**LIFE TO THE MAX YOUTH
DEVELOPMENT PROGRAMME
OUTCOME EVALUATION REPORT**

<u>A report prepared by</u>

**The Evaluation Unit
Office of the Commissioner
New Zealand Police**

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The Evaluation Unit at the Office of the Commissioner, New Zealand Police was responsible for this outcome evaluation report of the Life to the Max Youth Development Programme.

ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

This outcome evaluation of the Life to the Max youth development programme in Whanganui[1] is based on the period between 1st November 2000 and 31st December 2003. The aim of the evaluation was to measure the extent to which the programme met its aim of developing and facilitating a long-term co-ordinated community approach to an early intervention programme for youth at-risk of actual or potential recidivist offending.

The evaluation is based on information from eighteen clients, eight of whom had formally exited, while ten remained current as of the 31st December 2003. All clients were male, over half identified as Maori (55 per cent), and a third as Pakeha / New Zealand European[2] (33 per cent). Each primary client has met the entry criteria of the programme, with the exception of one client who was 15 years of age at entry to the programme, when the age criteria was between 9 -14 years.

A referral to the programme can come from anyone in the community, including a self-referral, a referral from a school, government agency or youth service. The majority of referrals to the programme have come from the Police Youth Aid section, with the most common reasons for referral being in the categories of social presentation and education.

All clients and parents were asked to complete needs assessments on entry to the programme to measure the various risk factors associated with youth offending. The eight exited clients and parents also completed an exit interview. The 'before' and 'after' needs assessments of these eight clients and their parents were compared to determine whether there was a significant difference between the assessments, thereby determining whether the programme effected change in the clients' needs. Overall, there was a significant reduction in the level of need experienced by clients in four of the five categories: health; education; emotional/ behavioural; and relationships. The level of need also reduced in the remaining category of identity, but fell marginally short of a statistically significant reduction.

The evaluation has been based around the measuring of four main objectives, the results of these objectives are outlined below.

DEVELOPMENT OF RELATIONSHIPS WITHIN THE COMMUNITY

Life to the Max has built strong relationships within the community. The programme has a comprehensive group of internal and external stakeholders and remains accountable to several funding agencies, including Work and Income, and the Life to the Max Board of Trustees throughout the year. They also hold regular meetings with stakeholders, professionals in the area of health and education, and Whanganui Police, which contributes to the strength of these relationships. The involvement of government agencies, community groups, Maori providers and local social services suggests the programme has been successful in building a co-ordinated community approach to intervene with youth at-risk of offending in Whanganui.

BUILDING PARTNERSHIPS, RELATIONSHIPS AND PROTOCOLS

The strong support from key stakeholders and the commitment and networking of staff has been integral to the strength of the relationships in the community. In accordance with the principles of the Treaty of Waitangi the programme operates under the umbrella of whare tapu wha model (the four cornerstones to wellbeing) which works with the holistic needs of each client and their family.

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[1] For the purposes of this report, Whanganui is spelt with an 'h', although it can be spelt as Wanganui.
[2] This group includes those that identify as New Zealand European, Pakeha, or New Zealander.

THE FOUR CORNERSTONES TO WELLBEING

The four cornerstones to wellbeing is a holistic understanding of wellbeing that considers the needs and risk factors that exist for clients within the areas of health, family, education, and community/ recreation. The four cornerstones address both the needs of clients and family by offering plans within these areas. Through qualitative interviews with current and exited clients and their families, and with data recorded on the exit interviews with staff, it was found that families felt their perceived levels of risk had reduced through the intervention of services within the four cornerstones, and their sense of personal responsibility increased.

THE PREVENTION AND REDUCTION OF OFFENDING

Overall, of the eighteen clients, eight had a reduction in recorded offences, while eight increased their recorded offences, the two remaining clients did not have any recorded offences both prior to and during programme involvement. Overall, client recorded offences did increase on the programme compared with the same time spent prior to programme involvement, as did the seriousness of these offences. However, the average increase in recorded offences is largely due to the offending of one primary client who has contributed to over a third of all the offences while involved on the programme.

KEY SUCCESS FACTORS OF THE PROGRAMME

Clients and their families, stakeholders, and police were positive about the multi-systemic wraparound model of intervention for clients and their families on the programme. Each were impressed with the ability to be involved in the programme, included in the development of individualised plans, and with the ability to include the whole family.

SUGGESTED IMPROVEMENTS

In terms of the operation of the programme, it is suggested that more consideration be given to the hidden costs of the programme and the lack of sustainable funding as this creates instability in future programme operation and development. Other suggestions included the need for more definitive records of programme expenditure on clients, upgrading a secondary client to a primary client status if they are receiving a high level of intervention from the programme, and to be aware of whom clients spend time with when they are away on trips.

SUMMARY OF RECOMMENDATIONS

1. Attention needs to be paid more specifically to offending within the four cornerstones to address the increase of offending by a number of clients.
2. Seeking sustainable funding will provide programme security for staff and programme operations.
3. Staff need to ensure clients, families and stakeholders share an understanding of the individualised plans and their obligations. As such, programme staff should monitor family plans more rigorously, particularly parent plans to ensure that clients are progressing/ achieving their agreed goals.
4. It is recommended that staff training is conducted to ensure all contact data is correctly completed and included in the database.
5. It is recommended that the database undergo a few minor changes to include travel time, as well as parents having undertaken the compulsory parenting or budgeting course.
6. The programme should consider upgrading a sibling with a high level of need to a primary client when it becomes apparent that a considerable amount of staff time and programme money will be spent on the sibling.

INTRODUCTION

Life to the Max was established in 2000 in Whanganui to provide an early intervention programme for youth at-risk of actual or potential recidivist offending. The vision of Life to the Max is to work with the community to enable better life outcomes for youth and their whanau/families in Whanganui. The project aims to develop and facilitate a long-term co-ordinated community approach and to be proactive in ensuring partnerships, relationships and protocols are kept intact.

The primary role of the programme has been to co-ordinate social service agencies to provide intervention services for youth aged between 9-14 years who are actual or potential recidivist offenders and have been repeat clients with Police Youth Aid and other agencies that deal with truancy, health, and education.

The evaluation report is structured around four objectives:
1. The development of relationships within the community;
2. Building partnerships, relationships and protocols;
3. The four cornerstones to wellbeing; and
4. The prevention and reduction of offending.

This evaluation report sought to assess the effectiveness of the Life to the Max youth development programme and the extent to which it met the four evaluation objectives identified above. The evaluation covers the period from the inception of the programme on 1st November 2000 to 31st December 2003.

The structure of the report begins with a methodology section that outlines the evaluation model, the data sources and limitations of the evaluation. The next section is an outline of the programme clients, and the reasons for their referral to the programme. This section includes demographic information, a summary of programme delivery and client involvement on the programme. The remaining sections are structured under the four main objectives listed above. An income and expenditure overview is provided before the final section considers the findings from the evaluation, looks at key success factors and challenges in the programme operation and provides recommendations for the future policy and practice of this youth development programme.

METHODOLOGY

EVALUATION MODEL

The evaluation model that was used to assess the effectiveness of the Life to the Max youth development programme was an outcome evaluation.

An outcome evaluation assesses whether the outcomes of the programme are consistent with the programme objectives (ACHRN, 2001), and also considers the benefits and impact of client involvement during and after the programme (Owen, 1999).

This report on the Life to the Max youth development programme addresses four main objectives. The objectives are detailed below to provide a description of how they were measured, what data tools were used, and where the information was gathered from.

OUTCOME EVALUATION OBJECTIVES

The overall aim of the outcome evaluation was to determine the effectiveness of the Life to the Max youth development programme in '*providing individually tailored programmes for young people and their whanau/families to achieve improved education and life outcomes, in order to reduce the likelihood of possible future, or repeat offending in the community of Whanganui*' (Life to the Max Operating Document, 2001:5).

To measure the effectiveness of the programme the evaluation has outlined four main objectives to assess the extent that the programme has achieved positive outcomes for the clients and their families who have entered the programme since its inception in November 2000. The report includes data from clients who have successfully exited the programme since its inception, and those that remained current as of the 31st December 2003.

The objectives represent four key themes:

Objective 1: The development of relationships within the community

- **To determine the extent to which the community has become involved in the programme**
- **To determine the extent to which there has been a co-ordinated community approach to deliver the programme services**

This objective was designed to examine the extent to which the programme has facilitated the involvement of the community and to assess whether the programme has co-ordinated social services for a comprehensive community-based programme.

Qualitative methods were used to gather information about the relationships that had been built and maintained by the programme in the Whanganui community. A range of people were interviewed about their perceptions about the effectiveness of the programme. These responses were coded thematically.

Information was collected by the following sources:

- Individual interview with the Programme Co-ordinator;
- Individual interview with police staff; and
- Mail-out questionnaires to key stakeholders.

Objective 2: Building partnerships, relationships and protocols

- **To determine the extent to which the programme has been proactive in ensuring partnerships, relationships and protocols are maintained with clients; whanau/ family; government agencies; Iwi; and community groups**
- **To assess the extent to which Maori values have been built into the programme delivery for young Maori youth**
- **To ascertain the extent to which the programme adhered to the Treaty of Waitangi and in particular worked in partnership with Whanganui Iwi, Community and Crown agencies**

This objective was designed to measure how effective the programme was in building relationships with the services, agencies and iwi in the Whanganui district. In particular, emphasis was given to how the programme delivered culturally appropriate services and whether the programme worked in partnership with Maori in accordance with the principles of the Treaty of Waitangi.

Qualitative methods were used to ascertain if the programme had been culturally responsive to other organisations in the community, which worked with and alongside Life to the Max, and with clients and their families involved on the programme.

The following data collection methods were used:

- Questionnaires to key stakeholders; and
- Individual interviews with a sample of current and exited clients and their families.

Objective 3: The four cornerstones to well-being

- **To assess the extent to which individualised plans have been tailored around the youth and their whanau/family**
- **To determine the extent to which appropriate intervention actions have occurred according to client and whanau plans**
- **To determine if there has been an improvement in positive outcomes for the youth accepted onto the programme in relation to the four cornerstones to wellbeing (education, health, family, recreation/ community)**

This objective was designed to assess how effective the programme was in providing a multi-systemic or wraparound intervention service. This objective examined whether youths received an individualised programme plan, and assessed whether these plans delivered the appropriate interventions. In accordance with the philosophy of the programme it was also necessary to determine if the interventions reflected the four cornerstones of wellbeing, and whether there had been positive outcomes for the youth within these cornerstones.

Both quantitative and qualitative tools were used to gather information about the level of client and whanau involvement in the development of individualised plans, the ways in which the clients and whanau were supported, and the extent to which the needs of the clients and whanau were identified and met.

This was measured by collecting the following information:

- Individual interview with the co-ordinator of the programme;

- Individual interview with police staff;
- Individual interview with a sample of current and exited clients and their whanau; and
- Analysis of the programme database.

Objective 4: The prevention and reduction of offending

- **To determine the extent to which there has been a reduction in the rate and seriousness of offending by the young people while they are on the programme**
- **To determine the extent to which a reduction in offending by those participating in the programme occurred and to what extent this can be attributed to being involved in the programme**

The fourth objective was designed to measure the impact the programme had in reducing the offending and/or the seriousness of offending of clients since entering the programme. To evaluate this objective the number of offences, the seriousness of the offences, and the types of offences committed by clients prior to involvement with the programme were measured. For those clients involved for longer than six months, these were compared with offending committed during involvement on the programme.

The information used to evaluate the offending objective was based on the offending data recorded on the programme database and National Intelligence Application (a national Police computer system for recording crime data, known as NIA). The offending data was cross-referenced to ensure the recorded offences were absent of any discrepancy between the two sources. The same period of time for offences prior to the programme and during the programme was used for comparison of offending levels. For example, those that had been on the programme for thirty weeks had offences recorded for thirty weeks prior to the programme entry date.

This was measured by collecting the following information:

- Offending records on NIA; and
- Offending records on the programme database.

DATA SOURCES

As previously mentioned, the information for the evaluation was obtained from the following data sources:

- Interviews with the programme provider and staff;
- Individual interviews with police staff;
- The Life to the Max Access database;
- NIA database;
- Key stakeholder questionnaires; and
- Individual interviews with a sample of current and exited clients and their whanau.

INTERVIEW WITH PROGRAMME PROVIDERS

An interview with the programme co-ordinator and social worker on the 9th October 2003 provided a historical description of the youth development programme. Information was gathered about the development and objectives of the programme. The interview identified the method and selection criteria of clients, the process of the programme, the staffing of the programme; and the programme philosophy. This then provided the background to

understanding the intended process and operation of the programme. A second interview with the programme co-ordinator was conducted in May 2004 (*see Appendix A for all interview schedules*). This interview was to determine how the programme was actually operating, identifying if the programme had changed its processes, how it was continuing to meet the clients needs, how the programme continued to work with the community, government agencies and Maori, and discussing the effectiveness of the programme philosophy. The interview also looked at outcomes in term of the strengths and weaknesses of the programme.

INTERVIEW WITH POLICE STAFF

Interviews were conducted with police staff during March 2004 *(refer to Appendix A)*. These were semi-structured face-to-face interviews that included staff in the following roles: Area Commander, Youth Aid officer, and a Sergeant in charge. The staff were chosen because they either had responsibilities to the running of the programme or experience working with the programme. Information was gathered about whether the programme had integrated with overall police strategies and to ascertain the relationship the programme had built with other police services. It was also an opportunity to gather information about how the community provided feedback to Police about the involvement of the programme within the community.

LIFE TO THE MAX DATABASE

The programme staff are responsible for collecting data pertaining to the client throughout the programme. For the purposes of this evaluation the data used was drawn from the date of programme inception until the 31st December 2003.

During the course of the evaluation an Access computer database was designed for the programme. A trial data set was then tested at the NZ Police, Evaluation Unit. All exited client data was sent by computer disc and these were subsequently downloaded from Access, and exported to Excel to be 'cleaned' and for quantitative analysis. Current client files were sent in hard copy to the Evaluation Unit where the raw data was entered into Excel by Evaluation Unit staff, where it was 'cleaned' for quantitative analysis. When any anomalies in the data were detected the programme co-ordinator was contacted for clarification.

1. Demographic information
Demographic information for each client included gender, ethnicity and age. This information was collated and presented in graphical form across all clients.

2. Source of and reasons for referral to the programme
The source of referral and the reasons for referral of clients is discussed and presented in graphical form.

3. The contact made by the programme with clients, their families, and agencies regarding clients
Analysis of the contact maintained by the programme staff with clients, their families, and agencies was made by extracting contact data that was entered into the programme database and recorded on hard copy client files. The contact data collected included: the date of contact, who the contact was with, the type of contact and the duration of each contact. The findings include:
- Accurate admission and exit dates of clients;
- The duration of clients' involvement with the programme;

- The proportion of the types of contact the programme maintained (for example phone contact, visits, meeting, and activities). Activities included such things as camps, karate lessons and training;
- The proportion of who the contact was with (the client, his/her family, or an agency regarding the client);
- The average number of contacts per week for each client (when averaged over the duration of involvement); and
- The average number of contact hours per week for each client (when averaged over the duration of involvement).

When information about the contacts was incomplete, every effort was made by the Evaluation Unit to cross reference with the hard file contact description and/or discuss the file with the programme provider to 'fill in' the anomalies or gaps. Incomplete data in the 'duration of the contact' category was omitted from further analysis to avoid the overall average contact time being reduced and presenting inaccurate results.

4. The 'Needs Assessment'

A primary measure of assessing whether or not the programme has been successful in creating change in offending risk factors for clients is based on a statistical comparison of clients' needs assessments. A scale to measure needs was developed from the work in England and Wales for children placed in the care of the state[3], from previous work on needs undertaken by the Office of the Commissioner for Children in New Zealand[4] and has been further updated and developed by evaluation staff at the Office of the Commissioner, NZ Police. The needs assessment is a 59-item[5] questionnaire that asks both the client and his/her parent/caregiver (about the client) at both the entry to and exit from the programme.

The purpose of conducting 'before' and 'after' needs assessments is to statistically compare these at the end of the evaluation period to determine whether there is a significant difference between the assessments. This is one method of assessing whether the programme has effected change in clients' needs. The 59-items that make up the needs assessments for the clients and caregivers are listed in Appendix B. The needs scores from these items were derived in the following way:

1) All items in the needs assessment questionnaire were originally scored on a four-point scale from 'Very like me' to 'Not at all like me'. These items were chosen to represent the following categories: Health (H), education (EDC), identity (ID), relationships (R), and emotions and behaviour (EB) to consider the young person's peers, family, education/work, culture and health. Some of these items were positive and others negative so the first step in scoring was to reverse the scoring on the positive items so that, for all items, the higher the scores reflected greater need.
2) The items were grouped according to the above sub-scale of emotions and behaviour, education, health, identity and relationships.
3) The items were averaged across clients and across needs categories and are presented in the 'Outline of programme clients and their referral' section.

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[3] Parker, R; Ward, H; Jackson, S; Aldgate, J and Wedge, P (1993). Looking After Children: Assessing Outcomes in Childcare. London: HMSO.
[4] Maxwell, G M; Morris, A and Anderson, T (1999). Community Panel Adult Pre-trial Diversion: Supplementary Evaluation. Wellington: Crime Prevention Unit, Department of Prime Minister and Cabinet, and Institute of Criminology, Victoria University of Wellington.
[5] The client needs assessment contained 59 items, while the parent needs assessment 60 items. For evaluation purposes the additional item in the parent assessment was omitted in the analysis.

The average clients' needs at entry to the programme are discussed for both current and exited clients, and across the five need categories within the needs assessment analysis to provide an indication of the level of need presented at entry to the programme.

The 'before' and 'after' needs assessments were statistically compared using paired two sample one-tail t-tests using a five per cent level of confidence ($p<0.05$) to determine whether there was a significant difference between the assessments, thereby establishing whether the programme has effected change in clients' needs. This was conducted for the eight exited clients with completed exit interviews.

OFFENDING RECORDS

The offence analysis for Life to the Max was based on the offences recorded in the programme database, which were in turn, were extracted from the Police National Intelligence Application. Therefore the analysis of offences is reliant on those offences that came to the attention of Police and Police Youth Aid files.

The offending analysis involved categorising all offences committed by clients prior to programme involvement by type (using the Police code book) and seriousness according to the categorisations devised by Maxwell and Morris, 1993[6] *(see Appendix C for the 2004 version of the seriousness scale which was used in this evaluation)*. In addition, for the eleven clients who were involved in the programme for longer than six months, the number, the type, and the seriousness of offences committed prior to involvement were compared with those committed during involvement. The offences were limited to those committed during the same period leading up to the involvement on the programme as each client was involved on the programme.

The evaluator recognises the limitations of analysing offending with offences of clients on the programme without the ability to compare the offending with young people who are involved in a comparison or control group. However, the use of offending records, needs assessments, and qualitative interviews is regarded as the most thorough analysis possible for this type of programme.

STAKEHOLDER QUESTIONNAIRE

Questionnaires were designed to collect data from key agencies and groups who were familiar with the programme, had a good understanding of the services provided, and who had consistent and constant contact since programme inception.

The programme co-ordinator identified key stakeholders and a questionnaire was distributed to assess their knowledge, understanding, and expectations of the programme in terms of Life to the Max making a positive difference to their community and young people.

The questionnaires *(see Appendix D)* were distributed in March 2004 to fifteen key stakeholders. Eleven of the fifteen questionnaires were returned, a response rate of seventy-three per cent.

The questionnaires were collated into themes and analysed by the evaluator, and the results are presented throughout this report.

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[6] Maxwell, G and Morris, A (1993). Family, Victims and Culture. Youth Justice in New Zealand. Wellington: Institute of Criminology, Victoria University of Wellington.

INTERVIEW WITH CURRENT AND EXITED CLIENTS AND THEIR PARENTS

Semi-structured face-to-face interviews were held with a representative sample of both current and exited clients and their whanau *(these interview schedules are included in Appendix A)*. A cross-section of several key characteristics was sought from the clients involved in interviews, these included: age, ethnicity, gender, and level of offending. The programme co-ordinator was responsible for selecting families that would provide this cross-section and for seeking their initial approval to be involved in the evaluation. Three current clients and their families and two exited clients and their families were interviewed. Of the exited clients, one Maori and one Pakeha/ New Zealand European family participated. Of the current clients, two Maori families and one Pakeha/ New Zealand European family were interviewed. The ratio of Maori/ Pakeha/ New Zealand European was representative of the mix of both Maori and Pakeha/ New Zealand European on the programme. All primary clients were male, and as such, all the interviews were with male clients, although their siblings were both male and female.

The interviews were semi-structed face-to-face interviews that took place in the family or caregivers home. The questions were based on joining the programme; the staff; what the clients did on the programme; whether they felt they were involved in identifying their needs; whether things had changed in their life as a result of being on the programme; what they felt they had learnt on the programme; and how they were, or will be able to apply these skills after exiting the programme.

LIMITATIONS OF THE EVALUATION

A number of factors have impacted on the effectiveness of the evaluation of the Life to the Max youth development programme. These include the following:

Lack of recorded data on secondary clients (siblings) and parents

The evaluation has had limited access to information and documentation about the type of contact the programme had specifically with secondary clients (siblings) and parents of the primary client. Due to data not being collected about the number of contacts, and needs assessments not being recorded, analysis was limited. This is in part due to how the programme was established and the funding that was granted to work more specifically with the primary client, however without sufficient data being recorded on the wellbeing on the secondary clients it made any comment on their development impossible. The lack of data may also impact on the contact staff have recorded with the families, and expenditure that may be directed into a sibling or parent. Consideration may need to be given to change a secondary client to a primary client status in instances where the programme is investing considerable amount of time and expense into a sibling. However, this would involve the consideration of other requirements, including a secondary client meeting the programme criteria and undergoing a needs assessment to enable future analysis on complete and comprehensive data sets.

Families excluded from the evaluation

There were other families who were involved with the programme as of the 31st December 2003 who have not been included in the evaluation because the level of trust and rapport between staff and these families was fragile because they were particularly at-risk families. As a consequence, at the cut-off date of this evaluation needs assessments had not been

conducted. Therefore these families were excluded from the analysis because there was no formal record of the family on the programme and no data to assess the intervention and services provided by Life to the Max. As a consequence staff contact and any expenses incurred with these families is absent in the analysis of this report.

Interview with programme client

One interview with a current primary client was conducted by telephone when the youth did not attend an arranged face-to-face interview. The youth had been in contact with the law just prior to the phone interview and this impacted on the ability for the evaluator to build rapport. As a consequence the level of disclosure was limited and the data collected was of limited use.

Recorded offences

The offending data was extracted from the Police Youth Aid files and NIA. As part of the entry interviews, clients were given the opportunity to list previous offending, but due to the offences not having offence codes, and the inability to validate the offending dates and the seriousness of the offences, they were not included in the offending analysis. It is also important to be aware that clients may have been involved with additional offences or offending that did not come to the attention of Police, and that these offences remain beyond the scope of this evaluation.

Pre and post needs assessments

The pre and post needs assessments were conducted on eight exited clients. It is important to note that although the statistical analysis recorded a significant reduction of need in four of the five categories, it was conducted on a small sample. The results do indicate the programme has been successful in attending to the needs of clients, but it is important that they remain in the context of the small sample.

OUTLINE OF PROGRAMME CLIENTS AND THEIR REFERRAL

INTRODUCTION

In 2000, the Office of the Commissioner funded an additional twelve Youth Aid positions nationwide. Whanganui was a successful applicant and in November 2000 the Youth Aid section was granted an additional officer. The police officer was subsequently appointed the co-ordinator responsible for developing Life to the Max.

The programme operates with the original programme co-ordinator, a social worker and youth worker. Both the co-ordinator and social worker are Pakeha / New Zealand European. The co-ordinator is male, the social worker female, and the youth worker is a Maori male.

REFERRAL AND ACCEPTANCE TO PROGRAMME

A referral to the programme can come from anyone in the community; including a self-referral, a referral from a school, from the Police Youth Aid section, government agency or a youth service provider. The person or organisation that puts forward a referral is required to complete a referral form *(see Appendix E)*. This form provides demographic details of the youth, the reasons for the referral, and provides any other additional information and supporting documentation.

When programme staff receive the referral, a home visit is organised to introduce the programme to the young person and their whanau/family. Programme staff seek the support and participation of the youth (as the primary client) and the whanau/family on the programme. If consent to participating is agreed, an initial report is produced by the social worker with recommendations as to whether the client is an appropriate candidate for the programme. The referral then goes to the management committee for approval. The management committee will accept, defer or decline a referral based on the programme entry criteria, and the recommendations of the social worker. If approved, a Hui is held attended by family and programme staff in order to design a client programme. Entry interviews and needs assessments are conducted when rapport has been established with the young person.

Of the thirty-six possible reasons for a referral to the programme, clients varied between zero and thirty reasons, with an average of 17 per client (see Figure 1). The most common reasons for referral were within the category of social presentation, and included statements like 'antisocial'; 'can't manage feelings'; 'come to Police attention'; and 'anti-social peers', but also in the category of education, and included statements like 'poor attitude to school'; and 'hard to concentrate'. The most common referral source was the Police Youth Aid Section, then Child, Youth and Family (CYFS), and Resource Teachers of Learning and Behaviour (RTLB), all of which deal closely with factors that are disclosed in the reasons for referral (see Figure 2).

Number of clients (N=18)

Referral Reason

School Attendance | Education | Social Presentation | Identity | Negative Influences | Health

Late to school, Attendance, Chronic truancy, Child minds others at home, Currently suspended, Low achievement, Poor attitude to school, Hard to concentrate, At school but coming to attention, Anti social peers, Impulsive, Aggressive, Is a bully, Has few friends, Antisocial, Difficulties communication, Can't manage feelings, Difficult to make friends, Come to Police attention, Lack of attachment, Negative activities, Time spent passively, Doesn't feel good about self, Depression, Doesn't know cultural background, Inadequate food, clothing, Family offending, Negative peer influences, Poor parental supervision, No clear boundaries, Neighbourhood high unemployment, Neighbourhood with drugs, Neighbourhood high crime, Substance abuse, Poor health, Self harm

Figure 1 Reasons for referral of Life to the Max clients
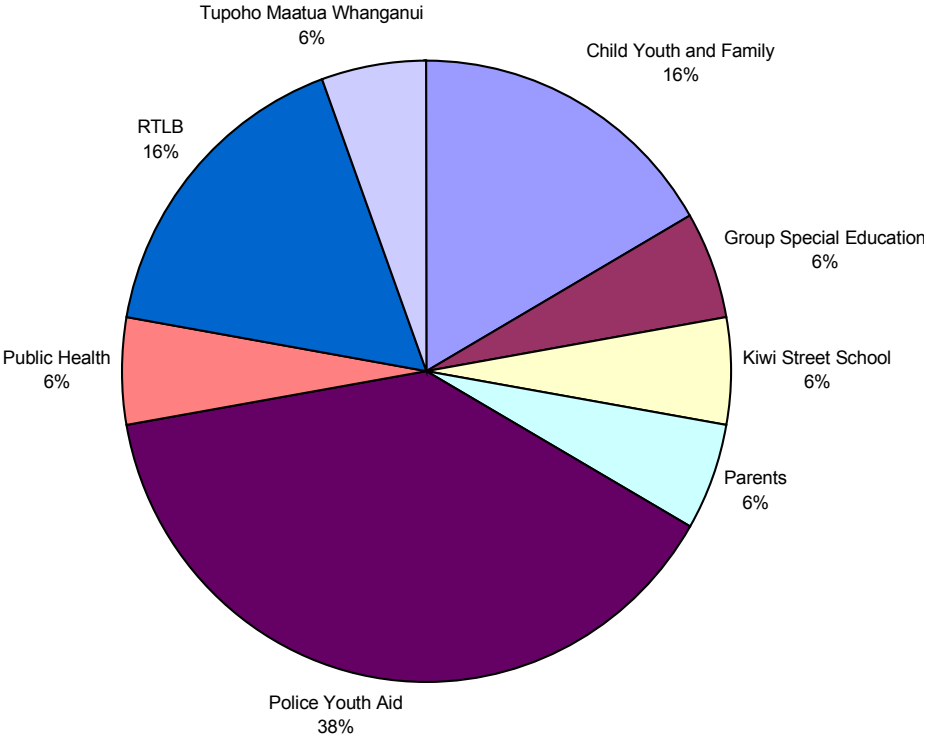
Figure 2 Source of Referral for Life to the Max client

DEMOGRAPHICS

Since the programme began in November 2000 until the end of the evaluation period of 31st December 2003, there have been eighteen clients on the programme. Of these, eight have exited the programme, while ten remain current as of the 31st December 2003.

All primary clients were male, aged between ten and fifteen years at the point they were accepted onto the programme. Most clients were eleven years old when they entered the programme (see Figure 3).
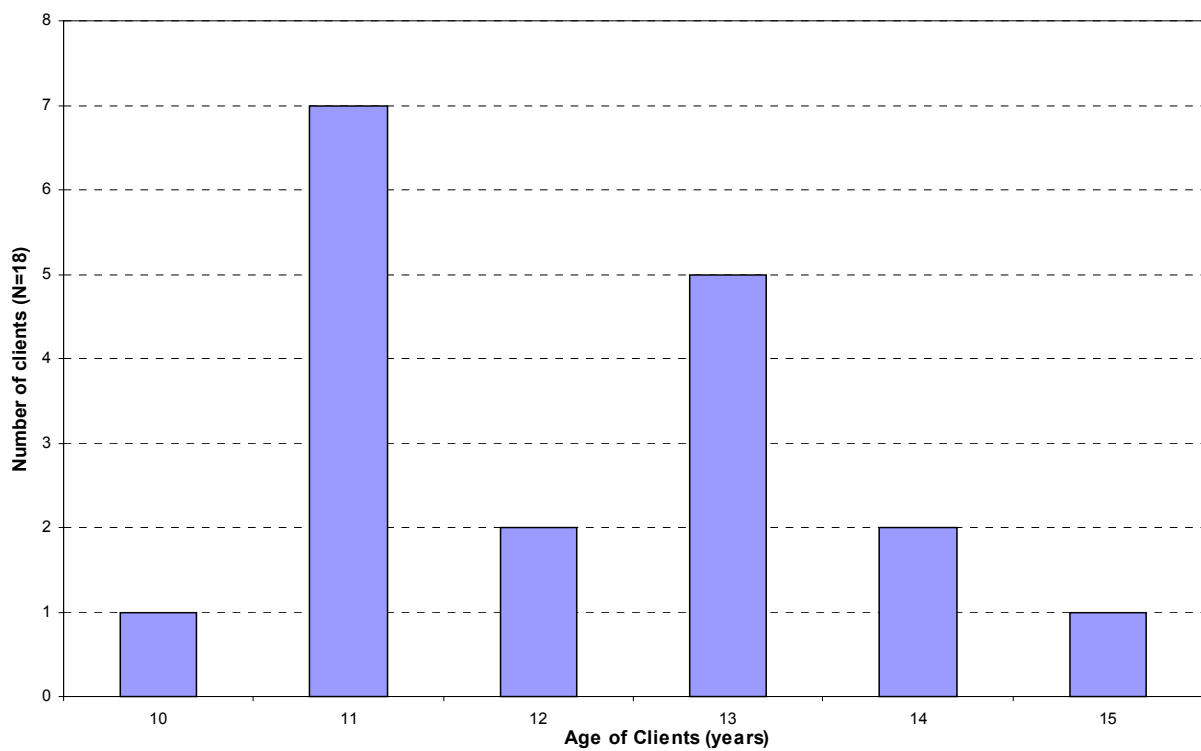
Figure 3 Age of Life to the Max clients at time of entry onto the programme

Of the eighteen clients, ten identified as Maori, six as Pakeha/ New Zealand European, one as Pakeha/ New Zealand European/ Maori and one as Pacific Islander.
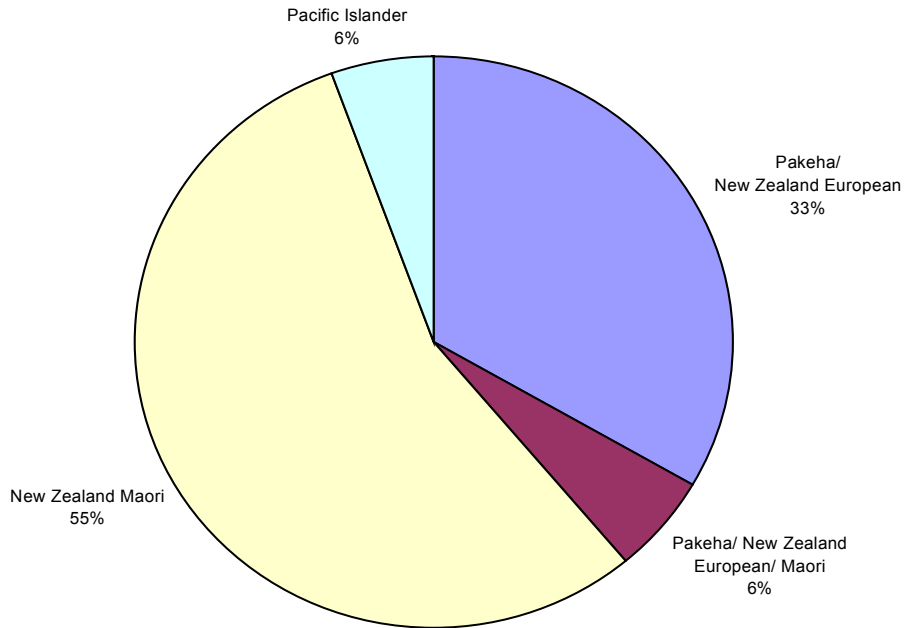
Figure 4 Ethnicity of Life to the Max clients

GENERAL PROGRAMME DELIVERY

When the Management Committee approves a referral the co-ordinator then organises a needs assessment based on the four cornerstones to wellbeing (separate to the Police needs assessment) by a group of assessors. The assessors represent the following areas: Health; Education; Family; and cultural/ recreational groups. The assessors provide a report and recommendations.

The social worker is responsible for assessing for risk factors in the 'family' cornerstone, while the youth worker is responsible for developing a recreational plan. The programme relies on professionals such as Group Special Education (GSE) to assess for educational deficits, and health professionals, that include General Practitioners, a Health nurse, Child, Adolescent and Families services (CAF) for mental health concerns, and Alcohol and Drug services within the health cornerstone. The programme also has access to a cultural advisor and the Police Iwi Liaison officer.

Based on the recommendations in the report a client programme is designed at a Hui attended by programme staff, the client and whanau/family, the assessors, and other key agencies identified at the home-visit. As a group they formulate individualised plans from the recommendations. In keeping with the holistic intervention approach the recommendations cover each of the four cornerstones to wellbeing: health, education, community/recreation and family. Entry interviews with the primary client and parents/caregivers usually occur at this stage, once the whanau/family are committed to the programme objectives, and have signed the consent form. After three months on the programme a Hui is held to review the progress of the plans.

Client plans are distributed to everyone who attends the Hui. Care is taken to prioritise tasks within the plans to allow the family to achieve the goals. Monitoring these plans remains the responsibility of programme staff, and each week they review all the current plans for each client and whanau/family on the programme. This review process ensures constant monitoring, support and timely modifications. New plans evolve as a result of the review process.

As a holistic intervention programme, 'Life to the Max' is designed to address the needs of the primary client and to identify the wider issues that exist in the whanau/family. As such, siblings and parents may also receive individualised plans to meet their particular needs. It is conditional that one parent is required to attend a parenting course and seek budgeting advice in conjunction with the child entering the programme. In the initial consent form parents also agree to attend further appointments as required. Staff encourage parents to improve their life skills and employment opportunities by providing various means of assistance. Providing transport is often a way in which to help parents access help. Staff help parents find work, and enrol in courses. Once staff have a strong and trusting relationship with parents they encourage them to address risks that are known to affect the behaviour of the client. This may include domestic violence, anger management or financial burdens.

Families are often considered to be 'in crisis' when the initial referral and assessments have been made. As such the first six months on the programme tends to require intensive contact (at least daily), which reduces over time as clients improve, plans are completed, and families become more settled and empowered to identify and resolve issues as they arise. Contact with the primary clients will vary depending on how well they are doing on the programme. It is intended that contact with the client occurs at least once a week and is by arrangement and through casual impromptu visits. Relationships are built so that contact can occur in many and varied environments. Programme staff will see clients at school: at after-school activities; in the community; at sporting activities; on camps; at the client's home; or will contact them by telephone. Providing transport is an informal way that staff maintain contact, while helping clients and their families join community groups, attend school and participate in recreational activities.

Contact sheets record all contact made between staff and clients, detailing the date, time and duration of the contact and type of contact (including: meetings; telephone contact; or visits). The programme also organises activities, including trips away and cultural development for clients, which are also recorded as contacts. The cultural trips are often to assist with wider family issues, while recreational trips are organised as a reward for good behaviour.

When plans have been completed and the risks within the whanau have been addressed there is a natural progression for the primary client and whanau/family to become independent from 'Life to the Max'. When clients exit the programme, both they and the whanau/family complete exit interviews. A closing letter is distributed to all schools, agencies, community groups and family members who have been involved with the programme, to inform them that the client has formally exited the programme, stating the date this occurred. The families then go onto a monitoring phase whereby staff continue to make monthly calls.

OVERVIEW OF SERVICES

The programme is reliant on service providers meeting the needs identified within the needs assessment and four cornerstones to wellbeing. It is the role of the programme to facilitate and co-ordinate services to the client by meeting and bringing together the service providers, government agencies, clients and whanau.

Some key agencies that have been involved include: Child, Youth and Family services, Group Special Education, local schools, Truancy services, Police Youth Aid, Capital Coast Health, Good Health Whanganui hospital, Ministry of Education, Living Without Violence, Strengthening Families, Te Maru Ruahine Trust, Work and Income, Resource Teachers of Learning and Behaviour, Tupoho Maatua Whanganui.

PERIOD OF CLIENT INVOLVEMENT

Of the eighteen clients on the programme, eight had exited prior to the 31 December 2003. The period of involvement of these exited clients varied between eight weeks and sixty-nine weeks. The average length of time on the programme was forty-seven weeks. Clients who were current as of 31st December 2003 averaged forty-nine weeks on the programme (see Figure 5).
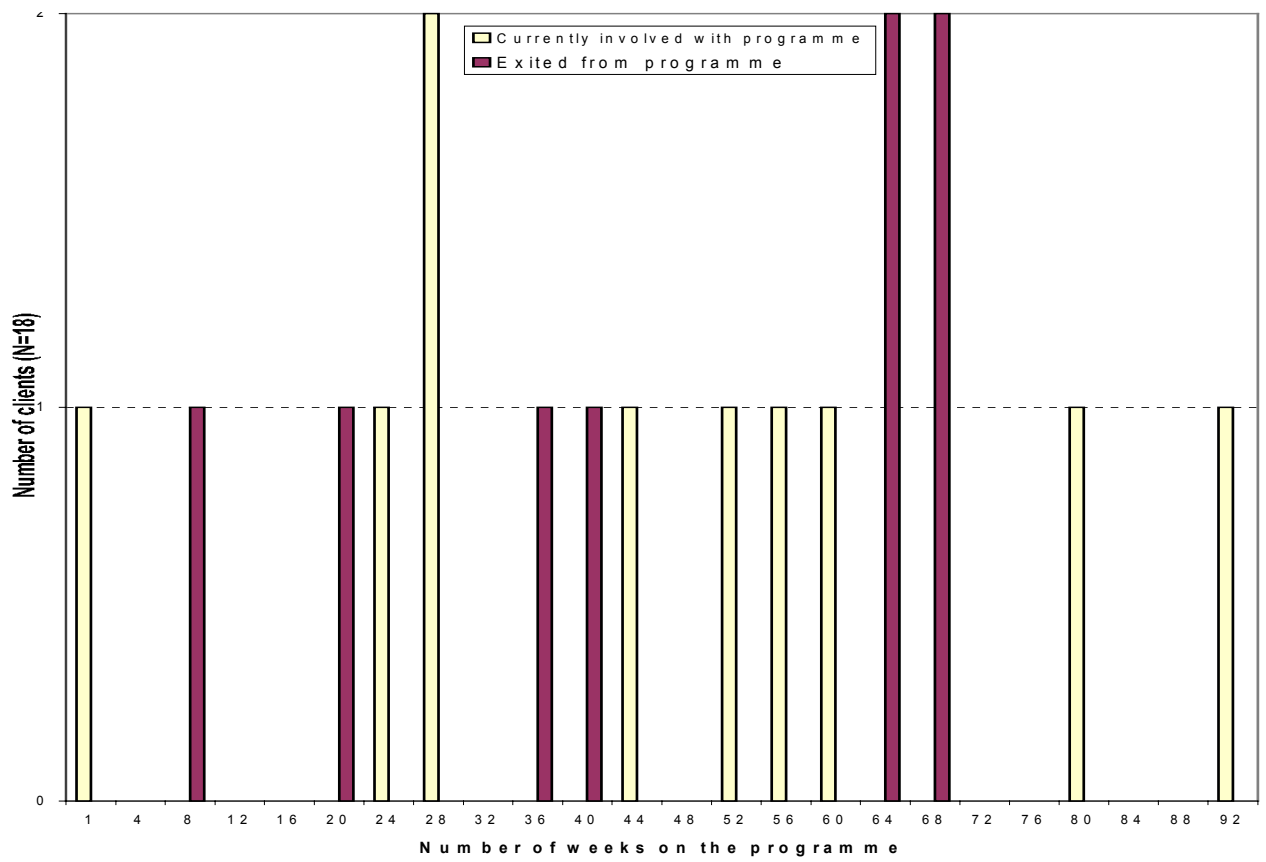
Figure 5 Number of weeks clients were involved with the programme

No timeframes were set for families involved with the programme although an average of forty-seven weeks falls just short of the co-ordinators expectations of a client being on the programme between twelve and eighteen months.

CONTACT WITH CLIENTS, THEIR FAMILIES AND AGENCIES

The programme staff record all contact regarding the primary client as either with the client, the whanau or with an agency regarding a client. Across all clients the programme staff have shown to make an average of 115 contacts per client over the duration of their involvement (average of forty-seven weeks across all clients). The proportion of contacts within the three groups is depicted in Table 1 and shows that the programme staff distribute their time across all three groups, however they spend the majority of their time in contact with agencies.

Table 1 With whom contact is made as a proportion of overall contact regarding Life to the Max primary clients

Contact made with:	Percentage of overall contact:
Client	24%
Family of client	34%
Agencies (with respect of client)	42%

In terms of the way contact was maintained (see Figure 6), the majority of contact was via meetings (41 per cent), which is consistent with overall contact being with agencies. Contact via the telephone was also high (38 per cent), while face to face visits and activities make up the remaining 21 per cent. It can be inferred from these results that staff spend the majority of time regarding clients, on the phone and in meetings with agencies. Furthermore, the lower recorded overall contact with clients corresponds with a lower recorded level of face-to-face visits made by staff with the client.
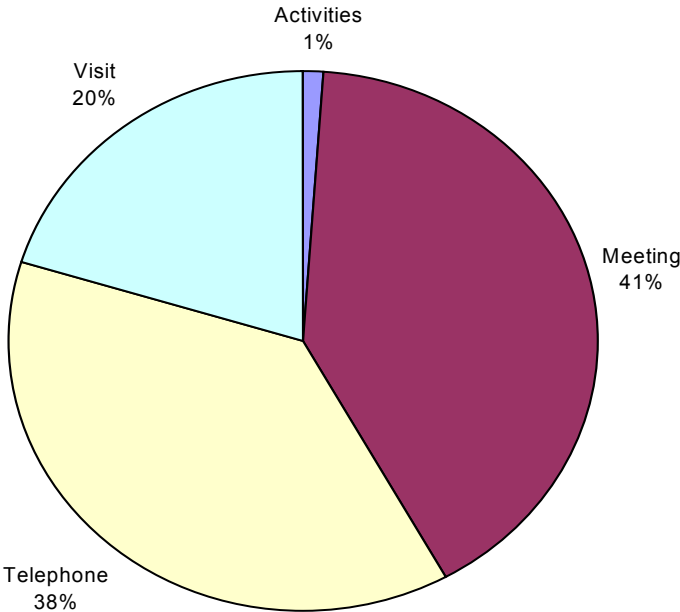
Figure 6 Type of contact by Life to the Max clients, their families and agencies

As mentioned in the methodology, incomplete contact data was removed from the analysis in order to avoid reducing the overall average of contacts[7]. Therefore the results should be interpreted with caution due to the analysis being completed on limited data.

What has remained unclear is whether the time spent travelling with the client and whanau has been recorded, and if it was, as which type of contact. The programme provider has felt that this was an informal way to develop relationships. However, if this time has not been recorded, or remains unclear where it has been recorded, it is difficult to identify its importance.

NUMBER OF CONTACTS AND CONTACT HOURS

The number of contacts and contact hours were included in the analysis of all contacts to the 31st December 2003. As mentioned the providers expect contact to reduce over time as clients needs reduce, plans are completed and families become increasingly independent from the programme.

When averaged across all clients programme staff maintained just over three contacts per client each week (see Figure 7). However, at an individual level, five clients received less than one contact per week (which includes face to face, meetings with agencies or phonecalls). The average contact hours spent with all clients was just under three hours per week. In this instance four clients were receiving less than one-hour contact with the staff (as an overall average of time spent on the programme) which includes time spent with family and agencies. Therefore in some instances actual time spent with the clients face-to-face could be very low. Figure 7[8] includes contact hours with the young person, whanau and agencies. Figure 8 indicates that staff vary the length of time spent with clients which is determined on the level of support required. The programme also indicated a higher level of contact and contact hours in the initial stages of the clients' time on the programme, decreasing over time towards exiting the programme.

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[7] Often the duration of the contact time was omitted in the hard files and on the database.
[8] In both Figure 7 and 8 the value zero refers to 'less than one' hour or contact per week as an average across the total time spent on the programme.
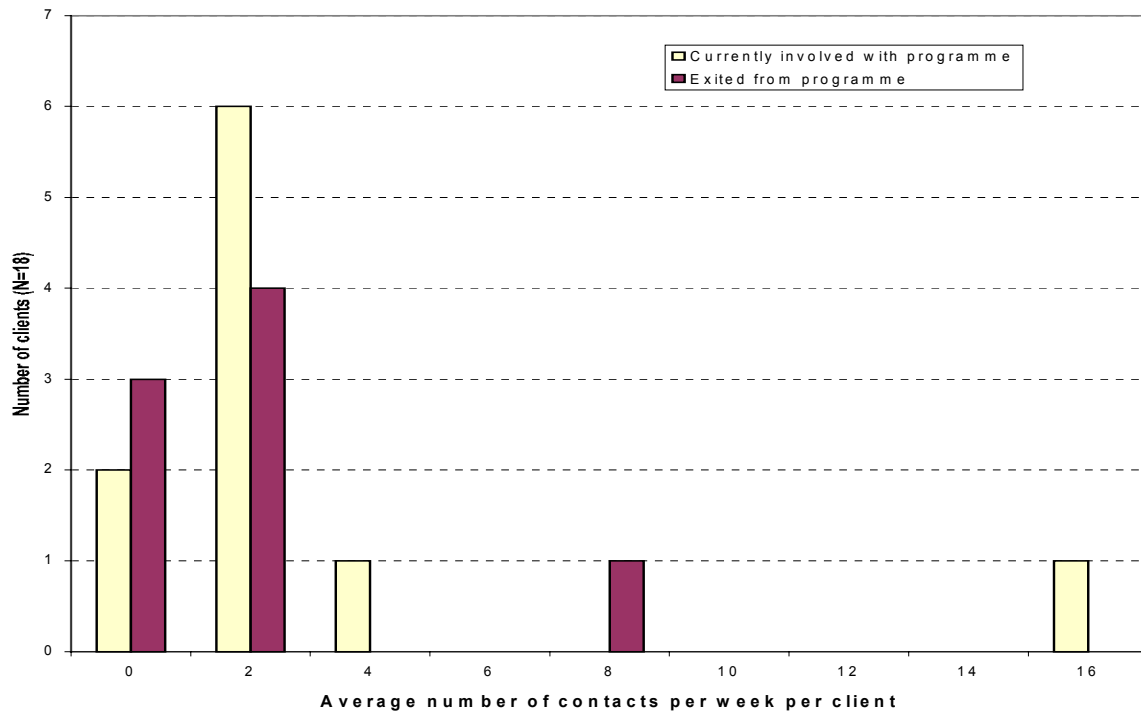
Figure 7 Average number of contacts made per week by Life to the Max with client, their families and agencies
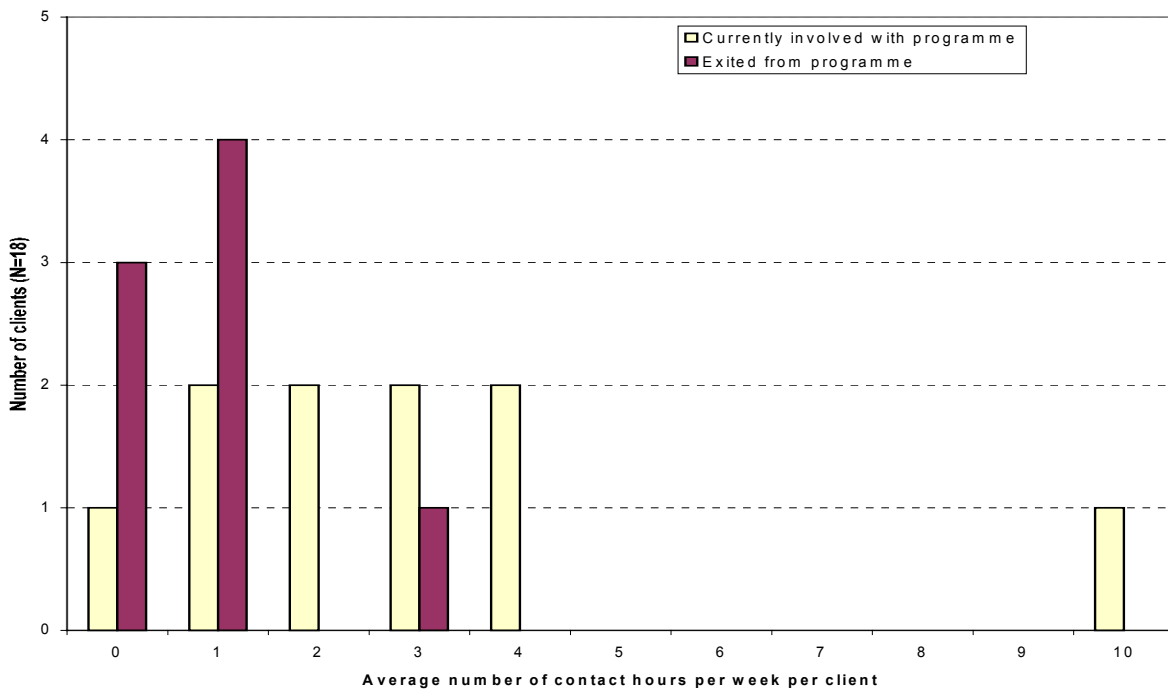
Figure 8 Average number of contact hours made per week by Life to the Max clients, their families, and agencies

Contact that was specifically recorded with a sibling was omitted from the contact data to ensure that only contact data that was with the primary clients were used in the analysis to ensure the results were not skewed.

NEEDS ASSESSMENTS

A quantitative needs assessment has been a primary measure to assess whether the programme has impacted on and reduced identified needs. As with other police-supported community youth programmes, Life to the Max utilised a needs assessment to allow for

statistical analysis on whether the programme impacted on the needs of clients as identified and measured upon entry and exit.

The needs assessment contains 59 questions for client's entry and exit, and 60 questions for parent's entry and exit. The extra question for parents could not be used as it was absent in the client assessment. It is intended that both the primary client and the parent complete the assessment to provide 'before' and 'after' comparison from the time spent on the programme.

The analysis of data intends to show a difference between the entry and exit assessments, whether the change is statistically significant in illustrating the impact the programme has had on the needs of the client.

The average level of need that was recorded at entry to the programme for all eighteen clients varied between 1.89 (a small level of need) and 3.318 (quite a lot of need)[9]. As an average, all clients recorded a level of need of 2.526, which is a slightly higher than medium need. For all clients, the highest recorded level of need (averaged across all clients) was in the category of education, followed by relationships and identity. The lowest level of need across all clients was in regards to the health category. Two clients recorded a 4 (a high need) in the education category[10].

Analysis was conducted to measure the level of need recorded by both the client and parent in the entry interview. The average level of need that parents perceived of their children ranged between 1.3 and 3.4, which is very similar to the client results. There was not a significant difference between the entry assessments, which indicates that both the client and parent had a similar perception of the client's level of need on entry to the programme. Again the highest need was in the category of education, followed by relationships. Parents also perceived the health category as the lowest level of need.

For the eight exited clients with completed entry and exit interviews the average level of need varied between 1.16 (almost no need) and 2.412 (slightly lower than a medium level of need). A paired two sample one-tail t-test was conducted to determine whether the change in the level of need from entry to and exit from the programme was significantly different.

Results showed a statistically significant reduction across four categories in the clients' entry and exit needs assessments: education, health, relationships, emotional and behavioural (see Table 2). The identity category also had a reduction in the level of need but was marginally outside the significance level. Similarly the entry and exit analysis conducted on the parents interview had similar results (see Table 3). The only category that showed no statistically significant shift by parents was in the health category.

Table 2 Means and significance levels of need categories for exited Life to the Max clients (n=8)

Need Category	Average need at entry to the programme	Average need at exit from the programme	Significance level $p < 0.05$ one-tail
Emotional/Behavioural	2.7	1.507	0.0004
Educational	3.278	1.928	0.0036
Relationships	2.805	1.732	0.0068
Identity	2.658	2.017	0.0517

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[9] Where 1= no need, 2.5= medium need, and 4= high need

[10] The Needs Assessment is made up of items regarding emotions and behaviour, identity, health, relationships and education. Please refer to Appendix B.

Health	2.052	1.343	0.0270
Level of Need Overall	2.699	1.706	0.0051

Table 3 Means and significance levels of need categories for exited Life to the Max parents (n=8)

Need Category	Average need at entry to the programme	Average need at exit from the programme	Significance level p(t<=t) one-tail
Emotional/Behavioural	2.69	1.474	0.0011
Educational	3.092	1.698	0.0009
Relationships	2.775	1.754	0.0083
Identity	2.824	1.805	0.0049
Health	1.785	1.392	0.1212
Level of Need Overall	2.633	1.625	0.0027

SUMMARY

The programme co-ordinator has remained in this position since programme inception, which has helped with the retention of all institutional knowledge of the programme, its objectives and relationships with present staffing, stakeholders and community groups.

This section has shown a range of service providers in the Whanganui community refer youth at-risk to the Life to the Max youth development programme. Of all applicable reasons for a referral, clients have presented on average just below half of all possible referral reasons (17 of 36), supporting that the clients require intervention services. The most common reasons a client was referred were in the categories of social presentation and education.

The programme has continued to operate with the maximum number of ten clients and their families at one time, providing services for a total of eighteen clients over the duration of the evaluation period. Most clients identified as either Maori or Pakeha/ New Zealand European. Only one client is recorded as having entered the programme over the age bracket of 9-14 years, this client was 15 years of age.

Life to the Max has built relationships with a range of government agencies, local schools, community groups, health services, and Maori providers.

As expected, client involvement on the programme reduces over the duration of the programme as they gain independence and complete their plans. The results have also shown programme providers have spent the majority of their time with agencies, either in meetings or on the phone in regards to the needs of the client and their family, which is consistent with their role of co-ordinating social service agencies for their clients.

The needs assessments have indicated that all clients on entry to the programme had varying levels of need in the categories of emotional/behavioural; education; relationships; identity; and health. With the exception of the identity category, all exited clients have shown a statistically significant reduction in their level of need in each of these categories.

DEVELOPMENT OF RELATIONSHIPS WITHIN THE COMMUNITY

INTRODUCTION

The involvement of community agencies and cultural groups is central to the programmes holistic intervention philosophy. As such, the programme spent the first seven months in consultation with the community, building a strong partnership with Whanganui Iwi, local government agencies and the wider business and local community.

COMMUNITY INVOLVEMENT

Key stakeholders in the community and within Whanganui Police were interviewed to gather information about their perceptions of the relationships that Life to the Max staff have established with the community.

INTERNAL STAKEHOLDERS

As an internal stakeholder to the programme, a number of interviews were conducted with Whanganui Police to gather their perceptions of Life to the Max.

A police youth aid officer was satisfied that they received consistent contact with the programme. This contact was in part due to the Youth Aid section providing 38 per cent of client referrals. Involvement with the programme was facilitated more formally through a station meeting held every week with programme staff providing the Youth Aid section with information about the current families on the programme. In addition, the Youth Aid section attended informal meetings held weekly with Life to the Max, youth education and Truancy to discuss the current 'problem' youths in the Whanganui area. The sergeant in charge is updated both formally and informally each week by the co-ordinator, and police management receive regular reports on programme operation.

When asked about the programme services, a police Youth Aid officer commented on the necessity for the programme to co-ordinate a community approach, as they were aware that the programme itself did not offer formal services or counselling. It was also noted that businesses and educational institutions in Whanganui had contacted police management with positive feedback about the programme.

EXTERNAL STAKEHOLDERS

When key external stakeholders were asked if they were able to participate in the programme most (7 of the 12) commented on the ability to work with Life to the Max to provide professional services, which included educational assessments and funding teacher aides. Other stakeholders (4 of 12) measured their participation by the ability to provide the means to work more closely with the youths on the programme. In one instance this meant that with the programmes' support, stakeholders were able to accept students excluded from other schools and were able to co-work cases. Other stakeholders participation included the provision of 'Stopping violence' programmes, providing a place of referral for when clients did not fit the Life to the Max criteria, and offering financial assistance to the programme.

When asked whether the programme impacted on the community positively, half the respondents believed that children who may have continued into further crime and anti-social

behaviour had been supported to make change through their involvement on the programme. Four stakeholders believed the relationship between the programme and the Police helped agencies and the community to be involved with the programme because Life to the Max was perceived as having some authority and respect. Others applauded the emphasis on parent collaboration, and for having provided services for families to learn skills that impact positively on the whole family.

There were few negative comments, with eight stakeholders either not commenting or indicating that they 'can't think of any'. The four remaining stakeholders considered funding and resources as the most notable concern for the programmes operation, with one person describing it as the 'supply not meeting the demand'.

DELIVERY OF A CO-ORDINATED COMMUNITY APPROACH

For the programme providers, developing a co-ordinated community approach has involved a huge investment of time networking within the community. As a consequence of this investment the co-ordinator feels the relationships are strong.

The programme operates from a Trust which is a professional group established to take ownership of the project development and is intended to reflect a cross section of the community. It maintains responsibility for the programme including sustainable funding. The trustees include: a representative from the Ministry of Education; a Police officer; accountant; solicitor; policy analyst; District Council officer; Child Youth and Family Services site manager; Youth Advice Centre representative; consultant; and Safer Communities co-ordinator.

The programme has a bi-monthly meeting with a court lawyer, social workers and police to discuss best practice. The police and the programme have a formal role through a Memorandum of Understanding, whereby it is agreed that Whanganui Police will provide a co-ordinator to the Trust.

Life to the Max has a contract with Child Youth and Family service to produce a wraparound programme for ten at-risk clients. A yearly review of processes ensures the programme adheres to the operating document. Life to the Max also has a contract with Work and Income for ten clients and is required to provide quarterly reports.

Contact with the police is maintained by providing a regular client list to the sergeant in charge of Youth Services at Whanganui station. The sergeant's involvement with the programme has helped feed information about the clients to other police sections. Life to the Max has also been contracted to provide social work hours for a client and this contract has been funded by the Maori Youth Contestable Fund. Contact with schools is a key aspect of the programme to ensure clients attend, but also to build relationships so that schools are aware of some of the underlying issues that give rise to disruptive behaviours by the clients who attend.

The programme has integrated services with Capital Coast Health. Capital Coast Health provide the programme with a forensic nurse to make psychiatric reports when a client is identified as requiring additional assessments. The nurse visits the programme fortnightly and the service, when required, is free. Every six weeks a peer support meeting is held to bring together the professionals involved with the programme to discuss common clients, formulate plans, and to discuss services and service development for youth at risk. Members of the professionals include: a psychologist; forensic nurse; representative from the Alcohol and Drug unit; Child, Youth and Family service staff; Youth Aid officers and other police. Within the wider community the programme has utilised training and education

institutes, community support and interest groups and the Alcohol and Drug Unit have client therapy and drug screening available. A river experience company has provided four-day trips for Maori males to build cultural awareness, and self esteem.

While the programme has strong community support it has experienced problems with other providers in the community through high staff turnovers, particularly with Maori providers. In some cases Life to the Max has had staff from other providers not showing up for meetings or appointments which made these relationships harder to maintain.

STAKEHOLDERS PERCEPTIONS OF A COORDINATED COMMUNITY APPROACH

To measure whether the programme had produced a co-ordinated community approach, key external stakeholders were asked how the programme had impacted on their organisation or services. Eight stakeholders believed the programme provided support and collaborative teamwork with their organisation, for example the reintegration of clients into mainstream education. Three stakeholders commented on regular meetings and consultation with the programme, while others believed the programme got to know the families better than their organisation could, and as such was able to look towards change for the whole family.

When asked how they were able to contribute to the programme almost all stakeholders (10 of 12) made reference to the full involvement of the community, and the programme working collaboratively with other agencies to utilise the skills available within the community. Examples included the publicity of the programme; the networking; the Life to the Max Trust; the sponsored vehicles; involvement of schools and Group Special Education; a health nurse; Resource Teachers of Learning and Behaviour, and volunteers. A stakeholder noted the initial reluctance to work alongside a police sponsored initiative had been overcome and the community now has 'got on with the job'.

One stakeholder describes their contribution in the following way:
'.. as a school we have responded in a different way to our pupils who are involved in the programme, because additional resources have been activated to support the young person involved we have felt more agreeable to put in additional resources ourselves to support the school end of the programme'.

SUMMARY

Life to the Max has a comprehensive group of internal and external stakeholders. The professional structure of these relationships has ensured that the programme is accountable to numerous groups, including: government departments; the Life to the Max Trust; local police; and local social service providers. The emphasis on community involvement and interagency collaboration is corroborated with the contact hours recorded with agencies and staff time spent in meetings and on the phone.

BUILDING PARTNERSHIPS, RELATIONSHIPS AND PROTOCOLS

INTRODUCTION

Networking has been a key tool to build partnerships and relationships with government agencies and community groups. For the programme provider the challenge has been to find out 'who makes things happen' in an organisation and with this doors have opened between the programme and agency services.

The programme provider believes that the role of the police within the organisation has lent weight and Mana to the programme, both to the management and professionalism.

Nine of the stakeholders referred to having developed strong collegial relationships with staff on the programme and are comfortable contacting the staff for advice and support with clients who may be candidates for the programme. Other comments included the 'complete needs of each child are considered and expertly co-ordinated by enthusiastic but realistic team members', while another stakeholder believed the high level of service was reflected in the ability for organisations to work together.

When asked how these relationships were maintained all twelve stakeholders referred to ongoing liaison, both formal and informal, regular meetings and networking. Many felt included as part of the team and spoke of Life to the Max staff being reliable and replying promptly to phone messages and putting the time required into families.

In terms of improvements, four stakeholders would support the extension of the programme while others proposed more funding and resources.

MAORI VALUES

At the time of the programme inception the co-ordinator initially approached the three local Iwi: Ngati Apa; Nga Rauru; and Ati Hau Nui a Paparangi to gain their support and ideas for the creation of the project, particularly drawing on the expertise Iwi have to help at-risk Maori youth.

However, the programme has had ongoing problems establishing a key role for Maori across the three independent local iwi. This has meant the programme has struggled to get iwi representation on the Trust, as it is difficult to find someone with the mandate to speak for Maori across all iwi in Whanganui.

The programme has retained the whare tapu wha model (the four cornerstones to wellbeing), but has become agency-based rather than tribal or iwi, and determines the services and involvement of Maori in consultation with each family on the programme. The programme has access to the Police Maori Iwi liaison officer for advice and support about cultural issues.

When asked if the programme had been culturally appropriate both exited and current clients agreed that it had been. Several mentioned the courses offered by Jim Moriarty as an example of the programme providing a cultural service. Another parent referred to the wraparound whanau service as illustrative of both the primary client and whanau needs being met by Life to the Max, while one client specifically chose not to be involved with Maori providers.

ADHERENCE TO THE TREATY OF WAITANGI

As with the extent to which Maori values have been build into the programme, the ability to measure how the programme has fulfilled its objective to adhere to the principles of the Treaty of Waitangi is made difficult without representation of Maori on the Trust.

The programme provider has expressed limits to being a Pakeha within the realm of providing a culturally appropriate service, but feels the young Maori youth worker helps to balance the needs of the clients, along with access to the Maori iwi liaison officer, Kaumatua and network of Maori providers in the community.

All the stakeholders believed the programme is culturally responsive to the needs of ethnic minority groups. They were impressed with the effort made to engage with families, embrace a kaupapa Maori philosophy, and with the model of empowering families and young people – particularly when the family is able to set the agenda and define the level of community involvement.

SUMMARY

Life to the Max has received positive feedback from stakeholders who feel they are able to contribute to, and be involved in the programme. Although the programme struggles to get Maori representation on the Life to the Max Trust Board, the programme has continued to work with each client to identify needs and provide culturally appropriate responses as required. The programme has employed a Maori staff member to help provide an environment that reflects the diversity of the community, and stakeholders have commented that the programme provides a culturally responsive environment to ethnic minority groups.

THE FOUR CORNERSTONES TO WELLBEING

INTRODUCTION

Life to the Max adopts a multi-systemic model (or wraparound) intervention. This holistic approach identifies the risk factors associated with the young offender and the wider issues that exist within the whanau/family. The youth is the primary client throughout the programme although the whanau/family are also included in the intervention plans. The intervention model develops individualised plans based on the four-cornerstone approach to wellbeing. The four cornerstones are: Health; Family; Education; and Community/ Recreation.

Within this objective the evaluation looked to assess the extent to which individualised plans have been tailored to youth, to determine if appropriate interventions had occurred in accord with plans, and to determine whether the clients and families had achieved positive life outcomes as a result of involvement with the programme.

To identify the needs within the four cornerstones the programme social worker identifies key issues and risk factors within the family. Group Special Education, RTLB and teachers assist with the education category, and health professionals with health checks. Police staff look into the community of the client and the youth worker was responsible for attending to the clients recreational needs.

The co-ordinator believes the four cornerstones help to identify specific services that are required and make the needs of the client and family more manageable. However, the co-ordinator believes that the family cornerstone remains integral to long term better life outcomes for the client, siblings and whanau/family. Police management believes this programme approach provides for intergenerational issues to be addressed which other support services are not in a position to attend to.

INDIVIDUALISED CLIENT PLANS

To measure the extent to which individualised plans were tailored to the youth, a sample of current and exited clients were interviewed by the evaluator to provide a clients perspective on the delivery of the programme services. Of the eight exited clients, feedback was also collated from comments recorded in the client and parent exit interviews that were conducted by programme staff.

The two exited client families that were interviewed felt that the programme provided plans that were tailored for individual family members. For one family, the programme provided a family support person for the mother to talk to, while for another family it meant the focus included and involved other siblings in the family. Both exited parents felt the programme staff included them at meetings and in the decision making process. One of the exited parents commented on the improvement of her child's behaviour as 'being a different kid' as a result of the programme.

Overall, in the exit interviews conducted by the programme, parents indicated that they valued the support of programme staff. For example, one parent felt the programme provided '.. support for myself and family', while another was comforted by the programme, '…when dealing with a problem child it is nice to know that there is someone else to help and not have to do it alone'. Three parents also indicated that they liked the open communication between staff and parents, and being kept informed and involved in the decision making

process. The eight clients indicated that they enjoyed the social outings, such as the river trip, going to the go-karts, playing pool, playing 'spacies', and getting incentives like food. One client liked having access to a stop smoking course and tattoo removal, while another appreciated all agencies being together instead of having to give constant explanations. When asked why they liked the programme, four exited clients enjoyed the interaction with programme staff, that the programme made them think about their actions, while another comment included the programme 'made me feel good'. Three exited clients said there was nothing they did not like about the programme, one mentioned the Family Group Conferences, while another thought there were lots of appointments. Two exited clients did not like getting in trouble and felt 'stink' that they let staff down, or when programme staff would visit them.

The three current families indicated that each family member receiving an individualised plan was important to the family developing as a whole. One family describing Life to the Max as 'covering them all'. Another parent described her involvement with the programme as a desire for a better life for her and her children. All the current families expressed having received adequate information about the programme services.

While most of the services provided by the programme were for the primary clients, parents indicated the programme had facilitated their involvement in a parenting course, attending counselling and anger management, and joining the gym. Not all of the parents were able to confirm their participation in the compulsory parenting and budgeting courses that is required as a prerequisite to involvement on the programme.

APPROPRIATE INTERVENTIONS ACCORDING TO CLIENT AND WHANAU PLANS

To determine the extent to which appropriate interventions and actions have occurred, information was also sought in interviews with the programme provider, police and current and exited clients and their families.

For Life to the Max staff, client plans are reviewed weekly to determine whether the plans are providing the necessary interventions. For the Youth Aid, only one comment was made in terms of appropriate interventions and this was in relation to the placement of groups of at-risk youths together on trips away. There was a concern that in some instances this was not always desirable as individuals could form new friendships that may draw on negative behaviours.

In terms of exited clients, the two exited parents described the interventions provided by the programme as having relieved the stress in their lives, providing someone to talk to, and having helped organise the agencies that need to be involved in accordance with the needs of the client and whanau. For the clients, interventions involved incentives to help stop a client skip school, another stopped smoking, while another had tattoos removed.

The three current families were less inclined to describe actual interventions and the appropriateness of these, but rather they described the importance of having the whole whanau included in the programme. '.. if it wasn't for Life to the Max we would be a broken family by now… I don't think we would of managed'.

Other families described the varying levels of contact and support as depending on what was happening at the time. The interventions ranged from accompanying parents to school meetings, to having someone to talk to, having someone make and attend appointments with them, and speak with health professionals.

Most parents and clients described a level of trust with the programme staff, with one mother stating '… when I go down to the office to visit them it's like walking into a home'.

IMPROVEMENT IN POSTIVE LIFE OUTCOMES

To determine whether there had been a positive outcome in relation to the four cornerstones, key stakeholders were surveyed in regards to the families and their organisation, current and exited families were asked their perception on their life outcomes as a result of the programme, and information was gathered from the programme exit interviews with parents and clients.

Eight of the twelve stakeholders believed that a positive outcome was achieved by the young clients and their family being supported and listened to, with positive relationships being made and with clients being safe. Five stakeholders considered the programme removing negative influences as having affected the attitude and motivation of the families, allowing for better choices in the future, and therefore preventing offending.

However, comments from one stakeholder included, '.. at times some of the treatment plans have been too simplistic to meet the extent of the problem, e.g. the dependency on alcohol by the parent can not be dealt with in a short time frame needed by Life to the Max'.

In the exit interviews conducted by staff, several parents commented on the programme giving them and their children an incentive to change and to help realise that 'everything begins at home'. One parent felt it helped them to develop an awareness of the developmental stages of their child, while another parent benefited from strategies to deal with difficult behaviour. Seven exited clients experienced a range of positive outcomes, with comments including, that they learnt people do care about them, that they have choices in life, that they are able to care for others, as well as learning to be more responsible and aware of the consequences of their actions. The remaining exited client did not respond.

For one current parent on the programme the positive outcome was described as 'it makes us better parents and opens our eyes as well to the problems of our children'.

PROBLEMS WITH THE PROGRAMME

Parents and clients involved in the exit interviews described some challenges while involved on the programme. One parent indicated that the programme did not always provide open communication between staff and parents, which meant that they felt they were not always aware of what was happening when their child was on the programme. Two parents felt that the increased attention towards their child was not always helpful, with one child abusing the situation, for example, obtaining after-hours phone numbers. Two parents would prefer more meetings, while one would prefer fewer meetings, with one preferring less meetings with the children and more with the parents. Other comments included a reference to the need for more funding and staff, with another parent preferring more information about the 'ins and outs' of the programme operation. When asked how the programme could improve, one client would like the involvement of both parents, one client would prefer less meetings, while another wanted regular contact so that they knew when staff were coming. Three exited clients could not think of anything to improve the programme.

SUMMARY

The multi-systemic (wraparound) intervention services have provided the families of the primary client access to services they would otherwise have to seek independently. Most families, exited and current, have described the support for the whole family as beneficial. Families were not always aware of specific 'plans' when interviewed, but were aware of the their development and the help received from Life to the Max. Stakeholders have also felt the programme offered opportunities for the community to work together to intervene in youth offending. Both exited parents and clients have described positive life outcomes that reflected an increase in their sense of responsibility, that they are increasingly empowered and aware of making positive choices in their life. It can be seen that communication remains integral to programme success in terms of alleviating parents of any concerns they have about the programme operation, but also for stakeholders who may be concerned about the plans which oversee the provision of services to help families on the programme.

THE PREVENTION AND REDUCTION OF OFFENDING

INTRODUCTION

As with past youth development projects that have operated with police involvement, Life to the Max has continued to aim for a reduction and prevention of recidivist offending of clients on the programme. As mentioned previously, assessing this objective is limited with an absence of a control group to measure and compare the results.

As a holistic programme there has been every effort to attend to the range of issues within the family, to provide the best opportunity for longitudinal change for the client within an increasingly supportive environment. The programme co-ordinator felt that often parents' values and beliefs take a long time to change but when they do, the change within the family is dramatic.

OFFENDING PRIOR TO INVOLVEMENT

Prior to acceptance on the programme, the 18 clients had a combined total of 43 recorded offences. The most recorded offences by one client was nine, while the average across all clients was two recorded offences. Six clients had no recorded offences prior to programme entry. The most common offences included dishonesty, property damage, and violence as detailed in Table 4. The seriousness of these offences is detailed in Table 5, showing over half the offences (53 per cent) were of minimum seriousness which corresponds to the relatively low average level of need that was recorded in the needs assessments.

Table 4 Types of offences committed prior to the clients involvement on the Life to the Max programme

Type of Police offence	Number of offences prior to the programme
Violence	3
Sexual	0
Drugs	1
Antisocial	1
Dishonesty	25
Property damage	9
Property abuses	4
Administrative	0
TOTAL	**43**

Table 5 Seriousness of offences committed prior to the clients involvement on the Life to the Max programme

Level of Seriousness	Number of offences prior to the programme
Minimum seriousness	23
Minimum/medium seriousness	8
Medium seriousness	9
Medium/maximum seriousness	3
Maximum seriousness	0
TOTAL	**43**

COMPARISON OF OFFENCES PRIOR TO AND DURING INVOLVEMENT

To compare offences, the same period of time before the programme and during the programme were used. For example, those clients that had been on the programme for thirty weeks had offences recorded for the thirty weeks prior to programme entry.

During the programme 62 offences were recorded, an overall increase of 44 per cent. The average number of offences increased to over three per client, but over a third (37 per cent or 23 offences) were committed by one client. Table 6 is a breakdown of offences and seriousness of offences by clients before and during programme involvement. The table outlines the variation of types of offences and seriousness of offences for the sixteen clients that had offended prior to joining the programme, or continued to offend while on the programme.

Table 6 Breakdown of offences and seriousness of offences by clients prior to and during programme involvement

Client	Offence Type		Seriousness of Offence	
	Pre programme	During Programme	Pre programme	During Programme
A		Dishonesty (3)		Minimum (1)
				Min/Med (2)
B		Dishonesty (2)		Minimum (1)
				Medium (1)
		Anti-social (1)		Minimum (1)
C	Property Damage (1)		Minimum (1)	
	Dishonesty (1)		Min/Medium (1)	
	Violence (1)		Min/Medium (1)	
		Violence (1)		Maximum (1)
D		Dishonesty (2)		Min/Medium (1)
				Medium (1)
E	Dishonesty (2)		Min/Medium (1)	
			Medium (1)	
	Violence (1)		Med/Maximum (1)	
F	Dishonesty (1)		Minimum (1)	
	Violence (1)		Min/Medium (1)	
	Anti-social (1)		Min/Medium (1)	
		Dishonesty (1)		Medium (1)
		Unknown (1)		Unknown (1)

Client	Offence Type		Seriousness of Offence	
	Pre programme	During Programme	Pre programme	During programme
G	Property Damage (2)		Minimum (2)	
H	Property Damage (1)		Minimum (1)	
	Dishonesty (1)		Min/Medium (1)	
		Sexual (1)		Min/Medium (1)
		Dishonesty (2)		Min/Medium (2)
I	Property Damage (2)		Minimum (2)	
J	Dishonesty (4)		Minimum (1)	
			Medium (3)	
	Property Damage (1)		Minimum (1)	
		Property Damage (3)		Minimum (3)
K	Property Abuses (1)		Medium (1)	
	Dishonesty (1)		Minimum (1)	
	Drugs (1)		Minimum (1)	
	Dishonesty (2)		Min/Medium (1)	
			Med/Maximum (1)	
L	Dishonesty (5)		Minimum (3)	
			Medium (2)	
		Dishonesty (4)		Minimum (2)
				Min/Medium (2)
M		Dishonesty (2)		Minimum (1)
				Medium (1)
		Administration (6)		Min/Medium (6)
		Property Damage (1)		Minimum (1)
N	Property Damage (1)		Minimum (1)	
	Dishonesty (2)		Minimum (1)	
			Min/Medium (1)	
		Violence (1)		Min/Medium (1)
		Dishonesty (2)		Minimum (1)
				Min/Medium (1)
		Anti-social (1)		Min/Medium (1)
		Property Damage (2)		Minimum (2)
O	Dishonesty (5)		Minimum (2)	
			Medium (2)	
			Med/Maximum (1)	
	Property Abuses (2)		Minimum (2)	
	Property Damage (2)		Minimum (2)	
		Dishonesty (16)		Min/Medium (2)
				Medium (8)
				Med/Maximum (6)
		Violence (3)		Min/Medium (1)
				Med/Maximum (2)
		Property Abuses (1)		Minimum (1)
		Administration (3)		Min/Medium (3)

Client	Offence Type		Seriousness of Offence	
	Pre programme	During programme	Pre programme	During programme
P	Dishonesty (1)		Minimum (1)	
		Dishonesty (2)		Med/Maximum (1)
				Medium (1)
		Violence (1)		Min/Medium (1)
				Med/Maximum (1)
Total:16	**Total Offences: 43**	**Total Offences: 62**		

Figure 9 illustrates clients' offending patterns which (with the exception of the client who committed 23 offences), varied between nine offences and no recorded offences. Overall, eight clients recorded a drop in offending, while eight increased their recorded offences. Two clients continued to have no recorded offences both prior to, and during their involvement on the programme.
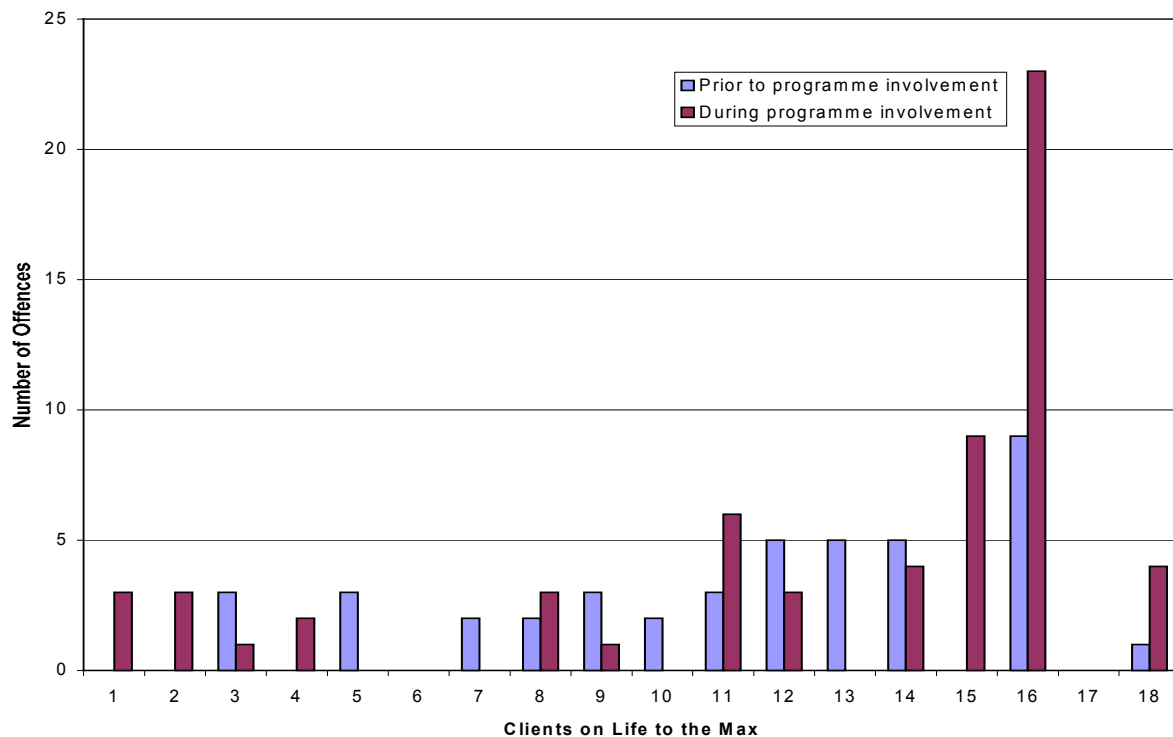
Figure 9 Comparison of client offending prior to involvement and during programme involvement

The types of offences that were committed by clients during the involvement on the programme varied from those recorded prior to involvement. Dishonesty offences continued to be the most common, while administrative offences rose as did violent offences (see Figure 10). Overall, offences tended to increase in each category. The seriousness of these offences also increased compared to offending recorded prior to the programme (see Figure 11).
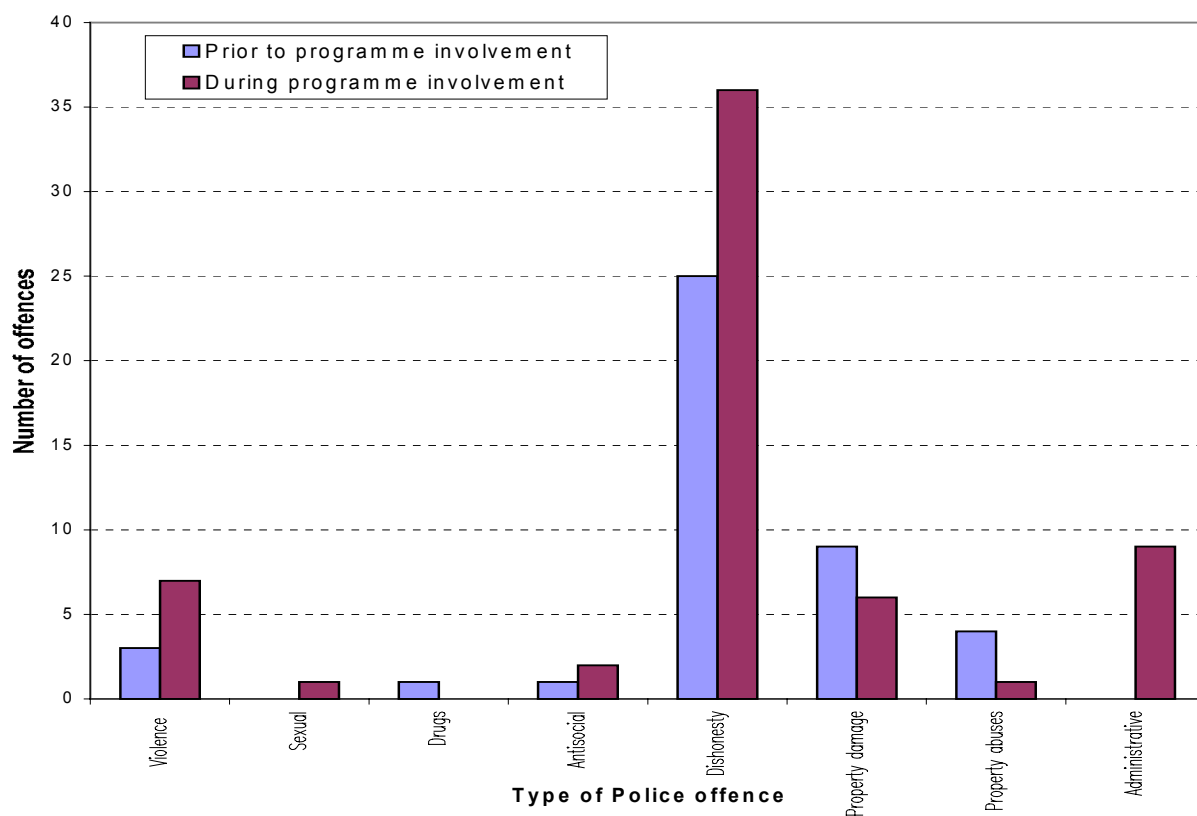
Figure 10 Types of offences recorded prior and during participants involvement on the programme
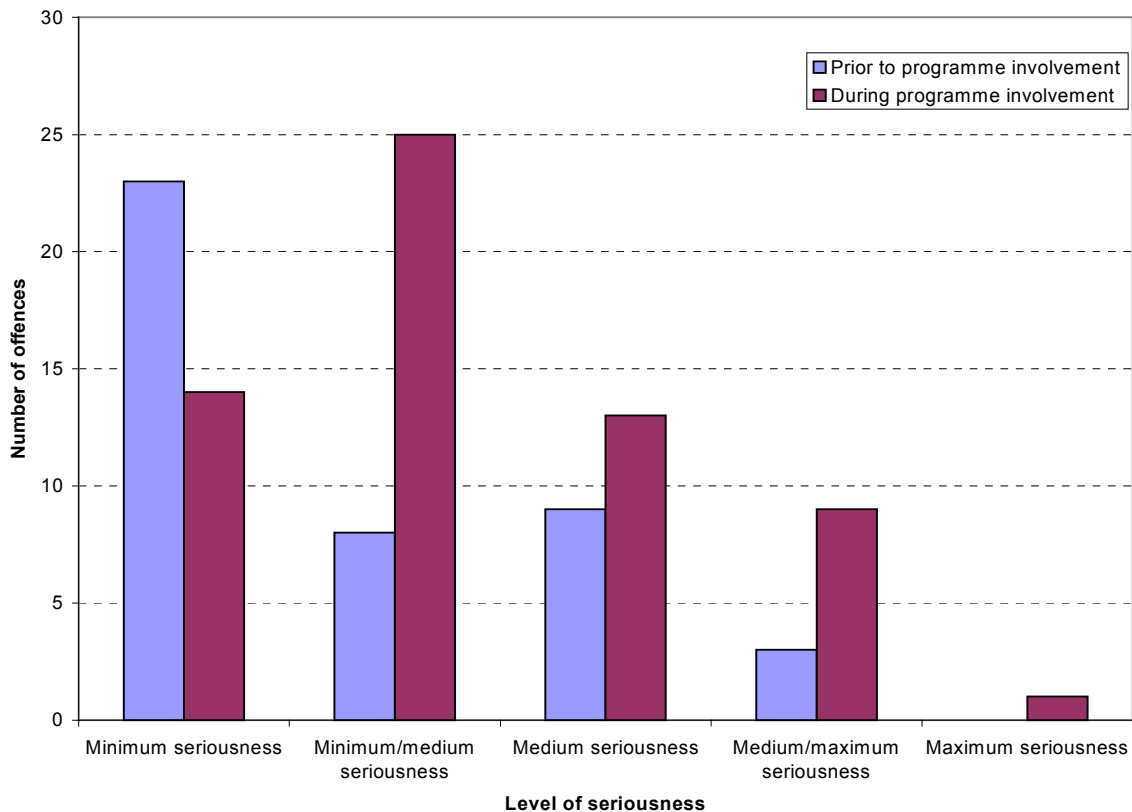
Figure 11 Seriousness of offences recorded prior and during participants involvement on the programme

Of the exited clients that were interviewed, no family mentioned an increase in offending or seriousness of offending as a consequence of being on the programme. In terms of offending, exited clients felt they had changed as a result from being on the programme. In one particular instance an exited client felt his attitude had changed, in addition to having stopped stealing, and having stopped using drugs.

When asked about the offending of youths on the programme, the Youth Aid officer was unsure of the long-term effect the programme would have on offending levels but believed the programme had built better relationships with the youth in the community.

SUMMARY

Of the eighteen clients, eight reduced their offending, while eight increased their recorded offences, the two remaining clients did not have any recorded offences both prior to and during programme involvement. However, on average, across all clients offending did not decline while they were involved on the programme, with both the number of recorded offences and seriousness of offences increasing. The increase in overall recorded offences was largely due to the increase in offending by one client in particular, who has contributed to over a third of all offences while involved in the programme.

When interviewing exited clients and their families, most mentioned improved life outcomes as a consequence to being involved on the programme, a reduction in offending, a new sense of direction and a strong bond with programme staff.

INCOME AND EXPENDITURE OVERVIEW

The financial contributions from NZ Police over the last three financial years have varied between 8 and 30 per cent of total income. Funding has been appropriated from the Police Managers Guild Trust and the Youth at Risk budget (in addition to the provision of a sworn officer as the programme co-ordinator). Donations have remained a relatively low percentage of total income for Life to the Max, ranging between 1 and 4 per cent. 'Other' sources of income have provided the majority of funding, ranging between $13,554 - $54,335 (between 69 per cent and 93 per cent of total income over the last three financial years). Within this category Work and Income, Whanganui Safer Community Council, and Child Youth and Family services have provided funding each year, while more recently the Todd Foundation, Whanganui District Council, Work and Income wage subsidies, and the NZ Lottery Grants Board have also contributed (see Table 6).

Table 7 Summary of financial contributions made to Life to the Max

	Year end March 2002	Year end March 2003	Year end March 2004
Police contribution	17%	8%	30%
Donations	4%	-	1%
Other	79%	93%	69%
Total	100%	101%	100%

* Components may not always add to 100 per cent due to round to two decimal places.

Over the last three financial years the programme's most costly direct expenses have included incentives for clients, programme costs, educational support, school uniforms/ clothing, family/whanau support and sport and recreation. The most costly overheads have included staff salaries, professional development, accounting fees, and information and promotion[11]. The Social Worker and Youth Worker roles are subsidised by Work and Income Job Start and discretionary funding. The programme has had a surplus for the year ending March 2002 and March 2003 but recorded a $1,324 deficit in the year ending March 2004 (see Table 7).

Table 8 Income and expenditure for Life to the Max: Year end March 2002 – March 2004

	Source	Year end March 2002	Year end March 2003	Year end March 2004
Income	**Police**	3,000	4,388	21,167
	Donations	720	-	580
	Other	13,554	54,335	48,983
Total		**17,274**	**58,723**	**70,730**
Expenditure	**Expenses**	2,028	11,761	3,263
	Overheads	7,444	32,822	68,791
Total		**9,472**	**44,583**	**72,054**
Surplus/Deficit		**$ 7,802**	**$ 14,140**	**$ -1,324**

Based on the total income minus overheads, direct expenses are considered to be the approximate disposable income that is redirected to clients on the programme (as opposed

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[11] This information has been gathered from the Life to the Max Statement of Financial Performance for the year ending March 2002, March 2003, and March 2004. The financial year for 2004 has been included in its entirety although the evaluation period was until 31st December 2003. It was decided that removing the last quarter would be problematic in terms of equating it with an exact figure.

to overheads, which includes staff salaries). From the financial statements, the programme is seen to have an expenditure of $947.33 per client (based on an overall total of $17,052), or an average of $20.16 per client per week (see Table 8). This however, varies greatly from the total client costs recorded in the programme database, which total $6,829.92. This amounts to an average of $379.44 per client, which if averaged across 47 weeks is $8.07 per client per week.

Table 9 Expenditure on Life to the Max clients

	Year end March 2004	Year end March 2003	Year end March 2002	Total	Expenditure per client (n=18)	Average weeks on programme	Average expenditure per client per week
Direct expense	3,263	11,761	2,028	**17,052**	**$ 947.33**	47	**$ 20.16**

In addition to considering the known costs of the programme it is also important to recognise that hidden costs exist and these are often underestimated in youth development and community based programmes. Although the programme co-ordinator does not consider volunteer work to provide for many of the programme services, there are still areas in which the programme operates under the true cost. For instance, a forensic nurse visits the programme fortnightly at no charge, a professionals meeting is held every six weeks, a Trust management meeting is held fortnightly, the Trust meets quarterly, and the programme has an AGM. All these meetings, the members who attend (up to ten), the meeting rooms, the travel time and cost are all chargeable hours. To incorporate the real cost of this programme is to cost-out the support, membership and hours which are given on goodwill by professionals in the community. Therefore, like other youth at-risk programmes that have been evaluated, the true cost of the programme could be up to another half of what expenditure currently records per year (NZ Police Evaluation Unit, 2002).

SUMMARY OF FINDINGS

The four objectives of this evaluation have measured the overall aim of the programme to '*provide individually tailored programmes for young people and their whanau/families to achieve improved education and life outcomes, in order to reduce the likelihood of possible future, or repeat offending in the community of Whanganui*'.

The target group for Life to the Max was for actual or potential recidivist offenders aged between 9 – 14 years. Each of the eighteen clients that were included in this evaluation have met the required criteria to enter the programme, with the exception of one male being 15 years of age at entry to the programme.

Across all clients, an average of 47 weeks was spent on the programme with an average of 115 contacts per client. As expected, the time spent with clients decreased as they progressed through the programme. Previous evaluations have shown that youth development programmes are more successful in attending to the needs of clients' when there are at least 50 contacts with the young person and their family, and the programme is involved with the client for at least a year (NZ Police Evaluation Unit, 2002). Life to the Max falls marginally below an average of one-year per client (47 weeks) but records over twice the amount of prescribed contacts per client (an average of 115 per client). These findings help to understand how the programme has contributed to significantly reducing the level of need in four of the five need assessment categories.

Although staff contact with the client was the lowest of all recorded contact, the role of the programme is to facilitate the bringing together of support services for clients and their family. Therefore the time spent with families, and agencies on the phone and in meetings is an indication that staff continue to work with external and professional services to attend to the needs of the clients and their families. The reduced level of need also suggests that clients are accessing appropriate support services.

However, there were a few clients who on average received less than one-hour contact per week. This may indicate that these clients did not require a high level of intervention throughout their time on the programme, but it is worth noting that contact time includes time spent with agencies and family members, therefore client contact (which is the lowest percentage of overall type of contact) would be very low for these clients.

The results of the 'before' and 'after' needs assessments for eight exited clients have shown a distinct and strong reduction in the level of need across all of the five need categories: emotional/ behavioural; health, education; relationships; and identity. All clients undertook a needs assessment on entry to the programme but only eight exited clients were able to have pre and post analysis conducted. Four categories (emotional/ behavioural; health; education and relationships) had a statistically significant reduction in the level of need recorded. However, all of the five categories fit within the four cornerstones to well-being, which has been the philosophy used by the programme to address and attend to the needs of the clients and their families. Although the sample remains small, the results demonstrate that the programme has been effective and comprehensive in providing a holistic intervention to improve client wellbeing.

The programme has been reliant on staff networking with government agencies, local social services, and Maori providers to provide services for their clients, which is crucial if they are to fulfil their function of co-ordinating services. A key success has been the commitment of staff to spend the time building these relationships, keeping regular contact, and providing

the forum in which to bring these organisations together to attend to each client and their family as a one-off service rather than independently.

THE FOUR KEY OBJECTIVES

Development of relationships in the community
Life to the Max has demonstrated strong community involvement, from when it first held forums in the community to discuss an intervention service for youth at-risk in the community, to having drawn on the skills in the community to plan, implement and deliver the programme. The extent of the co-ordinated approach is illustrated in the comprehensive group of external and internal stakeholders that now work with the programme to provide a multi-systemic service to clients and their families. The programme has several key sources of funding and therefore is accountable to numerous organisations as well as to its own management team and Board of Trustees. This indicates that the programme is well integrated into the community and maintains relationships through transparent organisational structures.

Building partnerships, relationships and protocols
Strong support from key stakeholders is a reflection of the time invested in community interaction and networking by staff at Life to the Max. The programme has attempted to build in Maori partnerships but several comments were made by Police about a problem that exits in Whanganui in regards to seeking representation from Maori in a district where there are three independent iwi, each with their own values and views. As such, the programme has focused its efforts on delivering a culturally appropriate service through its use of whare tapu wha model (four cornerstones to wellbeing) which has shown to have support of the clients and families on the programme.
By having a overarching philosophy that is culturally responsive to the beliefs of clients and families in Whanganui the programme has demonstrated it is able to meet the cultural needs of clients and can successfully operate in the absence of a formal Maori representative within the programme and Board of Trustees. In addition, the programme still has access to the Police Maori Iwi Liaison officer.

The four cornerstones to wellbeing
As mentioned, the four cornerstones have contributed to providing a culturally appropriate service to Maori, but have also helped to develop more manageable plans for clients by separating them into the four areas of Family; Health; Education; and Community/Recreation. The four cornerstones have also provided staff with specific areas to develop with the clients and families, for example, the youth worker is responsible for developing recreational plans. This has helped with staff development and with building staff / client trust. For a few families, these plans may require more rigorous monitoring as they admitted they had not pursued the activities and were not always aware of their responsibilities within the plans. A youth aid officer was also concerned about the risk of clients building negative relationships with other clients on trips-away, and a few parents raised concerns about either not knowing about their child's activities on the programme, but were also unclear about the programme operation. Both the exited clients and their parents described a better understanding of their place in life, the choices that they are able to make, and the responsibilities they can uphold in their exit interviews with staff. Although the families that were interviewed were not specifically aware of the 'four cornerstones to wellbeing' terminology, they felt that they were involved in the development of plans and believed their life as a family had improved as a consequence of being on the programme.

The prevention and reduction of offending
The offending of clients' needs to be considered in conjunction with the results of the needs assessments and the three main objectives that were included in this evaluation. Overall,

there was an equal measure of clients that reduced their recorded offences and increased their offending while on the programme, while two clients did not offend throughout their involvement on the programme. The increase in overall recorded offences is largely due to the actions of one client who committed 23 offences and which has contributed to the overall offending patterns of clients not reducing. The increase in offending is hard to attribute to any one thing as wider family, and social dynamics and issues can be innumerable. The programme co-ordinator has suggested that being on the programme often means clients are monitored more closely by the community. This may well be true, but for the client who recorded 23 offences while on the programme, this is clearly an increase in offending irrespective of closer community awareness and involvement. More needs to be done to look at why this client and seven others on the programme are still offending, and why the seriousness of some of these offences has also increased. It is also important to reflect on the eight clients who have reduced their offending on the programme, which is a positive and encouraging result for the programme.

DISCUSSION OF KEY SUCCESS FACTORS OF THE PROGRAME

The multi-systemic wraparound programme has been positively received by clients and the community. Stakeholders have indicated that they are able to contribute to the programme services, while clients and parents have benefited from a service that attends to the family as a whole. Addressing the parents' needs was harder to measure quantitatively in this evaluation, but through qualitative interviews it was found that families believe that their needs have been addressed and some of the perceived risks reduced. Although a comparison group was not used in this evaluation, evaluation findings in New Zealand support a community-based programme as the most effective type of programme for youth at-risk (NZ Police Evaluation Unit, 2002:214). Literature also supports the most effective programmes are those that involve parents and are focussed on responding to the individual needs of the youth and his or her family' (Herrera, 1999: Gottfredson, 1998; and in New Zealand: McMaster, Maxwell & Anderson, 2000; Shepherd & Maxwell, 1999a; Shepherd & Maxwell, 1999b, cited in NZ Police Evaluation Unit, 2002:214)

SUGGESTED IMPROVEMENTS

A concern for Life to the Max has been the need for sustainable funding. From the expenditure review it can be seen that the source of income has varied from one year to another as donations, government agencies, and local groups vary their level of financial support for the programme. This creates vulnerability, as the programme is not able to forecast the financial viability of staffing levels, and makes it difficult to make long term plans/ goals for clients.

In addition, this evaluation has attempted to demonstrate the hidden costs – or at least highlight the implications of hidden costs within the programme. At the most basic level the programme is reliant on a lot of good will by professionals in the Whanganui district. If this programme were to be implemented elsewhere the true overheads would be considerably more. Although volunteer work (unpaid chargeable hours) is a healthy reflection on community involvement, it is also risk for the programme as it would be a financial burden to have to cover these roles if the situation changed.

The discrepancy between the disposable income in the financial statements and the recorded expenditure on clients in the database varied greatly. It would be useful to have a more accurate or definitive record of how much the programme spends on clients to enable a more comprehensive understanding of programme expenditure. At this stage it remains unclear exactly what percentage of income goes toward the client.

Another situation that may require some consideration is when a secondary client (sibling) is receiving a high level of staff intervention. In this evaluation all recorded contact with a sibling (without the primary client) was omitted from the analysis to ensure that the contact for each primary client was accurately measured[12]. In this instance it may be worth considering moving the secondary client to a primary client status so that a needs assessment can be conducted and full contact and expenditure details recorded for this sibling independent of the primary client.

It may be worthwhile to consider the mix of clients that attend a trip away or cultural experience in light of concerns that some youths may build relationships that adversely affect their development towards a reduction in offending and a more positive environment.

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[12] If contact with siblings was included in the analysis of contacts per week, and contact time per week per client, the results would infer a greater amount of time and expenditure spent on the primary client.

RECOMMENDATIONS

The programme needs to consider why a number of clients have continued to increase their offending while on the programme. The programme may need to look more closely at offending within the four cornerstones to identify how to reduce the likelihood of offending. This may include the further identification of which aspects of the programme are working and which components of the programme need to change. For example, staff need to consider the types of offences being committed, what situation these offences occur, and whether the appropriate referrals and services are involved when offending is not reducing.

It is recommended that the project seek sustainable funding to alleviate the challenges of running the programme from year to year, to help secure staffing levels and provide staff with the ability to plan for the year.

Staff need to ensure clients and their families and stakeholders of the programme share the expectations and understanding of individualised plans to ensure action points and responsibilities are undertaken. The programme may benefit from more rigorous monitoring of family plans, particularly when change in the family is more dramatic when the parents' values and beliefs also change.

Life to the Max staff should consider paying particular attention to ensuring the database records exact dates of client entry and exit to the programme, and client expenditure.

It will also benefit any future evaluation to ensure all categories are completed when recording staff contact with a client, their family or agency (in regards to the client). In particular, recording the length of contact time spent with an agency, client, or family is important for accurate analysis. This may be resolved through staff training to allow the new database to be used to its potential.

It may also help to include and clarify 'travel time' to ensure it is consistently recorded into the database. It would also help to include a record of parents having undertaken the required parenting or budgeting course in the database.

In order to help recognise the time spent with at-risk secondary clients (siblings) the programme should consider upgrading a sibling to a primary client status in order to keep more accurate records of contact, expenditure and staff support.

REFERENCES

ACHRN (2001). <u>Outcome Evaluation</u>. Alberta Consultative Health Research Network. http:www.achrn.org/outcome_outcome.htm

Gottredson, D. (1998). School-based Crime Prevention. In Sherman, L. Gottfredson, D; MacKenzie, D; Eck, J; Reuter, P and Bushway, S (Eds), <u>Preventing Crime: What Works, What Doesn't, What's Promising: A Report to the United States Congress</u>. Maryland: Department of Criminology and Criminal Justice, University of Maryland.

Herrera, C (1999). <u>School-based Mentoring</u>. A First Look into its Potential. Philadelphia: Public/Private Ventures.

Life to the Max Youth Development Programme (2001). <u>Life to the Max Operating Document</u>.

Maxwell, G and Morris, A (1993). <u>Family, Victims and Culture. Youth Justice in New Zealand</u>. Wellington: Institute of Criminology, Victoria University of Wellington

Maxwell, G M; Morris, A and Anderson, T (1999). <u>Community Panel Adult Pre-trial Diversion: Supplementary Evaluation</u>. Wellington: Crime Prevention Unit, Department of Prime Minister and Cabinet, and Institute of Criminology, Victoria University of Wellington

NZ Police Evaluation Unit (2002). <u>Process Evaluation of the Clendon II Much Youth Development Programme: Year Ended 2002</u>. Office of the Commissioner: Wellington NZ

NZ Police Evaluation Unit (2002). <u>Outcome Evaluation of Police Youth at Risk Programmes: July 1997 – June 2000</u>. Office of the Commissioner of NZ Police: Wellington NZ

NZ Police Evaluation Unit (2003). <u>Whangarei Youth Development Programme: Process Evaluation</u>. Office of the Commissioner of NZ Police: Wellington NZ

Owen, M. and Rogers, P. (1999). (2nd Ed). <u>Program Evaluation.</u> Allen & Unwin: Australia

Parker, R; Ward, H; Jackson, S; Aldgate, J and Wedge, P (1993). <u>Looking After Children: Assessing Outcomes in Childcare</u>. London: HMSO.

Shepherd, P and Maxwell, G M (1999a<u>). Evaluation of Child and Youth Support Worker Demonstrations</u>. A Report to the Ministry of Social Development.

Shepherd, P and Maxwell G M (1999b). <u>Evaluation of Specialist Services for Children who have Experienced or Witnessed Family Violence</u>. A Report to the Crime Prevention Unit.

APPENDIX A: INTERVIEW SCHEDULES

Programme Co-ordinator

1. Has Life to the Max changed its approach/selection criteria/referral process etc since its inception?

2. Has this process effectively 'targeted' the right clients? I.e. provided a service to clients the programme was established to meet the needs of?

3. How does the programme determine the needs of clients?

4. How are clients involved in identifying needs and also in identifying when needs are met?

5. What happens when the clients needs are met?

6. What if the programme can not meet a particular need?

7. Has there been any turnover of staff/ or increase in staff? How has this effected the programme service? Has this resulted in a change of roles?

8. What does Life to the Max consider to be a 'community approach?

9. How has Life to the Max adopted a 'community approach'?

10. To what extent has Life to the Max played a role in supporting other community initiatives?

11. What relationships have been built and maintained with community support agencies?

12. How have community support agencies contributed to Life to the Max?

13. Are there any agencies with whom a relationship has not been able to be maintained? Why?

14. What relationships have been built and maintained with local government agencies? Why?

15. What have been some of the challenges in developing a relationship/partnership with government agencies?

16. To what extent has there been a relationship with local Iwi? How did this come about?

17. How have Iwi/Maori agencies been part of the 'community approach'/ contributed to positive outcomes for clients?

18. How have Maori values been built into the programme?

19. To what extent has the 'four cornerstones' to well being been an effective approach or guiding principle for the programme?

20. What positive outcomes do you feel have come out of the programme for:

- The participants and their families/caregivers

- The programme and staff

- The Police

- The community

21. What (if any) have been the unintended outcomes for the young people and their whanau/family that have been achieved by the programme?

22. Are there any negative outcomes that may not have been foreseen?

23. What have been the strengths of this programme?

24. What have been the weaknesses of this programme?

25. Are there any other further comments that you would like to make?

Whanganui Police - Youth Aid Officer

1. Please describe your involvement with the programme.

2. To what extent do you think Life to the Max is targeting its services to clients it can have the most effect with?

3. To what extent has Life to the Max tailored programmes to meet the individual needs of its clients?

4. What effect has Life to the Max had on the Youth Aid Section? Positive/ Negative?

5. What has been the impact on truancy levels for youth on the programme?

6. Do you think Life to the Max has contributed to reducing youth offending in Whanganui? Why?

7. To what extent do you think Life to the Max has used a 'community approach'?

8. In what way have community agencies been involved with the programme?

9. In what way have government agencies been involved with the programme?

10. To what extent has the programme built a relationship/partnership with local Iwi?

11. What (if any) are the unintended outcomes for the young people and their whanau/family that have been achieved by the programme?

12. What are the strengths of the Life to the Max youth development programme?

13. What are the weaknesses of the Life to the Max youth development programme?

14. What type (if any) of feedback do you get about the programme from the community?

15. Are there any other comments you would like to make about the programme?

Whanganui Police - Sergeant

1. Please describe your involvement with the Life to the Max.
2. How do you think Life to the Max has used a 'community approach'?
3. In what way have community agencies been involved with the programme?
4. In what way have government agencies been involved with the programme?
5. To what extent has the programme built a relationship/partnership with local iwi?
6. What (if any) are the unintended outcomes for the young people and their whanau/family that have been achieved by the programme?
7. What are the strengths of the Life to the Max youth development programme?
8. What are the weaknesses of the Life to the Max youth development programme?
9. What type (if any) of feedback do you get about the programme from the community?
10. What are some of the outcomes of running the programme for Whanganui Police? Positive/ Negative/ unintended?
11. What is the perception of effectiveness of the programme by Whanganui Police?
12. Do you think Life to the Max is targeting the right clients/groups of young people?
13. Are there any other comments you would like to make about the programme?

Whanganui Area Commander

1. How important are these police-led initiatives for the Whanganui District?

2. What contact/level of involvement etc do you have with the programme?

3. Are you satisfied with this level of contact?

4. In terms of co-ordinating a proactive approach, how effective do you believe Life to the Max has been in developing partnerships with:

5. Community Groups;

6. Government Agencies; and

7. Local Iwi? Has the programme adhered to the Treaty of Waitangi?

8. What have been the strengths or weaknesses of this approach?

9. What type of feedback do you receive from within the Police and from the community about Life to the Max?

10. What challenges have you seen Life to the Max face?

11. What have been the strengths of the Life to the Max programme?

12. What have been the positive outcomes for Whanganui Police?

13. What are the weaknesses of the Life to the Max programme?

14. What have been negative outcomes for Whanganui Police?

15. What (if any) have been the unintended outcomes for the programme, clients and families in the community?

16. What (if any) have been the unintended outcomes of the programme for Police?

17. What has been the impact of the programme on crime statistics in Whanganui?

18. If this programme was to be replicated elsewhere, what would be important to consider?

Current Clients and their families

1. Joining the programme
- Why did you join the LTTM programme?
- Were alternative programmes available for you and your family? If so, what were they?
- Are you involved with any other programmes? If yes, please provide details.
- What did you know about LTTM when you started the programme? What did you expect the programme to be like?
- Who did you hear about it from?
- When and where did you first meet the staff?
- Explain what happened when you first started the programme?
- How did you find LTTM when you first started? Was there enough information/too much information? What type of information were you given?

2. Staff
- Who do you spend time with at LTTM? Which staff?
- Do you like the staff? Are they approachable? Friendly? Supportive?
- How often do you meet with LTTM staff? Is this often enough? By home-visit, by phone?

3. What do you do on the LTTM programme?
- Do you have specific aims for being on LTTM?
- What is the purpose/aim of LTTM for you and your family?
- What are some of the key things they help you with?
- Have you attended a budgeting and parenting course? How useful was the course?
- What are you personally responsible for? Keeping in contact? Plans? Things to achieve?
- Do you go away on trips as part of the programme? Where? What was the reason for the trip?

4. Involvement in working out what you needed.
- How do LTTM staff help you to meet your goals? Do they help you to identify goals/what to work on/ what you want to do? Is it 'do-able'?
- Do you agree with what the aim/goals they identify? Why/ Why not? If you had something else you want to achieve could you go to them?
- How do you work through the programme? Do you have Plans? Explain how they work, what is involved, what is expected, what happens?
- Are plans revised? When? Who is included in this process?
- Are you included in all the decisions that are made about you; your family?
- How are you included? Formal/informal meetings?
- Do you feel that you are involved in developing your plans? How? Is your family involved? Do you have enough input into the plans?
- Do you know what the plans mean? What is their purpose?
- Have you been able to approach LTTM with your own ideas?
- What type of support does LTTM give you; your family? Is it enough?
- How has LTTM been culturally supportive of you; and your family? In what way? (i.e. Health providers, culturally respectful in the home, educational support, courses)

Continue…

5. How have things changed in your life as a result of being on the programme?
- Did you talk about the 'four cornerstones' with staff? What do you think it means?
- Has it been helpful? How?
- What changes are you making in:
    - Education: i.e. enrolled on a course/ stopped skipping school
    - Health: i.e. stopped smoking
    - Family: i.e. relationships
    - Community/Recreation: i.e. play sport/have a hobby
- What experiences in LTTM have/are helping you; your family? Positive/Good/memorable
- What negatives have you experienced from being on the programme, if any?

6. What did you learn?
- What skills are you learning? Are they, or do you think they will be useful? In what way? Communication skills, ways to plan, have goals.

7. Post Programme
- How do you think you will use some of the skills you have learnt once you've finished LTTM?
- When do you think the 'four cornerstones' will be helpful?
- Do you feel that you could contact LTTM staff after you have finished the programme?
- Would you recommend this programme to others? Why/why not?
- Is there anything that would improve the LTTM programme? Please explain

8. Is there anything that you would like to add?

Exited Clients and their families

1. Joining the programme
- Why did you join the LTTM programme?
- What did you know about LTTM when you started the programme?
- Explain what happened when you first started the programme?
- How was it when you started? Was there enough information/too much information?

2. Staff
- Who did you work with at LTTM? Which staff?
- Did you like the staff? Were they approachable? Friendly?
- How often did you meet with LTTM staff? Was it often enough?

3. What did you do on the programme?

4. Involvement in working out what you needed.
- How did the staff help you? How did they help you to identify goals/what to work on?
- Did you agree with what they identified? Why/ Why not?
- How did you work through the programme? Plans?
- How did the staff help you to meet your goals?
- Do you feel you were included in all the decisions that were made about you; your family?
- How were you included?
- Do you feel that you were involved in developing your plans? In what way? Was your family? Was it enough?
- Did you know what these plans meant? What do they mean?
- What type of support did LTTM give you; your family? Was it enough?
- How has LTTM been culturally supportive of you; and your family? In what way? (i.e. Health providers, culturally respectful in the home, educational support, courses)

5. How have things changed in your life as a result of being on the programme?
- What changes have you made in:
    - Education: i.e. enrolled on a course/ stopped skipping school
    - Health: i.e. stopped smoking
    - Family: i.e. relationships
    - Community/Recreation: i.e. play sport/have a hobby
- What experiences in LTTM helped you; your family? Positive/Good/memorable
- How has LTTM helped you; your family?
- Did you talk about the 'four cornerstones' with staff? What do you think it means?
- Has it been helpful? How?

6. What did you learn?
- What skills did you learn? Will they be useful? In what way?

Continue…

7. Post Programme

- Do you use or think about the 'four cornerstones' now that you have exited the programme?
- Have you got other goals that you are still working on?
- Have you had any follow up contact with LTTM since you have exited the programme?
- Initiated by whom? Why?
- Would you recommend this programme to others? Why/why not?
- Is there anything that would improve the LTTM programme?

8. Is there anything that you would like to add?

APPENDIX B: ENTRY AND EXIT NEEDS ASSESSMENTS FOR CLIENTS AND PARENTS

ENTRY INTERVIEW WITH CHILD/YOUNG PERSON

1. CHILD/YOUNG PERSON'S DETAILS:

a) What is your full name?	

2. FAMILY STRUCTURE:

a) How many brothers and sisters do you have?	Brothers:		Sisters:	
b) Of these, how many live in the same house as you?	Brothers:		Sisters:	
c) Who else lives in the house with you?	**Relationship**		**Sex**	
	_____ M / F _____ M / F _____ M / F _____ M / F _____ M / F _____ M / F _____ M / F _____ M / F _____ M / F			
d) Who else do you have close relationships with? (family and non family)	**Relationship**		**Sex**	**Amt of contact**
	_____ M / F _____ _____ M / F _____ _____ M / F _____ _____ M / F _____ _____ M / F _____ _____ M / F _____ _____ M / F _____ _____ M / F _____ _____ M / F _____			

This next part is to help us work out what your needs are. I'm going to read you a list of different things relating to feelings and behaviour, relationships, education, and health. I'd like you to choose from a scale how much like each one you are - whether something is **definitely like you, quite like you, a bit like you, or not at all like you.**

3. HOW MUCH IS EACH OF THE FOLLOWING LIKE YOU?

	Definitely like you	Quite like you	A bit like you	Not at all like you
FEELINGS AND BEHAVIOUR				
a) Usually behave OK	[ ]	[ ]	[ ]	[ ]
b) Can usually manage your feelings	[ ]	[ ]	[ ]	[ ]
RELATIONSHIPS				
c) Feels close to at least one parent/caregiver	[ ]	[ ]	[ ]	[ ]
d) Liked by adults	[ ]	[ ]	[ ]	[ ]
e) Liked by other children	[ ]	[ ]	[ ]	[ ]
f) Have friends your own age	[ ]	[ ]	[ ]	[ ]
EDUCATION				
g) Doing well at school	[ ]	[ ]	[ ]	[ ]
h) Learning special skills/gaining interests	[ ]	[ ]	[ ]	[ ]
i) Taking part in lots of different activities	[ ]	[ ]	[ ]	[ ]
j) Happy at school	[ ]	[ ]	[ ]	[ ]
IDENTITY				
k) Feel OK about yourself	[ ]	[ ]	[ ]	[ ]
l) Know about your family background	[ ]	[ ]	[ ]	[ ]
m) Know about your cultural background (like being Maori or coming from another country)	[ ]	[ ]	[ ]	[ ]
n) Feel good about your cultural background	[ ]	[ ]	[ ]	[ ]
o) Interested in learning more about your cultural background	[ ]	[ ]	[ ]	[ ]
HEALTH				
p) Usually healthy/well	[ ]	[ ]	[ ]	[ ]
q) Growing/developing well	[ ]	[ ]	[ ]	[ ]
SOCIAL PRESENTATION				
r) Behaviour (eg manners etc) is acceptable to other young people	[ ]	[ ]	[ ]	[ ]
s) Behaviour is acceptable to adults	[ ]	[ ]	[ ]	[ ]
t) Can communicate (be understood) easily with/by others	[ ]	[ ]	[ ]	[ ]

Continue…

4. HOW MUCH IS EACH OF THE FOLLOWING LIKE YOU?

	Definitely like you	Quite like you	A bit like you	Not at all like you
NEGATIVE BEHAVIOURS				
a) Find it hard to trust people	[ ]	[ ]	[ ]	[ ]
b) Often get into trouble at school	[ ]	[ ]	[ ]	[ ]
c) Often get into trouble at home	[ ]	[ ]	[ ]	[ ]
d) Find it hard to mix with other children	[ ]	[ ]	[ ]	[ ]
e) Get into fights with other children	[ ]	[ ]	[ ]	[ ]
f) Wag school	[ ]	[ ]	[ ]	[ ]
g) Find it hard to control anger	[ ]	[ ]	[ ]	[ ]
h) Aggressive	[ ]	[ ]	[ ]	[ ]
i) Bully other children	[ ]	[ ]	[ ]	[ ]
j) Is bullied	[ ]	[ ]	[ ]	[ ]
k) Find it hard to concentrate/pay attention	[ ]	[ ]	[ ]	[ ]
l) Sometimes steals things	[ ]	[ ]	[ ]	[ ]
m) Sometimes destructive at school	[ ]	[ ]	[ ]	[ ]
n) Sometimes destructive at home	[ ]	[ ]	[ ]	[ ]
o) Very restless or fidgety	[ ]	[ ]	[ ]	[ ]
p) Not interested in eating/food	[ ]	[ ]	[ ]	[ ]
q) Often worried/anxious	[ ]	[ ]	[ ]	[ ]
r) Make excuses to avoid going to school	[ ]	[ ]	[ ]	[ ]
s) Not interested in learning/school work	[ ]	[ ]	[ ]	[ ]
t) Tell lies/can't be trusted	[ ]	[ ]	[ ]	[ ]
u) Often complain of aches and pains (including headaches and stomach aches)	[ ]	[ ]	[ ]	[ ]
v) Don't sleep well	[ ]	[ ]	[ ]	[ ]
w) Soil or wet yourself	[ ]	[ ]	[ ]	[ ]
x) Feel sad a lot	[ ]	[ ]	[ ]	[ ]
y) Get frightened easily	[ ]	[ ]	[ ]	[ ]
z) Display sexual behaviour or interests that are abnormal for your age	[ ]	[ ]	[ ]	[ ]
aa) Hurt yourself on purpose? If yes, in what way? (eg by banging head, scratching, cutting)	[ ]	[ ]	[ ]	[ ]
bb) Have mood swings	[ ]	[ ]	[ ]	[ ]
cc) Often seek attention	[ ]	[ ]	[ ]	[ ]
dd) Sometimes say you wish you were dead	[ ]	[ ]	[ ]	[ ]
ee) Use alcohol	[ ]	[ ]	[ ]	[ ]
ff) Use glue	[ ]	[ ]	[ ]	[ ]
gg) Use drugs (eg. dope)	[ ]	[ ]	[ ]	[ ]
hh) In trouble with the police	[ ]	[ ]	[ ]	[ ]
ii) Unpredictable	[ ]	[ ]	[ ]	[ ]
jj) Get into situations where you are likely to get hurt	[ ]	[ ]	[ ]	[ ]
kk) Find it hard to get on in the family	[ ]	[ ]	[ ]	[ ]
ll) Run away from home	[ ]	[ ]	[ ]	[ ]
mm) Feel that you don't belong	[ ]	[ ]	[ ]	[ ]

nn) Other *(please specify)*:	[ ]	[ ]	[ ]	[ ]

8. SIGNIFICANT LIFE EVENTS:

a) Has you experienced any of the following: ⇨ Separation from your parents/caregivers for at least 6 months? ⇨ A new parent/caregiver entering the family? ⇨ Death of a parent/caregiver or someone close to you? ⇨ Any other serious event(s) that were traumatic for you? *(please specify)*	Yes No If yes, how often? [ ] [ ] _____ [ ] [ ] _____ [ ] [ ] _____ [ ] [ ] _____

9. GOING OUT

a) How often do you go out at night? Very frequently [   ]   Often [   ]   Occasionally [   ] Hardly ever/never [   ]

b) Are there times when you don't come home at night at all?
 	
     Yes [   ]   No [   ]
 	
     Comment:

c) When you come home, is an adult usually there?   Always [   ]   Usually [   ]   Sometimes [   ]   Not often [   ]
d) When you go out, do your parents/caregiver know where you are?   Always [   ]   Usually [   ]   Sometimes [   ]   Not often [   ]
e) Do your parents/caregiver know who you are with when you are out?   Always [   ]   Usually [   ]   Sometimes [   ]   Not often [   ]

Continues…

10. SPARE TIME

What do you do in your spare time?	Most days	2-3 times a week	Once a week	Hardly ever/ Never
a) Things at home/other family member's homes	[ ]	[ ]	[ ]	[ ]
b) Have friends to visit	[ ]	[ ]	[ ]	[ ]
c) Do things in the neighbourhood	[ ]	[ ]	[ ]	[ ]
d) Do things with the family outside the home	[ ]	[ ]	[ ]	[ ]
Hang around town	[ ]	[ ]	[ ]	[ ]
e) Take part in sports and clubs	[ ]	[ ]	[ ]	[ ]
f) Visit friend's home(s)	[ ]	[ ]	[ ]	[ ]
g) Other (specify)				

OFFENCE/INCIDENT DETAILS

I now want to ask you a few questions about things that you may have done which would normally or sometimes come to the attention of the Police. This includes times when you may have got into trouble of some sort, but it also means things like wagging school, running away from home, going missing, incidents involving cars, and so on.

a) Firstly, can you recall any incidents such as you running away, going missing for more than a few hours, wagging school, solvent abuse, attempting suicide?	
Description of the **Incident**?	**Date of Incident**
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

b) Now can you recall any times where you were doing things against the law, such as assault, burglary, theft (eg. shoplifting), tagging, getting into a stolen car, and so on?	
Description of the **Offence?**	**Date of Offence**
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

c) Lastly, in this section, can you recall any times when you were involved in traffic offences e.g. careless driving, drink driving, not wearing a helmet, no driver's licence?	
Description of the **traffic offence/incident**?	**Date of Traffic Offence/Incident**
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Thank you very much for answering all these questions. Is there anything now that you would like to ask me or any comments that you might like to make?

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EXIT INTERVIEW WITH CLIENT

CLIENT'S NAME: _____

To help us improve [*programme name*], we would like to ask you some questions about what you liked and didn't like about it.

1. Overall, how much did you like the programme?

Not at all	Not much	It was okay	Quite a bit	A lot
1	2	3	4	5

2. What parts of the programme (if any) did you like?

_____
_____
_____

(a) Why?

_____
_____
_____

3. What parts of the programme (if any) didn't you like?

_____
_____
_____

(a) Why?

_____
_____
_____

4. Overall, how much did you learn from the programme?

Nothing	Not much	A bit	Quite a bit	A lot
1	2	3	4	5

(a)   If you did learn something, what did you learn?

_____

_____

_____

5. Did you help in working out what you would do on the programme?

Yes / No

6. How much could you trust the programme people?

Couldn't trust	Trusted a bit	Trusted a lot
1	3	5

7. How much did the programme people help you?

Didn't help me	Gave me some help	Helped me a lot
1	3	5

8. (*If the client is Maori or Pacific Islander*): Do you think the programme was good for you as a Maori/Pacific Island person?

Yes / No

9. What do you think could make the programme better?

_____

_____

_____

_____

_____

_____

_____

I'm going to read you a list of different things relating to feelings and behaviour, relationships, education, and health. We asked you these things when you joined the programme and now we would like to see if your answers have changed since you've been involved with the programme. I'd like you to choose from a scale stating how much like each one you are - whether something is **definitely like you, quite like you, a bit like you, or not at all like you.**

1. How much is each of the following like you?

	Definitely like you	Quite like you	A bit like you	Not at all like you
FEELINGS AND BEHAVIOUR				
a) Usually behave OK	[ ]	[ ]	[ ]	[ ]
b) Can usually manage your feelings	[ ]	[ ]	[ ]	[ ]
RELATIONSHIPS				
c) Feels close to at least one parent/caregiver	[ ]	[ ]	[ ]	[ ]
d) Liked by adults	[ ]	[ ]	[ ]	[ ]
e) Liked by other children	[ ]	[ ]	[ ]	[ ]
f) Have friends your own age	[ ]	[ ]	[ ]	[ ]
EDUCATION				
g) Doing well at school	[ ]	[ ]	[ ]	[ ]
h) Learning special skills/gaining interests	[ ]	[ ]	[ ]	[ ]
i) Taking part in lots of different activities	[ ]	[ ]	[ ]	[ ]
j) Happy at school	[ ]	[ ]	[ ]	[ ]
IDENTITY				
k) Feel OK about yourself	[ ]	[ ]	[ ]	[ ]
l) Know about your family background	[ ]	[ ]	[ ]	[ ]
m) Know about your cultural background (like being Maori or coming from another country)	[ ]	[ ]	[ ]	[ ]
n) Feel good about your cultural background	[ ]	[ ]	[ ]	[ ]
o) Interested in learning more about your cultural background	[ ]	[ ]	[ ]	[ ]
HEALTH				
p) Usually healthy/well	[ ]	[ ]	[ ]	[ ]
q) Growing/developing well	[ ]	[ ]	[ ]	[ ]
SOCIAL PRESENTATION				
r) Behaviour (eg manners etc) is acceptable to other children	[ ]	[ ]	[ ]	[ ]
s) Behaviour is acceptable to adults	[ ]	[ ]	[ ]	[ ]
t) Can communicate (be understood) easily with/by others	[ ]	[ ]	[ ]	[ ]

2. How much is each of the following like you?

	Definitely like you	Quite like you	A bit like you	Not at all like you
NEGATIVE BEHAVIOURS				
a) Find it hard to trust people	[ ]	[ ]	[ ]	[ ]
b) Often get into trouble at school	[ ]	[ ]	[ ]	[ ]
c) Often get into trouble at home	[ ]	[ ]	[ ]	[ ]
d) Find it hard to mix with other children	[ ]	[ ]	[ ]	[ ]
e) Get into fights with other children	[ ]	[ ]	[ ]	[ ]
f) Wag school	[ ]	[ ]	[ ]	[ ]
g) Find it hard to control anger	[ ]	[ ]	[ ]	[ ]
h) Aggressive	[ ]	[ ]	[ ]	[ ]
i) Bully other children	[ ]	[ ]	[ ]	[ ]
j) Is bullied	[ ]	[ ]	[ ]	[ ]
k) Find it hard to concentrate/pay attention	[ ]	[ ]	[ ]	[ ]
l) Sometimes steals things	[ ]	[ ]	[ ]	[ ]
m) Sometimes destructive at school	[ ]	[ ]	[ ]	[ ]
n) Sometimes destructive at home	[ ]	[ ]	[ ]	[ ]
o) Very restless or fidgety	[ ]	[ ]	[ ]	[ ]
p) Not interested in eating/food	[ ]	[ ]	[ ]	[ ]
q) Often worried/anxious	[ ]	[ ]	[ ]	[ ]
r) Make excuses to avoid going to school	[ ]	[ ]	[ ]	[ ]
s) Not interested in learning/school work	[ ]	[ ]	[ ]	[ ]
t) Tell lies/can't be trusted	[ ]	[ ]	[ ]	[ ]
u) Often complain of aches and pains (including headaches and stomach aches)	[ ]	[ ]	[ ]	[ ]
v) Don't sleep well	[ ]	[ ]	[ ]	[ ]
w) Soil or wet yourself	[ ]	[ ]	[ ]	[ ]
x) Feel sad a lot	[ ]	[ ]	[ ]	[ ]
y) Get frightened easily	[ ]	[ ]	[ ]	[ ]
z) Display sexual behaviour or interests that are abnormal for your age	[ ]	[ ]	[ ]	[ ]
aa) Hurt yourself on purpose? If yes, in what way? (eg by banging head, scratching, cutting)	[ ]	[ ]	[ ]	[ ]
bb) Have mood swings	[ ]	[ ]	[ ]	[ ]
cc) Often seek attention	[ ]	[ ]	[ ]	[ ]
dd) Sometimes say you wish you were dead	[ ]	[ ]	[ ]	[ ]
ee) Use alcohol	[ ]	[ ]	[ ]	[ ]
ff) Use glue	[ ]	[ ]	[ ]	[ ]
gg) Use drugs (eg. dope)	[ ]	[ ]	[ ]	[ ]
hh) Unpredictable	[ ]	[ ]	[ ]	[ ]
ii) In trouble with the police	[ ]	[ ]	[ ]	[ ]
jj) Get into situations where you are likely to get hurt	[ ]	[ ]	[ ]	[ ]
kk) Find it hard to get on in the family	[ ]	[ ]	[ ]	[ ]
ll) Run away from home	[ ]	[ ]	[ ]	[ ]
mm) Feel that you don't belong	[ ]	[ ]	[ ]	[ ]

nn) Other *(please specify)*:	[ ]	[ ]	[ ]	[ ]

GOING OUT

a) How often do you go out at night? Very frequently [ ]   Often [ ]   Occasionally [ ]   Hardly ever/never [ ]
b) Are there times when you don't come home at night at all? Yes [ ]   No [ ] Comments:
c) When you come home, is an adult usually there? Always [ ]   Usually [ ]   Sometimes [ ]   Not often [ ]
d) When you go out, do your parents/caregiver know where you are? Always [ ]   Usually [ ]   Sometimes [ ]   Not often [ ]
e) Do your parents/caregiver know who you are with when you are out? Always [ ]   Usually [ ]   Sometimes [ ]   Not often [ ]

SPARE TIME

What do you do in your spare time?	Most days	2-3 times a week	Once a week	Hardly ever/ Never
a) Things at home/other family member's homes	[ ]	[ ]	[ ]	[ ]
b) Have friends to visit	[ ]	[ ]	[ ]	[ ]
c) Do things in the neighbourhood	[ ]	[ ]	[ ]	[ ]
d) Do things with the family outside the home	[ ]	[ ]	[ ]	[ ]
e) Hang around town	[ ]	[ ]	[ ]	[ ]
f) Take part in sports and clubs	[ ]	[ ]	[ ]	[ ]
g) Visit friends home(s)	[ ]	[ ]	[ ]	[ ]
h) Other (specify)				

Thank you very much for answering all these questions. Is there anything now that you would like to ask me or any comments that you might like to make?

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ENTRY INTERVIEW WITH PARENT/CAREGIVER

1. CHILD/YOUNG PERSON'S DETAILS

a) What is [child's name] full name?	

2. FAMILY STRUCTURE

a) How many brothers and sisters does [child] have?	Brothers:		Sisters:	
b) Of these, how many live in the same house?	Brothers:		Sisters:	
c) Who else lives in the house with [child]?	**Relationship** _____ _____ _____ _____ _____ _____ _____ _____ _____	**Sex** M / F M / F M / F M / F M / F M / F M / F M / F M / F		
d) Who else does the child have close relationships with? (family and non family)	**Relationship** (eg. never, sometimes, frequently) _____ _____ _____ _____ _____ _____ _____ _____	**Sex** M / F M / F M / F M / F M / F M / F M / F M / F	**Amt of contact** _____ _____ _____ _____ _____ _____ _____ _____	

3. FEMALE CAREGIVER'S DETAILS:

a) What is female caregiver's full name?	
b) Known as:	
c) What is her address?	
d) What is her contact phone number?	
e) Other contact phone number?	
f) What is her date of birth?	
g) How old is she?	
h) What is her ethnicity?	
i) Does she have regular contact with [child's name]?	Yes No If yes, how often? [ ] [ ] _____

j) Highest level of education achieved?	
k) Is she in paid employment?	If yes, Part time: Full time:
l) What is her occupation?	
m) What is her annual income?	
n) Is she on a benefit?	If yes, Benefit Type 1: Benefit Type 2:

4. MALE CAREGIVER'S DETAILS

a) What is male caregiver's full name?	
b) Known as:	
c) What is his address?	
d) What is his contact phone number?	
e) Other contact phone number?	
f) What is his date of birth?	
g) How old is he?	
h) What is his ethnicity?	
i) Does he have regular contact with [child's name]?	Yes No If yes, how often? [ ] [ ] _____
j) Highest level of education achieved?	
k) Is he in paid employment?	If yes, Part time: Full time:
l) What is his occupation?	
m) What is his annual income?	
n) Is he on a benefit?	If yes, Benefit Type 1: Benefit Type 2:

5. OTHER CAREGIVERS

a) Is there anyone else who regularly cares for [childs name]?	Yes [ ] No [ ]

b) If **Yes**, what is their relationship to [child's name] and their gender?	Relationship Sex Amt of
	                              contact
	  (eg. never, sometimes, frequently)
	_____ M / F _____
	_____ M / F _____
	_____ M / F _____
	_____ M / F _____

NEEDS ASSESSMENT

*This next part is to help us work out what [child's name] needs are. I'm going to read you a list of different things relating to feelings and behaviour, relationships, education, and health. I'd like you to choose from a scale how much like each one [child's name] is - whether something is **definitely like the child, quite like the child, a bit like the child, or not at all like the child.***

6. How much is each of the following like [child's name]?

	Definitely like the child	Quite like the child	A bit like the child	Not at all like the child
FEELINGS AND BEHAVIOUR				
a) Usually behaves OK	[ ]	[ ]	[ ]	[ ]
b) Can usually manage his/her feelings	[ ]	[ ]	[ ]	[ ]
RELATIONSHIPS				
c) Feels close to at least one parent/caregiver	[ ]	[ ]	[ ]	[ ]
d) Liked by adults	[ ]	[ ]	[ ]	[ ]
e) Liked by other young people	[ ]	[ ]	[ ]	[ ]
f) Has friends his/her own age	[ ]	[ ]	[ ]	[ ]
EDUCATION				
g) Doing well at school	[ ]	[ ]	[ ]	[ ]
h) Learning special skills/gaining interests	[ ]	[ ]	[ ]	[ ]
i) Taking part in lots of different activities	[ ]	[ ]	[ ]	[ ]
j) Happy at school	[ ]	[ ]	[ ]	[ ]
IDENTITY				
k) Feels OK about him/herself	[ ]	[ ]	[ ]	[ ]
l) Knows about his/her family background	[ ]	[ ]	[ ]	[ ]
m) Knows about his/her cultural background (like being Maori or coming from another country)	[ ]	[ ]	[ ]	[ ]
n) Feels good about his/her cultural background	[ ]	[ ]	[ ]	[ ]
o) Interested in learning more about his/her cultural background	[ ]	[ ]	[ ]	[ ]
HEALTH				
p) Usually healthy/well	[ ]	[ ]	[ ]	[ ]
q) Growing/developing well	[ ]	[ ]	[ ]	[ ]
SOCIAL PRESENTATION				
r) Behaviour (eg manners etc) is acceptable to other young people	[ ]	[ ]	[ ]	[ ]
s) Behaviour is acceptable to adults	[ ]	[ ]	[ ]	[ ]
t) Can communicate (be understood) easily with/by others	[ ]	[ ]	[ ]	[ ]

7. How much is each of the following like [child's name]?

	Definitely like the child	Quite like the child	A bit like the child	Not at all like the child
NEGATIVE BEHAVIOURS				
a) Finds it hard to trust people	[ ]	[ ]	[ ]	[ ]
b) Doesn't consider other people's feelings	[ ]	[ ]	[ ]	[ ]
c) Often gets into trouble at school	[ ]	[ ]	[ ]	[ ]
d) Often gets into trouble at home	[ ]	[ ]	[ ]	[ ]
e) Finds it hard to mix with other young people	[ ]	[ ]	[ ]	[ ]
f) Gets into fights with other young people	[ ]	[ ]	[ ]	[ ]
g) Wags school	[ ]	[ ]	[ ]	[ ]
h) Finds it hard to control anger	[ ]	[ ]	[ ]	[ ]
i) Aggressive	[ ]	[ ]	[ ]	[ ]
j) Bullies other children	[ ]	[ ]	[ ]	[ ]
k) Is bullied	[ ]	[ ]	[ ]	[ ]
l) Finds it hard to concentrate/pay attention	[ ]	[ ]	[ ]	[ ]
m) Sometimes steals things	[ ]	[ ]	[ ]	[ ]
n) Sometimes destructive at school	[ ]	[ ]	[ ]	[ ]
o) Sometimes destructive at home	[ ]	[ ]	[ ]	[ ]
p) Very restless or fidgety	[ ]	[ ]	[ ]	[ ]
q) Not interested in eating/food	[ ]	[ ]	[ ]	[ ]
r) Often worried/anxious	[ ]	[ ]	[ ]	[ ]
s) Makes excuses to avoid going to school	[ ]	[ ]	[ ]	[ ]
t) Not interested in learning/school work	[ ]	[ ]	[ ]	[ ]
u) Tells lies/can't be trusted	[ ]	[ ]	[ ]	[ ]
v) Often complains of aches and pains (including headaches and stomach aches)	[ ]	[ ]	[ ]	[ ]
w) Doesn't sleep well	[ ]	[ ]	[ ]	[ ]
x) Soils or wets him/herself	[ ]	[ ]	[ ]	[ ]
y) Feels sad a lot	[ ]	[ ]	[ ]	[ ]
z) Gets frightened easily	[ ]	[ ]	[ ]	[ ]
aa) Displays sexual behaviour or interests that are abnormal for his/her age	[ ]	[ ]	[ ]	[ ]
bb) Hurts him/herself on purpose? If yes, in what way? (eg by banging head, scratching, cutting)	[ ]	[ ]	[ ]	[ ]
cc) Has mood swings	[ ]	[ ]	[ ]	[ ]
dd) Often seeks attention	[ ]	[ ]	[ ]	[ ]
ee) Sometimes says he/she wishes he/she was dead	[ ]	[ ]	[ ]	[ ]
ff) Uses alcohol	[ ]	[ ]	[ ]	[ ]
gg) Uses glue	[ ]	[ ]	[ ]	[ ]
hh) Uses drugs (eg. dope)	[ ]	[ ]	[ ]	[ ]
ii) Unpredictable	[ ]	[ ]	[ ]	[ ]
jj) In trouble with the police	[ ]	[ ]	[ ]	[ ]
kk) Gets into situations where he/she is likely to get hurt	[ ]	[ ]	[ ]	[ ]
ll) Finds it hard to get on in the family	[ ]	[ ]	[ ]	[ ]
mm) Runs away from home	[ ]	[ ]	[ ]	[ ]
nn) Feels that he/she doesn't belong	[ ]	[ ]	[ ]	[ ]

oo) Other (please specify):	[ ]	[ ]	[ ]	[ ]

8. SIGNIFICANT LIFE EVENTS

a) Is [child's name] adopted?	Yes [ ] No [ ]
b) If **'yes'** how old was he/she when adopted?	
c) Since [child's name] was born, how many times has he/she shifted house?	
d) How many times has he/she changed schools (not including the usual changes to intermediate and secondary)?	
e) Has [child's name] experienced any of the following: • Separation from his/her parents/caregivers for at least 6 months? • A new parent/caregiver entering the family? • Death of a parent/caregiver or someone close to them? • Any other serious event(s) that were traumatic for him/her? (please specify)	Yes No If yes, how often? [ ] [ ] _____ [ ] [ ] _____ [ ] [ ] _____ [ ] [ ] _____
Has [child's name] had the same primary (main) caregiver since birth?	Yes [ ] No [ ]
Does [child's name] have any physical disability?	[ ] Yes [ ] No [ ] Don't know
h) If 'yes', what is it? (describe)	
i) Does [child's name] have any learning disability?	[ ] Yes [ ] No [ ] Don't know
If 'yes', what is it? (describe)	

9. GOING OUT

a) How often is [child's name] out at night? Very frequently [ ] Often [ ] Occasionally [ ] Hardly ever/never [ ]
b) Are there times when [child's name] doesn't come home at night at all? Yes [ ] No [ ] Comment:
c) When [child's name] gets home, is an adult usually there? Always [ ]   Usually [ ]   Sometimes [ ]   Not often [ ]
d) When [child's name] goes out, do you know where he/she is? Always [ ]   Usually [ ]   Sometimes [ ]   Not often [ ]
e) Do you know who [child's name] is with when he/she is out? Always [ ]   Usually [ ]   Sometimes [ ]   Not often [ ]

10. SPARE TIME

What does [child's name] do in his/her spare time?	Most days	2-3 times a week	Once a week	Hardly ever/ Never
a) Things at home/other family members homes	[ ]	[ ]	[ ]	[ ]
b) Have friends to visit	[ ]	[ ]	[ ]	[ ]
c) Does things in the neighbourhood	[ ]	[ ]	[ ]	[ ]
d) Does things with the family outside the home	[ ]	[ ]	[ ]	[ ]
e) Hangs around town	[ ]	[ ]	[ ]	[ ]
f) Takes part in sports and clubs	[ ]	[ ]	[ ]	[ ]
g) Visits friends at their place	[ ]	[ ]	[ ]	[ ]
h) Other (specify)				

11. OFFENCE/INCIDENT DETAILS (prior to programme)

I now want to ask you a few questions about things that [child's name] may have done which would normally or sometimes come to the attention of the Police. This includes times when he/she may have got into trouble of some sort, but it also means things like truanting from school, running away from home, going missing, incidents involving cars, and so on.

a) Firstly, can you recall any incidents such as [child's name] running away, going missing for more than a few hours, wagging school, solvent abuse, attempting suicide?	
Description of the **Incident**?	**Date of Incident**
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
b) Now can you recall any times where [child's name] was doing things <u>against the law</u>, such as assault, burglary, theft (eg. shoplifting), tagging, getting into a stolen car, and so on?	
Description of the **Offence?**	**Date of Offence**
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
c) Lastly, in this section, can you recall any times when [child's name] was involved in traffic offences e.g careless driving, drink driving, not wearing a helmet, no driver's licence etc?	
Description of the **traffic offence/incident**?	**Date of Traffic Offence/Incident**
1.	
2.	
3.	
4.	
5.	
6.	

Thank you very much for answering all these questions. Is there anything now that you would like to ask me or any comments that you might like to make?

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EXIT INTERVIEW WITH PARENT/CAREGIVER

CLIENT'S NAME: _____

To help us improve [_programme name_], we would like to ask you some questions about what you liked and didn't like about it.

1) Overall, how much did you like the programme?

Not at all	Not much	It was okay	Quite a bit	A lot
1	2	3	4	5

2) What parts of the programme (if any) did you like?
_____
_____
_____
_____

(a) Why?
_____
_____
_____
_____

3) What parts of the programme (if any) didn't you like?
_____
_____
_____
_____

(a) Why?
_____
_____
_____
_____

4) Overall, how much did you learn from the programme?

Nothing	Not much	A bit	Quite a bit	A lot
1	2	3	4	5

(a) If you did learn something, what did you learn?

_____

_____

_____

5. Did you help in working out what you would do on the programme?

Yes / No

6. How much could you trust the programme people?

Couldn't trust   Trusted a bit   Trusted a lot

1   3   5

7. How much did the programme people help you?

Didn't help me   Gave me some   Helped me a

                      help   lot

1   3   5

8. (_If the parent/caregiver is Maori or Pacific Islander_): Do you think the programme was good for you as a Maori/Pacific Island person?

Yes / No

9. What do you think could make the programme better?

_____

_____

_____

_____

_____

_____

_____

*I'm going to read you a list of different things relating to [child's name] feelings and behaviour, relationships, education, and health. We asked you these things when [child's name] joined the programme and now we would like to see if your answers have changed since [child's name] has been involved with the programme. I'd like you to choose from a scale stating how much like each one [child's name] is - whether something is **definitely like the child, quite like the child, a bit like the child, or not at all like the child.***

1. How much is each of the following like [child's name]?

	Definitely like the child	Quite like the child	A bit like the child	Not at all like the child
FEELINGS AND BEHAVIOUR				
a) Usually behaves OK	[ ]	[ ]	[ ]	[ ]
b) Can usually manage his/her feelings	[ ]	[ ]	[ ]	[ ]
RELATIONSHIPS				
c) Feels close to at least one parent/caregiver	[ ]	[ ]	[ ]	[ ]
d) Liked by adults	[ ]	[ ]	[ ]	[ ]
e) Liked by other young people	[ ]	[ ]	[ ]	[ ]
f) Has friends his/her own age	[ ]	[ ]	[ ]	[ ]
EDUCATION				
g) Doing well at school	[ ]	[ ]	[ ]	[ ]
h) Learning special skills/gaining interests	[ ]	[ ]	[ ]	[ ]
i) Taking part in lots of different activities	[ ]	[ ]	[ ]	[ ]
j) Happy at school	[ ]	[ ]	[ ]	[ ]
IDENTITY				
k) Feels OK about him/herself	[ ]	[ ]	[ ]	[ ]
l) Knows about his/her family background	[ ]	[ ]	[ ]	[ ]
m) Knows about his/her cultural background (like being Maori or coming from another country)	[ ]	[ ]	[ ]	[ ]
n) Feels good about his/her cultural background	[ ]	[ ]	[ ]	[ ]
o) Interested in learning more about his/her cultural background	[ ]	[ ]	[ ]	[ ]
HEALTH				
p) Usually healthy/well	[ ]	[ ]	[ ]	[ ]
q) Growing/developing well	[ ]	[ ]	[ ]	[ ]
SOCIAL PRESENTATION				
r) Behaviour (eg manners etc) is acceptable to other young people	[ ]	[ ]	[ ]	[ ]
s) Behaviour is acceptable to adults	[ ]	[ ]	[ ]	[ ]
t) Can communicate (be understood) easily with/by others	[ ]	[ ]	[ ]	[ ]

2. How much is each of the following like [child's name]?

	Definitely like the child	Quite like the child	A bit like the child	Not at all like the child
NEGATIVE BEHAVIOURS				
a) Doesn't consider other people's feelings	[ ]	[ ]	[ ]	[ ]
b) Finds it hard to trust people	[ ]	[ ]	[ ]	[ ]
c) Often gets into trouble at school	[ ]	[ ]	[ ]	[ ]
d) Often gets into trouble at home	[ ]	[ ]	[ ]	[ ]
e) Finds it hard to mix with other young people	[ ]	[ ]	[ ]	[ ]
f) Gets into fights with other young people	[ ]	[ ]	[ ]	[ ]
g) Wags school	[ ]	[ ]	[ ]	[ ]
h) Finds it hard to control anger	[ ]	[ ]	[ ]	[ ]
i) Aggressive	[ ]	[ ]	[ ]	[ ]
j) Bullies other young people	[ ]	[ ]	[ ]	[ ]
k) Is bullied	[ ]	[ ]	[ ]	[ ]
l) Finds it hard to concentrate/pay attention	[ ]	[ ]	[ ]	[ ]
m) Sometimes steals things	[ ]	[ ]	[ ]	[ ]
n) Sometimes destructive at school	[ ]	[ ]	[ ]	[ ]
o) Sometimes destructive at home	[ ]	[ ]	[ ]	[ ]
p) Very restless or fidgety	[ ]	[ ]	[ ]	[ ]
q) Not interested in eating/food	[ ]	[ ]	[ ]	[ ]
r) Often worried/anxious	[ ]	[ ]	[ ]	[ ]
s) Makes excuses to avoid going to school	[ ]	[ ]	[ ]	[ ]
t) Not interested in learning/school work	[ ]	[ ]	[ ]	[ ]
u) Tells lies/can't be trusted	[ ]	[ ]	[ ]	[ ]
v) Often complains of aches and pains (including headaches and stomach aches)	[ ]	[ ]	[ ]	[ ]
w) Doesn't sleep well	[ ]	[ ]	[ ]	[ ]
x) Soils or wets him/herself	[ ]	[ ]	[ ]	[ ]
y) Feels sad a lot	[ ]	[ ]	[ ]	[ ]
z) Gets frightened easily	[ ]	[ ]	[ ]	[ ]
aa) Displays sexual behaviour or interests that are abnormal for his/her age	[ ]	[ ]	[ ]	[ ]
bb) Hurts him/herself on purpose? If yes, in what way? (eg by banging head, scratching, cutting)	[ ]	[ ]	[ ]	[ ]
cc) Has mood swings	[ ]	[ ]	[ ]	[ ]
dd) Often seeks attention	[ ]	[ ]	[ ]	[ ]
ee) Sometimes says he/she wishes he/she was dead	[ ]	[ ]	[ ]	[ ]
ff) Uses alcohol	[ ]	[ ]	[ ]	[ ]
gg) Uses glue	[ ]	[ ]	[ ]	[ ]
hh) Uses drugs (eg. dope)	[ ]	[ ]	[ ]	[ ]
ii) Unpredictable	[ ]	[ ]	[ ]	[ ]
jj) In trouble with the police	[ ]	[ ]	[ ]	[ ]
kk) Gets into situations where he/she is likely to get hurt	[ ]	[ ]	[ ]	[ ]
ll) Finds it hard to get on in the family	[ ]	[ ]	[ ]	[ ]
mm) Runs away from home	[ ]	[ ]	[ ]	[ ]

nn) Feels that he/she doesn't belong	[ ]	[ ]	[ ]	[ ]
oo) Other *(please specify)*:	[ ]	[ ]	[ ]	[ ]

GOING OUT

a) How often is [child's name] out at night? Very frequently [ ]   Often [ ] Occasionally [ ] Hardly ever/never [ ]
b) Are there times when [child's name] doesn't come home at night at all? Yes [ ]   No [ ] Comments:
c) When [child's name] gets home, is an adult usually there? Always [ ]   Usually [ ]   Sometimes [ ]   Not often [ ]
d) When [child's name] goes out, do you know where he/she is? Always [ ]   Usually [ ]   Sometimes [ ]   Not often [ ]
e) Do you know who [child's name] is with when he/she is out? Always [ ]   Usually [ ]   Sometimes [ ]   Not often [ ]

SPARE TIME

What does [child's name] do in his/her spare time?	Most days	2-3 times a week	Once a week	Hardly ever/ Never
a) Things at home/other family member's homes	[ ]	[ ]	[ ]	[ ]
b) Have friends to visit	[ ]	[ ]	[ ]	[ ]
c) Does things in the neighbourhood	[ ]	[ ]	[ ]	[ ]
d) Does things with the family outside the home	[ ]	[ ]	[ ]	[ ]
e) Hangs around town	[ ]	[ ]	[ ]	[ ]
f) Takes part in sports and clubs	[ ]	[ ]	[ ]	[ ]
g) Visits friends at their place	[ ]	[ ]	[ ]	[ ]
h) Other (specify)				

Thank you very much for answering all these questions. Is there anything now that you would like to ask me or any comments that you might like to make about your involvement or your child's involvement with the programme?

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APPENDIX C: OFFENCE SERIOUSNESS CODING FOR YOUNG OFFENDERS

Crime Justice Research Centre, Victoria University of Wellington
11/03/2004

Seriousness Score	Offence codes	Description
1 Minimum	3250 - 3269	Drugs – cannabis, possessing, consuming
	3600 - 3629	Vagrancy offences
	4130 - 4139	Burglary related offences – armed with intent to break and enter, possession of instruments
	4322	Shoplifts (under $500)
	4413	Receiving goods valued under $500
	5120 – 5139 *EX5125*	Wilful damage no more than $5,000 defacing
	6000 - 6139	Trespassing
	6200 - 6249	Littering
	7600 - 7639	By law breaches including those relating to noise and dogs
	8171 - 8189	Driving offences related to duty and breaches
	8300 - 8429	Non-driver offences like not wearing a helmet, vehicle certification and roadworthiness
2 Minimum/Medium	1600 - 1659	Minor assaults - assaults on law enforcement officer summary offences, assaults person assisting police summary offences, assaults official, common assaults summary offences
	1714, 1724, 1734, 1744, 1746	Threats/ intimidation verbal only
	1750 -1759	Possession of offensive weapon
	3230 - 3249	Drugs – supply/sell cannabis
	3500 - 3571	Disorder, obstructing/ resisting, inciting summary offences, behaviour offences, language offences
	4230 - 4249	Unlawful taking of bicycle; possession of instruments for Unlawful taking of motor vehicles
	4313, 4342, 4352, 4362, 4369, 4373	Theft value under $500
	4223	Unlawfully gets into motor vehicle
	4400 – 4429 EX 4413	Receiving goods valued over $500 or drugs
	4532, 4534, 4536, 4542, 4544, 4546	Fraud value under $500

	6500 - 6579	Rail fares, giving false alarms, offensive phone calls
	7000 - 7193	Administrative offences including breaches and abscondments
	7400 - 7419	Race relation offences
3 Medium	1700 – 1749 *EX 1714, 1724, 1734, 1744, 1746*	Intimidation/ threats, with weapon, demand with intent with weapon
	1541 - 1549	Assaults by male on female
	3000 - 3193	Drugs not cannabis, importing, producing, selling, supplying, possessing, consuming, cultivation
	3200 - 3229	Drugs cannabis, importing producing
	3270 - 3291	Drugs – cannabis, cultivation, conspiracy to deal
	4113, 4116, 4126, 4126	Burglary worth $500 or less
	4200 – 4229 EX 4233	Unlawful taking or interference with motor vehicle – not bicycle
	4300 – 4389 EX 4313, 4322, 4342, 4352, 4369, 4373	Theft value at least $500
	4500 – 4599 EX 4532, 4534, 4536, 4542, 4544, 4546	Fraud value over $500
	5125	Wilful damage over $5,000
	6830 - 6849	Firearms offences related to obligations and licenses
	8131 - 8169	Drink driving offences resulting in no injury, driving when disqualified
	8221 - 8229	Driving offences including carelessness, excessive speed
4 Medium/Maximum	1331 - 1339	Non aggravated robbery, assaults with intent to rob
	1410 - 1429	Grievous assaults, wounding with intent, injuring with intent
	1450 - 1459	Dangerous acts with intent
	1470 - 1498	Other grievous assaults, use firearms against a law enforcement officer, assaults with a weapon
	1530 - 1539	Assaults on children
	2630 - 2649	Indecent assault, sexual coercion
	2830 - 2889	Indecent assaults
	4100 – 4129 EX 4113, 4116, 4123, 4126	Burglary worth over $500
	4150 - 4159	Aggravated Burglary
	6850 - 6879	Firearms offences including unlawful carrying, discharging

APPENDIX D: STAKEHOLDER QUESTIONNAIRE

New Zealand POLICE
Nga Pirihimana O Aotearoa

STAKEHOLDER QUESTIONNAIRE

Your organisation's name: _____

(Please answer all questions from the perspective of your organisation)

1. How has the Life to the Max programme impacted on your organisation and the services you provide?

   _____

   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

2. How has your organisation been able to participate in the programme?

   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

_____
_____

3. What is the quality of your relationship with the programme?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

4. How are these relationships maintained?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

5. How has the Life to the Max programme impacted on the community?
    a) Positively

_____
_____
_____
_____
_____

b) Negatively

_____

_____

_____

_____

_____

6. How has the community been able to contribute to the programme?

_____

_____

_____

_____

_____

_____

_____

_____

_____

7. Do you feel Life to the Max is culturally responsive to the needs of ethnic minority groups (e.g. Maori, Pacific Island groups, Asians etc)?

_____

_____

_____

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_____

8. What positive outcomes do you feel have come out of the programme for:
   a) The young people/clients and their families/caregivers?
   b) Your organisation?

_____

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9. What negative outcomes do you feel have come out of the programme for:
    a) The young people/clients and their families/caregivers?
    b) Your organisation?

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10. What improvements, if any, do you feel could be made to the programme to improve the effectiveness for its clients, their families, your organisation and the community?

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11. Are there any further comments you would like to make?

_____

_____

_____

_____

_____

_____

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.
PLEASE RETURN TO:**

**BEA MAKWANA
EVALUATION UNIT, NEW ZEALAND POLICE
P O BOX 3017
WELLINGTON**

APPENDIX E: LIFE TO THE MAX REFERRAL FORM
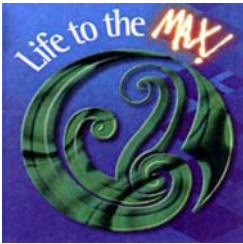
WHANGANUI LIFE TO THE MAX TRUST
Ph (06) 344 8559
P O Box 443 Whanganui

REFERRAL FORM

The **'LIFE TO THE MAX'** programme is designed to identify active and/or potential recidivist offenders in the Whanganui region.

The **LIFE TO THE MAX** programme is a partnership between government agencies and the community that seeks to offer a process that will provide individually tailored programmes for young people and their families/whanau. These programmes will enable them to achieve better life and educational outcomes in order to reduce the likelihood of possible future or repeat offending in the community of Whanganui.

We identify and assess the needs of young people who present risk factors, which may reduce positive life skills, choices and outcomes.

REFERRAL CRITERIA

The young person being referred should ideally be:
- aged between 9 – 14 years
- have been bought to the attention of Police Youth Aid
- be an active/potential youth offender

Referral agency -- Referral contact -----------------------------------

Address ---

Phone --------------------------- Referral date----------------------------

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CLIENT DETAILS

Name_____ Age_____ D.O.B_____

Address_____ Phone_____ M/F

_____ Ethnicity_____

Are they enrolled at school (Please circle one)   Yes /   No Iwi _____

If yes which one? Doctor_____

School_____ Teacher_____

FAMILY INFORMATION

Mothers name_____ Fathers Name_____

Address   _____ Address_____

_____ _____

Home Phone _____(WK)_____ Home Phone_____(WK)_____

Occupation_____ Occupation_____

Siblings names & ages _____

_____

Have caregivers/ Parents consented to release of information for this referral?   Yes/ No

Parent/ caregiver signature_____ or (copy of release of information document)

If no, please explain!_____

REASONS FOR REFERRAL:

School Attendance:

[   ]   Frequently late to school
[   ]   Attends only 2-3 days on average
[   ]   Chronic truancy
[   ]   Parents keep child at home to mind other children
[   ]   Currently suspended or expelled

Education:

[   ]   Low achievement
[   ]   Poor attitude to school work
[   ]   Finds it hard to pay attention/ concentrate
[   ]   At school but often coming to attention
[   ]   Mixes with anti-social peers
[   ]   Is impulsive   [   ] aggressive   [   ] Is a bully   [   ] has few friends

Social presentation:

[   ]   Antisocial behaviour/ attitudes (e.g. offending, running away, negative peer influences)
[   ]   Difficulties with communication
[   ]   Can't manage feelings (e.g. throws tantrums, often aggressive & angry)
[   ]   Finds it difficult to make/ keep friends
[   ]   Has come to Police attention (e.g. offending, running away)

Identity:

[   ]   Doesn't appear to feel good about self
[   ]   Signs of depression
[   ]   Doesn't know about cultural background - Whakapapa

Negative influences:

[   ]   Negative family influences – (e.g. inadequate food, clothing, housing)
[   ]   Negative family influences – (e.g. offending, substance abuse, violence)
[   ]   Negative peer influences – (e.g. offending, truancy)

Health:

[   ]   Signs of substance abuse (e.g. alcohol, glue, cannabis)
[   ]   Signs of poor health or developmental problems
[   ]   Signs of self harm/ suicidal ideation

Home:

[   ]   Poor parental supervision of activities and friends
[   ]   No clear boundaries
[   ]   Lack of attachment to parent/s/ caregivers
[   ]   Involved in negative recreational activities
[   ]   Much time is spent passively e.g. watching TV or playing video games

Neighbourhood:

[   ]   Lives in a neighbourhood with high unemployment/ poverty
[   ]   Lives in a neighbourhood that drugs/ alcohol are freely available
[   ]   Live in a neighbourhood with high crime

Please outline in your own words why you believe this client should become a part of the LIFE TO THE MAX youth at risk initiative; and outline any other risk factors that you are aware of: e.g. *housing, family structure, socio-economic status, sexual offending, etc*. **Please attach all supporting documents e.g. case notes - with referral**

What other agencies are/or have been involved?

Iwi Social Services [   ]   Child Youth & Family [   ]   Police Youth Aid [   ]   Truancy Service [   ]

WINZ [   ]   BEST [   ]   RTLB [   ]   Family Support services [   ]   Living without Violence [   ]

 Other (please specify)_____

Suggestions and/or comments:

- All referrals are to be made in writing on this referral form and returned to PO Box 443, Whanganui.
- An initial assessment will be completed prior to a client being accepted onto the programme.
- The Life to the MAX management team have the final decision on programme placements.
- Referrals may be accepted, deferred or declined – and will be prioritised according to initial assessments.
- Deferred referrals will be revisited when placements become available.
- The referring person/ agency may terminate the referral at any time.
- If you have any further queries please phone Constable Peter Gray 34 4 8559
- Please attach any relevant and supporting documentation to this referral.
- Life to the MAX is situated at the Gonville Community Police Station, 2 Harper Street, Whanganui

All information on this referral is strictly CONFIDENTIAL

OFFICE USE ONLY

ADMISSION FORM

Admission date_____/_____/_____

Young person's name:_____

Was young person admitted to programme   [ ] Yes   [ ] No   [ ] Deferred to_____/_____/_____

NOT ADMITTED:

Reason for non-admission:

Did not meet programme criteria   [   ]

Parent/ caregiver did not give permission   [   ]

Child/ young person did not give permission   [   ]

Child/ young person unable to take up position   [   ]

Other

(specify)_____

_____

ADMITTTED/ NOT ADMITTED:

Referrer advised?   [   ] Yes   Date: _____/_____/_____

Parent/ caregiver advised?   [   ] Yes   Date: _____/_____/_____

Young person advised?   [   ] Yes   Date: _____/_____/_____

School advised?   [   ] Yes   Date: _____/_____/_____

Discussed with other staff/ supervisor?   [   ] Yes   Date: _____/_____/_____

_____

Comments: