because of the extremely difficult nature of the work. Other reasons were the perceived low rates of pay and the need for the right mix of skills and life experience. Specialised training for working with young people displaying antisocial behaviours was not always available and participants often felt that generic training was not sufficient. The requirement for staff working in this area was increasing and the work was becoming more specialised. Self-care and professional development were important features to consider, when employing staff, as it was very stressful work on the front line and important for staff to plan a way forward professionally.

Teamwork was an important element of the work and should be supported through effective management and clinical/cultural supervision, including having clear professional development and effective training. Leaders should be encouraged into positions that fully utilise their strengths as, in the past, people have ended up in management positions because of their longevity of employment as opposed to their training and skills. Staff requirements have changed with a move from residential care to more home-based interventions and the staff involved with home-based intervention needed strong engagement and family therapy skills. Although treatment fidelity is vital, programmes are only as good as the people operating them.

Education

The type and quality of education offered to young people on programmes varied greatly. Young people were often under-educated, especially in the areas of

reading and writing and it was difficult to find an education system that worked while young people were in treatment or to establish workable relationships with schools. This group of young people was over-represented with learning disorders, illiteracy and innumeracy, and conflict was apparent in respect of whether it was a good idea to keep these young people in the classroom or not. When a young person leaves the school system without being able to read or write there is little hope that they can gain employment and lead a responsible and productive life.

Culture and Ethnicity

Maori were over-represented and Pacific Islanders were over-represented in some areas, especially violent crime. It was evident that colonisation has had a detrimental affect on many Maori youth. There is a need for more cultural input into programmes and better partnerships with iwi, as young Maori and Pacific Islanders need to realise the strengths and benefits associated with their ethnicities, as well as feeling connected. This could be achieved through knowing who they are and where they came from.

Kaupapa Maori programmes can also work well with Pakeha and other ethnicities, having a bicultural policy would not be exclusive to other cultures. One treatment provider was marae-based and investigation would be worthwhile to see if this idea could be expanded. An important aspect of kaupapa Maori programmes is to ensure Maori governance and to have a kaumatua on board. Government needs to adopt an attitude of healing when considering Treaty claims and what is best for Maori youth. We live in a multicultural society and treatment provision needs to reflect this.

Whanau/Family

Mostly families are in the best position to effect change with a young person, as they know them the best and have a long-term investment. Often these families need tools and resources to do this, including coaching. Evidence has shown us that home-based interventions are more effective then residential care and if young people are in residential settings the families need to be involved.

Marginalized families must not be blamed for their predicament, as they have not chosen to be in that situation. People working with these families are often dealing with generational dependency and social isolation, and research shows that these families can be extremely difficult to work with, as they are often involved with gangs, drugs and crime. Many of the families have had bad experiences dealing with government agencies and it takes a special type of person to be able to work with some of these families and be a catalyst for change. It is more effective to work with families in their natural environment as there they can learn to access resources available in their community and changes have a better chance of being sustainable.

Funding

It appears that there is plenty of money being spent on young people with antisocial behaviour, but there is a lack of coordination between different sectors spending it, therefore creating wastage. Sometimes young people are excluded from school because of financial reasons, and from schools being unwilling or unable to invest in behaviour modification to keep the young person at school. NGOs sometimes struggle for funding and this may be because there are too many of them and that funding submissions are lengthy and difficult.

Theory

MST is a promising new direction in New Zealand for working with young people and families. Other promising treatments from the USA include MTFC, which is being used in an altered form in Aotearoa New Zealand, and FFT, which is not in use in Aotearoa New Zealand. Twelve-step recovery is also in use in Aotearoa New Zealand for treating drug addiction with young people. 'Te Whare Tapa Wha', a Maori model, is in use here and is considered useful by many. 'Whanau' as a model has also been presented by Maori as a treatment option (Durie, 2005). I think we are making progress with the use of theoretical models in 2005, after comparing what was new and promising at the Youth Justice Conference 1988 (Sherman, 1988).

Research

There is a shortage of quality research and evaluation about treatments and options in Aotearoa New Zealand, including a shortage of shared data available. Often NGOs are not researched or evaluated because of a lack of funding. There is a shortage of relationships between tertiary institutions and treatment providers that promote or enable research. We need to follow overseas trends where theory is research-based to prove its effectiveness. After reviewing the literature it became obvious there was a shortage of evaluations completed on actual treatment programmes in Aotearoa New Zealand, with the exception of research on FGCs. A lot of the research done was on risk factors and assessment, not on interventions.

Limitations

Although I was able to maximise the amount of data collected through method triangulation, I was only able to interview a relatively small sample of treatment providers. As stated in the introduction, these young people spread over a broad spectrum and to cover all options would be a grand task. Unfortunately the MOE were not represented at my focus groups, as it would have been helpful to receive and understand their perspective.

Future Research

I feel there is space to continue on this theme of a 'national review' to try and cover more programmes. One way of doing this would be a PhD, sending out questionnaires to all participants, then analysing the data both quantitatively and qualitatively. Kaye McLaren (McLaren, 2005) is currently developing a tool for assessing the potential effectiveness of interventions in reducing youth offending. This tool is intended to assist programme funders and service providers by providing a quick, easy and effective way to assess programmes. I think this tool also has the potential to be used for research purposes.

One important difficulty in evaluation of programmes is keeping in touch with young people and their families. Young people who re-offend may be easier to track than those who don't. The families tend to be very transient, often

changing phone numbers and addresses, and often not even having a phone. What would be interesting is a comparative study on treating antisocial behaviour in adolescents with another country. There are a lot of good people out there doing great work with young people and their families, which isn't backed up or recorded through research, which is a shame.

Policy Implications and Recommendations

All Sectors

What are needed are interdepartmental policies to work with young people displaying antisocial behaviours, similar to what is currently being done by the Blueprint Investment Strategy steering group. Forming strategies for departments to have co-ordinated approaches is crucial. Youth Offending Teams need to be used more effectively, with increased buy-in from health and education (Goff, 2002). Government departments need to work with young people in a culturally appropriate manner, showing respect and not coming from a place of blame. There needs to be sound policies across all sectors to develop a workforce development plan. Provision and support of culturally appropriate services to Maori and Pacific Islanders needs to be a priority and these services need to have governance from Maori and Pacific Islanders. Data collection needs to be increased and well-managed to aid effective research and development of services.

Child Youth and Family Services

YJCs are a pivotal part of the FGC process and they need to be sourced from a wider selection of professional disciplines, ethnicities and backgrounds, including Maori and people from the community. They need to be up-skilled in what treatments are available in their communities, as well as increasing the attendance of whanau and victims to conferences. Some social workers need to be up-skilled when working with youth with antisocial behaviours. Residential treatment should be used as little as possible by offering assistance to families to take young people for home-based treatment and residencies need to be more

attractive to families and staff. Evidence-based treatment needs to be supported at all levels including early intervention and parent-training programmes.

Ministry of Health

There needs to be more training available for early intervention, as well as improved infant mental health services (Cohn, Salmon, & Stobo, 2002; Guy, 2005). Better consultation and liaisons between health services needs to take place, as well as establishing better clinical links with other agencies. There is a strong need to provide youth-appropriate forensic services for young offenders with severe mental health problems. The provision of detoxification facilities for youth, offering a therapeutic environment, before they commence treatment programmes is required. The provision of improved evidence-based drug and alcohol services for youth is also needed.

Ministry of Education

The provision of resources for primary and secondary prevention of antisocial behaviour in schools is required, as well as a greater emphasis on ensuring that all children learn to read and write. Teachers should be up-skilled in behavioural management to help ensure that young people are not excluded from school too easily and to reduce truancy (McAuliffe, 2002). Healthy relationships are required between schools and treatment providers, with clear plans developed to return students in alternative education to mainstream. More specialised courses in youth work at graduate and postgraduate level are required.

Department of Corrections

The Department of Corrections needs to continue supporting home-based interventions for young people and continue to make the distinction between youth and adults. They need to ensure that people working in youth offending programmes are passionate about working with young people and their families, and believe that change is possible.

Te Puni Kokiri

Te Puni Kokiri, should support evidence-based, Maori designed and delivered services. They need to research, pilot and evaluate these programmes.

Ministry of Pacific Island Affairs

The Ministry of Pacific Island Affairs needs to support evidence-based, Pacific Island designed and delivered services. They also need to research, pilot and evaluate these programmes.

Police

The police have an important role with young people, as they are the gatekeepers of the youth justice system. Young people's attitudes to authority figures are often moulded around their contact with the police, therefore the police need to up-skill their staff in youth work and treat all young people fairly and with respect. Police practice with young people needs to be nationally consistent. Successful programmes like 'Community Approaches' in Mt Roskill need to be encouraged and duplicated, as well as promoting and supporting other evidence-based interventions.

Ministry of Justice

The judiciary needs to be supportive of evidence-based treatment programmes which are often home based, including being patient and not locking young people up too quickly. They also need to take steps to make the youth court more culturally appropriate and family friendly.

Work and Income New Zealand

It would be very helpful if Work and Income NZ took a greater role with supporting young people into employment and vocational training, including assisting with transport plans. More effective work brokers would be one way of achieving this.

Conclusion

This thesis has shown that young people with antisocial behaviours are treated across a broad spectrum of government departments and NGOs. I have given examples of these nationally. Through doing this I have highlighted themes in relationship to staff, culture/ethnicity, education, whanau/family, funding, treatment theory and research. These themes have been explored through treatment providers and in focus groups, and the findings are clearly stated and discussed. After visiting treatment providers I have been able to present a clear picture on how they operate. Although there are marked differences, their commonality is that they are working with young people with behaviour difficulties and sometimes with their families.

In focus group forums I have looked at and discussed the policy implications that affect the provision of treatment to this group of young people. There are many ways of approaching this social problem and often not enough meaningful research to determine which is the best approach. When overseas research is considered, family-based approaches appear to stand out. Young people continuing towards an adulthood of crime and dependency is extremely destructive to our society in many ways, and should be avoided whenever possible. This group of young people and their families are extremely challenging to work with and I am very grateful to the research participants who freely gave their time and spirit to help complete this study. Their work, which most people would prefer to avoid, makes a huge contribution in our society.

Appendices

Appendix I: Formal Documentation

Ethics Application



Human Ethics Committee

To: Secretary, Human Ethics Committee
 AT Principal's Office Albany OR

OR

Please send this original (1) application plus twelve (12) copies
 Application should be double-sided and stapled
 Application due two (2) weeks prior to the meeting

APPLICATION FOR APPROVAL OF PROPOSED RESEARCH/TEACHING/EVALUATION PROCEDURES INVOLVING HUMAN PARTICIPANTS

SECTION A: GENERAL INFORMATION

1 Full Name of Applicant Roy Leonard Bergquist

School/Department/
 Institute/Section School of Social and Cultural Studies

Region (mark one only) Albany Palmerston North

Wellington

Telephone [REDACTED]

Email Address [REDACTED]

OFFICE USE ONLY

Date First Reviewed: _____

Outcome: _____

Date Received: _____ Date Final Outcome: _____

ALB/PN/WGTN
 Protocol No: _____

2 **Full Name of Student Applicant** Roy Leonard Bergquist
(for supervised student research)
 Please sign the [redacted]
 [redacted] [redacted]
Email Address roykino@paradise.net.nz
Postal Address 4 [redacted]
Employer Department of Corrections/Department of Child Youth and Family

3 **Full Name of Supervisor** of Dr Marilyn Waring
 Dr Christa Fouche
(for supervised student research)
 Please sign the relevant Supervisor's Declaration.
School/Department/Institute/Section School of Social and Cultural Studies

Region *(mark one only)* Albany Palmerston North
 Wellington
Telephone 09 414 0800 x 9085
Email Address M.J.Waring@massey.ac.nz, C.B.Fouche@massey.ac.nz

4 **Full Name of Line Manager**
(for evaluations)
 Please sign the relevant Line Manager's Declaration.
Section

Region *(mark one only)* Albany Palmerston North
 Wellington
Telephone
Email Address

5 **Project Title** A National Review of current treatment options for antisocial behaviours in New Zealand Youth, funded partially or wholly, including contracts, by central government.

6 **Projected start date of Project** March 2004
Projected end date of Project September 2005

7 **Type of Project:** *(mark one only)*

Staff Research	<input type="checkbox"/>	Honours Project	<input type="checkbox"/>
PhD Thesis	<input type="checkbox"/>	Evaluation Programme	<input type="checkbox"/>
Master's Thesis	<input checked="" type="checkbox"/>	Teaching Programme	<input type="checkbox"/>
MBA Project	<input type="checkbox"/>	Other	<input type="checkbox"/>

If Other, specify

8 Summary of Project
(no more than 200 words in lay language)

(Note All the information provided in the application is potentially available if a request is made under the Official Information Act. In the event that a request is made, the University, in the first instance, would endeavour to satisfy that request by providing this summary. Please ensure that the language used is comprehensible to all.)

The research aims to survey the treatment options available for treating antisocial behaviour in NZ youth. This qualitative research will draw from both theory and interviews with service providers, but will not include interviews with the youth or their families. Methods used will be a literature review of programmes available and types of treatment; interviews of programme operators and focus group interviews with the gatekeepers of the treatment processes and experts in the field.

Although this project will mainly involve looking at youth in the youth justice system, there will also be some involvement of youth who are being treated for antisocial behaviour via mental health and education.

It is aimed to also ascertain what is currently available as treatment options in terms of services to Maori from iwi-based social services. The intention is to further uncover treatment options provided by non-governmental organizations.

Declarations

DECLARATIONS FOR PERSONS PROCEEDING WITHOUT A FULL APPLICATION

DECLARATION FOR THE STAFF APPLICANT

I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants. I understand my obligations and the rights of the participants, particularly in so far as obtaining informed consent is concerned. I agree to undertake the research as set out in the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants.

Staff Applicant's
Signature

Date:

DECLARATION FOR LINE MANAGER (for research/evaluations undertaken in the Divisions)

I declare that to the best of my knowledge, this application complies with the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and that I have approved its content and agreed that it can be submitted.

Line Manager's
Signature

Date:

DECLARATION FOR THE STUDENT APPLICANT (for supervised student research)

I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and discussed the ethical analysis with my Supervisor. I understand my obligations and the rights of the participants, particularly in so far as obtaining informed consent is concerned. I agree to undertake the research as set out in the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants.

Student
Applicant's
Signature

Date:

DECLARATION FOR THE SUPERVISOR (for supervised student research)

I have assisted the student in the ethical analysis of this project. I understand my obligations and the rights of the participants, particularly in so far as obtaining informed consent is concerned. I agree to undertake the research as set out in the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants.

Supervisor's
Signature

Date:

SECTION B: PROJECT INFORMATION

(Note the Committee treats all applications independently)

9 I/we wish the protocol to be heard in a closed meeting (Part II). Yes No

(If yes, state reason in a covering letter)

10 State concisely the aims of the project.

- Collect and analyse data with aim of writing masters thesis.
- Provide a useful tool to professionals working in this area.
- Provide current list and evaluation of treatment options.
- Relate theory to practice.
- Identify trends and new directions in treatment.

11 Give a brief background to the project so that the significance of the project can be assessed.

(no more than 200 words in lay language)

I have been working with youth offenders for the past five years. During this time I have been involved with various debates around the benefits and effectiveness of interventions and treatment programmes. I have observed that a lot of effort has gone into recognizing and analysing risk factors attributing to antisocial behaviour. It appears however that less effort has gone into looking at how to treat these behaviours and supporting and evaluating existing programmes. After discussions with other professionals, there appears a need for a review of the current treatment options to look at what is being offered and what theory underpins these treatments. As a high percentage of the clients in this area are Maori and Pacific peoples, there also appears a need to see what is being provided for them.

12 Where will the project be conducted?

New Zealand

13 Who will actually conduct the study?

Roy Leonard Bergquist

14 Who will interact with the participants?

Roy Leonard Bergquist

15 What experience does the researcher(s) have in this type of project activity?

- Completed under-graduate and post-graduate research methods papers.
- Interviewing skills and experience.
- Knowledge of subject matter relating to topic.

- 16 What are the benefits of the project to the participants?**
- Feedback about the programmes that are available.
 - Opportunity to offer opinions and views.
 - Access to data when project completed.
-
- 17 What are the risks of the project to:**
- i. **Participants:**
- People being identified even without names being published.
 - Possible negative feedback regarding the treatment programme they are running.
- ii. **Researcher(s):**
- N/A
- iii. **Groups/Communities/Institutions:**
- Possible identification of dated treatment methods
- iv. **Massey University:**
- None
-
- 18 How do you propose to manage the risks for each of points ii., iii., and iv. above.**
(Note Question 40 will address the management of risks to participants.)
Transparent research process.
-
- 19 Is deception involved at any stage of the project?** Yes No
- If yes, justify its use and describe debriefing procedures.**
-
- 20 Does the project include the use of participant questionnaire(s)?** Yes No
(If yes, a copy of the Questionnaire(s) is to be attached to the application form)
- 21 Does the project include the use of focus group(s)?** Yes No
(If yes, a copy of the Confidentiality Agreement for the focus group is to be attached to the application form)
- 22 Does the project include the use of participant interview(s)?** Yes No
(If yes, a copy of the Interview Questions/Schedule is to be attached to the application form)
- 23 Does the project involve audio taping?** Yes No
Does the project involve video taping? Yes No
(If agreement for taping is optional for participation, ensure there is explicit consent on the Consent Form)
- If yes, state what will happen to the tapes at the completion of the project.**
Be destroyed.
-
- If audio taping is used, will the tape be transcribed?** Yes No
- If yes, state who will do the transcribing.** Transcribing will be done either by myself or a third party employed to do so.
(If not the researcher, a Transcribers Agreement is required and a copy is to be attached to the application form)
-
- 24 Does the project involve recruitment through advertising?** Yes No

(If yes, a copy of the Advertisement is to be attached to the application form)

25 Will consent be given in writing? Yes No
 If no, state reason.

26 Does this project have any links to other approved Massey University Human Ethics Committee application(s)? Yes No
 If yes, list HEC protocol number(s) and relationship(s).

27 Is approval from other ethics committees being sought for the project? Yes No
 If yes, list other ethics committees.

SECTION C: FINANCIAL SUPPORT

28 Is the project to be funded in anyway from sources external to Massey University? Yes No
 If yes, state source.

29 Is the project covered by a Massey University Research Services contract? Yes No
 If yes, state contract reference number.

30 Is funding already available or is it awaiting decision?
 Already available.

31 Does the researcher(s) have a financial interest in the outcome of the project? Yes No
 If yes, explain how the conflict of interest situation will be dealt with.

SECTION D: PARTICIPANTS

32 Type of person participating:
 (mark one or more)

Massey University Staff	<input type="checkbox"/>	Hospital Patients	<input type="checkbox"/>
Massey University Student	<input type="checkbox"/>	Prisoners	<input type="checkbox"/>
Children under 7	<input type="checkbox"/>	Minors 8-15	<input type="checkbox"/>
		Persons whose capacity is compromised	<input type="checkbox"/>
		Ethnic/cultural group members	<input checked="" type="checkbox"/>
		Other	<input type="checkbox"/>

If Other, specify who.

- Employees of Child Youth and Family.
- Owners and operators of treatment options for youth.
- Other professionals related to subject.

33 What is the age range of participants?

All adults.

34 Is there any professional or other relationship (e.g. Yes No
employer/employee, lecturer/student, practitioner/patient,
researcher/family member) to the researcher?

If yes, describe how this conflict of interest situation will be dealt with.

As I am working for an organization that provides one of the treatment options, it will be important for me to stress to participants the objective nature of the research. My involvement will also be made clear in the information sheet to participants.

35 What selection criteria will be used?

People who have information needed for the research will be identified for selection. These are programme owners or operators and professionals acting as gatekeepers to treatment options.

36 Will any potential participants be excluded? Yes No

If yes, state the exclusion criteria.

If there are too many participants with similar information or operating similar programmes some will be excluded.

37 How many participants will be involved?

Unknown. Depends on number identified when creating list to interview which is part of the project as some participants will be identified through literature review.

What is the reason for selecting this number?

(Where relevant, a copy of the Statistical Justification is to be attached to the application form)

How many participants will be in the control group?

(Where relevant)

38 How will participants be recruited?

- Contact through letter or phone call.
- Word of mouth.

(If by public advertising, a copy of the Advertisement to be attached to the application form)

39 What discomfort (physical, psychological, social), incapacity or other harm are participants likely to experience as a result of participation?

There is likely to be identification of interview participants through association to programmes being reviewed. This could lead to possible discomfort due to comparison with other treatment models and the perceived strengths and weaknesses of their programmes.

40 What support processes does the researcher have in place to deal with adverse consequences or physical or psychological risks?

Not required. All agencies have mentoring and internal support systems.

41 How much time will participants have to give to the project?

One hour approximately.

42 **What information on the participants will be obtained from third parties?**

None.

43 **Will any identifiable information on the participants be given to third parties?** Yes No

If yes, describe how.

Participants may be able to be identified through people knowing where they work or identifying them through project results.

44 **Will any compensation/payments be given to participants?** Yes No

If yes, describe what and how.

SECTION E: DATA

45 **What approach/procedures will be used for collecting data?**

(e.g. questionnaire, interview, focus group, physiological tests, analysis of blood etc)

- Semi structured interviews.
- Focus group interviews.

46 **How will the data be analysed?**

- Qualitative analysis of themes and patterns from the interview data
- Conclusions drawn by relating theory to practice
- Comparisons

47 **How and where will the data be stored?**

Stored on personal computer and audiotapes.

48 **Who will have access to the data?**

Supervisors and myself.

49 **How will data be protected from unauthorised access?**

On personal computer with access code.

50 **How will information resulting from the project be shared with participants?**

By their access to completed thesis.

51 **How long will the data be retained?**

(Note the Massey University Policy on Research Practice recommends that data be retained for at least five (5) years)

Five years.

52 **What will happen to the data at the end of the retention period?**

(e.g. returned to participants, disposed or archived)

Disposed.

53 **Who will be responsible for its disposal?**

(An appropriate member of the Massey University staff should normally be responsible for the eventual disposal of data - not a student researcher)

Supervisor from Massey University.

- 54 Will participants be given the option of having the data archived? Yes No

SECTION F: CONSENT FORMS

- 55 How and where will the Consent Forms be stored?
Paper file with supervisor or myself.
-
- 56 Who will have access to the Consent Forms?
Supervisors and myself.
-
- 57 How will Consent Forms be protected from unauthorised access?
Stored in locked file.
-
- 58 How long will the Consent Forms be retained?
(Note the Committee recommends that Consent Forms be stored separately from the data and retained for at least five (5) years)
Five years.
-

SECTION G: HUMAN REMAINS, TISSUES AND BODY FLUIDS

- 59 Does the project involve human remains, tissue or body fluids? Yes No
(If yes, complete Section G, otherwise proceed to Section H)
- 60 How is the material being taken?
(e.g. operation)
- 61 How and where will the material be stored?
-
- 62 How long will the material be stored?
-
- 63 Will the material be destroyed? Yes No
If yes, describe how.
-
- If no, state why.
-
- 64 Will the material be disposed of in accordance with the wishes of the relevant cultural group? Yes No
- 65 Will blood be collected? Yes No
If yes, state what volume and frequency at each collection.
-
- 66 Will any samples go out of New Zealand? Yes No
If yes, state where.

SECTION H: COMPLIANCE WITH THE PRIVACY ACT 1993 AND HEALTH INFORMATION PRIVACY CODE 1994

The Privacy Act 1993 and the Health Information Privacy Code 1994 impose strict requirements concerning the collection, use and disclosure of personal information. These questions allow the Committee to assess compliance.

(Note that personal information is information concerning an identifiable individual)

- 67 Will personal information be collected directly from the individual concerned? Yes No

If yes, specify the steps that will be taken to ensure that participants are aware of:

- the fact that information is being collected,
- the purpose for which information is being collected and its use,
- who will receive the information,
- the consequences, if any, of not supplying the information,
- the individual's rights of access to and correction of personal information.

These points should be covered in the Information Sheet.

If any of the above steps are not taken explain why.

-
- 68 Will personal information be collected indirectly from the individual concerned? Yes No

If yes, explain why.

-
- 69 What storage and security procedures to guard against unauthorised access, use or disclosure of the personal information will be used?

-
- 70 How long will the personal information be kept?

(Note that Information Privacy Principle 9 requires that personal information be kept for no longer than is required for the purposes for which the information may lawfully be used.) As a general rule, data relating to projects should be kept in appropriate secure storage within Massey University (rather than at the home of the researcher) unless a case based on special circumstances is submitted and approval by the Committee.

-
- 71 How will it be ensured that the personal information collected is accurate, up to date, complete, relevant and not misleading?

-
- 72 How will the personal information be used?

-
- 73 Who will have access to the personal information?

-
- 74 In what form will the personal information be published?

(Massey University requires original data of published material to be archived for five (5) years after publication for possible future scrutiny)

- 75 Will a unique identifier be assigned to an individual? Yes No
 If yes, is the unique identifier one that any other agency uses for that individual? Yes No

SECTION I: TREATY OF WAITANGI

- 76 Does the proposed project impact on Maori people in any way? Yes No
 If yes, describe how.
 Maori are disproportionately represented in the youth justice system. A feature of the survey will be to look at treatment of Maori youth and what kaupapa Maori programmes are available.
- 77 Are Maori the primary focus of the project? Yes No
 If no, proceed to Question 82.
 If yes, is the researcher competent in te reo Maori and tikanga Maori? Yes No
 If no, outline the processes in place for the provision of cultural advice.

- 78 Identify the group(s) with whom consultation has taken place.
 (Where relevant, a copy of the supporting documentation is to be attached to the application form)

- 79 What consultation process has been undertaken prior to this application?

- 80 Describe any ongoing involvement the group consulted has in the project.

- 81 How will information resulting from the project be shared with the group consulted?

- 82 If Maori are not the focus of the project, outline what Maori involvement there may be and how this will be managed.
 Individual interviews and focus group interviews will include Maori participants. Project will review and analyse Maori programmes. Observing protocol and asking participants what they require to make them feel safe culturally will manage this. All participants will be treated with the upmost respect at all times. Cultural advisors will be consulted as and when needed.

SECTION J: SOCIAL AND CULTURAL SENSITIVITY

- 83 Are there any aspects of the project that might raise specific cultural issues? Yes No
 If yes, describe how.
 As Maori are over represented in the area of youth with antisocial behaviours this will be highlighted in the research.
- 84 Is ethnicity data being collected as part of the project? Yes No
 If yes, explain why.

85 **What ethnic or social group(s) other than Maori does the project involve?**

Pacific Island youth.
Youth offenders.

86 **Do the participants have English as a first-language?**

Yes No

If no, will Information Sheets and Consent Forms be translated into the participants' first-language?

Yes No

(If yes, copies of the Information Sheet and Consent Form are to be attached to the application form)

87 **What consultation process has been undertaken with the group(s) prior to this application?**

Have gathered Mana Whenua and Tangata Whenua perspectives, addressing issue of Tikanga through these principle Iwi interests, and in terms of Maori agencies have sought advice and support from Regional Director of Ministry of Maori Development Te Puni Kokiri, Pauline Kingi, Auckland Office.

88 **Identify the group(s) with whom consultation has taken place.**

(Where relevant, a copy of the supporting documentation is to be attached to the application form)

Principle Tangata Whenua representatives:

Danny Tumahai (Puna Advisory and Selection Service, C/- Tumanako House Orakei Marae PO Box 42609 Orakei Auckland, 09 521 0603, 025 279 0736, hdhtumahai@hotmail.com).
Nga Te Whatua. Deputy Chair of Board of Nga Te Whatua/Orakei Corporate Trust Board.

Pare Rauwhero (Puukaki Ki Te Aakitai Services, 400 Weymouth Rd., Auckland. 09 268 8345, 021 505054, puukaki@xtra.co.nz).
Tainui. Trustee, Waiohua Ancestral Tribal Configuration.

Pauline Kumeroa Kingi Te Puni Kokiri, Private Bag 92010, Auckland. 09 571 2951, kingp@tpk.govt.nz

89 **Describe any ongoing involvement the group consulted has in the project.**

All groups have offered ongoing consultation and advice. Te Puni Kokiri have offered literature and information on Maori programmes and initiatives.

90 **How will information resulting from the project be shared with the group consulted?**

Access to completed project. Current updates as project progresses.

SECTION K: RESEARCH UNDERTAKEN OVERSEAS

91 **Do the participants have English as a first-language?**

Yes No

If no, will Information Sheets and Consent Forms be translated into the participants' first-language?

Yes No

(If yes, copies of the Information Sheet and Consent Form are to be attached to the application form)

92 **Describe local committees, groups or persons from whom the researcher has or will obtain permission to undertake the project.**

(Where relevant, copies of Approval Letters are to be attached to the application form)

93 Does the project comply with the laws and regulations of the country where the project will take place? Yes No

94 Describe the cultural competence of the researcher for carrying out the project.

95 Does the researcher speak the language of the target population? Yes No

Declarations

DECLARATION FOR THE STAFF APPLICANT

I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and understand my obligations and the rights of the participants, particularly in so far as obtaining informed consent is concerned. I agree to undertake the research/teaching/evaluation (*cross out those which do not apply*) as set out in this application together with any amendments required by the Massey University Human Ethics Committee.

Staff Applicant's
Signature

Date:

DECLARATION FOR LINE MANAGER (for research/evaluations undertaken in the Divisions)

I declare that to the best of my knowledge, this application complies with the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and that I have approved its content and agreed that it can be submitted.

Line Manager's
Signature

Date:

DECLARATION FOR THE STUDENT APPLICANT (for supervised student research)

I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and understand my obligations and the rights of the participants, particularly in so far as obtaining informed consent is concerned. I agree to undertake the research/teaching/evaluation (*cross out those which do not apply*) as set out in this application together with any amendments required by the Massey University Human Ethics Committee.

Student
Applicant's
Signature

Date:

DECLARATION FOR THE SUPERVISOR (for supervised student research)

I declare that I have assisted with the development of this protocol, that to the best of my knowledge it complies with the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants, and that I have approved its content and agreed that it can be submitted.

Supervisor's
Signature

Date:

Participant Information Sheet

Participant Information Sheet

A National Review of current treatment options for antisocial behaviours in New Zealand youth, funded partially or wholly, including contracts, by central government.

Researcher's Introduction

Thank you for your participation in this research. My name is Roy Bergquist and I currently work for the Reducing Youth Offending Programme as a therapist. The Programme is a joint venture between the Departments of Corrections and Child Youth and Family. My current course of study is towards a Masters of Public Policy at Massey University in Albany. Dr. Marilyn Waring and Dr. Christa Fouche will supervise this project.

The research aims to survey the treatment options for treating antisocial behaviour in Aotearoa New Zealand youth. This qualitative research will draw from both theory and interviews with service providers, but will not include interviews with the youth or their families. Methods used will be a literature review of programmes available and types of treatment; interviews of programme operators and focus group interviews of the gatekeepers of the treatment processes and experts in the field.

The purpose of holding focus group interviews after I have reviewed literature and interviewed service providers has several purposes. These are to give the project more depth and texture, identify things I may have missed, to get a feel for whether people referring adolescents are fully aware of what is available and what works.

Although this project will look mainly at youth in the youth justice system, there may also be some spill over into youth who are being treated for antisocial behaviour via mental health and education.

A goal is to ascertain what is currently available as treatment options, including services to Maori from iwi-based social services. The intention is to dig below the surface uncovering options provided by non-governmental organizations.

Participant Recruitment

I have categorised different treatment options and chosen people like you to offer information, experience and views on the topic. As it was impossible to choose all treatment options, I have selected a cross-section.

Although your name will not be used when writing up this thesis, there may be some recognition due to people knowing about your treatment option, or area of expertise. Please note that no personal information will be collected or used.

Project Procedures

The data I collect will only be available to my supervisors and myself and only used for this thesis. Once data is obtained it will be analysed and processed for use. All information will be handled in a professional manner and destroyed after a five-year period.

Participant involvement

As participants, my only request is that you are available for interviewing, which will take approximately one hour. Interviews will be taped with your approval.

Participant's Rights

You have the right to:

- decline to participate;
- decline to answer any particular question;
- withdraw from the study (*within six months of interview*);
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- be given access to a summary of the project findings when it is concluded;
- I also understand that I have the right to ask for the audio/video tape to be turned off at any time during the interview.

Project Contacts

If you have any questions regarding this project, or the purposes for which it will be used, please contact me, or one of my supervisors. Thank you for taking part.

Researcher:

Roy Bergquist
09 820 0577
roykino@paradise.net.nz

Supervisors:

Dr. Marilyn Waring
09 414 0800 x 9085
M.J.Waring@massey.ac.nz

Dr. Christa Fouche
09 414 0800 x 9082
C.B.Fouche@massey.ac.nz

Committee Approval Statement

Reproduce one of the following:

This project has been reviewed and approved by the Massey University Human Ethics Committee, ALB Protocol 04/005. If you have any concerns about the conduct of this research, please contact Associate Professor Kerry P Chamberlain, Chair, Massey University Campus Human Ethics Committee: Albany, telephone 09 443 9700 x9078, email K.Chamberlain@massey.ac.nz.

Confidentiality Agreement (Interviews)

CONFIDENTIALITY AGREEMENT (Interviews)

A National Review of current treatment options for antisocial behaviours in New Zealand youth, funded partially or wholly, including contracts, by central government.

I(Full Name – printed)
agree to keep confidential all information concerning the above project. In agreeing to participate in this interview I have read the attached Information Sheet. I understand that my anonymity will be upheld and that I will have access to the results of the interview that will be published. I am aware that although I will remain anonymous in the publication my identity may be apparent to some readers because of my association with the programme being reviewed.

Signature:

Date:

Full Name - printed

Confidentiality Agreement (Focus Groups)

CONFIDENTIALITY AGREEMENT (Focus Groups)

A National Review of current treatment options for antisocial behaviours in New Zealand youth, funded partially or wholly, including contracts, by central government.

I(Full Name – printed)
agree to keep confidential all information concerning the above project. In agreeing to participate in this focus group I have read the attached Information Sheet. I understand that my anonymity will be upheld and that I will have access to the results of the focus group that will be published.

Signature:

Date:

Full Name - printed

Transcriber's Agreement

TRANSCRIBER'S AGREEMENT

A National Review of current treatment options for antisocial behaviours in New Zealand youth, funded partially or wholly, including contracts, by central government.

I (Full Name - printed)
agree to transcribe the tapes provided to me.

I agree to keep confidential all the information provided to me.

I will not make any copies of the transcripts or keep any record of them, other than those required for the project.

TRANSCRIBER

Signature: _____ Date: _____

WITNESS

Signature: _____ Date: _____

Full Name - printed _____

Consent Form

CONSENT FORM

A National Review of current treatment options for antisocial behaviours in New Zealand youth, funded partially or wholly, including contracts, by central government.

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF FIVE (5) YEARS

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being audio taped. *(If applicable include this statement.)*

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature:

Date:

Full Name - printed

Individual Interview Schedule

- Is the programme residential?
- What is the length of the programme?
- What theory or treatment principles underpin the programme?
- Is there any research or evaluation of effectiveness of the programme?
- Who is eligible to attend?
- How is it funded?
- What are the cultural and ethnic implications?
- How long has it been operating?
- What happens after young people leave?
- Is there any follow up?
- Where do the referrals come from?
- Is the programme gender-specific?
- Staffing requirements?
- What other programmes do you know about?

Focus Group Interview Schedule

- Where do young people with antisocial behavioural issues go for treatment?
- What culturally appropriate programmes are available?
- Is there a preference for home-based or residential programmes?
- Are there any current trends towards different types of treatments?
- Are residential treatments successful?
- Is there anything new out there being tried?
- What works?
- Who determines where and when youth go for treatment?
- What is the referral criterion for treatments?

Appendix II - Individual Interview Schedule Revision One

Introduction

Demographics

- What is the age group of the young people on your programme?
- Is the programme gender-specific?
- How many young people attend your programme at one time?

Where clients come from?

- Where do the referrals come from?
- Who is eligible to attend?

About the Programme

- Is the programme residential? Why/why not?
- How long has it been operating?
- What is the length of the programme, or how long do young people attend?
- What are your staffing requirements?
- Do you have difficulty finding staff?

Behavioural Issues on Programme

- Do you have any issues regarding drug use or violence?
- Have you experienced any inappropriate sexual behaviour from young people on your programme?

Whanau/Family and Cultural Issues

- What are the cultural and ethnic implications?
- Are whanau/families of young people involved in your programme?

Theory

- What kaupapa, theory, or treatment principles underpin the programme?

Funding

- How is the programme funded?
- Does the funding meet your needs?

Research

- What happens after young people leave?
- Is there any follow up?
- What literature is available related to your programme?
- Is there any research or evaluation of the effectiveness of the programme?
- What other programmes that are new or effective do you know about?

Appendix III: Individual Interview Schedule - Revision Two

Introduction

Demographics

- What is the age group of the young people on your programme?
- Is the programme gender-specific?
- How many young people attend your programme at one time?
- Do you feel this is the right number for your programme?
- Where do clients come from?
- Where do the referrals come from?
- Who is eligible to attend?

About the Programme

- Is the programme residential?
- How long has it been operating?
- What is the length of the programme, or how long do young people attend?
- What are your staffing requirements?
- Do you have difficulty finding staff?

Behavioural Issues on Programme

- Do you have any issues regarding drug use or violence?
- Have you experienced any inappropriate sexual behaviour from young people on your programme?
- Are there any other antisocial behaviours you have experienced?

Whanau/Family, Community and Cultural Issues

- What are the cultural and ethnic implications?
- What is the ethnic mix of the young people on your programme?
- Are whanau/families of young people involved in your programme?
- What links do you have with the community?
- Do you feel that your local community is generally supportive of your programme?

Theory

- What kaupapa, theory, or treatment principles underpin the programme?
- What do the young people do while they are on the programme?
- What education do the young people receive while they are here?

Funding

- How is the programme funded?
- Does the funding meet your needs?

Research

- What happens after young people leave?
- Is there any follow up?
- What literature is available related to your programme?
- Is there any research or evaluation of the effectiveness of the programme?
- What other programmes that are new or effective do you know about?
- Is there anything you would like to add that I might have missed?

Appendix IV: Focus Group Interview Schedule - Revision One

1. Staffing

- My research shows that it is difficult to find good staff and to keep them. What may be possible reasons in your view?
- Do we do enough to train and attract Maori staff to work with these young people?
- Do we do enough to train and attract Pacific Island staff to work with these young people?
- Only one programme that I interviewed had a close relationship with a tertiary provider to train and attract staff. Do you think partnerships could be created between agencies and tertiary providers to create a bigger pool of workers specifically trained to work with these young people?

2. Culture and Ethnicity

- Do you think clinicians working with these young people get enough cultural supervision and advice?
- Do you think that having kaupapa Maori programmes and programmes using a kaupapa Maori framework is the answer to addressing the disproportionate numbers of Maori young people being treated for antisocial behaviour?
- How important is it for services to build partnerships with Maori?

3. Education

- Please comment on the opinion of service providers that schools exclude young people too easily.
- What is your perspective on the high level of young people in the systems that have problems reading and writing?

- What is your opinion on the relationships between service providers and schools?

4. Whanau/Family

- It appears difficult to get family involvement in the treatment of young people in a residential setting. Why do you think this is so?
- Home-based programmes put a much higher emphasis on working with and fixing the whole family. What are your comments on this?

5. Theory

- Kaupapa Maori programmes used the 'Te Whare Tapa Wha' model, other models used were MST, a Youth Development Model and the 'four-legged table' model. Do you have any comments on any of these models?
- Are there any other models of treatment that are in use in Aotearoa New Zealand that you know about?

6. Funding

- Any comments on how programmes are funded?
- In your opinion do programmes get enough funding?
- Programmes run by NGOs often struggle for funding, why do you think this is the case?

7. Research

- There appears to be a shortage of research and evaluation especially in smaller organizations. Do you think this needs to change?
- How important is research and whose responsibility is it?

Appendix V: Focus group Interview Schedule - Revision Two

Staffing:

- My research shows that it is difficult to find good staff and to keep them. What may be possible reasons in your view?
- What more can we do to train and attract Maori staff to work with these young people?
- What more can we do to train and attract Pacific Island staff to work with these young people?
- How do you think partnerships could be formed between agencies and tertiary providers to create a bigger pool of workers, specifically trained to work with these young people?

Culture and Ethnicity:

- What is your opinion about whether clinicians working with these young people get enough cultural supervision and advice?
- Some programmes are using a kaupapa Maori framework. What are your comments on this?
- In your opinion, why are Maori youth over-represented in treatment for antisocial behaviour?
- How important is it for services to build partnerships with local Iwi?

Education:

- Please comment on the opinion of some service providers that schools exclude young people too easily.
- What is your perspective on the high level of young people in the systems that have problems reading and writing?
- What is your opinion on the relationships between service providers and schools?

Whanau/Family:

- It appears difficult to get family involvement with young people while they are in a residential setting. Why do you think this is so?
- Home-based programmes put a much higher emphasis on working with the whole family. What are your comments on this?

Theory:

- The 'Te Whare Tapa Wha' model, MST, a Youth Development model, the 'four-legged table' model and the 12-step recovery model were used in programmes that I interviewed. Do you have any comments on any of these models?
- Are there any other models of treatment that are in use in Aotearoa New Zealand that you know about?

Funding:

- Any comments on how programmes are funded?
- What is your perception about the amount of funding programmes get?
- Programmes run by NGOs often struggle for funding, why do you think this is the case?

Research:

- There appears to be a shortage of quality research and evaluation especially in smaller organizations. How could this be changed?
- How important is research?
- Who should be responsible for research?

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